R.O.C.K. : a program development plan for grandparents raising grandchildren

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R.O.C.K.: A Program Development Plan for Grandparents Raising Grandchildren

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone Experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
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Executive Summary

The number of grandparents who are raising grandchildren has been slowly increasing for decades. Grandparents raising grandchildren can have a sense of fulfillment but it can also have negative effects on the grandparents. Grandparents raising their grandchildren experience hardships, both emotionally and physically as compared to their cohorts who are not raising their grandchildren. More specifically, these types of grandparents are more prone to experience depression and psychological distress than those grandparents not raising their grandchildren.

The goal of R.O.C.K. program is to increase the quality of life of grandparents raising grandchildren within and surrounding the Sylvania area. Increasing the quality of life of grandparents within the context of this program includes addressing mental and physical health, both of which are found as problematic areas that stem from taking on the role of primary caregiver to their grandchildren. The program will cycle three times per year and the maximum allowed participants for each program cycle is 10 individuals. All programming will be held at Sylvania Area Family Services. Each program session will address both physical and mental health. The beginning of each program session will be used for occupations based on enhancing mental health (e.g. positive notebooks, parenting skills). Following mental health occupations, the remaining time will be used for an occupation-based physical exercise occupation (e.g. yoga, cleaning tasks, and occupations with children).

The Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2006) will be used to identify individual goals for each participant. The Short Form-36 (Ware, 1993) will be used to evaluate the participant’s perceptions of their physical functioning and mental health, pre-, post-, and follow-up. Differences in scores will evaluate effectiveness of program.
Introduction

Program Goal

The goal of the R.O.C.K. program at Sylvania Area Family Services is to enhance the quality of life in grandparents raising grandchildren within and surrounding the Sylvania community.

Definitions and Explanations:

- Quality of Life: A client’s dynamic appraisal of life satisfactions (perceptions of progress toward identified goals), self-concept (the composite of beliefs and feelings about themselves), health and functioning (including health status, self-care capabilities), and socioeconomic factors (e.g., vocation, education, income) (American Occupational Therapy Association, 2008)

- Grandparents raising their grandchildren (as it applies to the proposed program): grandparents who have taken on physical custody and role as primary caregiver to at least one of their grandchildren for at least the past four weeks

Site of the Program

The site of the R.O.C.K. program is Sylvania Area Family Services (SAFS). SAFS is a non-profit agency serving the Sylvania area that is funded through community donations as well as grants. SAFS has a strong commitment to serve their community, as reflected in their mission to empower “all Sylvania residents to build upon their strengths in order to achieve a better quality of life.” SAFS has a vision to strengthen the community of Sylvania “one family at a time.” An organizational chart has been included (see Appendix A for the organizational chart for Sylvania Area Family Services) to display the staff at SAFS as well as their positions. The position for the occupational therapist conducting the R.O.C.K. program has been added in under the supervision of Dottie Vandrieson, Social Service Coordinator. The occupational therapist
leading R.O.C.K. would fit under the supervision of Dottie Vandrieson because this staff member is in charge of overseeing all social service programs, which would include the proposed program.

**Program Need According to Stakeholders**

The first method utilized to investigate the need for the proposed program was semi-structured interviews with key personnel who provide or have provided services to grandparents raising grandchildren. According to Fazio (2008), semi-structured interviews can be used to gain information about community programming and are used to collect qualitative data through a core set of open-ended questions with hopes of generating further questions. Semi-structured interviews were given to explore the initial need for a program devoted to grandparents raising grandchildren. During semi-structured interviews with Jason Robertson the Executive Director at Sylvania Area Family Services and Dr. Laura Landry-Meyer, Certified Family Life Specialist and Human Development professor at Bowling Green State University, issues faced by grandparents raising grandchildren were explored along with potential service intervention needs to be incorporated into the proposed program. Also discussed were problems that the grandchildren face due to their living situation (see Appendix B for semi-structured interview questions for selected agency personnel and administrators).

According to Jason Robertson, a majority of the grandparents SAFS comes into contact with were noted to have mental health issues, including slight depression. During the semi-structured interview, it was also noted that the grandparents displayed signs of stress and fatigue. In addition, according to Dr. Landry-Meyer, the grandparents go through a period of grief and anxiety. At first, they are excited to be a grandparent to a wonderful grandchild when the child is first born; they are longing to be grandparents. When the grandparent takes on the primary
caregiver role to a grandchild, there no longer is a grandparent role because they have to take on
the role of being a parent again which, in turn, causes grief and anxiety. A major problem that
was identified by Dr. Landry-Meyer that grandparents experience on a day to day basis includes
society’s view of what a family is and how we view family and parenting. Every family strives to
be “normal” and even through the number of grandparents raising grandchildren is growing, this
family dynamic is still not considered typical.

With this, several services and interventions were identified that grandparents could
benefit from. Grandparents could benefit from attending support groups to talk about their issues
and problems with other grandparents experiencing similar issues. Grandparents could also
benefit from services that deal with how to deal with behavioral issues that grandchildren
display, including how to teach children with special needs life skills, how to deal with
contemporary issues like Facebook, sexting, and bullying, preventing burnout and avoiding
being tired. Educational classes focusing on a variety of different topics, such as time
management, financial management, coping skills, updated parenting skills, proper body
mechanics, and helping navigate existing resources were also identified as services that
grandparents could possibly benefit from. In addition, it was also noted that grandparents may
have parenting styles that are “out of date” so they may benefit from positive parenting
education. Another service that was identified that grandparents could benefit from was having
resources and referral information specific to mental and physical health. Grandparents may be
aware of the services already available to them, but there may be some discretion in seeking
help, such as lack of time and unwillingness to drive. In addition, according to Dr. Landry-
Meyer, grandparents are somewhat aware of community resources but they are tired of standing
in line and waiting out the availability of the resources. A final service that grandparents are looking for, according to Dr. Landry-Meyer, is intergenerational social leisure activities.

Since SAFS is more active with the grandchildren through their youth programs, more can be noted about their observable problems displayed. Children being raised by their grandparents tend to act out more behaviorally and emotionally. However, it needs to be noted that the children involved with the programs are considered “at-risk,” so the types of problems may just be associated with this population. Also, behaviors may not be specific to their living situation, but other life experiences incorporated with this, such as the reason they are living with their grandparents and why their parents are not involved. Services that were identified that the grandchildren can benefit from include support groups and a mentoring program. In addition, while discussing issues faced by grandchildren with Dr. Landry-Meyer, it was noted that grandchildren raised by grandparents also experience grief and anxiety. The grandchildren are mourning for their parents who are not present. At this point, it needs to be noted that the proposed program will be targeted towards grandparents, but the needs of the grandchildren will be taken into account and addressed through the grandparents.

Upon conclusion of the interview with Jason Robertson, it was stated that SAFS could definitely benefit from a program targeting grandparents who are raising their grandchildren. If the program was implemented, the agency could potentially expand and reach out to help more individuals and families. Employees of SAFS were informed of the possible program and they are willing to help out in any way that they can and be supportive.

Potential needs of program participants identified by key stakeholders and as relevant to occupation-based therapy include:

- Mental wellness
- Physical wellness
- Stress management
- Time management
- Coping skills
- Financial management and budgeting
- Addressing behavioral problems with children
- Available resources and referrals and help with navigation
- Preventing burnout and avoid being tired
- Intergenerational leisure activities
- Updated parenting skills, including how to deal with contemporary issues

Further Investigation of Need

In addition to the semi-structured interviews with key stakeholders, other methods were taken to further investigate the need for the proposed program. The other methods include semi-structured interviews with grandparents raising grandchildren, grandparents assisting biological parents raise grandchildren and adult grandchildren raised by their grandparents, conduction of a focus group, and survey questionnaires for grandparents raising grandchildren and personnel assisting grandparents raise grandchildren. The issues discussed within the semi-structured interviews with the director of Sylvania Area Family Services and Dr. Landry-Meyer, along with results from in-depth studies looking at the issues that grandparents raising grandchildren face, were used to guide the questions in the additional semi-structured interviews, questionnaires and focus group questions. When designing the assessments to gather the needs of the grandparent raising grandchildren, semi-structured interviews with grandparents raising grandchildren (see Appendix C for semi-structured interview questions and results), grandparents assisting
biological parents raise grandchildren (see Appendix D for semi-structured interview questions and results) as well as adult grandchildren who were raised by their grandparents (see Appendix E for semi-structured interview questions and results) were utilized as the primary and first method of gathering data. Results from the semi-structured interview with grandparents raising grandchildren, grandparents assisting biological parents raise children, and adult grandchildren raised by their grandparents indicated that grandparents need services/interventions in the following areas: financial services, networking opportunities, intergenerational activities, stress management, emotional support, awareness of community resources, and teaching children with developmental disabilities.

Another method of gathering data from the population itself was the production and carrying out of a focus group specific to grandparents raising grandchildren. According to Fazio (2008), the use of focus groups is very appropriate to assess the need for a community-based program. The purpose of the conduction of this focus group is to gain an in-depth understanding of the needs of grandparents and the needs of the grandchildren through their experiences. Further, according to Krueger and Casey (2009), conducting focus groups is a method used to gain a better understanding of how similar people think and feel about a particular issue; it gathers opinions of the public without the feeling of being judged and promotes self-disclosure among its participants. Results from focus groups help decision makers make informed choices. As specific to program development, focus groups are used to gain an understanding of a particular issue as seen through the eyes of the targeted audience. Given this, the use of focus groups was very practical in gathering information to be incorporated into a community-based program and revealed relevant information to help gain an understanding of the issues that grandparents raising their grandchildren face through their own eyes and life experiences. The
plan for carrying out the focus groups included several different steps. First, a set of focus questions were developed (see Appendix F for focus group questions and results). Next, participants were appropriately recruited to attend and participate in the focus group; there were 9 grandparents raising grandchildren that participated in the focus group. To ease the issue with having to find child care, the focus group was conducted during the day, when children were at school; babies and toddlers were invited to the group, but none were present. Results indicated that grandparents could use intervention in the following areas: financial management, intergenerational activities, psychological help, time management, stress management, dealing with problematic behaviors, and legal navigation.

An additional method of gathering the needs of grandparents was a closed-ended, questionnaire survey that distributed to grandparents caring for their grandchildren through local agencies as well as an online support group dedicated for grandparents raising grandchildren (see Appendix G for questionnaire survey questions and results). According to Forsyth and Kviz (2006), surveys are a method of collecting data by using structured questions to elicit information that is self-reported from a specific population. The survey questions were focused on the initial identification of the need (Fazio, 2008), existing literature and typical problems displayed by grandparents and grandchildren. The intent of the survey was to collect further information from a larger sample of a specific population (Fazio, 2008), as compared to the focus group. The purpose of this method was to further assess the needs of grandparents raising grandchildren from a larger population. Another purpose of this method was to validate the findings from the focus groups. This is appropriate for the population because it was written at an easy to read fashion and took less than five minutes to complete. For the questionnaire survey, questions were developed based on finding from previous studies focusing on grandparents
raising grandchildren paying special attention to occupational needs, quality of life, mental and physical health. The questions were statements written at a 6th grade reading level and the answers were in the format of a Likert scale. Once the survey was developed, many different community agencies that serve the grandparents raising grandchildren were searched for and contacted. The agencies received the survey and distributed accordingly to appropriate individuals. Upon given the survey, grandparents were instructed to return the survey back into the service organization or agency for collection. The questionnaire was also posted to an online grandparents support group. Participants were instructed to send a private message with answers to investigator to protect confidentiality.

In addition to the questionnaire survey that targeted grandparents raising grandchildren, a questionnaire survey was also developed for personnel assisting grandparents raising grandchildren and personnel providing services to grandchildren being raised by grandparents (see Appendix H for questionnaire survey questions for personnel assisting grandparents raising grandchildren and results). With this, eighteen early intervention specialists were given a survey to explore the need for intervention for grandparents raising grandchildren. All eighteen professionals were in agreement that grandparents raising their grandchildren tend to have decreased mental and physical health as compared to grandparents not raising their grandchildren. When asked about if they thought grandparents were able to effectively handle stress and stressful situations, most were in agreement that grandparents were able to manage their stress, however, it would found that most professionals agreed that stress management should be part of the intervention process. In addition, almost all professionals that submitted the survey were in agreement that grandparents are not up to date with current parenting practices and issues that children deal with in today’s world (e.g. bulling, child safety, obesity). To
summarize, the areas of interventions for grandparents raising grandchildren, according to Early Intervention Specialists, include: child safety, stress management and coping strategies, physical health, updated parenting practices, and awareness of community resources.

The final method in gathering data needed to identify the needs of grandparents was observation during an active grandparent support group. According to Lysack, Luborsky, and Dillaway (2006), observation is an active form of gathering qualitative data and it allows the observer to see ideas/concepts for what they really are. Observation also allows the observer to come into contact with the targeted population to gain insights, understanding, and explanations about the social phenomenon (Lysack et. al, 2006). The goal of this method of gathering data was to gain insight about issues that grandparents face and their thoughts about raising grandchildren on a more personal and emotional level. In addition to attending and observing a support group, issues faced by grandparents that were posted to online support forums were also explored (see Appendix I for online support group reflections). Once all methods of gathering data were complete, the needs of grandparents raising grandchildren were analyzed.

Literature Review

According to the U.S. Census Bureau (2009a), in 2007 there were 2.5 million grandparents who were responsible for the basic needs of one or more grandchildren who resided with them and 1.5 million of these grandparents were also in the labor force with the median income being $33,453 (U. S. Census Bureau, 2009a). According to Livingston and Parker (2010), one in 10 children lives with a grandparent present within the United States and 41% of these grandchildren are primarily being raised by that grandparent. The number of grandparents raising grandchildren has increased over the past several years, but had a sharp increase from 2007-2008, with a 6% increase, thought to be due to the start of the Great Recession. With this,
62% of grandparents raising grandchildren are female and 66% of the grandparent caregivers are married. To break the number of grandparents down by race, there are 53% are white, 24% are African American, 18% are Hispanic, and 3% are Asian. To break the statistic down by age, grandparents who are responsible for the care of their grandchildren are relatively young. Most grandparent caregivers, at 67%, are 45-60, and 13% are younger than 45 years old. Slightly over half of grandparents have had the primary responsibility of at least one grandchild for more than three years.

As specific to Ohio, according to the AARP Foundation (2011), 188,578 minor children, or 6.9% of children within the state of Ohio, lived in grandparent-headed households. The number of grandparents who are raising grandchildren has been slowly increasing for decades, increasing the need for intervention. One of the greatest benefits of growing into old age is spending time with grandchildren; grandparenting is thought to be central to the lives of older Americans (Livinston & Parker, 2010). Does this still hold true when grandparents become the primary care providers of the grandchildren?

Grandparents raising grandchildren can have a sense of fulfillment, but it can also have negative effects on the grandparents. Bowers and Meyers (1999) compared grandmothers with levels of caregiving responsibility of their grandchildren. Levels of caregiving included: full-time, part-time, and interactions with no caregiving responsibility. Results from this study indicated that full-time grandmothers, as compared to part-time or no caregiving responsibilities had decreased grandparent satisfaction due to increased feelings of burden and parenting stress.

In addition to the previous study, Minkler and Fuller-Thomson (2001) investigated the self-assessed health, functional limitation, and depressive symptoms of 3,260 grandparents who are non-custodial caregivers who provide extensive childcare to their grandchildren. Of the 3,260
participants, 233 provided extensive care (30+ hours per week or 90+ nights a year), 788 provided intermediate care (10-29 hours per week or 7-89 nights a year), 757 were occasional caregivers (1-9 hours per week or 1-6 nights per year), 1,319 were noncaregivers, and 173 grandparents were primary caregivers (more than 6 months). The authors gathered data through surveys measuring limitations in activities of daily living (ADL), depression, and perception of health status. Results indicated that depressive symptoms of the extensive caregiving grandparents are comparable to the custodial grandparents but significantly higher when compared to noncaregivers, intermediate, and occasional caregivers. When comparing ADL status, custodial caregivers had significantly higher limitations when compared to extensive caregivers. When comparing changes in self-reported health status, extensive caregiving grandparents reported decreased stable health status over the past five years as compared to intermediate, occasional, and noncaregiving grandparents.

To further demonstrate the issues that grandparents raising grandchildren face, Musil, Warner, Zauszniewski, Wykle, and Standing (2009) examined family life stresses and strains that affect grandmothers raising their grandchildren and investigated the role of resourcefulness and social support and their relationship with family stressors and strains with depressive symptoms. This study compared 183 grandmothers who were primary caregivers to their grandchildren, 136 multigenerational, and 167 non-caregiving grandmothers. It was found that less stress and strain paired with greater support and resources were contributions to increased mental health, across all caregiving groups. Contributions to stress and strain include family transitions and complex family situations in these homes. This study also found that if grandmothers were resourceful in performing daily occupations, either by adopting new methods
or cope with adversity, they had fewer depressive symptoms. A final finding with this study is the importance of subjective support and its effects on reducing depressive symptoms.

Having social support networks plays a large role in the lives of grandparents raising grandchildren. Gerard, Landry-Meyer and Roe (2006) investigated the role of social support and its association between stressors and well-being of grandparents who have the responsibility of raising their grandchildren. The goal of this study was to examine if social support, both informal and formal, decreased stressors and increased life satisfaction and overall well-being. Several dimensions of social support were investigated, including grandparents’ social network, perceptions of social support, and enacted social support, to identify the aspects that were more salient in decreasing the negative impact that raising grandchildren has on grandparents. Results indicated that enacted formal support, that is, the number of supportive transactions an individual has engaged in, buffered the association between grandchild health and grandparent stress and life satisfaction. This type of support was also found to deteriorate the association between daily hassles and life satisfaction.

Landry-Meyer, Gerard, and Guzell (2005) investigated if social support helps to alleviate the stress of raising grandchild, given the fact that social support has been used to moderate the effects of stressors. The participants consisted of 133 grandparents who had primary caregiving responsibilities for at least one grandchild without the grandchild’s biological parent present. The authors measured caregiver stress, informal social support (network, perceived, and enacted), formal social support (perceived and enacted), and stress outcomes (life satisfaction and generativity). Results indicated that caregiver stress is negatively associated with life satisfaction and generativity. In addition, regardless of the amount of stress, informal and formal social
support had a beneficial influence on stress outcomes. However, informal and formal social support in this study was not found to moderate stress from raising a grandchild.

Further reviewing the effects on grandparenting grandchildren, Thomas, Sperry, and Yarbrough (2000) presented an overview of research which focused on grandparents raising grandchildren. The authors explore outcomes and impacts on both the grandchildren and grandparents in grandparent headed households. About half of the children in kinship care displayed poor study habits, poor attention and concentration skills, demanding behaviors, hyperactivity, and aggression compared to peers not in kinship care. The grandparents which are raising grandchildren have higher rates of depression, distress, deterioration in physical health, and financial difficulty. Conclusions from this article suggest that grandparents raising their grandchildren experience hardships, both emotionally and physically as compared to their cohorts who are not raising their grandchildren.

In addition to the previous systematic review, Hayslip and Kaminski (2005) also reviewed various different studies and explored many different key areas relevant to grandparents who are raising their grandchildren. The authors explored the costs and benefits of raising a grandchild, the heterogeneity of custodial grandparent caregivers, social support and custodial grandparenting, and parenting practices and attitudes among grandparents raising grandchildren. Through their literature review, it was concluded that raising grandchildren has positive benefits but also may have negative consequences, both personal and impersonal. Grandparents raising grandchildren can experience poorer physical and mental health, role overload, and isolation from peers due to parenting demands.

After reviewing studies that involved the effects that grandparenting grandchildren have, it is important to explore the impact of intervention efforts. Kicklighter, Whitley, Kelley,
Shipskie, Taube, and Berry (2007) completed a pilot study that examined the effects of a nutrition and physical activity educational program targeting African-American grandparents raising their grandchildren. The developed educational program was integrated into the Project Healthy Grandparents program which is a community-based program for grandparents raising their grandchildren. Project Healthy Grandparents provides a variety of support and interventions, including nursing, social work, parenting classes, support groups, and referrals for legal assistance. The nutrition and physical activity educational program was implemented into the first 15 minutes of 10 support group meetings. An 18-item test, used for pre- and post-test, was developed to test knowledge of nutrition and physical activity. Pre- and post-test scores were compared and results indicated that there was an increase in knowledge gained in the area of nutrition and physical activity. Given this, the grandparents can take the knowledge gained and apply it to their lives which could potentially contribute to improved health status.

Dannison and Smith (2003) examined a holistic, multifaceted pilot program that was developed to deliver services to grandparents and grandchildren, in households which grandparents are the primary caregivers, and school personnel. With this pilot study, there were three grandparent educational support groups and three grandchildren educational support groups which met weekly for eight consecutive weeks. School personnel participated in three half day in-service meetings, which educated participants about custodial grandparent families, recognizing common strengths and challenges faced by this population, and how to enhance communication with these families. Results from observations made during and after the program and preliminary data analysis showed that a systems approach is valuable in the fact that results showed positive social and participation benefits for both the grandparents and grandchildren.
To further demonstrate the effectiveness of interventions targeting grandparents raising grandchildren, Vacha-Haase, Ness, Dannison and Smith (2000) explored a psychoeducational program developed for grandparents who are raising their grandchildren. The psychoeducational program consisted of an 8-week course that included educating on topics such as parenting skills, personal well-being, relationships, managing finances, and exploring legal issues. Results were formulated by how well custodial grandparents learned the material and the evaluation of effectiveness of the information learned by participation in the program. Results indicated that a psychoeducational intervention approach is beneficial for grandparents raising grandchildren. Throughout the program, grandparents learning and behaviors increased as the material presented was mastered. Written evaluation comments suggested that the grandparents enjoyed participating in the program and the material taught was valuable in helping them care for their grandchildren. Through attendance of the program, social support networks were also formed with the participants.

In addition to the previous studies, Kelley, Yorker, Whitley, and Sipe (2001) explored a multimodal home-based intervention for grandparents raising grandchildren. The goals of the interventions were to reduce psychological stress and improve physical and mental health, provide social support opportunities, family, and legal resources. The intervention lasted 6 months and included home visits by nurses, social workers, and legal assistants, and monthly support group meetings. The home visits by the nurses focused on providing guidance with health problems and health promotion of both the grandparents and their grandchildren. The social work intervention consisted of using strength-based case management, in which empowered the grandparents to confidently make decisions regarding grandchildren. The legal intervention consisted of law students who screened families for issues related to the family
arrangement and provided legal assistance. Results indicated that having a multimodal intervention is an effective strategy for reducing some of the emotional and psychological stressors; there was a positive change in the grandparents’ mental health, psychological distress, and social support. Intervention programs are definitely needed for this population, including one that focuses on increasing or sustaining physical and mental health.

Similarly to their previous study, Kelley, Whitley, and Sipe (2007) further explored the effects of a different interdisciplinary intervention that was designed to improve the psychosocial well-being and physical functioning of grandmothers raising their grandchildren. The goal of the interdisciplinary intervention program was to reduce psychological distress, improve the grandmother’s physical health, gain the perceptions of family resources and social support, and enhance family coping behaviors to improve the overall well-being of grandmothers raising grandchildren. The program consisted of nursing, social work, parenting classes, and support groups. The program lasted one full year. Nursing services included one home visit per month. During the visit, the registered nurse (RN) measured the blood pressure, weight, cholesterol and glucose levels. The RN also checked all medications of participants, monitored health needs, and educated the grandmothers with their existing health concerns. With the social worker aspect of the intervention, a social worker conducted at least 2 home visits for each family that participated. The social worker monitored the grandparents’ progress to sustain or improve social functioning. The intervention also consisted of parenting classes, in which a variety of topics were discussed, including how to manage a difficult child, how to discipline, and raising grandchildren with special needs. Along with the parenting classes, support group meetings were held for the grandmothers to provide emotional support. Results from this interdisciplinary intervention showed that through intervention, the psychological distress of grandmothers raising
their grandchildren decreased, family resource knowledge was gained, the grandmothers’ social support network increased, and family coping behaviors were enhanced. The intervention was not proven effective for the grandmother’s physical health. Results imply that intervention efforts are proven effective in increasing the mental well-being of grandmothers raising grandchildren.

Research evidence begins to establish the efficacy of programming to increase the overall quality of life for grandparents raising their grandchildren. Within the context of this program, increasing the quality of life within the grandparents includes addressing mental and physical health and life roles and satisfactions, all of which were found through the literature review as problematic areas that stem from taking on the role of primary caregiver to their grandchildren. It is the hope of the program that addressing all the identified needs of the population (e.g. stress and time management, coping skills, financial management and budgeting) will also contribute to enhancing the quality of life of grandparents.

Given the increasing number of grandparents raising grandchildren and the effects that stem from raising grandchildren, there is a definite need for intervention targeting this population. As demonstrated through the literature review it has been found that grandparents taking on the role of primary caregiver of their grandchildren can be rewarding but it can have negative effects as well. According to Bonder (2009), caring for grandchildren have high financial demands, can isolate both grandparents as well as grandchildren from their peers, and it can interfere with the overall roles as well as family dynamics. Raising grandchildren can increase depression and therefore reduce engagement in meaningful occupations (Bonder, 2009). Grandparents experience decreased grandparent satisfaction and increased feelings of burden and distress (Bowers & Meyers, 1999). Grandparents raising their grandchildren experience
hardships, both emotionally and physically as compared to their cohorts who are not raising their grandchildren (Thomas et al., 2000). This implies that there is a need for a program to enhance the lives and overall quality of life of grandparents raising grandchildren. Bonder (2009) also states that occupational therapists can also focus on providing opportunities for grandparents to build their parenting skills, which are mostly likely, out of date.

**Occupation-based Programming**

According to Kielhofner (2009), a central role in health and wellness is engagement in occupation. Meaningful occupations contribute to development, connect individuals to their social and cultural environment, and provide opportunities for physical and mental engagement (Kielhofner, 2009). Due to the nature of occupational therapy and the impact that engaging in meaningful occupations has on individuals, all interventions within this program will be occupation-based. Occupational therapists are highly trained and skillful in implementing occupation-based interventions and incorporating meaning and purpose to occupations. Due to the nature of this profession, an occupational therapist will lead all programming. The proposed program consists of a series of hands-on and educational classes, with each session addressing an identified need as described above. The program interventions will not be lectures, but occupation-based, interaction, and hands-on learning. For example, grandparents will participate in interactive discussions on healthy eating and exercise to increase overall physical and mental health. Grandparents will also take part in role playing various situations dealing with problematic behaviors and take part in activities focusing on contemporary issues. In addition, every program session will contain a physical activity that is not based on “working out” in a gym setting, but rather completing everyday activities, such as physical activities with children and cleaning.
Model of Practice

The model of practice that will be used during this program is the Model of Human Occupation, also referred to as MOHO (Kielhofner, 2008). MOHO is a client centered model that is appropriate across the lifespan to individuals who are experiencing occupational problems in their daily life. The model examines client-related factors (volition, habituation, and performance capacity) and their engagement with the environment. The model also examines how client-related factors affect occupational performance. MOHO can be used in a variety of settings, including community and wellness-based services (Kielhofner, 2008). This model of practice is relevant and logically compatible with R.O.C.K. because the proposed program is community-based and will be centered on the occupational problems and needs of the population being served. Also, combined with the nature of the field of occupational therapy, all intervention efforts will be occupation-based with hands-on learning.

Federal Initiatives and National Trends and Mandates

The program R.O.C.K. addresses a few governmental initiatives, known as Healthy People 2020, as identified by The U. S. Department of Health and Human Services. The first governmental initiative that this program will address is health related quality of life and well-being (U. S. Department of Health and Human Services, 2010a). Health-related quality of life, or well-being, refers to the domains of physical, mental, emotional, and social functioning. This is a new topic area for Healthy People 2020 and is still in development. The program R.O.C.K. addresses this governmental initiative because the primary goal for the program is to increase the quality of life (including physical, mental, emotional, and social life aspects) in grandparents who are raising their grandchildren.
A second governmental initiative that the R.O.C.K. program addresses is educational and community-based programs. According to the U. S. Department of Health and Human Services (2010b), the goal of the initiative is to increase the quality, availability, and effectiveness of educational and community programming that focuses on disease and injury prevention, the improvement of health, and enhancing the quality of life of the program’s members. R.O.C.K. addresses this initiative because it will be an available community-based program that focuses on improving the quality of life and health, as it relates to taking on the role of caregiver and excludes pre-existing conditions, of grandparents who are raising their grandchildren.

Since it has been demonstrated previously in the literature review portion of this paper that grandparents who are raising their grandchildren are more prone to experience depression and psychological distress than those grandparents not raising their grandchildren, a third governmental initiative that R.O.C.K. addresses with the participants in the program is mental health and mental health disorders (U. S. Department of Health and Human Services, 2010c). The goal of this governmental initiative is to improve mental health through prevention efforts and providing access to appropriate and quality mental health services. This program addresses this initiative because mental health was found to be a need for this population; therefore mental wellness is incorporated into the interventions that the program offers.

In addition to addressing federal initiatives, the proposed program also addresses national trends. As described previously, the number of grandparents raising grandchildren throughout the United States is increasing annually. According to Gosche, Engram, and Flanigan (2009), there has been slightly over a 50% increase in grandparents raising their grandchildren in the last 13 years. This number is significant and it is the hope of the program to reach out to the
increasing number of grandparents who are raising their grandchildren to increase their quality of life.

**Objectives**

**Goal of R.O.C.K.:**

The goal of the R.O.C.K. Program at Sylvania Area Family Services is to increase the quality of life of grandparents raising their grandchildren within and surrounding the Sylvania community.

**Objectives for the weekly, six-session program:**

- Objective 1: During the third week of the program, participants will report experienced and anticipated benefits in terms of their overall health by discussing at least one thought for each question that is presented to them during a focus group.

- Objective 2: During the sixth week of the program, participants will report a 50% improvement in physical health compared to baseline scores as indicated by the Short Form-36 Quality of Life Measure.

- Objective 3: During the sixth week of the program, participants will report a 50% improvement in mental health compared to baseline scores, as indicated by the Short Form-36 Quality of Life Measure.

- Objective 4: Six weeks after conclusion of the program, 80% of the participants will report a 75% improvement in physical health compared to baseline scores prior to the start of the program, as indicated by the Short Form-36 Quality of Life Measure.

- Objective 5: Six weeks after conclusion of the program, 80% of the participants will report a 75% improvement in mental health compared to baseline scores prior to the start of the program, as indicated by the Short Form-36 Quality of Life Measure.

**Marketing and Recruitment of Participants**
Marketing

It is important to approach a variety of stakeholders in the marketing campaign for recruitment of participants. First, Sylvania Area Family Services will be approached. The rationale for this is because it will be the site at which all programming will be held and it is important for the organization to support, promote, and market the program. After approaching SAFS, child care facilities throughout the area, various local senior centers, and local schools and churches will also be approached in the marketing campaign because these are facilities in which potential participants commonly utilize on a day-to-day basis. These facilities will be asked to display appropriate marketing materials available to the public. In addition, local community organizations that are commonly utilized on a weekly or monthly basis by potential participants will be contacted and asked to help promote this program through the allowance of posting and displaying of marketing materials that will be accessible to the public. Local organizations include: Sylvania Community Services, Lucas County Children’s Services, Lucas County Department of Job and Family Services, Lucas County Health Department, and the local JCC/YMCAs. Finally, doctors and pediatricians’ offices throughout and surrounding the Sylvania area will be approached in the marketing campaign and asked to help promote the program by displaying marketing materials because these facilities service the public, which includes grandparents raising grandchildren, and doctors can refer the appropriate individuals to R.O.C.K.

The first marketing material that will be used is a flyer. The flyer simply explains the goal of R.O.C.K, the targeted population, inclusion criteria, costs associated with the program, and contact information (see Appendix J for a sample flyer). The flyer will be posted at various locations throughout the community commonly utilized by families. The flyers will also be
posted amongst a variety of family service organizations in which grandparents have access to and utilize, as described above. The costs associated with the flyer will be the cost of printing copies to be displayed around the community. The flyer will be printed in grayscale to reduce costs of color ink but is eye-catching, simple, and easily readable.

A second marketing material that will be used is a brochure that will be displayed at various locations throughout the Sylvania area, as described previously (see Appendix K for sample brochure). The brochure contains the overall goal of R.O.C.K., description of program and targeted participants, basic programming principles, simple descriptions of each program session, any costs associated with the program, times and dates of programming, and contact information. The brochure will be attractive and simple, but very descriptive. In addition, the brochure will also be written at a 6th grade reading level. The brochure is an appropriate marketing tool because, again, it will be readily available to grandparents through a variety of organizations and community service agencies that are commonly utilized, easily readable, and attractive. During the recruitment process, the brochure will be printed on regular paper as opposed to cardstock and will be printed in grayscale in order to reduce costs associated with this marketing tool.

A third and final method planned for the marketing of the program is the production of a webpage for R.O.C.K. that will be accessible through the Sylvania Area Family Services’ main page. The webpage will be more descriptive than the two previous marketing tools. The webpage will contain the overall goal of R.O.C.K., description of the overall program and targeted participants, the programming principles, explanations of each program session, costs associated with participation (e.g., transportation), statistics and the history of grandparents raising grandchildren, and a list of relevant resources that grandparents can utilize. The webpage is
appropriate for the given population because many individuals turn to the internet in search for help. The webpage will contain a variety of information, all written at a 6th grade level to make it easily readable for the targeted adult population. There are no costs associated with the production of the webpage. For the webpage, all pertinent information will be given to a volunteer at Sylvania Area Family Services and the webpage will be designed, proofread by the occupational therapist and then published for public viewing. When individuals search programs targeting grandparents raising grandchildren or similar phrases in the Toledo area, the link to R.O.C.K. will pop up as posted on the results from the search.

The source of potential participants is described in each marketing tool. This includes grandparents, of any age, gender, and ethnicity, who have the primary care responsibility of their grandchildren for at least one month. All grandparents who have the primary care responsibility of grandchildren, whether or not biological parent residing within the home, will be invited to participate.

The inclusion criterion for R.O.C.K. includes:

- Grandparents, both male and female, who have had primary care responsibility of at least one of their grandchildren for at least one full month
- Any age
- Any cultural background

The exclusion criterion for R.O.C.K. includes:

- < one month of primary care responsibility of grandchildren
- Not currently raising grandchildren, but have in the past

The targeted and expected number of participants in the first R.O.C.K. program is between five and six individuals. The program will cycle three times per year, and as the
In addition to inclusion criteria, demographic data for each participant will be collected via a descriptive demographic questionnaire upon entrance into the program (see Appendix L for descriptive data questionnaire). Demographics that will be collected include age, gender, marital status, educational attainment, employment, the number of grandchildren within the household and ages, length of time for caring for grandchildren, and commonly used community resources and organizations. After the descriptive data questionnaires are completed, data will be calculated and recorded.

**Recruitment**

The first method of participant recruitment is posting the flyer describing the program around various community organizations, agencies, and schools. The flyer will be posted at the organizations, agencies, and schools five weeks prior to start of the program for recruitment. The second recruitment method is a brochure that will be distributed and displayed at various locations throughout the Sylvania area five weeks prior to the start of the program. The final method for recruitment of participants is the production of a webpage for R.O.C.K. that will be accessible through the Sylvania Area Family Services’ main page. The webpage will be produced and made available to the public six weeks prior to the start of the first programming session. Potential interested participants will contact SAFS to inquire about the program. Upon a phone call/e-mail, participants will be given a quick interview to see if they meet the inclusion criteria. If participants meet eligibility criteria, their contact information will be taken for further notice of programming.
After recruitment of participants, the occupational therapist directing the program will organize individual meetings with each participant in which a welcoming packet (a folder with various documents pertinent to R.O.C.K.) will be given to participants and initial assessments will be administered. Within the welcoming packet, the first document will be a personalized introductory letter introducing the occupational therapist and welcoming the participants to the program (see Appendix M for sample introductory letter). The second document that will be included is an informational sheet describing the topics of each session along with the times of programming (see Appendix N for informational sheet). A third document that will be included is list of resources and contact information that grandparents can utilize throughout the community (see Appendix O for resource and contact information). In addition, another document that will be included is the descriptive data questionnaire, which participants will be required to fill out the questionnaire during the meeting and hand back to the occupational therapist. The final documents that will be included in the packet are the Occupational Self Assessment (OSA; Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2006) and the Short Form-36 (SF-36; Ware, 1993) measure, in which the occupational therapist will administer during the meeting. The Occupational Self Assessment is an assessment used to guide client-centered therapy and assists clients in identifying and establishing goals (Baron et al, 2006). The SF-36 is an assessment that measures physical and mental health of a client, broken down into eight sections: vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, social role functioning, and mental health (Ware, 1993). Rationale for these assessments is to help grandparents identify their areas of weakness to better serve their needs throughout the program.

**Programming**
Throughout programming, a variety of different topics will be focused on, all which center on the enhancement of physical and mental health and well-being. Interventions were formulated from a review of literature and completing a variety of needs assessments, both with stakeholders and the population themselves. The first topic that will be addressed is physical health and wellness. Several studies indicate that the health of grandparents raising grandchildren declined after taking on the primary caretaker role (e.g., Kicklighter, Whitley, Kelley, Shipskie, Taube, & Berry, 2007; Thomas, Sperry, & Yarbrough, 2000; Hayslip & Kaminski; 2005). Minkler and Fuller-Thomson (1999) compared caregiving grandparents with noncaregiving grandparents with regards to ability complete daily tasks, self-reports of health status, and level of satisfaction with their health status. Results showed that grandparents raising their grandchildren had higher limitations in the following six areas as compared to noncaregiving grandparents: mobility inside the house, completing daily household tasks, climbing stairs, walking at least 6 blocks, completing heavy tasks, and working for money. It was also found that caregiving grandparents are more likely to report lower satisfaction with their health than those noncaregiving grandparents. In addition, Kelley, Whitley, and Campos (2010) found that by comparing the pre- and post-test SF-36 for an intervention for grandparents raising grandchildren, there was an improvement of scores for vitality, physical and emotional effects on role functioning, and mental health. Results from these studies indicate that there is a need for intervention efforts that focus on increasing the physical well-being of grandparents raising grandchildren. Given this, the grandparents can take the knowledge gained and apply it to their lives which could potentially contribute to improved physical health status.

Other topics that will be addressed through interventions are associated with mental health: stress management and coping strategies. Studies have shown that grandparents who take
on the role of primary caregiver of grandchildren have increased stress (e.g., Thomas et al., 2000; Bowers & Meyers, 1999). Kelley, Yorker, Whitley, and Sipe (2001) explored a multimodal home-based intervention for grandparents raising grandchildren. The goals of the interventions were to reduce psychological stress and improve mental health, and provide social support opportunities. Results indicated that interventions can reduce some of the emotional and psychological stressors; there was a positive change in the grandparents’ mental health, psychological distress, and social support. Further, Kelley, Whitley, and Sipe (2007) further explored the effects of a different interdisciplinary intervention that was designed to improve the psychosocial well-being of grandmothers raising their grandchildren. Results found that the psychological distress of grandmothers raising their grandchildren decreased, family resource knowledge was gained, and family coping behaviors were enhanced. Results from these studies imply that intervention efforts are proven effective in increasing the mental well-being of grandmothers raising grandchildren.

In addition, another topic that will be addressed through interventions is parenting skills, which will contribute to better mental health. Concepts, such as time management, financial management, dealing with contemporary issues and child behavior management, will be incorporated into programming. Grandparents who take on the primary responsibility role of their grandchildren tend to experience financial difficulty (Thomas et al., 2000); therefore an intervention effort will be geared towards financial management so families see where their money goes and possibly cut back on any expenses that are not necessary. Hayslip and Kaminski (2005) also found grandparents raising grandchildren can experience isolation from peers due to parenting demands. Given this, time management will be incorporated into the program so that grandparents can schedule their days and make time for social participation and leisure activities.
Bowers and Meyers (1999) compared grandmothers with levels of caregiving responsibility of their grandchildren and found that the grandchild’s behavioral problems that negatively impacted the grandmothers the most. Thomas et al. (2000) found that half of the children in kinship care displayed poor study habits, poor attention and concentration skills, demanding behaviors, hyperactivity, and aggression compared to peers not in kinship care. Results from these studies indicate that there is a need for intervention focused on addressing problematic behaviors with children, which will be incorporated into programming.

As described previously, the identified model of practice that will be used in guiding R.O.C.K. is the Model of Human Occupation (MOHO; Kielhofner, 2008). Given this, the program will follow multiple principles as identified in the Model of Human Occupation. First, interventions will consist of meaningful and purposeful occupations that stem from the needs of the population being served. As stated previously, meaningful occupations contribute to development, connect individuals to their social and cultural environment, and provide opportunities for physical and mental engagement (Kielhofner, 2008). This principle will be applied throughout all six sessions. The second principle is that the participants will actively engage in occupations during intervention sessions. Occupational therapy is a process in which clients engage in occupations to shape their abilities, routines, and thoughts and feelings about themselves (Kielhofner, 2008). All program interventions will encourage active engagement and participation of participants. The third principle that the program will follow is that the environment throughout the program will be conducive to learning and will be designed to influence motivation, organization, and performance of the occupations implemented during interventions. The environment is thought to have an impact on occupational performance (Kielhofner, 2008). Given this, the environment will be constructed to meet the needs of the
population being served. The final principle that will be used to guide programming is the use of therapeutic reasoning (Kielhofner, 2008). Therapeutic reasoning will be implemented to address the identified needs of the participants. Therapeutic strategies that will be used throughout this program include: validating, identifying, giving feedback, advising, negotiating, structuring, coaching, and encouraging.

R.O.C.K. is designed to enhance the lives of grandparents raising their grandchildren. The assessments that will be used with R.O.C.K. are the Occupational Self-Assessment (OSA; Baron et al., 2006) and the Short Form-36 (SF-36; Ware, 1993). The OSA is a self-report measure that identifies the participant’s perceptions of their occupational competence. The OSA will be used as a pre-test only to develop individual goals for each participant. The SF-36 assessment will be used as a pre- and post-test as well as a follow-up measure for each participant, as it measures functional health and well-being.

The proposed program consists of a series of six educational and occupationally-based sessions, with each session addressing identified needs of the population. The identified needs were formulated from the various needs assessments given, focus group conclusions and relevant literature reviews, as described previously. The occupational program sessions will not be lectures, but a mix of occupation-based, interactive discussions, and hands-on learning, as demonstrated by using the Model of Human Occupation (Kielhofner, 2008). The sessions will be organized and led by a registered occupational therapist and all sessions will be held at SAFS. All financial obligations, including supplies for occupations and payment for occupational therapist, for the program will be covered by SAFS which will receive grants, donations, and plan fundraising events specific for this program.
The program will be held once a week for six weeks on Sunday afternoons from 2:30 p.m. -4:15 p.m. Rationale for this day and time is due to grandparents who work full-time and manage children’s activities, such as sports. Normally, children’s athletic games are held on Saturday’s. Sessions will also be held mid-afternoon after lunch, but yet before dinner so that mealtimes will not be an issue for most. To ease the issue of child care, free childcare will be provided on site with the help of four volunteers from the University of Toledo, whom of which are in the process of obtaining an early childhood education degree. Each session will have two volunteers and the volunteers will provide childcare biweekly. The room is approximately 30’ x 30’ and is inviting to the older population. In the center of the room, there will be four 6’ tables set up to form a square with three chairs at each table for participants. The childcare room is similar in size and has toys and games appropriate for a variety of ages that are supplied by SAFS. Since the main focus of this program is to increase the physical and mental wellness of grandparents raising grandchildren, each session will have a physical activities portion as well as a mental health portion.

**Session 1: “Preventing Burnout”**

The first intervention will be an introduction session to the program. During the first 20 minutes, the occupational therapist will give an introduction explaining a little about his/her background and introduce the R.O.C.K. program, explaining the agenda for interventions and general programming. The remaining portion of the first 20 minutes will serve as time for an ice breaker. The ice breaker will consist of passing around a bag of trail mix (peanuts, sunflower seeds, and raisins), having participants, including the occupational therapist, take as much trail mix as they please, but the participants will be instructed to not eat the mix until further notice.
After the bag of trail mix is passed around, participants will share one thing about themselves (e.g., favorite vacation spot, hobbies, or favorite food) for each raisin that they have.

After the icebreaker, there will be a 15-minute interactive discussion on the benefits of healthy eating and exercise (see Appendix P for benefits of healthy eating and exercise). The main point of the interactive discussion is to address that eating healthy and exercising not only contributes to increased physical health, it can also make you feel good and elevate your mood, contributing to enhancing mental health. After the interactive discussion, for the next 10-15 minutes participants will actively complete a worksheet to recognize burnout symptoms (see Appendix Q for burnout worksheet). After completion of the worksheet, participants will be given a 10-minute break.

Following break, there will be an interactive discussion on recognizing burnout and how to prevent it for 20-30 minutes. This discussion will be led by the occupational therapist and focus on safety precautions during physical activity, including proper lifting techniques for transporting not only heavier objects. Participants will be asked to volunteer and physically demonstrate common occupations, which involve physical activity. During the demonstrations of common occupations, the occupational therapist will educate patients about joint protection and proper body mechanics (see Appendix R for joint protection and proper body mechanics).

For the time remaining in this session, tables and chairs will then be pushed to the side of the room and participants will engage in square dancing, the physical activity occupation chosen for this intervention session. The therapist will give a demonstration of how to complete a simple square dance and then start playing music on the CD player (refer to Gartner, 1996, for square dancing instructions).

Session 2: “Promoting Mental Well-Being”
The second intervention session will mainly focus on mental well-being. The first 10 minutes will be used for questions from the preceding intervention session. After all questions are answered, the next 15-20 minutes, there will be a group occupation addressing mental health, with a focus on depression. Participants will each be given a notebook and a pen. Participants will be instructed to write down a list of different negative feelings they feel throughout their typical day and what happened to feel that way. When participants are done, there will be an interactive discussion on negative feelings. Participants will not be required to share what they wrote down, but discussion will be strongly encouraged. During active discussion, the occupational therapist will give ideas on how to turn a negative feeling into a positive one and give ideas on what kinds of activities the participants can engage in to help alleviate any sad or depressed moods. After discussion, participants will be instructed to rip the list out of their notebooks and throw it in the trash can. The notebook will now be used for positive thoughts only. Participants will be encouraged to take the notebook home and write down positive thoughts and/or quotes whenever they feel their mood is depressing.

After completing the notebook occupation, participants will engage in an occupation addressing stress management for about 35 minutes. Participants will break into groups of two; if there are an odd number of participants, the occupational therapist will serve as a partner for the remaining participant. Participants will be instructed to collaborate and think of a similar stressful situation that they have both faced. Each group of participants will then role play the situation. After each set of participants played out their situation, there will be an interactive discussion on what coping behaviors could be implemented to deal with the stress the situation caused. Included with this, a handout will be given to describe various coping strategies that
could be utilized (see Appendix S for coping strategies). Following this, a 10-minute break will be given.

After reconvening, participants will engage in a physical exercise occupation for 20-25 minutes. They physical exercise occupation consists of learning starter yoga positions. The occupational therapist should refer to online videos which teach starter yoga positions (Ekhart, 2008a; Ekhard, 2008b). Yoga cannot only enhance physical aspects of the body (flexibility, posture, and strength) it can also be used as a relaxation technique to decrease depression and anxiety (Health and Yoga, 2006). Upon conclusion of the physical activity occupation, participants will be encouraged to engage in physical activity within their home environments to not only enhance physical effects but also to enhance their mental well-being. Upon completion of the yoga occupation, the remaining time will be used for any questions.

Session 3: “Help!”

During the third intervention, the first 5-10 minutes will be used for any questions and/or comments. The therapist will ask if the participants used the notebook within the last week and what resulted from using the notebook. After all questions are answered, the next 40-50 minutes will focus on how to deal with common problematic behaviors. This will consist of an interactive discussion on problematic behaviors exhibited in children being raised by their grandparents. The participants will be encouraged to ask questions on how to deal with certain problematic behaviors. To the best of his/her abilities, the occupational therapist will address the issues and give ideas on solutions to the behaviors. The occupational therapist should be familiar with and prepared on how to handle behaviors commonly exhibited in children with ADHD, ODD, fetal alcohol syndrome, PTSD and developmental delay, as these disorders were found most common in grandchildren of grandparents who completed the needs assessments. Participants will also be
encouraged to contribute solutions that they have found helpful if other participants are experiencing the same type of problem. If participants need further advice, they can approach the occupational therapist upon conclusion of the session or during any remaining sessions.

Concluding the interaction discussion, the participants will then receive a 10-minute break. Following break, the next 20-25 minutes will be used for a physical exercise occupation. With this session, there will be a series of stations set up around the room, depending on the number of participants. Each participant will complete four stations for five minutes each. Stations will simulate home environments in which individuals can clean to get physical activity. The purpose of this occupation is to show that physical exercise does not just mean going to the gym and exercising to exercise videos, but can include doing things around the house. Prior to this intervention, the occupational therapist should discuss with participants common occupations that are done around the house. Five examples include:

- A five-shelf bookshelf with scattered toys/books/games beside the bookshelf. Participants will be instructed to safely pick the toys off the floor and put them in an organized manner on different levels of the bookshelf.

- An empty wall with a towel and a bucket full of soap and water on the floor. With this, participants will be instructed to wipe down the wall, using both hands, with the soapy water and towel.

- A simulated kitchen, including a counter and cupboards above and cabinets below, with paper bags full of groceries on the floor in front of the counter. Participants will be instructed to put the bags of groceries on the counter and put one grocery item in the top cupboard and then put the next item in the below cabinets and continue until groceries are put away.
• Glass doors with paper towels and window cleaner on the floor in front of the doors. Participants will be instructed to clean the glass doors from top to bottom with the paper towels and window cleaner.

• A plain white wall, a plastic drop cloth laid out on the floor in front of the wall and painters tape along the wall edges, and painting supplies (apron, paint roller with an extended handle and white paint in a paint pan). Participants will be instructed to put in the apron (to avoid getting paint on their clothes) and then paint the wall from ceiling to floor using the paint roller with the extended handle.

After conclusion of the physical occupation, the remaining time will be used for a focus group, in which participants report their experienced and anticipated benefits of the program in terms of their roles in child care (see Appendix T for focus group questions).

**Session 4: “Organizing your Life”**

During the fourth intervention, the first 5-10 minutes will be used for any questions and/or comments. In addition, the therapist will ask if the participants used the notebook within the last week and what resulted from using the notebook. After the opening discussion, participants will gather around the table and complete a budgeting occupation for the next 35-40 minutes. Participants will be given blank sheets of paper, a pen, and a calculator. Written on the chalkboard, along the side of the room, will be an example of the income and expenses of a fictional individual. Participants will be instructed to figure out how much money is left over after all expenses are paid that the individual has for leisure. Following this occupation, participants will be encouraged to figure out their budget, calculating their income and expenses. No participant will be required to disclose this information to the therapist and/or the group members. The goal of this occupation is help the grandparents physically see where their money
is going and how much should be left over. Incorporated into this intervention, there will also be an interactive discussion on money saving techniques (see Appendix U for money saving tips). Participants should then get a quick 5-minute break.

Following the occupation on budgeting, participants will then engage in a time management occupation for about 30 minutes. Participants will all be given a current monthly planner and a package of colored pencils. Participants will then be instructed to prepare a schedule for the following month. Each chosen color will represent a family member (e.g., green will be for the grandmother and blue will be for a grandchild). With preparing a planner, it will help grandparents plan, monitor, organize, schedule and prioritize their time. The planner can then be used on a daily basis so grandparents can know what is to be done that day as well as upcoming days. If time can be managed properly, it can also reduce some of the stressors that go along with raising grandchildren, improving their mental health status. The goal of this intervention is to help participants become aware of how their time is spent and if we can get participants to schedule their time wisely, hopefully it will open up new opportunities to engage in meaningful social activities. Upon conclusion of the time management occupation, participants will be given a full 10-minute break.

Upon reconvening, participants will engage in a physical activity occupation for 20-25 minutes. In this intervention, the physical exercise will be done through the use of the Wii and the Wii Sports game. Within the room, there will be two televisions set up along the walls of the room with a Wii console connected. Each Wii will have four controllers so there is enough for each participant (note: if future programs have maximum allotted participants, the participants will take turns, rotating at each turn). The Wii sports game will be loaded and ready for use. Participants will receive a short introduction to how to use the controllers, if they are not familiar
with the game. Participants will be instructed to pick the Wii Sports game they wish to play (bowling, tennis, etc.) and engage in the game for 20-25 minutes. The occupational therapist will be there to assist, as needed. The purpose of this occupation is to demonstrate the variety of occupations one can engage in for physical activity. This can also demonstrate that grandparents can engage in occupations with their grandchildren that promotes physical exercise. Upon completion of the Wii game, the remaining time will be used for questions and answers.

**Session 5: “Dealing with Contemporary Issues”**

The main focus of the fifth intervention will be refining parenting practices and exploring contemporary issues. The first 5-10 minutes for this intervention will be used for any questions and/or comments. In addition, the therapist will ask if the participants used the notebook within the last week and what resulted from using the notebook. The contemporary issues that will be discussed are the issue of teenage sexual behaviors and teen’s utilization of technology into today’s world. This occupation and discussion will last 45-50 minutes. With this, the grandparents should get into groups of two (preferably not with their significant other, if applicable). The grandparents will work together to discuss common questions about sexual activity that grandparents have and how to deal with the topic (see Appendix V for questions on sexual activity). The questions should be divided evenly through the groups, giving every group 2-3 questions each. When each group is done answering their questions, the group members should be prepared to role-play the questions in front of the entire grandparent group. One member should play the role of grandchild (the age and sex of the child should also be stated), and the other member should act as the grandparent discussing the question with the grandchild. Following this occupation, different types of technology commonly used by teenagers will be explored; this will consist of an interactive discussion. The occupational therapist will ask the
grandparents what technology is out there that their grandchildren utilize on a daily basis (e.g. internet, cell phones). Another question should then be asked regarding how the teens are utilizing this technology (what sites are being most commonly used, who do they text and how often, etc.). Following this, the topics that should be interactively discussed include: social networking, cyberbullying, cyberstalking, and sexting. Following this discussion, grandparents should be invited into the computer room where they can actively explore how to navigate social networking sites, such as Facebook, MySpace, and twitter. After the discussion, grandparents will be given a 10-minute break.

Following break, the next 15-20 minutes will focus on child safety in the home. The participants will go around the room in which the program is held and look for things that can be done to make the room child safe. Also, participants will be invited into the kitchen to explore further on what can be done to child proof a home. With this, the occupational therapist will go around the room and ask the participants what they have done in their home to make it safe for small children. Following the activity there will be a discussion and a handout will be given to the participants to take home for a reference to make their home child friendly (see Appendix W for tips for making your home childproof).

Following this, there will be a 15-20 minute physical exercise occupation. Since there is on-site childcare, the children will be brought into the room for this physical activity session. In this session, the physical activity will be focused on engaging in a sports activity with the grandchildren. The tables and chairs that are normally in the middle of the room will be pushed to the side, giving an open space and room for everyone to move around. As weather permits, this activity may also be completed in the yard behind SAFS. The occupation chosen for this intervention will depend on the ages and sports interests of the children of the grandparents.
participating in the program and activity supplies available at SAFS. An example of an inside occupation is tossing a balloon back and forth and never letting it touch the ground. As time goes on, the occupational therapist should add more balloons to make the occupation more interactive, challenging, and engaging. If weather permits, examples of an outside sport would be playing volleyball, catch, or kickball with a beach ball.

Session 6: “Get Involved”

During the sixth intervention, the first 5-10 minutes will be used for any questions and/or comments. During this time, the therapist will ask if the participants used the notebook within the last week and what resulted from using the notebook. With this intervention session, there will be no physical occupation; the time will be used for conclusion and wrapping up of programming. After opening discussion, the next 20-25 minutes of this intervention session will focus on identifying activities to do with grandchildren at specific stages in their lives. Starting this intervention portion will consist of passing out a developmental chart in which displays ages for achievement (see Appendix X for developmental chart). Grandparents can refer to this chart as the child ages. Following this, grandparents will be invited into the computer room in which they will be instructed to explore selected resources online that can be utilized to find age appropriate activities that grandparents can enjoy with their grandchildren (see Appendix Y for common online resources for age appropriate activities). If the grandparents need assistance with using the computer, the occupational therapist will give a quick overview and help the grandparents search and navigate the internet. Also, the occupational therapist should be aware and give information about community activities of little or no costs (e.g. Toledo Zoo (free for Lucas County residents on Monday’s), Toledo Museum of Art, local parks).
Following the online search for intergenerational activities, the grandparents will remain in the computer room for the next 20-30 minutes for the next topic: awareness of community resources. With this, grandparents should be instructed to bring the list of community resources handout that was given in the welcome packet. Grandparents will be instructed to research different community resources that can be utilized based on their needs. The occupational therapist should be prepared in terms of knowing/being aware of different resources available to assist grandparents in their search.

Following the searches online, grandparents will gather around the original room. For the next 10-15 minutes, the participants will complete SF-36 so scores can be compared to beginning scored to prove effectiveness of program. Following this, a pro-bono attorney will be present for the next 30-40 minutes to answer any legal questions that the grandparents may have. The grandparents should be made aware of this portion of the session prior to the date so that they can come prepared with their questions. During this time, the occupational therapist will be present, but will begin to score the SF-36 assessments. Following the legal discussion, the remaining time will be used for conclusion and wrap-up of the programming.

This sixth and last session of the program will conclude the intervention sessions aspect of the program. Six-weeks after completion of the program, participants will be mailed and required to complete and return (in a prepaid envelope provided by SAFS) the follow-up SF-36 assessment. If assessment is not returned within two weeks of mailing, the occupational therapist will contact the participant and administer assessment via phone. After the final assessment is received to SAFS, participants have successfully completed the program. Throughout the program, the occupational therapist will have a role in care coordination of participants. Since
the population being served is essentially healthy, the occupational therapist will make referrals and coordinate communication as needed for participants.

Various forms of documentation will be kept on file throughout programming. This includes all descriptive data questionnaires, each individual’s assessments, including the OSA pre-test and SF-36 pre-, post- and follow-up tests, all summaries of effectiveness of programming, and all self-reports by participants. A summary of the focus group discussion and any self-reports will be typed and documented by the occupational therapist. All documents will be kept in a locked filing cabinet.

Direct services will be provided to enhance the overall quality of life of grandparents raising their grandchildren. The direct service that will be provided is intervention sessions focusing on mental and physical health, stress management, coping strategies, financial management, time management, updated parenting practices, and addressing problematic behaviors in children. Participation in this program will also have an indirect effect on the grandchildren within the family. It is the hope of the program to enhance the quality of life of grandparents which will indirectly affect the grandchildren because a more positive environment will be created by the grandparents if they are able to physically and mentally able to engage in everyday occupations.

**Budgeting and Staffing**

**Budget**

A budget had been developed and provided (see Appendix Z for R.O.C.K. budget). The budget was created for one year of funding R.O.C.K. which totals three program cycles.

**Staffing**
The program director of R.O.C.K. will be an occupational therapist, registered by the National Board of Certification, licensed by the state of Ohio and current CPR certification. The occupational therapist must have experience in conducting group interventions. The occupational therapist will be hired to work part-time, averaging 120 hours/year. The occupational therapist will have several job duties to fill this time (see Appendix AA for occupational therapist job description and BB for sample advertisement). The occupational therapist will be in charge of planning and implementing the occupationally-based program for grandparents raising grandchildren. The occupational therapist will develop and/or update marketing materials to recruit participants and gather the materials needed to create the welcoming packet. When participants are accepted into the program, it is the responsibility of the occupational therapist to organize a meeting time (lasting about an hour) with each participant to administer the OSA and SF-36 and distribute the welcoming packet before the program starts. The occupational therapist will also recruit early childhood education students from The University of Toledo. Students will be recruited through emailing the chair of the department of education at the University of Toledo as asking to forward email to students. The occupational therapist will also be required to recruit a pro bono lawyer in Toledo to assist in the legal discussion (refer to Toledo Bar Association within the composed list of community resources to be distributed in welcoming packet). Once program starts, the occupational therapist will deliver and facilitate the designed program to grandparents raising grandchildren. Six weeks post-program, the occupational therapist will be required to collect all follow-up SF-36 assessments and interpret the findings to determine effectiveness of the program.

Potential Funding Sources
Three funding sources have been identified to possibly fund R.O.C.K. The first possible potential funding source is the Toledo Community Foundation, Inc., (Toledo Community Foundation, 2005), a public charitable organization that awards grants to non-profit organizations that are identified as tax-exempt status. The Toledo Community Foundation, Inc. was developed to enhance the quality of life of residents and their families within the Northwest Ohio and Southeast Michigan. It is of interest of the Toledo Community Foundation to fund new programs dedicated to meet the rising needs of the community or to fund the extension of existing successful programs. The Toledo Community Foundation emphasizes programs that create safe and positive learning environments, facilitate families to develop the skills and resources to support and foster each member of their family, and support the growth of responsible young individuals to achieve their fullest potential. The proposed program is a family service provided to the increasing number of grandparents caring for their grandchildren. The overall goal of R.O.C.K. is to increase the quality of life in grandparents rearing their grandchildren by addressing their needs. This is consistent with the reason for the foundation being in existence, to enhance the quality of life of residents as well as their families living around the Toledo community. The program is designed to enhance the quality of life of grandparents which will have a direct effect on each member of the family and will create a positive home environment. Treating the needs of the grandparents (e.g. mental and physical wellness) will also have a direct effect on their ability to support their grandchildren’s growth.

To apply to The Toledo Community Foundation, Inc., the first step in the grant application process is developing a proposal. The first part of the proposal, with a 750 word limit, includes the purpose and the need of the program. This section includes the goals and objectives of the program, the targeted population, and the identifications of the needs that will
be addressed. The next portion of the proposal is the explanations of the implementation of the program, including a summary of the plans and timelines for implementation of the program (250 word limit). This section should identify individual(s) who will be responsible for managing the program and a description of their qualifications. Following the implementation description should be an evaluation description (250 word limit). This includes stating the criteria and procedures that will be used to evaluate the success of the program. The evaluation needs to be related to the goals and objectives of the program. The next aspect that needs to be addressed in the proposal is future support. This section includes identifying plans for ongoing operational support for the program once the Foundation funds are spent; this includes identifying anticipated future financial needs of the program and potential sources of funding. This section has a 250 word limit.

The attachments that need to be included with the proposal include:

- project budget information (one page displaying projected income and expenses, all sources of program funding and the period for which funds are being requested)
- names and affiliations of the organization’s Board of Trustees
- brief background/history of organization (including mission, purpose, accomplishments, and current programs and services)
- organizations most recent audit
- organization’s current operating budget
- copy of the applicant’s tax exemption letter from the Internal Revenue Service

Once the grant proposal is complete, it is submitted online through the online application available at the Foundation’s website. Grant proposals are reviewed three times annually and the deadline dates are January 15, May 15, and September 1. There is no specified dollar amount
granted by the Toledo Community Foundation; there is a wide range of grants awarded and the amount varies from project to project. The foundation also generally only funds grants for one year.

The second funding source identified is the Dr. Scholl foundation (Dr. Scholl Foundation, n.d.). The Dr. Scholl Foundation is a private and independent grant-making foundation for organizations providing charitable services. Dr. Scholl, who recognized that his financial success could be used to aid others, established the Dr. Scholl Foundation in 1947. The primary interests for the Dr. Scholl Foundation are education, social services, and healthcare, civic and cultural, and environmental, however, this is not an exhaustive list; the foundation will consider other worthwhile projects. The foundation guidelines and interests are meant to be broad to give flexibility in providing grants. The mission of the Dr. Scholl Foundation is to provide financial assistance to organizations, which have a strong commitment to improve the world. The foundation believes in the values of innovation, practicality, hard work, and compassion. The proposed program would fall under the category of social services, an area of interest in which the foundation supports. With the R.O.C.K. program, Sylvania Area Family Services will strive to change the lives of grandparents raising grandchildren, with one family at a time, to strengthen the community and families that reside within and surrounding the area, which is consistent with the mission of the Dr. Scholl Foundation.

The foundation only provides grants for organizations with a valid IRS 501(c)(3) determination letter. To apply to the Dr. Scholl Foundation, the organization must request an application and instructions after September 1 of each year. The request must be sent via mail on the organizational letterhead; phone, fax, or e-mail requests are not accepted. The letter should indicate if a paper copy is preferred over an electronic copy. If an electronic copy is preferred, an
e-mail address must be included on the request letter. After the application is submitted, the Dr. Scholl Foundation makes grants annually after extensive review of applications by the staff and directors of the foundation. The applications can then be submitted between November 1 and March 1 of the following year through postal mail. Prospective grantees are notified in November and if then approved, the grant payments are made in December of the grant year. This foundation only accepts requests for funding for one year. On average, the Dr. Scholl Foundation awards between $5,000-25,000.

The third identified funding source is the Corning Incorporated Foundation (Corning Incorporated, 2011). Corning Incorporated is a private foundation offering grants to organizations that are dedicated to improve the quality of life of the community’s citizens. The Corning Incorporated Foundation takes an interest in and supports educational, cultural, community service, national and matching gifts programs. Within the area of community service, the Corning Incorporated Foundation has supported a wide range of organizations that serve the community, including, hospitals, community foundations, youth and women’s centers, YMCA’s, and local youth organizations. The proposed program would fall under the category of community service, an area of interest in which the foundation supports. The Corning Incorporated Foundation offers grants to organizations dedicated to increasing the quality of life of their residents, which is consistent with the program’s goal of enhancing the quality of life of the grandparents residing in the community in which SAFS operates. The proposed program is dedicated to serving the increasing number of grandparents who are raising their grandchildren and their identified needs with the goal of increasing their overall well-being and life satisfactions.
To make a request to the Corning Incorporated Foundation, grant seekers must submit a two-to-three page letter of inquiry. All requests must be submitted in writing and must be signed by the senior administrative officer of the organization. The first item in the letter of inquiry must include a project description. Within the description, goals and objectives must be stated as well as specific methods that will be implemented to accomplish the goals and objectives. The description also has to include the amount of money sought and the dates when funds will be needed along with an itemized project budget showing sources of committed proposed income and expenses. Finally, the project description also must include a timeline for the program, criteria for evaluating the program, an explanation of how the request meets the foundation’s program interest, and demonstration of how the program promotes cooperation among existing organizations in the field. Other items that must be included with the letter of inquiry includes: a description of the sponsoring organization and a list of officers and directors, the organizations budget with courses of income and expenses, and a long-range plan for generating other funding. In addition, a copy of the organizations last audited financial statement and a copy of the organizations Internal Revenue Service letter indicating the organization is tax-exempt under Section 501(c)(3) and 509 (a) of the Internal Revenue Code need to be attached with the proposal. There are no deadlines specific for this granting opportunity. When the proposal is finalized, the document with attachments should be mailed to:

Ms. Karen C. Martin
Associate Director
Corning Incorporated Foundation
MP-BH-07
Corning, New York 14831
The amount of dollars awarded through this foundation varies. However, researching past funded programs within the area of community service, which R.O.C.K. would fall, the amounts awarded from about $500-50,000.

**Self-Sufficiency Plan**

After the first year of grant funding for R.O.C.K., further methods will be taken to ensure financial support to continue the program. Once the initial supplies are bought for the program, the costs for programming will decrease dramatically. In addition, SAFS is primarily funded through donations from various community donors (including community members and local agencies). If the donors are able to see the impact and benefits from the program, they may be willing to make donations specific to this program to help ensure that the program continues. Finally, after the first year of programming, future interventions will be ran by a certified occupational therapy assistant to order to reduce costs. The occupational therapist will be present to complete assessments, interpret results, and oversee programming. The COTA will report relevant information weekly to the occupational therapist overseeing the program.

**Program Evaluation**

Evaluating the R.O.C.K. program is essential to demonstrate the program’s success and effectiveness. Evaluation of the program is also important to ensure future financial support of the program. Several measures will be used to evaluate the effectiveness of the program, including formative, summative, and process evaluations. Evaluation measures will be taken at interim, at the end of the program, and 6 weeks upon conclusion on the program. Each objective will be evaluated and measured as well as overall effectiveness of programming. The evaluation of each objective is described below.
1. Objective 1: During the third week of the program, participants will report experienced and anticipated benefits in terms of their overall health by discussing at least one thought for each question that is presented to them during a focus group.

The focus group is used as a formative evaluation that will be implemented half way through (week three) the program. The focus group questions will be used to facilitate discussion amongst participants and results will be used to make suggestions to improve programming.

2. Objective 2: During the sixth week of the program, participants will report a 50% improvement in physical health compared to baseline scores as indicated by the Short Form-36 Quality of Life Measure.

The physical functioning scale of the SF-36 Quality of Life Measure (Ware, 1993) will be used as a summative evaluation measure for this objective. The physical functioning scale of the SF-36 will be administered to each participant by the occupational therapist for completion prior to the start of the program and again during the last intervention session. Scores will then be calculated and compared to demonstrate any improvements with each participant.

3. Objective 3: During the sixth week of the program, participants will report a 50% improvement in mental health compared to baseline scores, as indicated by the Short Form-36 Quality of Life Measure.

The mental health scale of the SF-36 Quality of Life Measure (Ware, 1993) will be used as a summative evaluation measure for this objective. The mental health scale of the SF-36 will be administered to each participant by the occupational therapist for completion prior to the start of the program and again during the last intervention session. Scores will then be calculated and compared to demonstrate any improvements with each participant.
4. Objective 4: Six weeks after conclusion of the program, 80% of the participants will report a 75% improvement in physical health compared to baseline scores prior to the start of the program, as indicated by the Short Form-36 Quality of Life Measure. The physical functioning scale of the SF-36 Quality of Life Measure (Ware, 1993) will be used as a summative evaluation measure for this objective. To measure this objective, the physical functioning scale of the SF-36 will be administered to each participant by the occupational therapist for completion prior to the start of the program and during the last intervention session. In addition, as a follow up measure, participants will be mailed the physical functioning scale of the SF-36 six weeks upon conclusion of the program and be required to return the measure in a pre-stamped envelope. Scores will then be calculated and compared to demonstrate any improvements and/or long lasting effects that the program had on each participant.

5. Objective 5: Six weeks after conclusion of the program, 80% of the participants will report a 75% improvement in mental health compared to baseline scores prior to the start of the program, as indicated by the Short Form-36 Quality of Life Measure. The mental health scale of the SF-36 Quality of Life Measure (Ware, 1993) will be used as a summative evaluation measure for this objective. To measure this objective, the mental health scale of the SF-36 will be administered to each participant by the occupational therapist for completion prior to the start of the program and during the last intervention session. In addition, as a follow up measure, participants will be mailed the mental health scale of the SF-36 six weeks upon conclusion of the program and be required to return the measure in a pre-stamped envelope. Scores will then be calculated and compared to demonstrate any improvements and/or long lasting effects that the program had on each participant.
In addition to the above summative measures, another summative measure will be used to evaluate each participant’s satisfaction of the program (see Appendix CC for summative evaluation for participants). This summative measure will be three questions typed on a single sheet of paper asking the participants if they felt they benefited from the program, if they felt respected throughout programming, and if they would refer other grandparents raising grandchildren to the program. The answers are on a five-point scale, with one being strongly disagree and five being strongly agreed. This evaluation measure will be mailed out to participants along with the follow-up SF-36 assessment for completion and return.

To ensure efficiency of the program, process evaluation measures will also be implemented at the beginning and throughout the course of the program. To measure delivery of the program, there will be a weekly sign-in sheet to take attendance of participants. Delivery will also be measured by if handouts and assessments were given and/or distributed on time and in a timely manner. Since this is an occupational-based program lead by an occupational therapist, a third measurement of delivery includes investigation to ensure he/she is a registered and licensed occupational therapist. Received process evaluation measures will also be used throughout intervention sessions. Received evaluation measures will be assessing whether or not participants understood what they have been taught. This will be done through self-report during intervention sessions. An enactment process evaluation measure will also be used throughout each intervention session. Enactment evaluation measures will be evaluated through observations and completion of each occupational-based intervention. If participants complete an occupation, this means that they received the information, followed, and understood what was taught.

To conclude the evaluation measures of R.O.C.K., key stakeholders at SAFS will also be targeted in regards to effectiveness of the program. Each agency personnel (e.g., Jason Robertson
and Dottie VanDrieson) will be given an evaluation to assess their satisfaction and effectiveness of the R.O.C.K. program (see Appendix DD for agency personnel’s evaluation).

**Timeline**

A timeline had been developed for R.O.C.K., illustrating the times when things should be done (see Appendix EE for timeline).

**Letters of Support**

It is important to have a variety of stakeholders support the proposed program. One letter of support has been completed (see Appendix FF for letter of support) and many other key stakeholders have been identified who can be asked to write letters to support this program (see Appendix GG for additional letters of support).
References


Occupational Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago.


Appendix A

Organizational Chart for Sylvania Area Family Services

Sylvania Area Family Services Board of Directors

Jason Robertson
Executive Director

Bob Kolasinski
Youth Diversion Officer

Danielle Kisch
Youth Services Director

Dottie VanDrieson
Administrative Assistant
Social Service Coordinator

Occupational Therapist
Community-based Programming
Appendix B

SEMI-STRUCTURED INTERVIEWS WITH SELECTED AGENCY PERSONNEL AND ADMINISTRATORS WHO SERVE GRANDPARENTS RAISING GRANDCHILDREN

INTRODUCTION TO INTERVIEW
- Introduce myself
- Quiet space for interview
- Obtain permission to take notes
- Statement of confidentiality (explain level of confidentiality)
- Are they familiar with OT? Explain what OT is and the services we can provide.

Purpose of interview
To discuss issues faced by both grandparents and grandchildren in household in which grandparents are the primary care providers of their grandchildren.

INTERVIEW QUESTIONS

1. What is the purpose of your agency/organization?

2. What is the primary population that your agency/organization serves?

3. What are some of the characteristics of the population served (e.g. ages, abilities, etc.)?

4. What kinds of programming does this organization offer?

5. How are the programs funded?

6. To what capacity do you work with grandparents or grandchildren from households where the grandparents are the primary care providers?

7. Do you notice any problems or dysfunctions that grandparents experience on a day to day basis? If so, problems have you came across?

8. What are some services that you think grandparents can benefit from?

9. An occupation-based program that can help enhance the lives of grandparents as well as grandchildren is currently being drafted. Within this program, an OT can offer a variety of services, such as child development knowledge, physical and mental wellness, to sustain or enhance quality of life. Do you think that the grandparents and grandchildren around this area would benefit from a program like this? Why or why not?

10. Other concepts that will be integrated into the program include teaching skills such as time and money management, child behavior management, coping strategies and stress...
management. Do you think that incorporating these concepts into interventions would be beneficial to grandparents? Why or why not?

11. Do you think that grandparents are aware of the types of community resources that are available to them?

12. With your experience with children who are being raised by their grandparents, do you think that any problems displayed, behavioral or emotional are due to their living environment?

13. How can I contact possible program participants to assess their needs?

14. Do you think that Toledo and the surrounding community can benefit from a program like this?

15. Do you think this proposed program is feasible at this point in time, considering both content and funding?
Appendix C

SEMI-STRUCTURED INTERVIEW WITH GRANDPARENTS CURRENTLY RAISING THEIR GRANDCHILDREN

INTRODUCTION TO INTERVIEW

- Introduce myself
- Obtain permission to take notes
- Statement of confidentiality (explain level of confidentiality)
- Are they familiar with OT? Explain what OT is and the services we can provide.

Purpose of Interview:
To discuss issues faced by grandparents raising their grandchildren to explore the need for a program targeted for this population.

INTERVIEW QUESTIONS

1. How many grandchildren are you currently caring for? Can you tell me a little about them (e.g. gender, age)?

   With the grandparents interviewed, children ages varied, ranging from 7 months to 22 years old. As for how many grandchildren were in each household, also varied from family to family, ranging from one grandchild to six grandchildren. The largest number of grandchildren being raised by grandparents included six, with one being a great grandchild.

2. What do you enjoy most about raising your grandchildren?

   Most grandparents were in agreement that they enjoyed taking care of their grandchildren so that they could watch them grow, learn, succeed and thrive in school. Another common statement is that the grandchildren keep them going and give them enjoyment in their lives. One grandparent who was raising three of her grandchildren loved the fact that all three of the grandchildren were together and not separated and being raised by strangers. Also revealed from the same grandparent is that being older, she has far more knowledge and experience to share with the grandchildren, then she did raising her own children. One grandparent stated that he feels as if he could do things with his grandchildren that he failed to do with his own children, kind of make up for the mistakes that he made as a parent.

3. What is most difficult about raising your grandchildren?

   Some of the most difficult things revealed through interviews with grandparents raising grandchildren included:
   - Different parenting styles then parents, who were involved only when they felt the need.
   - Typical parenting (potty training, disciplining, attitudes)
   - Lack of privacy
   - Lack of alone time with partner/spouse
- Lack of peace and quiet
- Inability to be spontaneous
- Costs of groceries, school lunches, clothes, etc. that goes along with parenting
- Preparing "gourmet" meals at dinner time (due to picky eaters)
- Knowing retirement and a period of relaxation after raising their own children, taking care of their own parents, and working their whole lives is gone forever
- Time management
- Physical, including behavioral issues) and emotional problems within the grandchildren
- Vacations have to be child friendly

4. Describe your current roles and some of your major responsibilities in regards to everyday life. Have these roles adjusted since you took over primary caregiver to your grandchildren? Please expand upon the changes and how you have adapted to them.

   By far, the most common role change was going from the typical grandparent to being a parent again and doing everything for the children. Once taking on the role as primary caregiver to their grandchildren, the grandparent role was put onto hold. As for responsibilities, one grandparent pointed out that the housework alone with having grandchildren there has quadrupled, even with the children doing their own chores. With each interview, most grandparents pointed out that this would have been a whole lot easier if they were younger.

5. Can you share how your grandchildren came to live with you? How long have they been living with you?

   For this question, there were a variety of different answers. The most common reasons grandparents were raising their grandchildren include: young parents, drug and alcohol additions, and parental death. As for the length of time raising grandchildren, it varied with each interview. The range was from 2 months to 20 years.

6. Do your grandchildren currently have any contact with their biological parents?

   Most grandparents answered yes, the grandchildren have contact with their biological parent, if applicable. In general, the biological parents would visit with the children when it was convenient for them, on their own time. Of all the grandchildren with live biological parents, one has scheduled supervised visits with his mom.

7. Are there any difficult situations that you deal with on a daily/weekly basis? Please explain.

   The most difficult and most common situations included typical difficult parenting experiences. Another difficult situation that one grandparent said that he had to deal with is comforting the grandchildren after a visit with the biological parent; when the biological parent would leave, the kids would either be rambunctious or angry/sad. Other difficult situations that were brought about include: dealing with disrespectfulness and difficult behaviors (especially in children diagnosed with ADHD, autism, and fetal alcohol syndrome). One situation that was pointed out by a grandparent is having to put the grandchildren’s needs in front of the
grandparents needs; for example, this particular grandparent has not gotten new glasses in years, because their needs comes first.

8. How do you handle stress and stressful situations? For example, if your grandchild refuses to listen or takes his/her anger out on you?

   Some stress management techniques that were common among grandparents raising grandchildren include:
   - Walking away from the situation
   - Proper discipline for the children (time-outs, sending the child to their room, give children time to process situations)
   - Talk/vent about the situations with other family members/friends
   - Taking a walk
   - Reading
   - Breathing techniques

9. Describe your social scene. How has this changed since you took on the role of primary caregiver?

   Some grandparents stated that their social scene didn't change at all, which is primarily due to the grandparents being family-oriented and believing that family comes first, no matter what. When asked this question, other grandparents stated, "What social scene?" These grandparents no longer can get away due to parental demands; unless the children can go or it’s a family gathering, getting out doesn't happen.

10. How would you describe your overall well-being, physically and emotionally? Has your perception of your well-being changed at all since you starting raising your grandchildren?

   The most common statement made when asked about their physical health, grandparents would reply that the now tire more easily then when they were younger, but overall, most rated their health as pretty good. However, one grandmother stated that she was good, but her husband's physical health and decreased (high blood pressure, cholesterol, diabetes, and overweight). One grandparent stated that when she first took on the caregiver role to her grandchildren, she struggles with stress-related illness, but it has since improved, 11 years later. Emotionally, some grandparents struggle mentally with resentment towards the biological parents. Other mental health issues include being stress-related.

11. Have you noticed any problems throughout your daily living situations, either behaviorally or emotionally, displayed by your grandchildren since you became the primary caregiver? Please describe.

   Behaviors displayed by grandchildren were perceived by most grandparents as typical childhood behaviors, being children of today's world. Grandparents perceive children today to be disrespectful and mouthy. However, the most behaviors displayed by grandchildren, according to one grandparent, occurred after the biological parent would visit; the grandchildren would get upset and lash out, taking it out on the grandparent.
12. Are you aware of any community resources that are available to grandparents raising grandchildren?

A majority of grandparents interviewed were completely unaware of any community resources that they could turn to in times of need. Some of the resources that were utilized include: SCHIP healthcare program, various churches, WIC, food stamps, welfare, and Sylvania Area Family Services. One resource that was identified specific for grandparents raising grandchildren but not utilized because that particular grandparent did not meet the inclusion criteria, was the Kinship Navigator Program.

13. An occupation-based, or “hands-on”, program is currently being developed for grandparents raising grandchildren. What kind of services do you think you can benefit from?

Services identified through grandparent interviews include:

- Financial services
- Networking opportunities
- Intergenerational activities
- Stress management
- Awareness of community resources
- How to teach social skills to children with developmental disabilities
- Emotional support
Appendix D

SEMI-STRUCTURED INTERVIEW WITH GRANDPARENTS ASSISTING BIOLOGICAL PARENTS RAISE GRANDCHILDREN

INTRODUCTION TO INTERVIEW
- Introduce myself
- Obtain permission to take notes
- Statement of confidentiality (explain level of confidentiality)
- Are they familiar with OT? Explain what OT is and the services we can provide.

Purpose of Interview:
To discuss with grandparents who are assisting biological parents raise grandchildren within their household the issues faced and hardships faced by the grandparents to explore the need for a program targeted for current grandparents raising their grandchildren.

INTERVIEW QUESTIONS
1. How many grandchildren are in the house with you with their biological parent present?

   The number of grandchildren in the house varied. One family had an eight year old child, but only part time. Another family had two male teenagers, ages 15 and 18, and the third family had two preschool aged boys, aged 3 and 5.

2. How long have they been residing with you?

   The length of time also varied for each family, ranging from one to eight years.

3. What do you enjoy most about having them live with you?

   One of the most enjoyable things about having grandchildren live with grandparents is simply watching them grow up; they are fun to have around and there is always company so you’re never lonely. Other findings for this question included knowing that the children are safe and simple having help with housework and daily chores (depending on age of child).

4. What is the hardest?

   As much fun as enjoyment as it is to always have the company of family, it is also hard having your grandchildren present because there is a lack of alone time as well as privacy. One grandmother stated that they had an empty nest for period of time and then they went straight to instant family, it was an adjustment that had to be made. Other answers to this question include: dealing with problematic behaviors, attitudes, and disrespectfulness displayed by grandchildren and different parenting styles between the biological parents and the grandparents.

5. Did your roles change at all when they came to live with you? If so, please describe.
The most common answer included transitioning from the typical grandparent to the parent, even though they are assisting the biological parent. With the typical grandparental role, grandparents are supposed to spoil the grandchildren, but when they live with a grandparent, they cannot play the traditional role anymore. Grandparents assisting biological parents need to help with discipline and play a role of a second parent.

6. Are there any stressful situations that you have to deal with on a daily or weekly basis?

For the most part, grandparents assisting biological parents experience the same stressful situations as typical parents, dealing with typical parenting situations. Other stated stressful situations include: lack of privacy, discrepancies between parenting styles, dealing with the biological parent that is not residing in the home, and displayed behaviors and attitudes by grandchild.

7. How do you handle those stressful situations?

Several stress management techniques were listed. These include:

- Walking away
- Go to room
- Taking a walk
- Venting and/or talking with close friends/family members
- Taking deep breathes
- Exercising
- Reading

8. Have you experienced any mental or physical issues since they came to live with you?

Of the three grandparents interviewed, only one stated that their physical and mental health has decreased since she began to assist a biological parent raise their children. Physically, the grandmother stated that she is diabetic and has high blood pressure. Mentally, the grandmother deals with a lot of stress and anxiety. The other two grandparents stated that both their physical and mental health has remained the same.

9. Had your social scene changed at all?

All three grandparents interviewed agreed that their social scene hasn’t changed much at all, due to only assisting raise the children with a live-in biological parent present. The only social scene that has changed is that one grandmother stated that their family tends to eat at home more now that the children are living in the house, but on the positive side, it is healthier and saves money.

10. An occupation-based, or “hands-on”, program is currently being developed for grandparents raising grandchildren. What kind of services do you think grandparents raising grandchildren can benefit from?

Some of the major concepts that were identified to be included into interventions include:
• Dealing with contemporary issues (e.g. bullying, peer pressure)
• Time management
• Budgeting
• Proper lifting techniques (with special needs kids and young children)
• Behavioral therapy
• Homework assistance
• Baby care
• Stress management and importance of mental breaks
• Respite care
• Awareness of community resources (especially for the children, e.g. big brothers/big sisters)
Appendix E

SEMI-STRUCTURED INTERVIEW WITH ADULT GRANDCHILDREN RAISED BY THEIR GRANDPARENTS

INTRODUCTION TO INTERVIEW

- Introduce myself
- Obtain permission to take notes
- Statement of confidentiality (explain level of confidentiality)
- Are they familiar with OT? Explain what OT is and the services we can provide.

Purpose of Interview:
To discuss with adult grandchildren who were raised by their grandparents their view of the issues faced by grandparents raising their grandchildren to explore the need for a program targeted for current grandparents raising their grandchildren.

INTERVIEW QUESTIONS

1. Can you share with me how you came about to live with your grandparent and how long you lived with them?

   The individual interviewed came to live with her grandmother when she was three years-old. She lived there with her single biological mother so the mother could work and would not have to worry about childcare. This individual lived with her grandmother until she was 16 and then moved back in after college.

2. What was the best thing about living with your grandparents?

   The family was always close emotionally, so it was nice to always be around them. In addition, the grandmother also raised a few of the individual’s cousins, so there was always someone to play with or talk to.

3. What was the most difficult thing living with your grandparents?

   Even though the best thing about living with her grandmother was always having family around, the most difficult thing about living with her grandparents is that alone time was scarce. Another difficult issue was the different parenting styles her grandmother and her biological mother had; the grandmother and mother would argue a lot.

4. Did you have contact with your biological parents during the time you resided with your grandparent?

   Yes, her mother lived within the household and she saw her father every other weekend.

5. Looking back, can you describe the difficult situations that you and your grandparents dealt with on a daily/weekly basis? Please explain.
The most difficult situations that she recalled her grandmother and grandfather dealing with are that the biological mother and father would argue a lot; the grandmother always had to step in to handle the situations.

6. Can you recall how your grandparents handled stress and stressful situations?

Some of the stress outlets that she could recall her grandparents using include: watching television, going to work, having a “get-away” date night, and dancing.

7. How was your social scene when you lived with your grandparents? Were you able to do everything that you wanted?

The individual stated that because her mom also lived with her grandmother, she was able to do everything that she wanted.

8. Can you recall your grandparents’ social scene when you were living with them? Did they go out much? Were they involved with community activities? Did you notice any changes with their social scene once there were no grandchildren in the household?

With this particular family, family always comes first, so their social scene included going to family functions and attending grandchildren’s athletic games. The grandparents were still able to attend their dance classes as well because the biological parent was present.

Their social scene has not changed and grandchildren are still residing in the house. The only thing that has changed is the grandparents are not physically able to dance anymore.

9. How would you describe your overall well-being, physically and emotionally, during the time that you lived with your grandparents?

The individual stated that she had a pretty normal childhood and she was actually happier living with her grandparents rather then not living with them.

10. How would you describe your grandparents’ overall well-being, physically and emotionally, during the time that they were raising grandchildren?

The individual described their well-being as good to normal. The grandma prefers grandchildren to stay with her because they keep her going and both the grandparents knew the children were better off at their home then in a different environment.

11. Did you notice any problems throughout your daily living situations, either behaviorally or emotionally, at the time you lived with your grandparents? Please describe.

The individual could not recall any daily problems. She stated that she was better off actually staying with her grandparents.
12. Do you recall if your grandparents utilized any community resources that are available to grandparents raising grandchildren?

She stated that she couldn’t recall her grandparents utilizing any community resources.

13. An occupation-based, or “hands-on”, program is currently being developed for grandparents raising grandchildren. What kind of services do you think grandparents raising grandchildren can benefit from?

The only services mentioned include stress and time management.
Appendix F

FOCUS GROUP WITH GRANDPARENTS RAISING GRANDCHILDREN

INTRODUCTION TO FOCUS GROUP

- Welcome the group
- Introduce myself
- Explain what a focus group is and how the group will flow
- Obtain permission to take notes
- Statement of confidentiality (explain level of confidentiality)
- Are they familiar with OT? Explain what OT is and the services we can provide.

Purpose and context of focus group:
To discuss issues faced by both grandparents and grandchildren in household in which grandparents are the primary care providers of their grandchildren and what the grandparents feel their needs are.

FOCUS GROUP QUESTIONS:

1. What do you enjoy most about raising your grandchildren?

   Most grandparents were in agreement with the statement one grandmother made about knowing that children are safe and well-taken care of. In addition, it was also concluded that the most enjoyable part of raising grandchildren is knowing that the children are in a better place then where they were.

2. Describe your current roles and some of your major responsibilities in regards to everyday life. Have these roles and responsibilities changed since you took over primary caregiver to your grandchildren? Please expand upon the changes and how you have adapted to them.

   As some roles never changed, most grandparents agreed that the biggest role change was going from the grandparents to parents, from grandma to mom and grandpa to dad. The grandchildren are no longer grandchildren; they are now children to the grandparents and the grandparents have to chastise and make boundaries for the children, you cannot spoil them. When the grandparents started raising their grandchildren, there was no more spoiling, they never again got the privilege to be grandparents to them. When you go from grandparents to parents and complete caregivers, you can never send the children home like you could when you played the traditional role of a grandparent. The grandparents used to spend a lot of time with other grandchildren and would have sleepovers; but now that they have the primary caregiver role, other grandkids only come for a few hours. Grandparents stated that they hardly ever see their other grandchildren now due to working, taking care of the child, and just being tired. One grandparent stated “When we first got our grandchildren, we had two other Grandchildren living with their biological parents. When those grandchildren would visit, they would run home and tell their parents that it isn’t as fun to go over to grandma and grandpa’s house anymore because the rules have changed.” Another stated that her grandchild said “you only care about the grandchildren that you’re raising.” Even the grandchildren not being raised by their grandparents notice the differences in grandparents as they take on the primary caregiver to other grandkids. The grandparents tend to grow jealous of each other. Another interesting point that was made is that not only does this changed role confuse the grandparents, it also confuses the child.
As part of growing older, many save for retirement. One grandparent stated that retirement plans go out the door because of the fact that you’re still raising children and you cannot just go off to do what you want to do; the children have to come first. One of the grandfathers had taken on the primary caregiver role had been retired for about 2 years. Him and his wife had plans to head south and stay for winter. That plan has now been on hold of 15 years due to raising their grandchildren. Now traveling is a little more difficult. As the grandfather aged, he stated that he can’t do a lot of things used to be able to do, like swimming. In addition, one grandmother stated “Retirement means staying around because the child can’t be pulled out of school, you can’t just pick up and move.”

Some of the ways in which the grandparents adapted to change was seeing a psychologist, therapist, or counselor to have someone to talk to about their issues and what’s going on in their lives. In addition, a lot of grandparents were in agreement that there was no time for adaptation; they just had to go right into it (parenting role) and deal with life.

3. How did your grandchildren come about to live with you?

A lot of the grandparents have had primary caregiver roles since the grandchildren were infants. Some of the reason they have custody or primary caregiver responsibilities is due to the drug and alcohol addiction, bad parental figures and significant others, jail, spousal abuse, and the most common was child abuse and neglect.

4. Do your grandchildren have any contact with their biological parents?

Most of the grandparents that answered this question said yes. The grandchildren see their biological parents when they feel like coming around.

One grandparent stated that “the experts say that they shouldn’t keep the kids from seeing their bio parents, because the kids will resent them later because of it” but the question remains on how much time are you supposed to let the biological parents spend with the kids?

5. Are there any difficult situations that you deal with on a daily/weekly basis? Please explain.

There were several statements to this question, which most grandparents were in agreement with all of them. First, the grandkids aren’t thankful for the things that grandparents give up and do for their grandchildren. Secondly, it is difficult to deal with the biological parent, for example, when the biological parents use the children for bribery or promise the child something and do not follow through. Thirdly, not having physical custody of the grandchildren creates problems in making decisions in the child’s best interest, for example the grandparents can’t get medical help or enroll the children in school. Lastly, the grandchildren display attitudes, behaviors, and are just plain disrespectful to older adults.

6. How do you handle stress and stressful situations? For example, if your grandchild refuses to listen or takes his/her anger out on you?

With dealing with problematic behaviors, the children get put in time-outs. Mostly commonly, the grandparents tended to walk away for alone time, turn to an alcoholic drink or a cigarette. Another common answer is releasing stress through venting with someone.

One of the grandparents stated that she and her husband argue a lot about raising their grandchildren. One of the ways that another couple dealt with these stressful situations is to simply not argue about kids with spouse and to be on each other’s side. When posed the question, “How do you not
argue?” it was responded that “No matter what you do or say or act, you can’t change with biological children are doing and you still have to raise these children.”

7. Describe your social scene. How has this changed since you took on the role of primary caregiver?

One grandparent stated, “Our friends had changed, we are no longer friends with the people we used to be friends with because they don’t have children.” All of their friends now have kids because then they all have to worry about babysitters. Another grandparent had 8 years of an empty nest, where her and her husband could go where ever they wanted, whenever they wanted. Now, they have a grandchild, and they cannot do that anymore. This answer was common throughout all grandparents.

8. How would you describe your overall well-being, physically and emotionally? Has your perception of your well-being changed at all since you starting raising your grandchildren?

For one grandparent, her health has gone downhill; she now has high blood pressure and Type 2 DM because she turned to food for comfort. Another common emotional issue included depression, as many grandparents stated they were on various medications that they wouldn’t be on if they weren’t raising their grandchildren. Another emotional toll is experiencing stress all the time.

9. Have you noticed any problems throughout your daily living situations, either behaviorally or emotionally, displayed by your grandchildren since you became the primary caregiver? Please describe.

As the grandchild gets older, behavior and emotional problems start to show due to their situations. One grandparent stated that her grandchild had been diagnosed with ADHD at 5 or 6, and placed on various medications. They went through several medications and none were helping with the child’s behaviors. Eventually, his doctor discovered the child had a love-hate relationship with parent, and until he can work it out, he’s going to display behaviors. It was discovered that the children also have a lot of behaviors at school, such as jumping on tables, not staying in chair, running out of the room, and disrespecting teachers.

One grandfather stated “what kind of traumatic shock is it for the child when a parent completely abandons them? The stress and mental anguish that these kids are going through is unbelievable. You have to get into what that child is thinking.” With that being said, a lot of grandchildren did display various behaviors due to their childhood. It was also stated that “Kid are made at the grandparents for taking over and mad at the parents for leaving them, it’s a never ending battle and takes a toll on a child” and “The parents let the kid down; the children are going to be messed up.”

It was also discovered that one of the children still experienced PTSD from his childhood as a young adult due to the neglect and abuse as an infant/small child.

10. An occupation-based, or “hands-on”, program is currently being developed for grandparents raising grandchildren. What kind of services do you think you can benefit from?

Answers included:
- Financial management
- Intergenerational activities with keeping money in mind
- Psychological help for grandparent, there are a ton of services offered to children, but no one has looked to the grandparents and asked what they could do for them.
- Mental breaks
- Alone time without grandchildren around
- Stress management
- How to deal with problematic behaviors
- Legal help and navigation
- Resources
- Baby safety, especially car safety with all the new rules on car seats/boosters
- When thinking of a leader for the program, think intelligence and experience. Grandparents want an OT that has experience with raising grandchildren to better understand where the grandparents are going through.

WRAP-UP:
- Thank participants
- Give opportunity for further input and questions
- Explain how the information gathered will be used
Appendix G

QUESTIONNAIRE SURVEY FOR GRANDPARENTS RAISING GRANDCHILDREN

Introduction:
- My name is Angie Etter, Occupational Therapy Doctorate Student, University of Toledo
- Occupational Therapy (OT) aims to enhance the quality of life and well-being of individuals by enabling and promoting the use of meaningful and purposeful activities.
- Information gathered will be used to develop an occupation-based, or “hands-on”, program to enhance the quality of life in grandparents raising grandchildren

Directions:
- Please fill in the survey below by circling the number which best describes your answer based on the following:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Strongly Agree</th>
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<tr>
<td>1…………2………3………4………5………6………7………8………9………10</td>
<td></td>
<td></td>
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</tbody>
</table>

1. What age group do you fall into?

| 35-44 (1) | 45-54 (3) | 55-64 (2) | 65 or older |

2. I love raising my grandchildren, I have no concerns.

3. Since I began raising my grandchildren, my physical health has remained the same.

4. Since I began raising my grandchildren, my mental health has remained stable.

5. Since I began raising my grandchildren, my financial status has remained the same.

6. Since I began raising my grandchildren, my social life has remained the same.

7. I am aware of community resources that I can utilize to help me and my grandchildren through everyday problems.

8. I am able to handle stress in a healthy manner.

9. I have a wide array of social support to turn to in times of need.
10. I feel competent in handling my grandchild’s behaviors.

1……..2……..3……..4……..5……..6……..7……..8……..9……..10

Please feel free to share any additional information: ____________________________________

Grandparents stated that they were unaware of any resources in their area available to them.

__________________________________________

Please return to:
Angie Etter
6034 Whiteford Rd.
Sylvania, OH 43560
419-944-9471
Angela.perry@rockets.utoledo.edu
Appendix H

QUESTIONNAIRE SURVEY FOR PERSONNEL ASSISTING GRANDPARENTS RAISING GRANDCHILDREN

Introduction:
- My name is Angie Etter, Occupational Therapy Doctorate Student, University of Toledo
- Occupational Therapy (OT) aims to enhance the quality of life and well-being of individuals by enabling and promoting the use of meaningful and purposeful activities.
- Information gathered will be used to develop an occupation-based, or “hands-on”, program to enhance the quality of life in grandparents raising grandchildren

Directions:
- Please fill in the survey below by circling the number which best describes your answer based on the following, unless otherwise specified:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1…………2………3…………4………5………6…………7………8………9………10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. About how many grandparents and/or great grandparents raising grandchildren do you serve each year?

- 0
- 1-2
- 3-4
- 5-6
- 7+

2. Within my professional experience, I notice that grandparents raising grandchildren tend to have decreased mental and physical health as compared to typical parents and grandparents.

- 1………2……….3……….4……….5……….6……….7……….8……….9……….10

3. Within my professional experience, I notice that grandparents raising grandchildren are effectively able to handle stress and stressful situations.

- 1………2……….3……….4……….5……….6……….7……….8……….9……….10

4. Within my professional experience, I feel grandparents raising grandchildren are up-to-date with current parenting practices and issues that children deal with today (e.g. bullying, child safety, obesity).

- 1…………2………3……….4……….5……….6……….7……….8……….9……….10

5. I feel there is a need for an occupation-based or “hands-on” program for grandparents raising grandchildren.

- 1………2……….3……….4……….5……….6……….7……….8……….9……….10

6. I think the intervention areas that grandparents can benefit the most include:

   - a. Child Safety
   - b. Stress Management
   - c. Budgeting
   - d. Physical Health
   - e. Mental Health
   - f. Coping Strategies
   - g. Parenting practices
   - h. Awareness of community resources

Please feel free to share any additional information:

| How grandparents fare is also dependent on age
| Respite care is also an issue
| Early Intervention is very helpful to grandparents raising grandchildren.
| It’s also very helpful for grandparents to network with other grandparents.

____________________________________________________________________________________
Thank you for your time and help!
Appendix I

Online Support Group Reflections

Website: http://www.dailystrength.org/c/Grandparents_Raising_Children/advice/13539276-how-do-you-keep-up

Reflection:
A grandparent posted online about her current problem with raising her 5 year-old granddaughter. The grandmother is struggling to keep up with the bills, cleaning the house, and spending time with her grandmother. In addition, the grandmother suffers from depression and panic attacks. She is currently on panic attack meds, but one side effect is that it causes sleepiness. Her major question is if she is going to be able to be an effective parent?

The most common response that other readers posted was having the grandchildren help out around the house and do chores, it is never too early to teach kids to help out around the house! With reading the responses, other problems grandparents face is not enough time and energy. Many stated that they cook simple meals such as hot dogs, spaghetti, etc., instead of gourmet meals, which they had had before taking on primary responsibility of their grandchildren. The grandchildren have to be cared for and laundry increases, all which takes time and energy.

Website: http://www.dailystrength.org/c/Grandparents_Raising_Children/forum/13539807-money#addcomment_anchor

Reflection:
This discussion was about a grandparent who needed help financially, due to every extra penny going towards raising her grandchildren. The grandparent feels the government ought to do more for grandparents raising grandchildren. Her question was to gain advice on things that can be done to bring in more money or save money. As for responses, there wasn’t a solid idea, as many grandparents posted that they felt they were in the same situation. The readers felt that if foster parents were able to receive money, then grandparents raising their grandchildren should as well.

Website: http://www.dailystrength.org/c/Grandparents_Raising_Children/forum/13498093-new-here

Reflection:
This grandmother was new to the sight and turned to the support group to connect with other grandparents and receive mutual support. She has been raising her grandchildren; boys aged 5 and 6, for about a year. The mother has issues, such as drugs, and had tried to overdose. The grandchildren’s biological mother lives a block away and never stops by to see her kids and is now planning to move out of state. The grandmother is worried that this will cause the grandkids emotional pain. The grandmother also has health problems that cause her constant physical pain and tiredness. In addition, the grandmother explained her financial situation and how she lost her job and is in need of help financially.
Advice that other readers offered is to not let the mother say good-bye, to take a day trip and not be home because to put those children through that emotional experience can be damaging. My response included to support the grandchildren emotionally and in a positive way. Financial advice was to stick to a budget and utilize community resources.

**Website:**
http://www.dailystrength.org/c/Grandparents_Raising_Children/forum/13666294-suspended-kindergarten

**Reflection:**
Today I read about several different issues that grandparents raising grandchildren face and the questions they asked their peers in order to obtain advice. The first grandmother is raising her 5 year-old granddaughter, who was recently suspended one day from kindergarten. She was suspended for being defiant, refusing to do her work, and is fidgety. She also doesn’t deal with change well, as she started acting out when her teacher took time off for a family emergency. The grandmother is now making arrangements to have her evaluated for ADHD, which her biological dad had; her biological mom has bipolar disorder. The grandmother was looking for advice about behavioral therapy and how other grandmothers handle mental deficiencies. Advice from other readers is just to try a firm approach, raising the voice a little to let the child know that you mean business when they start to act out. If you can do it at home, then it should be done at school to keep the child in focus and concentrated.

**Website:**
http://www.aarp.org/online-community/groups/index.action?slPage=showDiscussionPost&slGroupKey=Group23892&slForumPostKey=Cat%3AprivateForum%3Adea03bf3-28fd-40e0-960c-4e0243920ae7%40D%7C9%3B10%7CCommGroupGroup23892%7CDiscussion%3Aa5ea3aed-c5e5-4111-b97f-06d33ae0cfee&onPage=1

**Reflection:**
This particular post dealt with grandparents caring for their severely disabled 16 year-old granddaughter with cerebral palsy two days per week, basically the granddaughter’s whole life. The grandmother stated that she was worried that they were getting too old and physically unable to care for their granddaughter. The grandmother sought advice from other grandparents because she felt she was literally “losing” her grandchild due to her decrease physical capabilities.

Even though this grandmother is not permanently caring for her grandchild, the information can still be generalized to full-time grandparents raising grandchildren and the idea can be incorporated into programming. An intervention can focus on proper body mechanics when caring for older grandchildren with disabilities.

**Website:**
http://www.aarp.org/online-community/groups/index.action?slPage=showDiscussionPost&slGroupKey=Group23892&slForumPostKey=Cat%3AprivateForum%3Adea03bf3-28fd-40e0-960c-4e0243920ae7%40D%7C9%3B10%7CCommGroupGroup23892%7CDiscussion%3A0d210cb4-5a32-48c6-aa38-36189321761b&onPage=1
Reflection:

This particular post was about a single grandmother, age 50, who just received temporary custody of her grandsons, age 5 months and 2 years. She loves her grandsons, but never expected to raise them, and she feels her life has been turned upside down. The grandsons were involved in the foster care system, but were failing to thrive and have many health issues. She posted to this forum to seek advice on how to get over the anger and animosity of having to raise your grandchildren. Some of the responses included that she will almost never, not feel guilty of animosity. It is difficult to raise them and not have any anger and resentment. I’ve learned through this post that many grandparents wish to live at that age without having to care for grandchildren, but when it comes to the care of their grandchildren, they feel they have to step up and care for them to avoid the foster care system. This choice goes along with a life-time full of anger and animosity towards the biological parents due to the fact that the grandparents are supposed to be in a period of having an empty nest.
Appendix J

Sample Flyer for R.O.C.K.

ATTENTION GRANDPARENTS

Do you have *primary care responsibility* of one or more of your *grandchildren* for at least a month?

Are you experiencing day-to-day difficulties?

Come join us for a “hands-on” learning program to increase your quality of life!

Any age, gender, and ethnicity are welcome!

Cost of program: *FREE*

On-site childcare will be provided!

If interested, please contact:

Angela Etter
Angela.etter@SAFS.org
Sylvania Area Family Services
5440 Marshall Rd.
Sylvania, OH
419-882-8415

*
Appendix K

Sample Brochure for R.O.C.K.
Childcare will be provided on-site by The University of Toledo Early Education Students.

Childcare will be provided at no cost!

In addition...

Cost of Program

FREE! No costs are associated with participating in the program. All costs will be covered by grants and donations.

If interested, please contact:

Angela Etter
Angela.etter@SAFS.org
5440 Marshall Rd.
Sylvania, OH
419-882-9415

Sylvania Area Family Services
"Strongholding Sylvania: Our Family at Home"

R.O.C.K.: A Program Development Plan for Grandparents Raising Grandchildren

A program dedicated to enhancing the lives of grandparents raising their grandchildren in and around the community of Sylvania.
R.O.C.K.: A Program Development Plan for Grandparents Raising Grandchildren

Session 6: "Get Involved"

March 1, 2013

- Learn about community resources, activities, and how to navigate the legal system.
- Learn about community resources, activities, and how to navigate the legal system.
- Learn about community resources, activities, and how to navigate the legal system.

Session 3: "Dealing with Compromising Issues"

March 21, 2013

-uce you how to manage your time better.
- Learn money saving techniques and how to
- Learn money saving techniques and how to

Session 4: "Organizing your Life"

March 21, 2013

- Learn how to cope with problematic
- Learn how to cope with problematic
- Learn how to cope with problematic

Session 5: "Helping yourself"

March 10, 2013

- Experience stress, and what to do about it.
- Experience stress, and what to do about it.
- Experience stress, and what to do about it.

Session 7: "Promoting Mental Well-being"

March 3, 2013

- Learn about feedback, to increase self-esteem.
- Learn about feedback, to increase self-esteem.
- Learn about feedback, to increase self-esteem.

Session 8: "Preventing Burnout"

March 3, 2013

- Learn about feedback, to increase self-esteem.
- Learn about feedback, to increase self-esteem.
- Learn about feedback, to increase self-esteem.

Sessions:

- Physical and mental health
- Problematic behaviors
- Financial management
- Community resources
- Intergenerational activities

Description:

ROCK is a program dedicated to children, kids, and their grandchildren. It is designed for grandparents who are raising grandchildren and wish to improve their parenting skills.

Eligibility:

- Any cultural background
- Any age
- Full month in residence

Program Sessions:

- Educational activities
- Community resources
- Financial management
- Problematic behaviors
- Intergenerational activities
Appendix L

Descriptive Data Questionnaire

*Descriptive Data Questionnaire*

**Directions:** Please complete all sections

**Participant Name:** ______________________________

**Age of Participant:** ______

**Gender:** _____ Male _____ Female

**Marital Status:**

- _____ Single
- _____ Married
- _____ Separated
- _____ Divorced
- _____ Widowed

**Educational Attainment:**

- _____ Grade School
- _____ High School
- _____ Some College
- _____ Undergraduate Degree
- _____ Some Graduate School
- _____ Graduate Degree

**Employment:**

________________________________________________________________________

**Number of Hours per Week:** _____________________________________________

**Number of grandchildren within the household and ages:**

________________________________________________________________________

**How long have you been taking care of your grandchildren?**

________________________________________________________________________

**What community resources and organizations that you commonly use?**

________________________________________________________________________
Appendix M

Sample Introductory Letter

Angela Etter, OTR/L, OTD
Sylvania Area Family Services
5440 Marshall Road
Sylvania, OH 43560
419-882-8415

February 12, 2013

Dear Mr. Jones,

My name is Angela Etter; I am the occupational therapist that will be leading the R.O.C.K. program that you inquired about. I wanted to take the time to introduce myself and give brief background information about myself.

I am a certified and licensed occupational therapist in the Sylvania area. I graduated from the University of Toledo’s Occupational Therapy Doctorate program in May 2012. I completed my undergraduate degree in Child and Family Community Services from Bowling Green State University in May 2007. My life has pulled my in all directions, but the passion that I have for helping families in need has remained strong. It is the core of occupational therapy to help enhance the lives of individuals through active occupation. This, combined with the strong nature of community services and outreach programs, has led me to develop a passion for helping grandparents raising their grandchildren.

Thank you for taking the time to read this letter, and I look forward to working with you!

Thank you,

Angela Etter, OTR/L
Sylvania Area Family Services
Appendix N

Informational Sheet Describing Program Sessions

R.O.C.K.: A Program for Grandparents Raising Grandchildren

- Session 1: “Preventing Burnout”
  - Date and Time
    - Sunday, March 3, 2013, 2:30-4:15 p.m.
  - Description
    - Learn about techniques to increase energy and decrease the feeling of exhaustion and burnout.

- Session 2: “Promoting Mental Well-Being”
  - Date and Time:
    - Sunday, March 10, 2013, 2:30-4:15 p.m.
  - Description
    - Learn how to increase your mental well-being and decrease depression, anxiety, and overall everyday stressors.

- Session 3: “Help!”
  - Date and Time
    - Sunday, March 17, 2013, 2:30-4:15 p.m.
  - Description
    - Learn how to cope with problematic behaviors displayed by grandchildren, both physical and mental.

- Session 4: “Organizing your Life”
  - Date and Time
    - Sunday, March 24, 2013, 2:30-4:15 p.m.
  - Description
    - Learn money saving techniques and how to manage finances to get the best for your money. Also learn about how to better manage your time.

- Session 5: “Dealing with Contemporary Issues”
  - Date and Time
    - Sunday, March 31, 2013, 2:30-4:15 p.m.
  - Description
    - Learn about contemporary parenting issues such as baby safety, childhood obesity, and teenage sexual behaviors.

- Session 6: “Get Involved”
  - Date and Time
    - Sunday, April 7, 2013, 2:30-4:15 p.m.
  - Description
- Learn about various community resources, intergenerational and age appropriate activities, and how to navigate the legal system.
## Appendix O

List of Resources and Contact Information

### Child Care

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<tr>
<th>Service</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Lucas County Department of Job and Family Services</td>
<td>419-213-8999</td>
</tr>
<tr>
<td>YMCA Child Care Resource/Referral</td>
<td>1-800-632-3052 / 419-255-5519</td>
</tr>
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### Educational & Developmental

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<tbody>
<tr>
<td>ARC of Lucas County</td>
<td>419-882-0941</td>
</tr>
<tr>
<td>Ability Center</td>
<td>419-85-5733</td>
</tr>
<tr>
<td>Anne Grady Center</td>
<td>419-530-6726</td>
</tr>
<tr>
<td>Early Intervention (birth-3 years with delays)</td>
<td>419-3817300</td>
</tr>
<tr>
<td>Family Information Network</td>
<td>419-254-4645</td>
</tr>
<tr>
<td>ARC of Lucas County</td>
<td>419-882-0941</td>
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### Help Me Grow Locations

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<td>Board of DD EduCare Center</td>
<td>419-381-7300</td>
</tr>
<tr>
<td>East Toledo Family Center</td>
<td>419-691-1429</td>
</tr>
<tr>
<td>Family and Child Abuse Prevention Center</td>
<td>419-244-3053</td>
</tr>
<tr>
<td>Friendly Center</td>
<td>419-243-1289</td>
</tr>
<tr>
<td>NW Ohio Center for Families and Children</td>
<td>419-251-1823</td>
</tr>
<tr>
<td>Toledo Children’s Hospital/Healthy Tomorrows</td>
<td>419-291-5581</td>
</tr>
<tr>
<td>Lucas County Board of DD</td>
<td>419-381-8320</td>
</tr>
<tr>
<td>Lucas County Educational Service Center</td>
<td>419-473-2237</td>
</tr>
<tr>
<td>Prescribed Pediatrics (medically fragile child daycare)</td>
<td>419-381-7370</td>
</tr>
<tr>
<td>Toledo Head Start</td>
<td>419-259-5655</td>
</tr>
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### Financial Support

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<td>Lucas County Department of Job and Family Services</td>
<td>419-213-8999</td>
</tr>
<tr>
<td>Ohio Department of Job and Family Services</td>
<td>419-213-8999</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>1-800-772-1213</td>
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### Food Resources

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Bethlehem Baptist Church</td>
<td>419-214-9360</td>
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<tr>
<td>Christ the King Church</td>
<td>419-475-4348</td>
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<tr>
<td>Faith Lutheran Church</td>
<td>419-385-7459</td>
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<tr>
<td>Feed Lucas County Children</td>
<td>419-260-1556</td>
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<tr>
<td>Feed Your Neighbor</td>
<td>419-242-7401</td>
</tr>
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<td>Food for Thought</td>
<td>419-972-1338</td>
</tr>
<tr>
<td>Heartbeat of Toledo (Infant needs)</td>
<td>419-241-9131</td>
</tr>
<tr>
<td>Jamie Farr Park Community Center</td>
<td>419-936-2707</td>
</tr>
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<tr>
<td>Lucas County Department of Job and Family Services</td>
<td>Monroe St. Neighborhood Center</td>
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<td></td>
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<tr>
<td>Salvation Army</td>
<td>Sylvania Area Family Services</td>
</tr>
<tr>
<td></td>
<td>419-241-1138</td>
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<tr>
<td>United Way 2-1-1</td>
<td>Western Avenue Family Center</td>
</tr>
<tr>
<td></td>
<td>Dial 2-1-1</td>
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**Legal Services**

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<tr>
<td>Advocates for Basic Legal Equality (ABLE)</td>
<td>Advocacy &amp; Protective Services of NW Ohio</td>
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<td></td>
<td>419-255-0814</td>
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<tr>
<td>Children’s Rights Council of NW Ohio</td>
<td>College of Law Clinic – University of Toledo</td>
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<td></td>
<td>419-473-8955</td>
</tr>
<tr>
<td>Court Appointed Special Advocates for Children (CASA)</td>
<td>Legal Aid of Western Ohio Intake Line</td>
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<td></td>
<td>419-213-6753</td>
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<tr>
<td>Ohio Legal Assistance Foundation</td>
<td>Toledo Bar Association Pro Bono Legal Services Program</td>
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<td></td>
<td>1-800-877-0772</td>
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<td>419-242-9363</td>
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**Medical Services**

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<td>Ability Center of Greater Toledo</td>
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<td>Autism Society of NW Ohio</td>
<td>Bureau for Children with Medical Handicaps</td>
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<td>Healthy Start Healthy Families</td>
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<td>Toledo Clinic (adult care)</td>
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**Toledo-Lucas County Health Department**

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<td>Adult Immunizations</td>
<td>Adult Medical (services/appointments)</td>
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<tr>
<td>Dental Appointments (children 3-18 years)</td>
<td>Medical Records</td>
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<tr>
<td>Pediatrics and Prenatal (services/appointments)</td>
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**Mental Health Providers/Counseling/Advocacy**

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<tr>
<td>A Renewed Mind</td>
<td>Adelante, Inc.</td>
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<td></td>
<td>419-720-9247</td>
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<td>Service</td>
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<td>Autism Model School</td>
<td>419-897-4400</td>
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<tr>
<td>Central Access</td>
<td>419-255-3125</td>
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<tr>
<td>Cullen Center</td>
<td>419-291-7919</td>
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<td>Harbor Behavioral Healthcare</td>
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<td>Lutheran Social Services</td>
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<td>Northcoast Behavioral Care</td>
<td>419-381-1881</td>
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<td>Rescue Mental Health Services</td>
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<td>ARC (special needs children, behavior issues,</td>
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<td>educational issues)</td>
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<td>Boys and Girls Club of Toledo</td>
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<td>East Toledo Family Center</td>
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<td>Friendly Center</td>
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<td>Toledo Children’s Hospital/Healthy Tomorrows</td>
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<td>Mobility Works</td>
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<tr>
<td>Goodwill Stores</td>
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<tr>
<td>Katie’s Baby World</td>
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<tr>
<td>Salvation Army Thrift Stores</td>
<td>419-727-1172</td>
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<td>Bittersweet Farms</td>
<td>419-875-6986</td>
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<td>Children’s Safe Harbor</td>
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<td>Kobacker Center</td>
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<td>National Alliance on Mental Illness (NAMI)</td>
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<td>Pediatric Behavioral Medicine</td>
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<td>Zepf Mental Health</td>
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<td>Big Brothers/Big Sisters of NW Ohio (7-15 years)</td>
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<td>Catholic Club</td>
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<td>Family Connections, The Twelve Inc.</td>
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<td>NW Ohio Center for Families and Children</td>
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<td>Youth Advocate Program</td>
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<td>S. Reynolds Rd................................ 419-292-0171</td>
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<td>Katie’s Baby World</td>
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<td>Salvation Army Thrift Stores</td>
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<td>Sylvania Ave.................................... 419-474-0374</td>
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</tr>
<tr>
<td>United Way 2-1-1</td>
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**Mentoring & Kinship mentoring Services**

**Transportation and Mobility**

**Used Clothing and Furniture**
## Appendix P

Benefits of Healthy Eating and Exercise

<table>
<thead>
<tr>
<th>Benefits of Healthy Eating</th>
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<tr>
<td>2. Helps fight diseases and illnesses.</td>
<td>2. Fights health conditions and diseases.</td>
</tr>
<tr>
<td>3. Increases energy levels.</td>
<td></td>
</tr>
<tr>
<td>4. Better rest and sleep.</td>
<td>3. Elevates mood and reduces feelings of depression and anxiety.</td>
</tr>
<tr>
<td>5. Gives body nutrients it needs.</td>
<td>4. Better rest and sleep.</td>
</tr>
<tr>
<td>6. Promotes physical fitness.</td>
<td>5. Maintains healthy bones, muscles, and joints.</td>
</tr>
<tr>
<td>7. Makes you look younger.</td>
<td></td>
</tr>
<tr>
<td>8. Increases productive at work.</td>
<td></td>
</tr>
<tr>
<td>9. Enables you to better handle stress.</td>
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Appendix Q

Sample Burnout Worksheet

Recognizing Burnout Symptoms

A lot of times people tend to feel tired, drained, and stripped of all energy. With this, people tend to complete their daily living activities in a robotic sort of way. This is typically termed as burnout. Burnout can be caused by prolonged stress or demanding roles. Burnout reduces your motivation, decreased energy, and contributes to sadness and depression.

Directions: Please circle each symptom you’ve experienced within the last month.

<table>
<thead>
<tr>
<th>Physical Signs:</th>
<th>Emotional Signs:</th>
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<tbody>
<tr>
<td>• Feeling tired and drained</td>
<td>• Lowered immunity, feeling sick a lot</td>
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<tr>
<td>• Frequent headache</td>
<td>• Changes in appetite</td>
</tr>
<tr>
<td>• Back pain</td>
<td>• Changes in sleep habits</td>
</tr>
<tr>
<td>• Frequent muscle aches</td>
<td>• Loss of motivation</td>
</tr>
<tr>
<td></td>
<td>• Cynical and negative outlook</td>
</tr>
<tr>
<td></td>
<td>• Decreased satisfaction</td>
</tr>
<tr>
<td></td>
<td>• Decrease sense of accomplishment</td>
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<table>
<thead>
<tr>
<th>Behavioral Signs:</th>
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<tbody>
<tr>
<td>• Withdrawing from roles and</td>
<td>• Using food, drugs or alcohol to cope</td>
</tr>
<tr>
<td>responsibilities</td>
<td>• Taking out frustrations on others</td>
</tr>
<tr>
<td>• Isolating yourself</td>
<td>• Procrastinating</td>
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</table>
Discussion

Which of the signs of burnout do you most often feel?

When do you most often feel this way?

Has this affected your life in any way? Please describe.

What do you do once you’ve recognized burnout in your life?

Burnout Prevention:

- Make time for yourself and relax
- Adopt healthy eating and exercising habits
- Take mental breaks
- Utilize stress management techniques
- Slow down, decrease commitments and activities if you can
- Get support
- Reevaluate your goals and priorities
- Take care of yourself!

http://www.helpguide.org/elder/caring_for_caregivers.htm
Appendix R

Joint Protection and Proper Body Mechanics

- **Standing**
  - Wear shoes (firm foundation, protects feet, prevents slipping)
  - Keep feet flat on the floor, spread about 12 inches
  - Keep your back straight!

- **Walking**
  - Keep your back straight!

- **Lifting**
  - Good, solid standing position (see above!)
  - Lower body by bending at hips and knees, do NOT bend at the waist!
  - If you turn, rotate your whole body, not just your back
  - When you’re ready to lift object, keep back straight and knees bent; lift using only your legs and arms; DO NOT USE YOUR BACK MUSCLES!
  - Don’t be afraid to ask for help!

- **Carrying objects**
  - Hold the object close to your body

- **Sitting**
  - Hard chair with a straight back
    - Can use a pillow or rolled towel to support back
  - If you sit for a period of time:
    - Raise one leg higher than the other
    - Bring objects closer to you (when reading a book, knitting, etc.); if you need support, place a pillow on your lap. This helps to keep your back straight.
Appendix S

Coping Strategies

- Laugh
- Avoid relying on chemical aides
- Set priorities
- Organize house
- Take a deep breath
- Exercise
- Self-talk
- Yoga
- Believe in yourself
- Listen to music
- Dance
- Recreational activities
- Take time for yourself
- Break down tasks
- Turn challenges into something positive
- Smile
- Write in daily journal
- Meditation
- Take a bubble bath
- Be patient
- Work on puzzle
- Work in the yard
- Call a friend
- Take one day at a time
- Ask for help
- Set limits
- Make healthy choices
- Count to 10
- Take a walk
- Walk the dog
- Take a nap
- Read
- Take time to process feelings
- Watch T.V.
- Go to a movie
- Clean
Appendix T

FOCUS GROUP WITH GRANDPARENTS RAISING GRANDCHILDREN: FORMATIVE EVALUATION

INTRODUCTION TO FOCUS GROUP
- Explain what a focus group is and how the group will flow
- Obtain permission to take notes

Purpose and context of focus group:
To discuss the programming for R.O.C.K. Results will give ideas and suggestions on how to improve program. Participants will report experienced and anticipated benefits in terms of their roles in child care.

FOCUS GROUP QUESTIONS:

1. What do you most enjoy about the program?

2. What do you least enjoy about the program?

3. Have you experienced any benefits thus far through active engagement with the program?

4. What are your anticipated benefits from attending the R.O.C.K. program?

5. Do you have any recommendations on improvement for the program?

WRAP-UP:
- Thank participants
- Give opportunity for further input and questions
- Explain how the information gathered will be use
Appendix U

Money Saving Tips Ideas

- Clip coupons
  (Sunday paper, coupons.com, smart source, printablegrocerycoupons.net)
- Get mortgage refinance quote
- Buy in bulk
- Use a rewards credit or debit card
- Pack lunches
- Utilize the library
- Watch less TV
  (less exposure to advertisements!)
- ALWAYS sign up for free customer rewards programs
- Drink more water
- Do holiday shopping right after the holiday
- Chose generic brands over name brands
- Utilize community resources
  (parks, recreation, trails, etc.)
- Make own useful cleaning items
  instead of buying them
  (laundry detergent, glade, Windex, soft scrub)
- Set goals for money
- DO NOT follow your impulse
- Make grocery list and stick to it!
- Set the thermostat to a lower heat or higher air setting when you’re not home
- Utilize food banks
- Watch out for fees
- Buy used
- Make your own gifts
- Have a yard sale with the things you don’t need around the house
- Cut back on convenience foods
- Keep hands clean!
  (saves from making doctor trips!)
- Swap babysitting with the neighbors
- Plant your own garden
- Pack food before road trips
- Avoid traffic tickets by not speeding
- Cancel cable channels you don’t watch
- NEVER GIVE UP!

http://www.moneysavingtips.org/
Appendix V

Questions on Sexual Activity

The following is a list of questions regarding sexual activity that grandparents often seek answers to. Please read the question(s) you were assigned with your partner and discuss possible answers. Be prepared to role play in front of the grandparent group as if you were discussing the specific question with your grandchild.

1. When should I discuss with my grandchildren about sexual behaviors?

2. How much information should I give them? And can I give too much too soon?

3. What should I tell children about masturbation?

4. What should I do with my adult child who enjoys looking at adult magazines?

5. How can I address the embarrassing questions asked in public?

6. What age is appropriate to discuss the issues of safe sex and abstinence? And how can I discuss the issue of safe sex without letting him/her think its okay to have sex?

7. How do I discuss with my grandchild about inappropriate touching from strangers without making him/her overanxious?

8. How can I talk to my teenage grandchild about sex when he/she refuses to listen?

9. What if I find my grandchild “playing doctor” with another child?

10. When should I explain menstruation to a girl? And to a boy?

11. What if I catch my grandchild sexting (sending/receiving sexual pictures via text message)?

Appendix W

Tips for Making your Home Childproof

**Kitchen**

- Are knives, forks, scissors, and other sharp tools in a drawer with a childproof latch?
- Have you installed a dishwasher lock so kids can't reach breakable dishes, knives, and other dangerous objects?
- Have you installed a stove lock and have knob protectors been placed on the stove knobs?
- When cooking, are all pot handles on the stove turned inward or placed on back burners where your child can't reach them?
- Are all appliances unplugged when not in use, with cords out of reach?
- Are matches and lighters stored in a locked cabinet?
- Is the cabinet containing cleaning products securely locked?
- Are any bottles containing alcohol stored out of reach?
- Are all plastic garbage bags and sandwich bags out of reach?

**Child's Room/Bedroom**

- Does your baby's changing table have a safety belt?
- Are all painted cribs, bassinets, and high chairs made after 1978? (Prior to this, paint was lead based.)
- Is the crib mattress firm and flat?
- Are the side rails up on the crib?
- Is the crib free of soft pillows, large stuffed animals, and soft bedding?
- Have any strings or ribbons been clipped off hanging mobiles and crib toys?
- Are strings on crib bumpers 6 inches (15 centimeters) or shorter?
- Are window blind and curtain cords tied with clothespins or specially designed cord clips? Are they kept well out of reach and away from cribs?
- Has a window guard been placed on any window that isn't an
- Are any cords or wires from wall telephones out of reach?
- Are refrigerator magnets and other small objects out of reach?
- Is there a working fire extinguisher?
- Does the child's highchair have a safety belt with a strap between the legs?

**Walls & Floors**
- Are walls in good condition, with no peeling or cracking paint (which could contain lead in older homes)?
- Are rugs secured to floors or fitted with anti-slip pads underneath?

**Doors & Windows**
- Have you installed a finger pinch guard on doors?
- Have you removed the rubber tips from all door stops or installed one-piece door stops?
- Have you placed doorknob covers on doors so that your toddler won't be able to leave the house?
- Do all glass doors in the house contain decorative markers so they emergency exit?

**Furniture**
- Are bookshelves and other furniture secured with wall brackets?
- Is there protective padding on any corners of coffee tables, furniture, and countertops that have sharp edges?
- Have you checked that all used or hand-me-down baby equipment hasn't been recalled?

**Stairways**
- Are there hardware-mounted safety gates at the top and bottom of every stairway?
- Have you placed a guard on banisters and railings if your child can fit through the rails?
- Are any night-lights in the room not touching any fabric like bedspreads or curtains?
- Does your child wear flame-retardant sleepwear?
- Have you removed all drawstrings from your child's clothing?
won't be mistaken for open doors?

- Do all sliding doors have childproof locks?

- Are there safety bars or window guards installed on upper-story windows?

- Are window blind cords tied with clothespins or specially designed cord clips?

**Electrical**

- Are all unused outlets covered with safety plugs?

- Have cord holders been used to keep longer cords fastened against walls?

**Emergency Equipment & Numbers**

- Have you placed a list of emergency phone numbers near each phone in your home?

- Are there fire extinguishers installed?

- Do you have an emergency ladder for the upper floors of your home?

- Are there smoke detectors on each floor of your home?

- Have smoke detectors been placed?

- Is the door to the basement steps kept locked?

**Heating & Cooling Elements**

- Are all radiators and baseboard heaters covered with childproof screens if necessary?

- Have gas fireplaces been secured with a valve cover or key?

- Do all working fireplaces have a screen in place when in use?

- Are all electric space heaters at least 3 feet (91 centimeters) from beds, curtains, or anything flammable?

**Bathroom**

- Is the thermostat on the hot water heater set below 120° F (49° C)?

- Are razor blades, nail scissors, and other sharp tools stored in a locked cabinet?

- Are childproof latches installed on all drawers, cabinets, and toilets?

- Do the outlets have ground fault circuit interrupters (which protect against electrocution if an electrical appliance gets wet)?

- Are all hair dryers, curling irons,
installed in the hallways between all bedrooms of your home?

• Have you tested all smoke detectors within the last month?

• Have you changed the batteries in the smoke detectors within the past 6 months?

• If you cook with or heat your home with natural gas, do you have a carbon monoxide detector?

**Garage & Laundry Area**

• Are all tools and supplies used for gardening, automotive, and lawn care stored safely away from children?

• Is all hazardous automotive, pool, and gardening products locked up?

• Are recycling containers storing glass and metal out of reach?

• Are all bleaches, detergents, and any other cleaning products out of reach?

• Are laundry chutes locked with childproof locks?

• Are there nonskid strips on the bottoms of bathtubs?

• Are all prescription and nonprescription medications, cosmetics, and cleaners stored in a locked cabinet? Are childproof caps on all medications?

• Are bottles of mouthwash, perfumes, hair dyes, hair sprays, nail polishes, and nail polish removers stored in a locked cabinet?

## Appendix X

### Developmental Chart

<table>
<thead>
<tr>
<th>Two Months</th>
<th>Four Months</th>
<th>Six Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social and Emotional</strong></td>
<td><strong>Language and Communication</strong></td>
<td><strong>Cognitive</strong></td>
</tr>
<tr>
<td>• Begins to smile at people</td>
<td>• Coos, makes gurgling sounds</td>
<td>• Pays attention to faces</td>
</tr>
<tr>
<td>• Can briefly calm himself (may bring hands to mouth and suck on hand)</td>
<td>• Turns head toward sounds</td>
<td>• Begins to follow things with eyes and recognize people at a distance</td>
</tr>
<tr>
<td>• Tries to look at parent</td>
<td>• Presents to you if she is happy or sad</td>
<td>• Begins to act bored (cries, fussy) if activity doesn’t change</td>
</tr>
<tr>
<td></td>
<td>• Lets you know if she is happy or sad</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Responds to affection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reaches for toy with one hand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Uses hands and eyes together, such as seeing a toy and reaching for it</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Follows moving things with eyes from side to side</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Watches faces closely</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Recognizes familiar people and things at a distance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Holds head steady, unsupported</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pushes down on legs when feet are on a hard surface</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• May be able to roll over from tummy to back</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can hold a toy and shake it and swing at dangling toys</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Brings hands to mouth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• When lying on stomach, pushes up to elbows</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Knows familiar faces and begins</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Responds to sounds by making sounds</td>
<td>• Looks around at things nearby</td>
</tr>
<tr>
<td>Nine Months</td>
<td>One Year</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• May be afraid of strangers</td>
<td>• Is shy or nervous with strangers</td>
<td></td>
</tr>
<tr>
<td>• May be clingy with familiar adults</td>
<td>• Cries when mom or dad leaves</td>
<td></td>
</tr>
<tr>
<td>• Has favorite toys</td>
<td>• Has favorite things and people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Shows fear in some situations</td>
<td></td>
</tr>
<tr>
<td>• Understands “no”</td>
<td>• Responds to simple spoken requests</td>
<td></td>
</tr>
<tr>
<td>• Makes a lot of different sounds like “mamamama” and “bababababa”</td>
<td>• Uses simple gestures, like shaking head “no” or waving “bye-bye”</td>
<td></td>
</tr>
<tr>
<td>• Copies sounds and gestures of others</td>
<td>• Makes sounds with changes in tone</td>
<td></td>
</tr>
<tr>
<td>• Uses fingers to point at things</td>
<td>• Explores things in different ways, like shaking, banging, throwing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Finds hidden things easily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Looks at the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gets to a sitting position without help</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pulls up to stand, walks holding on to furniture (“cruising”)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• May take a few</td>
<td></td>
</tr>
<tr>
<td>• Watches the path of something as it falls</td>
<td>• Stands, holding on</td>
<td></td>
</tr>
<tr>
<td>• Looks for things he sees you hide</td>
<td>• Can get into sitting position</td>
<td></td>
</tr>
<tr>
<td>• Plays peek-a-boo</td>
<td>• Sits without support</td>
<td></td>
</tr>
<tr>
<td>• Puts things in her mouth</td>
<td>• Pulls to stand</td>
<td></td>
</tr>
<tr>
<td>• Moves things smoothly from one hand to the other</td>
<td>• Crawls</td>
<td></td>
</tr>
<tr>
<td>• Picks up things like cereal o’s between thumb and index finger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Can get into sitting position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pulls up to stand, walks holding on to furniture (“cruising”)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• May take a few</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as “peek-a-boo” and “pat-a-cake”

(sounds more like speech)
- Says “mama” and “dada” and exclamations like “uh-oh!”
- Tries to say words you say

(right picture or thing when it's named)
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like “pick up the toy

(18 Months)

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone

- Says several single words
- Says and shakes head “no”
- Points to show someone what he wants

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon
2 Years

<table>
<thead>
<tr>
<th>but with parent close by</th>
<th>commands without any gestures; for example, sits when you say “sit down”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Copies others, especially adults and older children</td>
<td>• Points to things or pictures when they are named</td>
</tr>
<tr>
<td>• Gets excited when with other children</td>
<td>• Knows names of familiar people and body parts</td>
</tr>
<tr>
<td>• Shows more and more independence</td>
<td>• Says sentences with 2 to 4 words</td>
</tr>
<tr>
<td>• Shows defiant behavior (doing what he has been told not to)</td>
<td>• Follows simple instructions</td>
</tr>
<tr>
<td>• Plays mainly beside other children, but is beginning to include other children, such as in chase games</td>
<td>• Repeats words overheard in conversation</td>
</tr>
<tr>
<td></td>
<td>• Points to things in a book</td>
</tr>
<tr>
<td></td>
<td>• Finds things even when hidden under two or three covers</td>
</tr>
<tr>
<td></td>
<td>• Begins to sort shapes and colors</td>
</tr>
<tr>
<td></td>
<td>• Completes sentences and rhymes in familiar books</td>
</tr>
<tr>
<td></td>
<td>• Plays simple make-believe games</td>
</tr>
<tr>
<td></td>
<td>• Builds towers of 4 or more blocks</td>
</tr>
<tr>
<td></td>
<td>• Might use one hand more than the other</td>
</tr>
<tr>
<td></td>
<td>• Follows two-step instructions such as “Pick up your shoes and put them in the closet.”</td>
</tr>
<tr>
<td></td>
<td>• Names items in a picture book such as a cat, bird, or dog</td>
</tr>
<tr>
<td></td>
<td>• Stands on tiptoe</td>
</tr>
<tr>
<td></td>
<td>• Kicks a ball</td>
</tr>
<tr>
<td></td>
<td>• Begins to run</td>
</tr>
<tr>
<td></td>
<td>• Climbs onto and down from furniture without help</td>
</tr>
<tr>
<td></td>
<td>• Walks up and down stairs holding on</td>
</tr>
<tr>
<td></td>
<td>• Throws ball overhand</td>
</tr>
<tr>
<td></td>
<td>• Makes or copies straight lines and circles</td>
</tr>
</tbody>
</table>

3 Years

<table>
<thead>
<tr>
<th>Copies adults and friends</th>
<th>Follows instructions with 2 or 3 steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows affection for friends</td>
<td>Can name most familiar things</td>
</tr>
<tr>
<td></td>
<td>Can work toys with buttons, levers, and moving parts</td>
</tr>
<tr>
<td></td>
<td>Climbs well</td>
</tr>
<tr>
<td></td>
<td>Runs easily</td>
</tr>
<tr>
<td></td>
<td>Pedals a tricycle (3-wheel bike)</td>
</tr>
<tr>
<td>4 Years</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>without prompting</strong></td>
<td></td>
</tr>
<tr>
<td>Takes turns in games</td>
<td></td>
</tr>
<tr>
<td>Shows concern for crying friend</td>
<td></td>
</tr>
<tr>
<td>Understands the idea of “mine” and “his” or “hers”</td>
<td></td>
</tr>
<tr>
<td>Shows a wide range of emotions</td>
<td></td>
</tr>
<tr>
<td>Separates easily from mom and dad</td>
<td></td>
</tr>
<tr>
<td>May get upset with major changes in routine</td>
<td></td>
</tr>
<tr>
<td>Dresses and undresses self</td>
<td></td>
</tr>
<tr>
<td><strong>4 Years</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Takes turns in games</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Shows concern for crying friend</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Understands the idea of “mine” and “his” or “hers”</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Shows a wide range of emotions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Separates easily from mom and dad</strong></td>
<td></td>
</tr>
<tr>
<td><strong>May get upset with major changes in routine</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Dresses and undresses self</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Understands words like “in,” “on,” and “under”</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Says first name, age, and sex</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Names a friend</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Talks well enough for strangers to understand most of the time</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Carries on a conversation using 2 to 3 sentences</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Plays make-believe with dolls, animals, and people</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Does puzzles with 3 or 4 pieces</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Understands what “two” means</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Copies a circle with pencil or crayon</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Turns book pages one at a time</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Builds towers of more than 6 blocks</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Screws and unscrews jar lids or turns door handle</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Walks up and down stairs, one foot on each step</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4 Years</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enjoy doing new things</strong></td>
</tr>
<tr>
<td><strong>Plays “Mom” and “Dad”</strong></td>
</tr>
<tr>
<td><strong>Is more and more creative with make-believe play</strong></td>
</tr>
<tr>
<td><strong>Would rather play with other children than by himself</strong></td>
</tr>
<tr>
<td><strong>Cooperates with other children</strong></td>
</tr>
<tr>
<td><strong>Often can’t tell what’s real and what’s make-believe</strong></td>
</tr>
<tr>
<td><strong>Talks about what she likes and</strong></td>
</tr>
<tr>
<td><strong>Knows some basic rules of grammar, such as correctly using “he” and “she”</strong></td>
</tr>
<tr>
<td><strong>Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus”</strong></td>
</tr>
<tr>
<td><strong>Tells stories</strong></td>
</tr>
<tr>
<td><strong>Can say first and last name</strong></td>
</tr>
<tr>
<td><strong>Names some colors and some numbers</strong></td>
</tr>
<tr>
<td><strong>Understands the idea of counting</strong></td>
</tr>
<tr>
<td><strong>Starts to understand time</strong></td>
</tr>
<tr>
<td><strong>Remembers parts of a story</strong></td>
</tr>
<tr>
<td><strong>Understands the idea of “same” and “different”</strong></td>
</tr>
<tr>
<td><strong>Draws a person with 2 to 4 body parts</strong></td>
</tr>
<tr>
<td><strong>Uses scissors</strong></td>
</tr>
<tr>
<td><strong>Starts to copy some capital letters</strong></td>
</tr>
<tr>
<td><strong>Hops and stands on one foot up to 2 seconds</strong></td>
</tr>
<tr>
<td><strong>Catches a bounced ball most of the time</strong></td>
</tr>
<tr>
<td><strong>Pours, cuts with supervision, and mashes own food</strong></td>
</tr>
</tbody>
</table>
**5 Years**

<table>
<thead>
<tr>
<th>What she is interested in</th>
<th>Names four colors</th>
<th>Plays board or card games</th>
<th>Tells you what he thinks is going to happen next in a book</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names four colors</td>
<td>Plays board or card games</td>
<td>Tells you what he thinks is going to happen next in a book</td>
<td></td>
</tr>
</tbody>
</table>

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Shows concern and sympathy for others
- Is aware of gender
- Can tell what’s real and what’s make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative
- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, “Grandma will be here.”
- Says name and address
- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food
- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

**6 - 8 Years**

<table>
<thead>
<tr>
<th>Show more independence from parents</th>
<th>Show rapid development of mental skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show more independence from parents</td>
<td>Show rapid development of mental skills</td>
</tr>
</tbody>
</table>

- Show more independence from parents
- Show rapid development of mental skills.
and family.
- Start to think about the future.
- Understand more about his or her place in the world.
- Pay more attention to friendships and teamwork.
- Want to be liked and accepted by friends.

<table>
<thead>
<tr>
<th>9 – 11 years</th>
<th>12 – 14 Years</th>
</tr>
</thead>
</table>
| - Start to form stronger, more complex friendships and peer relationships. It becomes more emotionally important to have friends, especially of the same sex.  
- Experience more peer pressure.  
- Become more aware of his or her body as puberty approaches. Body image and eating problems sometimes start around this age. | - Face more academic challenges at school.  
- Become more independent from the family.  
- Begin to see the point of view of others more clearly.  
- Have an increased attention span. |
| - Learn better ways to describe experiences and talk about thoughts and feelings.  
- Have less focus on one’s self and more concern for others. | - Have more ability for complex thought.  
- Be better able to express feelings |
themselves; going back and forth between high expectations and lack of confidence.

- Experience more moodiness.
- Show more interest in and influence by peer group.
- Express less affection toward parents; sometimes might seem rude or short-tempered.
- Feel stress from more challenging school work.
- Develop eating problems.
- Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

<table>
<thead>
<tr>
<th>15 – 17 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Have more interest in the opposite sex.</td>
</tr>
<tr>
<td>- Go through less conflict with parents.</td>
</tr>
<tr>
<td>- Show more independence from parents.</td>
</tr>
<tr>
<td>- Learn more defined work habits.</td>
</tr>
<tr>
<td>- Show more concern about future school and work plans.</td>
</tr>
<tr>
<td>- Be better able to give reasons for</td>
</tr>
</tbody>
</table>
- Have a deeper capacity for caring and sharing and for developing more intimate relationships.
- Spend less time with parents and more time with friends.
- Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

| their own choices, including about what is right or wrong. |

Appendix Y

Common Online Resources for Age Appropriate Activities

- Productive Parenting: Activity Library for Ages Birth-5 years

- Respite for Me: Age Appropriate Activities
  - http://www.respiteforme.com/75-age-appropriate-activities.html

- National Network for Childcare: Play Activities for Children Birth to Nine
  - http://www.nncc.org/Curriculum/play.activities.html

- CDC: Physical Activity for Everyone

- Family Education: Developmental Activities by Age Birth to 4 years
Appendix Z

R.O.C.K. Budget

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Hours per Program Cycle</th>
<th>Cycles per Year</th>
<th>Total Hours per Year</th>
<th>Salary from Grant Money</th>
<th>Fringe Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>40</td>
<td>3</td>
<td>120</td>
<td>$4,200</td>
<td>N/A</td>
<td>$4,200</td>
</tr>
<tr>
<td>Childcare Volunteers</td>
<td>12</td>
<td>3</td>
<td>36</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
</tr>
<tr>
<td>Pro-Bono Lawyer</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>$0</td>
<td>N/A</td>
<td>$0</td>
</tr>
</tbody>
</table>

*This salary varies depending on years of experience. Since it is unknown the years of experience that the occupational therapist will have, the median salary of $68,000 will be used. If each program cycle is 40 paid hours, and R.O.C.K. cycles 3 times per year, this totals 120 hours. Below describes the calculated hourly rate:

$68,000 (yearly salary) / 12 (months per year) = $5,667 (monthly salary)

$5,667 (monthly salary) / 4 (weeks per month) = $1,416 (weekly salary)

$1,416 (weekly salary) / 40 (full-time hours per week) = $35 per hour


<table>
<thead>
<tr>
<th>Program Supplies and Equipment</th>
<th>Description</th>
<th>Quantity</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSA Version 2.2, 2006 (Manual with reproducible assessment forms)</td>
<td>Assessment used to help participants identify individual goals</td>
<td>1</td>
<td>$43.50</td>
<td>$43.50</td>
</tr>
<tr>
<td>SF-36 (Manual)</td>
<td>Assessment used to measure objectives</td>
<td>1</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>Hanging File Folders</td>
<td>25 folders/pack; Necessary to keep documentation and records of each individual in the locked filing cabinet</td>
<td>2</td>
<td>$11.00</td>
<td>$22.00</td>
</tr>
<tr>
<td>Folders</td>
<td>25 folders/pack;</td>
<td>2</td>
<td>$10.88</td>
<td>$21.76</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Cost</td>
<td>Total Cost</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------</td>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>Filing Cabinet with Lock</td>
<td>Necessary for storage of information to keep confidentiality of participants</td>
<td>1</td>
<td>$75.99</td>
<td>$75.99</td>
</tr>
<tr>
<td>All-purpose Envelopes</td>
<td>500/pack; necessary to mail out follow-up evaluation forms</td>
<td>1</td>
<td>$14.86</td>
<td>$14.86</td>
</tr>
<tr>
<td>Stamps</td>
<td>Necessary to mail out follow-up evaluation forms</td>
<td>30</td>
<td>$.45</td>
<td>$13.50</td>
</tr>
<tr>
<td>Trail Mix</td>
<td>Necessary for ice breaker occupation with participants</td>
<td>3</td>
<td>$2.99</td>
<td>$8.97</td>
</tr>
<tr>
<td>Napkins</td>
<td>500/pack; necessary for ice breaker occupation to distribute trail mix; also used for general clean-up</td>
<td>1</td>
<td>$2.97</td>
<td>$2.97</td>
</tr>
<tr>
<td>Spiral Notebooks</td>
<td>Packs of 6; necessary for occupation during programming</td>
<td>5</td>
<td>$6.49</td>
<td>$32.45</td>
</tr>
<tr>
<td>Pens</td>
<td>12/pack; necessary for occupations with participants</td>
<td>3</td>
<td>$2.99</td>
<td>$8.97</td>
</tr>
<tr>
<td>Monthly Planner</td>
<td>Necessary for time management occupation</td>
<td>30</td>
<td>$1.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Colored Pencils</td>
<td>Necessary for time management occupation with participants</td>
<td>30</td>
<td>$1.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Hand Towels</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>10</td>
<td>$1.49</td>
<td>$14.90</td>
</tr>
<tr>
<td>Bucket</td>
<td>Necessary for physical exercise occupation with</td>
<td>1</td>
<td>$2.49</td>
<td>$2.49</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Cost 1</td>
<td>Cost 2</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Dish Soap</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$0.99</td>
<td>$0.99</td>
</tr>
<tr>
<td>Paper Towels</td>
<td>2/package; Necessary for physical exercise occupation with participants</td>
<td>3</td>
<td>$3.92</td>
<td>$11.76</td>
</tr>
<tr>
<td>Window Cleaner</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>3</td>
<td>$0.99</td>
<td>$2.97</td>
</tr>
<tr>
<td>Drop Cloth</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>3</td>
<td>$0.99</td>
<td>$2.97</td>
</tr>
<tr>
<td>Scotch’s Painter’s Tape</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$5.77</td>
<td>$5.77</td>
</tr>
<tr>
<td>Paint Roller</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$1.99</td>
<td>$1.99</td>
</tr>
<tr>
<td>Paint Roller Covers</td>
<td>Package of 3; Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$4.99</td>
<td>$4.99</td>
</tr>
<tr>
<td>Extended Handle for Paint Roller</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$4.99</td>
<td>$4.99</td>
</tr>
<tr>
<td>Paint Pan</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>3</td>
<td>$0.97</td>
<td>$2.91</td>
</tr>
<tr>
<td>Gallon of White Paint</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$8.97</td>
<td>$8.97</td>
</tr>
<tr>
<td>Apron</td>
<td>Necessary for physical exercise occupation with</td>
<td>1</td>
<td>$15.89</td>
<td>$15.89</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Cost per Item</td>
<td>Total Cost</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>Wii with Wii Sports Game</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$199.00</td>
<td>$199.00</td>
</tr>
<tr>
<td>Wii Remote Controllers</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>3</td>
<td>$39.96</td>
<td>$119.88</td>
</tr>
<tr>
<td>Balloons</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>3</td>
<td>$2.29</td>
<td>$6.97</td>
</tr>
<tr>
<td>CD Player</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$19.00</td>
<td>$19.00</td>
</tr>
<tr>
<td>Square Dancing Music CD</td>
<td>Necessary for physical exercise occupation with participants</td>
<td>1</td>
<td>$4.99</td>
<td>$4.99</td>
</tr>
<tr>
<td>Calculator</td>
<td>Necessary to budgeting occupation with participants for ease calculating figures</td>
<td>10</td>
<td>$4.88</td>
<td>$48.80</td>
</tr>
<tr>
<td>Hanging Chalkboard</td>
<td>Necessary for budgeting occupation with participants</td>
<td>1</td>
<td>$111.99</td>
<td>$111.99</td>
</tr>
<tr>
<td>Chalk</td>
<td>Necessary for budgeting occupation with participants</td>
<td>1</td>
<td>$1.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>Chalkboard Eraser</td>
<td>Necessary for budgeting occupation with participants</td>
<td>1</td>
<td>$2.29</td>
<td>$2.29</td>
</tr>
<tr>
<td><strong>Total program supplies and equipment:</strong></td>
<td></td>
<td></td>
<td><strong>$940.48</strong></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Price</td>
<td>Total</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Internet Connection</td>
<td>Necessary for online exploration online intervention and documentation; necessary for intervention sessions</td>
<td>12 months</td>
<td>$19.99/month</td>
<td>$239.88</td>
</tr>
<tr>
<td>Desk</td>
<td>Necessary for occupational therapist to assume a workspace</td>
<td>1</td>
<td>$179.99</td>
<td>$179.99</td>
</tr>
<tr>
<td>Chair</td>
<td>Necessary for occupational therapist to assume a workspace</td>
<td>1</td>
<td>$69.99</td>
<td>$69.99</td>
</tr>
<tr>
<td>Ink-Jet Printer, Copier, and Scanner</td>
<td>Necessary to print associated materials</td>
<td>1</td>
<td>$399.99</td>
<td>$399.99</td>
</tr>
<tr>
<td>Office Space and Multipurpose Room</td>
<td>Needed for sessions and childcare room</td>
<td>900 sq. ft.</td>
<td>$12/sq. ft. per year</td>
<td>$10,800</td>
</tr>
<tr>
<td>Television</td>
<td>Necessary for physical exercise occupation (Wii)</td>
<td>2</td>
<td>$249.99</td>
<td>$499.98</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>Common supplies needed within an office setting (Paper, stapler, paperclips, highlighters, ink cartridges, trash can as needed)</td>
<td>As needed</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>6' Tables</td>
<td>Needed for table-top occupations</td>
<td>4</td>
<td>$75.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Folding Chairs</td>
<td>4/pack; Needed for seating of participants during sessions</td>
<td>3</td>
<td>$55.00</td>
<td>$165.00</td>
</tr>
<tr>
<td>Five-Shelf Bookshelf</td>
<td>Necessary for physical exercise occupation</td>
<td>1</td>
<td>$24.99</td>
<td>$24.99</td>
</tr>
<tr>
<td>Toys/books/outdoor play equipment</td>
<td>Necessary for physical exercise occupation and various equipment and objects</td>
<td></td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity</td>
<td>Cost 1</td>
<td>Cost 2</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Groceries</td>
<td>Necessary for physical exercise occupation</td>
<td>1</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>Pro-Style Gas Range with stove</td>
<td>Necessary for child proofing the home occupation</td>
<td>1</td>
<td>$7,299.00</td>
<td>$7,299.00</td>
</tr>
<tr>
<td>Industrial Reach in Cooler, 2 door</td>
<td>Necessary for child proofing home occupation</td>
<td>1</td>
<td>$2,272.73</td>
<td>$2,272.73</td>
</tr>
<tr>
<td>Industrial Reach In Freezer, 2 door</td>
<td>Necessary for child proofing home occupation</td>
<td>1</td>
<td>$3,890.88</td>
<td>$3,890.88</td>
</tr>
<tr>
<td>Double Bowl Scullery Sink</td>
<td>Necessary for child proofing home occupation</td>
<td>1</td>
<td>$608.00</td>
<td>$608.00</td>
</tr>
<tr>
<td>Cupboards, cabinets, and countertops</td>
<td>Necessary for child proofing home occupation</td>
<td>1</td>
<td>$1,506.00</td>
<td>$1,506.00</td>
</tr>
<tr>
<td>Stainless steel island with backsplash</td>
<td>Necessary for child proofing home occupation</td>
<td>2</td>
<td>$296.95</td>
<td>$593.90</td>
</tr>
<tr>
<td><strong>Total of In-Kind Support</strong></td>
<td></td>
<td></td>
<td>$34,240.33</td>
<td></td>
</tr>
</tbody>
</table>

*No indirect costs will be covered; SAFS is willing to provide in-kind support for this program.*
Appendix AA

Occupational Therapist Job Description

**Occupational Therapist**
Sylvania Area Family Services’ R.O.C.K. program

**Position Title:** Occupational Therapist, R.O.C.K. Program Director

**Responsible to:** The executive director and social service coordinator at Sylvania Area Family Services.

**Position Summary:**
The occupational therapist will direct, implement and run R.O.C.K., a community-based program to enhance the lives of grandparents raising their grandchildren. He or she will direct and organize the occupation-based program for grandparents. The program will be run once a week for six weeks, three times throughout the year. Each program cycle will require approximately 40 hours.

**Professional Requirements:**
- Certified and currently registered as an occupational therapist by NBCOT
- Currently licensed to practice by the state of Ohio
- Current CPR Certification
- Prior experience in facilitating group interventions

**Position Requirements:**
- Administer and interpret the OSA and SF-36
- Market R.O.C.K.
- Recruit participants
- Recruit Early Childhood Education student volunteers
- Recruit Pro-bono Lawyer
- Create a welcome packet
- Create interventions that are occupation-based
- Deliver and facilitate program to grandparents raising grandchildren
- Document demographic data, assessment results, and program evaluation materials
- Evaluate effectiveness of program
- Accept other duties as needed

**Physical Requirements:**
Must possess adequate sight and body mechanics that will allow the ability to perform all required job duties.
Sylvania Area Family Services is currently seeking an

**OCCUPATIONAL THERAPIST**

**Part-Time**

to direct and implement a COMMUNITY-BASED program for grandparents raising grandchildren in and around the Sylvania Area.

**Position involves:**
- Directing a six-week program, 3x/year
- Conduction of assessments & interpreting results
- Autonomy and creativity

**Qualifications:**
- Must be nationally registered by NBCOT
- Must be licensed in the state of Ohio
- CPR Certified
- Prior experience in facilitating group interventions

Interested applications should send a resume to:
Jason Robertson
Executive Director
Sylvania Area Family Services
5440 Marshall Rd.
Sylvania, OH 43560
419-884-8415

*Sylvania Area Family Services*

“Strengthening Sylvania, One Family at a Time”
Appendix CC

Summative Evaluation Questionnaire for Participants

Directions:
- Please fill in the survey below by circling the number which best describes your answer based on the following:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt I learned and benefited from attending the program sessions.</td>
<td>1……………….2……………….3……………….4……………….5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I felt respected throughout the program.</td>
<td>1……………….2……………….3……………….4……………….5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I would refer other grandparents who are raising their grandchildren to R.O.C.K.</td>
<td>1……………….2……………….3……………….4……………….5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please fill out and return in prepaid envelope provided along with the SF-36.

Thank you!!
Appendix DD

Agency Personnel’s Evaluation of R.O.C.K.

Personnel Name: _____________________________   Date: _____________

Job Position: ________________________________

<table>
<thead>
<tr>
<th>Statement</th>
<th>N/A</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall, I think that the R.O.C.K. program was effective.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have noted a positive change in mental health (e.g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>positive attitude and elevated mood) of the grandparents who</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>participated in the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I have noted a positive change in the physical health (e.g. less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fatigue) of the grandparents who have</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>participated in the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I believe that R.O.C.K. was beneficial to grandparents raising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>their grandchildren</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Overall, I believe that R.O.C.K. was an effective program to target</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the needs of grandparents raising grandchildren.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment on your overall impression of R.O.C.K.:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature: ________________________________
## Appendix EE

### Timeline

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
<tr>
<td>Complete Needs Assessment</td>
<td>X</td>
</tr>
<tr>
<td>Assume Office Space</td>
<td>X</td>
</tr>
<tr>
<td>Purchase supplies</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Marketing Communications</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Recruit participants</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Recruit Early Childhood Education students for childcare and Pro-bono Lawyer</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Compile packets to be given to each participants</td>
<td>X X X</td>
</tr>
<tr>
<td>Conduct initial assessments: OSA and SF-36</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Implement and conduct weekly group intervention sessions</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Development of formative, summative and process evaluations</td>
<td>X X</td>
</tr>
<tr>
<td>Conduct formative evaluation</td>
<td>X X X</td>
</tr>
<tr>
<td>Implement process evaluation procedures</td>
<td>X X X X X</td>
</tr>
<tr>
<td>Conduct summative evaluations</td>
<td>X X X X X</td>
</tr>
</tbody>
</table>
Appendix FF

Letter of Support

****PUT ON SAFS STATIONARY****

April 20, 2012

Angela Etter
R.O.C.K.
Program Coordinator
The University of Toledo
Judith Herb College of Education,
Health Science and Human Services

Dear Angela,

This letter is written to express our support for the R.O.C.K. program, which will establish occupational therapy services to enhance the lives of grandparents raising grandchildren.

In my experience with grandparents caring for their grandchildren and the increasing number of such families, I’ve seen there is a great need for intervention throughout the Sylvania area and surrounding communities. Being a grandparent is a blessing to most, but those grandparents who take on the primary responsibility of their grandchildren experience different and often difficult roles. Caring for grandchildren carries financial and time demands that can isolate grandparents from peers and leisure activities. Grandparents raising their grandchildren tend to experience hardships, both physically and emotionally. The R.O.C.K. program will address these issues and enhance the lives of those grandparents raising grandchildren.

Sylvania Area Family Services as well as grandparents within the community would greatly benefit from the R.O.C.K. program.

Sincerely,

Jason Robertson
Executive Director
Sylvania Area Family Services
Appendix GG

Additional Sources for Letters of Support

1. Dottie VanDrieson, Administrative Assistant and Social Service Coordinator, Sylvania Area Family Services

Ms. Vandrieson is directly involved with the potential participants of the R.O.C.K. program through the various social service programs that Sylvania Area Family Services offers. Ms. VanDrieson is in support of the potential program and is willing to offer further contributions.

Contact information:
Ph: 419-882-8415, ext 23
Email: dvandrieson@ambt.net

2. Dr. Laura Landry-Meyer, Associate Professor in Human Development and Family Studies

Dr. Landry-Meyer is a professor of family studies at Bowling Green State University and is highly educated with the population of grandparents raising grandchildren. Dr. Landry-Meyer has completed numerous research studies that have examined the effects that raising grandchildren has on grandparents. She has been very helpful with providing me with information and available resources.

Contact information:
Bowling Green State University
206 Johnston Hall
Bowling Green, OH 43403
Ph: 419-372-7848
Email: landrym@bgsu.edu

3. Laura Draheim, Lucas County Children Services
Ms. Draheim is directly involved with the services provided to kinship caregivers through Lucas County Children Services. Services include: in-home support, training, and kinship subsidy programs, all of which provide participants with relevant community resources. Ms. Draheim is educated on the needs of this population and recognized the need for intervention.

Contact information:
Ph: 419-213-3307

4. Sharon Guild, founder of Grandparents Raising Grandchildren Program, Adrian, MI

Mrs. Guild is a grandmother that has raised several grandchildren over the years. When Mrs. Guild first started caring for her grandchildren with her husband, she realized the immense need for support for families in these situations. At this time 16 years ago, Mr. and Mrs. Guild developed the Grandparents Raising Grandchildren Program for individuals in Lenawee County, Michigan. Mrs. Guild recognizes the need for programs involving grandparents raising grandchildren.

Contact information:
Ph: 517-414-8155

5. Becky G., Potential participant of R.O.C.K.

Becky is a volunteer at Sylvania Area Family Services and has been raising two of her grandchildren for numerous years. It is important to include the opinions of a potential participant in program development, as she has experience and can provide valuable information to support of the R.O.C.K. program. Becky can be contacted via telephone through the sponsoring agency.
Annotated Bibliography: Grandparents Raising Grandchildren

Angela Etter

The University of Toledo
Available Resources to Grandparents Raising Grandchildren


Abstract:

An estimated 2.4 million grandparents face the job of raising their grandchildren and Hurricane Katrina has put a spotlight on the issue. CBS News' Rene Syler spoke with one such family.

Summary:

According to this CBS excerpt, 2.4 million grandparents are raising their grandchildren, almost 7% of children in the United States are being raised by their grandparents and almost 10% of the children in Louisiana are being raised by grandparents. This excerpt from CBS is about grandparents who fled from Louisiana to Atlanta, Georgia, with their six grandchildren to escape hurricane Katrina. The last couple of weeks were hard for them because of the unknown of what is going to happen. When asked to describe what it’s like raising grandchildren, the grandmother responded that legally, it is tough to raise grandchildren. When the family moved to Atlanta, the custody papers were not able to transfer from LA, you really have to fight hard. Tom Nelson, chief officer from AARP foundation was also a part of the excerpt. He stated that grandparents need to be informed of their rights and give a good fight. The AARP provides resources to grandparents through their grandparents’ information center. AARP wants public to be aware of these types of family as well as legislation to enact on policies that enables these families and providing financial assistance.

Assessment:

This clip was not a very useful source for my capstone, but it was informative about AARP and their advocacy goals as well as resources that they provide to grandparents raising grandchildren. This is the first source that involves a large organization like the AARP into advocating for grandparent rights in terms of raising their grandchildren. The goals of this source were to advocate for grandparents raising grandchildren and their rights and raise public awareness that this is an increasing trend in family dynamics.
Reflection:

This source was helpful to my program development. It was informational on an additional resource, the AARP, in which I could explore to identify other issues that grandparents raising grandchildren face and the resources that are available to them. This can also be used as a referral source within the program.

Caregiving and Occupational Therapy


Abstract:

Sixty ethnographic interviews with 15 family caregivers for frail older people living in the community were analyzed to understand the meaning of activity in caregiving. Schön’s (1983) reflection-in-action framework was used to organize the data. Three goals of caregiving activity were derived: (a) getting things done, (b) achieving a sense of health and well-being for the care receiver, and (c) achieving a sense of health and well-being for the caregiver. The family caregiver was conceptualized as a lay practitioner involved in the clinical reasoning and ethical dilemmas integral to the provision of health care for the care receiver. The caregivers’ judgments regarding the prioritization and attainment of goals determined the forms of caregiving activities. Implications for occupational therapy practice and the relationship between the caregiver and the professional are discussed.

Summary:

The primary caregivers for the elderly are family members. Much research has been completed to understand the subjective experience of the family member caregivers, such as the sense of burden and strain. Occupational therapists have developed programs targeting family caregivers who are in the process of learning the caregiver role. The main purpose of this paper was to explore a better understanding of the meaning of daily occupations to family caregivers of the elderly. Sixty ethnographic interviews were given with 15 family caregivers within the community. Analysis of interviews indicated there were three broad goals of caregiving activity: achieving a sense of getting things done, achieving a
sense of health and well-being for the care received, and achieving a sense of health and well-being for the caregiver. When working with a caregiver, occupational therapists must conceptualize the caregiver as a practitioner who can provide insight. The caregiver and the occupational therapist bring knowledge and experience to the situation, produce clinical data to identify options, and bring code of ethics to the selection of a plan of action.

**Assessment:**

The goal of this study was to achieve an understanding of the meaning of daily occupations to family caregivers to the elderly. Even though this source focuses on caregiving to the elderly, results can be generalized to the current study in the fact that grandparents act as caregivers to their grandchildren and experience similar issues and have the same caregiving goals. These experienced issues and goals are evident in other articles within this bibliography focusing on grandparents raising grandchildren.

**Reflection:**

This source was helpful for the current program development plan because it explored the goals of caregivers within the community and the importance the occupational therapist working with the caregiver to provide optimal care to the receiver. Information from this source can be integrated into the proposed program.


**Abstract:**

This article explores the growing phenomenon of caregiving in the United States: the current condition, the rewards, and the challenges of this occupation. This article also examines the profession of occupational therapy and what it can offer to the training of caregivers, incorporating its philosophical foundation, evolving science, holistic approaches, and treatment techniques. The basic tenets of occupational therapy education and practice include empowerment, client-centered focus, cultural diversity, and health literacy. These components, with further development and focus by the profession,
will enable caregivers to become not only more equal members of the healthcare team but also more successful and satisfied in caring for themselves even as they care for others in need.

Summary:

The purpose of this study was to investigate the challenges and barriers that occupational therapists face in training and educating caregivers. Occupational therapist must realize the occupation of caregiving and the activity demands that go hand in hand with caregiving as occupations are central to a person’s identity and competence. When taking on the primary caregiver role to a family member, the caregivers are making significant sacrifices and experience a loss of independence and inadequate time to manage other roles and responsibilities. Challenges that caregivers face include: activity demands, diminished job performance, lack of caregiver training, and caregiver burdens, including burnout. The main challenge for the occupational therapist is to identify the needs and concerns of the caregiver. Occupational therapists are trained to stand up to the challenge of incorporating the caregiver into practice, starting with educational programs. When occupational therapists work with caregivers, they need to complete an assessment, give caregiver sense of empowerment, and provide caregiver with education and skills training. Some barriers that occupational therapists must overcome include caregiver issues with accessing, reading, understanding, and utilizing healthcare information, understanding the values, beliefs, and culture of the patient and caregiver, and reimbursement for caregiver services, as it is not billable if patient is not present.

Assessment:

The goal of this study is to explore the barriers that occupational therapists face in providing caregiver training and education with the main challenge being identifying the needs and concerns of the caregiver. Even though this article focuses on the caregivers for the elderly, results can still be applied to the current program because grandparents are caregivers to their grandchildren and it is evident through other extensive research within this bibliography that grandparents experience similar problems: activity demands and caregiver burdens.

Reflection:
This is a helpful source for the current program development because the results can be
generalized to the target population. The occupational therapist working with grandparents must be able
to give the caregiver a sense of empowerment and provide the grandparents with the education and skills
training needed to increase their quality of life.

Cultural Differences

occupational therapy service in a developing community. *Australian Occupational Therapy

Abstract:

Aim: This paper documents the subjective experience of a Western trained occupational therapist as she
establishes a service in a community that is developing its health-care services. The community is located
in the Dominican Republic.

Method and Results: Ethnographic interviewing was used to document the tasks and events that occurred
during this 6 month project. Challenges arose related to the region's developing health, education and
community services, training the local workers and the reaction of the recipients of occupational therapy
service. The contrast in beliefs, values and cultural customs between the therapist and the local people
contributed to the challenge.

Conclusion: This study indicates that exporting Western occupational therapy services without any
changes causes significant conflict for the professional and the clients. Furthermore, this study
demonstrates the importance of understanding cultural differences between the therapist and client, as
well as the need for occupational therapy services in communities that seek to improve the health and
abilities of the local people requiring rehabilitation services.

Summary:

The occupational therapy profession is committed to services that promote health, prevent disease
and disability, and increase the availability of services to the underserved. With this, it is important for
community-based occupational therapists to be cultural competent, meaning aware and sensitive to the
knowledge and meaning of the culture of our clients. The purpose of this study was to investigate the subjective experience of an occupational therapist as she establishes a service in a developing community. An ethnographic interview was given and revealed three main themes: challenges related to life in a community developing health and other human services, challenges related to working with the local workers, and the reaction of clients to occupational therapy services. The challenges of life in a community developing human services include challenges such as being an outsider, managing without material resources, environmental issues, and delayed start to rehabilitation. Challenges identified in working with the local workers include educating the workers and lack of professional behaviors. The last theme identified was the reaction of clients to occupational therapy and challenges within this theme included family caregiving and its influence upon independent functioning and perceptions of the occupational therapist as well as therapy itself.

**Assessment:**

This study can be generalized to various different scopes of practice within occupational therapy, making it useful for the current program development integrating occupational therapy services. The goal of this source was to explore the subjective experience of an occupational therapist as she establishes a service in a developing community through an ethnographic interview. As compared to other sources in this bibliography, this study explains the actual experiences and challenges of an occupational therapist working in community development in the Dominican Republic.

**Reflection:**

Even though this source provided challenges of an occupational therapist providing services in a developing community outside of the U.S., the implications are still important to my program development. It is important for any practicing occupational therapist to be culturally competent, because the population is diverse and practitioners need to be able to competently adapt to and respect clients’ culture and beliefs. In addition, occupational therapist within the U.S. still need to advocate for our scope of practice as well as explain our scope of practice to clients as well as other professionals. A lot of
individuals do not realize what occupational therapy is and what types of services we can provide, especially when it comes to community-based practice.


**Chapter 5: Race, Culture, and Other Special Considerations**

**Abstract:**

No abstract was provided for this source.

**Summary:**

Kinship care is not specific to race, culture, and socioeconomic status, however, kinship care’s implementation varies by culture, race, socioeconomic status, as well as other special conditions (incarceration, substance abuse, HIV/AIDS). Before placing a child in kinship care, it is important to consider different aspects of their race and culture to best fit the needs of the child. In addition to exploring various cultures and races, it is important examine the family if the biological parent is a substance abuser or incarcerated to minimize codependency between the biological parent and the caregiver as well as the child. If the parent is completely absent from the home due to incarceration or substance abuse, it is important to engage the family in a process of grief related to the parent’s absence, redefine the parent’s and caregiver’s role and authority, establish lines of communication ad conflict resolution, input, and decision making and help the child cope with comments associated with their parent’s absence.

**Assessment:**

This chapter was helpful for my program development plan. The goal of this chapter was to explain the importance of the consideration of the different cultures of grandparents raising their grandchildren and how important it is to take this into consideration when planning services or interventions to better their lives, with an emphasis on fitting the needs of the child. This chapter also explained the importance of investigating the reasoning behind grandparents raising grandchildren. When comparing to other sources within this bibliography, this chapter stressed the importance of the helping
the family through the process of grief from the loss of a parent or child. Also of importance form this chapter is to help the family redefine their roles, establish communication, and helping the members cope with the circumstances.

**Reflection:**

This chapter was helpful for the development of my program. It helps shape my argument that grandparents raising grandchildren need intervention to better enhance their lives, especially when it comes to redefining roles and establishing effective communication. The chapter can be used throughout the program development when focusing on planning effective and needed interventions to enhance the lives of grandparents raising grandchildren.


**Abstract:**

No abstract provided for this source.

**Summary:**

Little research has been done to compare cross-cultural differences in custodial grandparents raising grandchildren. This study compared cross-cultural differences of grandparents raising grandchildren in Mexico to grandparents raising grandchildren in the U.S. Results found that there was a cross-cultural difference amongst the two groups. Both Mexican and U.S. grandparents reported higher rates of grandparental meaning. However, Mexican grandparents increased stress and less role satisfaction as compared to those grandparents raising grandchildren in the U.S. Mexican grandparents reported enhanced role meaning, as compared to U.S. grandparents, despite increased financial and parental stress. Mexican grandparents derive personal meaning from their roles, despite all the stressors that come with grandparenting grandchildren, putting a discrepancy between grandparental role meaning and role satisfaction, thus causing higher rates of grandparental depression leading up to psychological distress.
Assessment:

This is a useful source for my program development plan. When compared to other sources within this bibliography, this is the first study that was based on the Mexican culture and cross-cultural differences. The information provided is reliable and objective, as it was based on an actual study and results. The goal of this study was to investigate any cross-cultural differences between U.S. and Mexico grandparents raising grandchildren.

Reflection:

Although confusing at times, this is a helpful source for my program development plan. As grandparents raising grandchildren are not specific to an ethnic group and socioeconomic status, it is important to explore the effects of grandparenting grandchildren across all cultures to be incorporated into a program. Understanding the beliefs and customs of other cultures and being culturally sensitive is an important part of program development; as it will reach out to a larger population.

Deciding to Become Primary Caregiver to Grandchildren


Abstract:

Develop an understanding of the reasons for the existence of GRG families.

Summary:

Segment I consists of testimonials from grandparents of reasons for grandparents raising grandchildren. The main reasons grandparents raise their grandchildren is due to: abuse and neglect, mental health issues, parental death, drug addiction, incarceration, physical illnesses, and lack of emotional attachment displayed by biological parents. To reiterate this point, one grandparent in this clip described the four “D’s” to why grandparents are caring for their grandchildren: death, drugs, divorce, and desertion. The epidemic of grandparents raising grandchildren occurs across all socioeconomic statuses and across all academic levels. Most grandparents who take on the role of primary caregiver to
their grandchildren are thought to have hearts of gold and are glad to be able to do something for their grandchildren.

**Assessment:**

This is a useful source for my capstone project because of the testimonials from grandparents themselves on the reasons they are caring for their grandchildren, which was the primary goal of the first segment of these series. This source compares to others in the bibliography because it provides first hand proof of the research on why grandparents are raising grandchildren.

**Reflection:**

This video segment is significant to the program development plan because it gave true testimonials of the reasons grandparents raise their grandchildren. I’ve read and read various sources that describe why grandparents are raising their grandchildren, but it is different hearing it first hand from grandparents themselves. This can be applied to my capstone project by using the direct quotes from grandparents themselves into the need for the program.


**Chapter 1: The Benefits and Challenges of Kinship Care.**

**Abstract:**

No abstract was provided for this source.

**Summary:**

There are both benefits and challenges when becoming a kinship caregiver and professionals need to adjust their practice with children from these family dynamics. One of the biggest benefits of kinship care is family preservation. Keeping the child within the family can better the child psychological and emotionally and can help the child build a better self-esteem and self-worth. Kinship care keeps the child within the family prevents the child from becoming a societal responsibility and avoids the child being placed with unfamiliar faces. One of the biggest challenges to kinship care is role boundaries and confusion, with the question “who’s the boss?” most commonly asked. In addition, the book states that
grandmothers are the most common kinship caregiver, which feeds into another challenge of alternative permanency if something were to happen with the caregiver. The six characteristics of kinship placements include: shared history, future interactions, legacies, family and household configuration, alternative permanency planning, and clinical issues.

Assessment:

Even though this source is slightly out of date, this is a useful source for my capstone experience, as it is reliable and written objectively. This chapter further supports other studies within this bibliography laying out the most common challenges and benefits of kinship caregiving. The main goal of this chapter was to describe the benefits and challenges to kinship caregivers and to inform the readers of the characteristics of kinship placements.

Reflection:

This source was slightly helpful to my capstone experience. It is written more than 10 years ago, so the numbers and statistics may be off, but it still gave sound and valid points that still hold true today, as evident in other explored sources. This source can definitely be used during the production of the introduction as well as composing interventions as part of my program development.


Chapter 1: Becoming a Parent – Again

Abstract:

An abstract was not included for this source.

Summary:

The grandparents’ choice of taking on the role of primary caregiver to grandchildren is a huge commitment. A lot of grandparents do not have time to prepare to take on the role, unlike the parent who has at least 9 months. It is typical for grandparents to want to spoil their grandchildren and give them back, it is not their role to discipline and punish, as grandparents caring for their grandchildren have to do.
In addition, older parents, once left with an empty nest, are supposed to enjoy their leisure time, get to know their significant other again without children present.

Assessment:

The introduction chapter was not a really useful and significant source for my capstone, as is any other introduction for other sources in the bibliography. The goal of this chapter was to introduce the topic of becoming a parent again, stating the joys and disappointments of raising grandchildren.

Reflection:

This was a good introduction to the rest of the book, but it wasn’t very helpful for my capstone experience.


Chapter 2: Making the Commitment to Raise a Second Family

Abstract:

An abstract was not included for this source.

Summary:

Every grandparent has the choice to raise their grandchildren or not, there are very few circumstances in which we do not have a choice for any of life's challenges. Failure to express your opinion to the matter of raising your grandchildren or not is easily interpreted as consent. Most grandparents could not bear the thought of having foster parents or other members of society take on the role of primary caregiver to their grandchildren, which is the reason why grandparents do not think that they have a choice in the matter. Whatever decision grandparents make whether to take on the caregiver role to their grandchildren or not, must be made out of love and not obligation. Many grandparents who do this out of obligation tend to live feeling angry and resentful. We do not choose our life situations but we can choose how we handle them. In reality, in making the choice to become a parent again, grandparents really have to step back and think about what is actually in best interest for the child.

Assessment:
This was not a useful chapter for my capstone experience. It was written with bias and not objectively.

Reflection:

Even though this chapter was not really helpful for my capstone, it did provide good insight on why grandparents do actually have the choice to raise their grandchildren or not.


Chapter 3: “Where did I go Wrong?”

Abstract:

No abstract was included for this source.

Summary:

Grandparents take on the primary caregiver for their grandchildren because they care for them, want to protect them, and desire to keep the family together. Many grandparents tend to blame themselves and ask themselves over and over where they went wrong as a parent. These thoughts really take an emotional toll on grandparents and they have to realize that it was nothing that they did or did not do as a parent. Their children are now adults and are able to make their own choices. In addition, grandparents who chose to take on the role of their grandchildren cannot blame others for their current situations; blame fills individuals with negative feelings.

Houtman (2003) points out that the most important relationship in one’s life is the relationship a child has with his/her parent. All efforts given by the grandparents will not be enough that void in the grandchild’s life once a parent is absent. Due to this, children are going to go through stages of hating then loving and defending their parents. A child’s feelings and abilities to understand situations change as time goes on. Grandparents need to realize that children placed in these situations are going to need time and shouldn’t take emotional extremes and outbursts too seriously.

Grandparents raising their grandchildren also go through times when not only do they have to deal with taking care of their grandchildren, but also dealing with the biological parent as well. A lot of
biological parents will have periodic visits with their children, only allowing the children to see them at their best, and the biological parents will save their worst for the grandparent. Grandparents need to do what is best for the child and allow those periodic visits. The author points out that time will unfold and children will eventually realize who has been there for them. If a biological parent does not come to visit his/her child when a time was arranged, grandparents should try not to make excuses for the parent, but rather help the child cope with the situation.

**Assessment:**

This chapter was useful with regard to the program development plan and is reliable, as it compares with other studies completed focusing on grandparents raising grandchildren. Even though this book was written by a grandchild who was raised by her grandparents, this book is mostly objective. The goal of this chapter was to try to put grandparents at ease and make them realize that it was nothing that they did as a parent to be in the current situation. Other goals include informing the grandparent the importance of time and being there for their grandchild’s emotional needs.

**Reflection:**

This chapter was helpful in regards to my capstone. It helps shape my argument that there is a need for such a program targeting grandparents raising grandchildren because it describes how grandparents feel they are the ones to blame which can take an extreme emotional toll on the grandparent and some of the struggles that grandparents face. This source can be used in my capstone when composing the introduction as well as planning interventions to help grandparents. This chapter really did not change how I think about the topic.


**Chapter 4: Where Have all the Parents Gone?**

**Abstract:**

An abstract was not included for this source.

**Summary:**
This chapter really dealt with the most common reasons why grandparents are raising grandchildren. The first reason is the death of a biological parent. A suggestion to enhance the well-being of family members involved in this situation is to receive professional help. Many grandparents assume the role of primary caretaker of their grandchildren if one of their children passes away and become so busy trying to care for the grandchildren, the feelings get bottled up. Grandparents need to be able to grieve and mourn the loss of their own child. In addition, the children should also seek counseling so they are able to grieve and accept their life changes.

The second reason grandparents are raising their grandchildren is due to an addicted parent. With the addicted parent, grandparents should try not to blame them and let them make their own decisions and choose their own lifestyles, for blame leads to negative feelings. Grandparents should not enable the adult child, allowing them to feed their addiction. The grandparent should support the person, but not the addiction.

The third and final reason why grandparents are raising their grandchildren is due to biological parents being unpredictable or unreliable. With these types of parents, one never knows what is going to happen from one minute to the next. Parents get so “caught up” in their social and professional lives that the children often come in second place. This is when grandparents step up to take on primary caregiver to their grandchildren to give them the love and attention children desire.

Assessment:

This chapter was not really useful with regard to the program development plan. This chapter is reliable, as it compares with other studies completed focusing on grandparents raising grandchildren. This chapter is not biased but objective. The goal of this chapter was to describe the three most common reasons why grandparents are raising their grandchildren.

Reflection:

As specific to this chapter, it was not a useful source in the development of my program. First, it only describes three reasons why grandparents are raising their grandchildren, as there are so many more reasons why.

Chapter 7: Things Every Second-Time Parent Should Do

Abstract:

An abstract was not included for this source.

Summary:

This chapter is about support for grandparents raising grandchildren. First, grandparents need to know and be aware of their rights. Grandparents have different rights in terms of how the grandchildren were taken into their care, either formally placed through the system or dropped off by a biological parent. A lot of grandparents find that leaving the system out of their lives is worth it but in order to get any financial support, the grandparents must take legal action. However, the law strives for “family reunification”, meaning that they want to keep children with their biological parents. This means that if you take legal action, there is a chance the children will end up back in care of their biological parents. Once you know your rights as a grandparent raising a grandchild, grandparents should investigate various government programs, such as welfare, to help them financially. A lot of grandparents do not seek out help because they are unwilling to accept help. In addition, grandparents do not want attention to be drawn to them. But the reality is, is that changes are driven by demand so grandparents need to find their voice and stand up for the help that they want and deserve. To conclude this chapter, it is advised that grandparents seek out support, either through support groups of counseling. Support groups helps grandparents know that they are not alone, there are others out there facing the same problems. Counseling can help all family members communicate effectively. Another useful tip that was given in this chapter is to make sure grandparents keep accurate records of expenses, events and agreements with the biological parents, medical logs, and receipts. Keeping these types of records can be beneficial if the legal system is indeed involved. By doing this, you have solid proof of items that the law is looking for.

Assessment:
This chapter is useful in regards to understanding some of the legality behind grandparents raising grandchildren and what rights they have or do not have. This chapter is comparable to others that focus on legality issues because, simply, the way it is written, in easy to understand and laymen’s terms. This chapter is written to be objective. The goal of this chapter is to inform grandparents that they need to be informed of their rights when raising their grandchildren and should take advantage of government programs that exist to help those in need.

**Reflection:**

This chapter is not helpful specific to my program development plan because the program will not focus on legal issues. However, the program will provide resources for the grandparents that are most useful and I think that it is important to know some of the legal issues that grandparents face in order to provide a better program for them and overall just be aware.


**Chapter 8: Parenting Skills You Didn’t Need the First Time**

**Abstract:**

An abstract was not included for this source.

**Summary:**

This chapter focused on parenting skill that grandparents didn’t need the first time around. For instance, grandparents raising grandchildren have to explain their family dynamics to others because it isn’t normal or typical for grandparents to raise grandchildren. In addition, grandparents must face the pressures of special occasions. For instance, do the children get the grandparents father’s and/or mother’s day cards? What happens when there is a father daughter dance? Or a mother and son day? Society doesn’t consider other family dynamics other then what is typical. Other issues that grandparents may have when parenting include dealing with the generation gap. Grandparents have to find a way to meet the grandchildren in the middle when it comes to clothing, movies, etc. all while keeping a firm standard on morals, values, and principles. Negotiate with the child, this gives the grandchildren a sense of
responsibility and shows them that you’re willing to be flexible with them. Grandchildren often come to their grandparent’s house from a home with no rules and expectations. Grandparents need to set firm limits for their grandchildren. However, there are stages that a grandchild goes through to accept changes (in this case, accepting new rules and expectations). Changes include: suspicion and speculation, resistance, testing, escalation, and acceptance. It is important to note that acceptance will not happen if a grandparent gives in to the rule or expectation.

Assessment:

This chapter is useful to my program development plan. This chapter compares to other sources within the bibliography because it really gave new insights to underlying issues that grandparents face and explored new concepts that other articles did not. The information provided in this chapter is reliable and written objectively. This goal of this chapter was to inform grandparents on skills they may need to develop to parent a grandchild, specifically, how to handle the questions that arises about their family dynamics.

Reflection:

This chapter was useful in my program development plan. It provides insight to issues that grandparents face that have never crossed my mind, such as having to explain why a grandparent is raising a grandchild and society’s view of the way a typical family should be, as evident through the “hallmark holidays.” This chapter can be integrated into my capstone when planning interventions and writing the introduction.


Chapter 9: The Grandchild’s Perspective

Abstract:

An abstract was not included for this source.

Summary:
This chapter was based on conclusions from the previous chapters. The author who wrote this book was actually a grandchild who was raised by a grandparent; she wanted to reach out to help grandparents raising grandchildren and give them something that was not available to her grandparents during their difficult time raising her. Family teaches us the meaning of obligation and every family needs to have the drive to stay together, no matter what the family dynamics, and work towards a common goal. Grandchildren being raised by grandparents need to realize what they have and not focus on what they do not have. The overall conclusion from this book is that the feeling of not having a choice in any matter does not excuse anyone from dealing with the consequences in a dignified and straightforward manner. In addition, no one is responsible for the things that happen around us, but we do have to be accountable for ourselves, despite our misfortunes.

Assessment:

This chapter is not a useful source for my program development plan. The goal of this chapter was to summarize the book and state the conclusions.

Reflection:

This chapter was not helpful for my capstone experience, but was a good ending and summation of the entire book.

General Issues Faced by Grandparents Raising Grandchildren


Abstract:

A crowd of more than 500 people gathered in front of the U.S. Capitol on September 15 to draw attention to the needs of the growing number of grandparents who are raising grandchildren

Summary:
Grandrally supports grandparents and other relatives raising children. The number of children is increasing to nearly 8 million children being raised by kinship. Grandparents and other kin step up and raise the grandchildren to keep the families together and to avoid foster care. Grandparents who raise their grandchildren actually save taxpayers nearly 6.7 billion dollars by the children not going into foster care. However, one of the main issues grandparents raising grandchildren face is financial struggles, making social security especially important. The government needs to protect Medicare, Medicaid, and social security rights to support these families.

Assessment:

This is a not a useful source specific for programming, but it does describes one of the biggest issues that grandparents raising grandparents face: financial struggles. It’s an ever growing issue that social security and other government programs are dwindling, which is what older citizens rely on once they are eligible. The goal of this source is to advocate protecting social security rights, Medicaid, and Medicare.

Reflection:

Even though this source is not really a helpful source to my capstone, one of the biggest things that really got my attention is the statement that grandparents who take on the primary care of their grandchildren to avoid foster care actually save taxpayers almost 7 billion dollars. That is a huge amount and grandparents raising grandchildren deserve financial assistance, especially since they are avoiding foster care.


Abstract:

No abstract provided for this source.

Summary:
There has been an increase in the number of children being raised by grandparents amongst all ethnic and socioeconomic backgrounds. However, this has impacted African American families greatly, as in 1998; there were about twelve percent of African American grandchildren living with grandparents. This study explored the challenges, services needed, and the rewards gained by African American grandparents raising grandchildren. The method to investigate this information included the use of two focus groups. The most common form for living arrangements included a grandchild residing with the grandparent, both with and without legal custody and with or without a biological parent present. It was also found that parents come and go at their leisure. In addition, a lot of participating grandparents provided supplemental care to their grandchildren. Many reasons were found why grandparents were raising their grandchildren, including: death of a parent, child abuse, inability to parent, marital disruption, incarceration, and both biological parents were in the workforce and/or in school. The most beneficial and most rewarding aspect of raising grandchild was found to be companionship combined with a sense of purpose. In addition, grandparents felt raising grandchildren helped them keep up with the changing world. Adjustments that grandparents had to conform to upon taking care on the primary responsibility of their grandchildren include: parenting skills to parent this generation, loss of personal time, and loss of community. The most common problems found through the focus group include: problems relating to the grandchild (physical disabilities, academic problems, materialism, and negative peer influences), financial strains, and physical consequences (stress-related illnesses). Despite all of the issues faced by these grandparents, all the participants expressed great satisfaction with raising their grandchild and were confident with their ability to care for the child.

**Assessment:**

This is a useful source for my program development plan. When compared to other sources within this bibliography, this is the first study that described the results from focus groups, which describes the issues and challenges faced directly from the population itself. Since this study was derived from a focus group, the results were reliable and written objectively. The goal of this study was to identify the issues and challenges faced by grandparents who are the primary caregiver to their grandchildren.
Reflection:

This is a helpful source for my program development plan. It described the results of two focus
groups focusing on African American grandparents raising grandchildren. Results from this study can be
incorporated into planning effective interventions based on the needs and issues faced by grandparents
raising grandchildren. The results from the focus group definitely shape my argument that intervention is
needed for this population to enhance their quality of life and life satisfaction.


Available from http://www.extension.org/pages/32580/grandparents-raising-grandchildren-
doubly-stressed-triply-blessed-video-clips

Abstract:

1. Learn the major concerns facing GRG families. 2. Develop a better understanding of the
   situations facing GRG families.

Summary:

Grandparents raising grandchildren is not an easy task. Within this video clip, one grandmother
stated that you can tell which grandparent is raising and which is babysitting while out in public. Many
grandparents try to be both the tradition grandparent as well as a parent to their grandchildren, but it does
not work. Within these types of families, the biological parents tend to be the friend to the child whereas
the grandparents must be the disciplinarians. When it comes to raising your grandchildren, people in
society tend not to think that there are any problems, the grandparents already raised and dealt with
problems that their own children experienced. However, as one grandmother stated, they are going
through different problems with their grandchildren than they did with their own children. The
grandchildren often come into their grandparent’s house with many behavioral problems. A lot of
grandchildren are coming from dysfunctional homes into their grandparents’ home, which may be
resentful. In addition, another issue faced by grandparents is that it is hard to keep up with the children
and the housework, you don’t move as fast when you’re older. One of the biggest issues grandparents
face when raising their grandchildren is financial burdens. Grandparents will take grandchildren into their
homes without money because they love them, but you have to have money to live. Grandparents will not take meds so that they are able to have enough money to feed their grandchildren and give up jobs to be there for their grandchildren and meet their needs. In conclusion, grandparents raising grandchildren is a growing trend and we have to be able to help grandparents who take on the responsibility of their grandchildren.

Assessment:

This is a useful source for my capstone, as it describes some of the issues faced by grandparents raising grandchildren, including disciplining, societal views of grandparents raising grandchildren, children’s behavioral problems, aging and decline in health, and financial burdens. This source compares to others within the bibliography because it displays some of the same problems commonly found, but true testimonials from grandparents themselves.

Reflection:

This is truly a helpful source for my capstone experience, where the suggesting and common problems talked about can be integrated into the development as well as programming that targets grandparents raising grandchildren. This source did not change the way I view this topic, but it does really open my eyes and my heart goes out to the grandparents in the clip; they are truly strong and caring.


Chapter 6: Parenting Two Generations at One Time

Abstract:

An abstract was not included for this source.

Summary:

This chapter describes how parenting two generations puts strain on grandparents energy, patience, time, and other resources. A lot of times adult children will use manipulation techniques on their parents and put them at fault for their own actions. The first manipulation technique parents will use towards grandparents is finger pointing. With finger pointing, the parents take their current situation and
turn it back onto the grandparents, blaming them for what happened to the biological parent. The next manipulation technique is “if…then” statements. With this tactic, the parent will place a choice on the grandparent, backing them into a corner, and therefore any consequences that come about will be due to the grandparents’ choice. Other common manipulation tactics that parents often use on grandparents include: generalization (all or nothing), bluffing, using the child to block, and pulling rank when it comes to the child. In summary, grandparents need to learn to either avoid these manipulation techniques or respond to them in a careful manner.

**Assessment:**

This chapter was not really useful with regard to the program development plan but is reliable. This is actually the first that I have read about parenting two generations, so the information was very insightful and useful. This chapter is mostly objective, but comes across slight biased. The goal of this chapter is to inform grandparents to be aware of manipulation techniques that parents use against grandparents as well as how to respond and/or avoid them without getting backed into a corner.

**Reflection:**

This chapter was not really useful to my capstone program development plan because the program will focus more on how to deal with the grandchildren and the grandparents’ physical and mental health, not how to deal with the adult child. Indirectly, the program will integrate how to deal with this issue (stress management, managing behaviors, etc).


**Abstract:**

No abstract provided for this source.

**Summary:**

A lot of studies have focused on grandparents raising grandchildren. However, few focus on grandparents raising grandchildren with developmental disabilities, in which grandparents face whole
new challenges and issues. This study focused on grandparents raising grandchildren with developmental disabilities, MR/DD. There are three reasons why this group warrants special consideration: decreased mortality rates of individuals with MR/DD, community-based services for individuals with MR/DD are not sensitive to the needs of grandparents, and substance abuse and neglect place children at increased risk for MR/DD, increasing the number of custodial grandparents. Through a review of the research, it was found that grandparents have challenges navigating the service systems and they have difficulty accessing psychological and counseling services for their grandchildren. Another finding is that grandparents tend to place grandchildren’s care in front of their own, leading to poorer health. This was found true to both grandparents raising grandchildren with MR/DD and grandchildren with no developmental disabilities. One particular challenge that was described in detail within this chapter includes the dual strain of the caregiver’s own aging and the grandchild with the developmental disability may outlive his or her caregiver. As a result, grandparents raising grandchildren must prepare a “long-term care plan” in which one will plan the legal, financial, residential, medical, social, and cultural needs of the grandchild in case something were to happen to the primary caregiver. Given this, it is imperative to have a brief training program that focuses on the understanding and importance of life planning.

**Assessment:**

The goal of this source was to provide insight to the challenges that grandparents raising grandchildren with MR/DD face. This was a useful source for my program development plan. Many grandparents are raising grandchildren with developmental disabilities, in which other studies within this bibliography haven’t placed much focus on. However, this study can be compared to one completed on grandparents raising children with ADHD, in which many of the findings are comparable, such as placing the needs of the child in front of their own, placing them at risk for poorer health. One challenge that is specific to this population that has not been investigated through other studies in this bibliography, is the need for the caregiver to create a “long-term care plan” for the grandchild in case something were to happen to the caregiver.

**Reflection:**
This was a helpful source for my program development plan. It definitely made me think that maybe there needs to be a program focusing on grandparents raising grandchildren with developmental disabilities as compared to typical developing grandchildren. However, the information can be applied into a single programming session, as the program will be open to all grandparents raising grandchildren. This study just further demonstrates the need for a program dedicated to improving the lives of grandparents raising grandchildren.

**Grandparents Raising Grandchildren Programming**


**Abstract:**

No abstract provided for this source.

**Summary:**

The grandmother providing this story gained custody of her granddaughter while her son and daughter-in-law went through divorce and adjusted to life apart of each other. It was a verbal agreement that the grandparents would become primary caregivers, not involving courts, agencies, or child protective services. One of the adjustments that the grandparents had to face when becoming primary caregiver to their infant granddaughter was the emotional capacity it takes to raise a child, which includes concentrating on parenting today and not on past experience of parenting their own children. Their second challenge was to assume the role of parent and separate this from being a grandparent; the grandfather had to rethink retirement and the grandmother had to reorder her priorities to better fit the custodial grandmother of an infant. An additional challenge that the family faced was assumptions made by society of why the grandparents were raising a grandchild. A final adjustment that was described was the lack of social contact. Their friends were not raising children and the parents of other children the grandchildren were involved with, were far too young to make a connection with. The grandmother sharing this story
offered several recommendations for service providers. The first recommendation states that services providers as well as the general public needs to assume that grandparents are capable of raising their grandchildren unless it is proven otherwise. A second recommendation is that service providers must be advocates for grandparents raising grandchildren, working with local, state, and national law enforcement officials to strengthen and enforce laws involving grandparental rights for raising grandchildren. A third recommendation is that service providers need to offer services that do not offend and limit the involvement of grandparents raising grandchildren. For example, do not label a class “parenting skills,” but rather “advances in baby care.” Do not call meetings “support groups” but rather “networking.” In addition, service providers must put all judgments aside and examine their attitudes towards grandparents raising grandchildren, and not hold the grandparents responsible for the actions of their own children. A final recommendation includes providing resources to grandparents, with much research done on what paperwork is required to utilize each resource.

Assessment:

This chapter was definitely helpful for my program development plan, as the information can directly from a grandparent herself, as compared to many others in this bibliography which information was gathered from researchers. This chapter explored the issues this grandmother faced and adjustments she had to make when she took on the role of primary caregiver to her grandchild. In addition, she gave insight and recommendations on what a grandparent program should entail.

Reflection:

This chapter is very helpful for my program development plan. The insight on the challenges and adjustments she had to make as well as her recommendations for programming can be incorporated into the program interventions. This chapter helps shape my argument that grandparents do go through challenges and adjustments, but a provider of a program has to be careful on how to approach specific topics to not offend grandparents. Also important to note is that the information provided in this chapter is exactly what is being told and examined through the needs assessment.

Abstract:

No abstract was provided for this source.

Summary:

Grandparents play an important part and have an important relationship with their grandchildren. Attachments with grandparents help children form meaningful relationships throughout their lives. It is important for grandparents to play, interact, and talk to infant grandchildren because their brains develop so much within the first year of life. Grandparents need to find things to do with their grandchildren that will not cost a lot of money, but will facilitate learning. Another thing grandparents have to do is keep up with new parenting approaches on how we raise today’s children. Typical grandparents have to realize that their children are now parents and both parenting styles and discipline styles are going to be different. Grandparents have to recognize this difference and follow the parents lead because it is best for the child. Grandparent’s who share a family history; pass on culture and family traditions which can form lasting bonds with grandchildren. In conclusion, grandparents should communicate and play as often as you can to nurture your grandchild’s emotional well being. In addition, enriching the lives of your grandchildren will also enrich your life.

Assessment:

As specific to my program development, this video useful even though the main focus was on the importance of grandparents in a child’s life. The information can be incorporated into my program, such as intergenerational activities, the importance of facilitating learning, new parenting styles, and the importance of the passing on of family history and culture. As many of
the other studies and reviews in this bibliography focus on grandparents raising grandchildren and the issues they face, this study focused on the importance of grandparents in a grandchild’s life.

**Reflection:**

This was a useful source to the program development plan, as this video focuses on the importance of grandparents in a grandchild’s life. Even though grandparents face many challenges and adjustments once taking on the role of the primary caregiver to their grandchildren, it is still important to explain the importance of the role that a grandparent provides, especially when keeping the family culture and traditions going.


**Abstract:**

No abstract was provided for this source.

**Summary:**

There are many parent models out there, but there are few that focus on grandparents raising grandchildren. This chapter presents the unique roles of grandparents raising grandchildren, presented their need for education and support, and recommended characteristics and program elements for a grandparent program. Since grandparents were young themselves, they have established an idea of what a grandparent is and what he/she contributes to the family and as they grow into grandparenthood, these individuals are prepared to carry out their roles. However, grandparents raising grandchildren often have to carry a role in which they were not prepared to do so: becoming a parent again. With this, the new grandparent role becomes ambiguous and weakly regulated. This new role comes with no set boundaries and its duration by
be indefinite. Many studies out there have found that there is a need for grandparent education and support. Studies have found that grandparents raising grandchildren often lack adequate resources for dealing with a variety of issues, have decrease physical and mental health problems, fatigue, economic burdens, lifestyle and social changes, and legal barriers. With this being said, there is a program need for grandparent education. Grandparents raising grandchildren deserve educational classes to help them adjust to their current situations. A program targeting grandparents raising grandchildren should be strength-based, culturally responsive, and support function. In order to develop a program, a proper needs assessment needs to be completed to provide information about the kind of education and support the participants need. The program should present information in the context of the culture, in which the needs assessment will identify. The four most common content areas that have emerged as important, from previous grandparent research and parent education models, include: self-care, communications, guidance, and advocacy.

Assessment:

This study was useful for my program development plan, focusing on grandparents raising grandchildren. The purpose of this source is to present and describe components for effective grandparent education. Grandparents often are thrown into a grandparent role that they are not used to: raising their grandchildren, in which there is no set boundaries. This study displays that there is definitely a need for a program for grandparents raising grandchildren, as many other studies have found within this bibliography.

Reflection:

This chapter is helpful for my program development plan. It helps shape my argument that there is a need for intervention and education for grandparents raising grandchildren, which needs to focus on
self-care, communications, guidance, and advocacy. These topics can be integrated into the programming portion of my program development plan to better serve the needs of grandparents raising grandchildren.

**Crumbley, J., & Little, R. L. (1997). Relative Raising Children: An Overview of Kinship Care.**


**Chapter: 1: The Benefits and Challenges of Kinship Care.**

**Abstract:**

No abstract was provided for this source.

**Summary:**

There are both benefits and challenges when becoming a kinship caregiver and professionals need to adjust their practice with children from these family dynamics. One of the biggest benefits of kinship care is family preservation. Keeping the child within the family can better the child psychological and emotionally and can help the child build a better self-esteem and self-worth. Kinship care keeps the child within the family prevents the child from becoming a societal responsibility and avoids the child being placed with unfamiliar faces. One of the biggest challenges to kinship care is role boundaries and confusion, with the question “who’s the boss?” most commonly asked. In addition, the book states that grandmothers are the most common kinship caregiver, which feeds into another challenge of alternative permanency if something were to happen with the caregiver. The six characteristics of kinship placements include: shared history, future interactions, legacies, family and household configuration, alternative permanency planning, and clinical issues.

**Assessment:**

Even though this source is slightly out of date, this is a useful source for my capstone experience, as it is reliable and written objectively. This chapter further supports other studies within this bibliography laying out the most common challenges and benefits of kinship caregiving. The main goal of this chapter was to describe the benefits and challenges to kinship caregivers and to inform the readers of the characteristics of kinship placements.

**Reflection:**
This source was slightly helpful to my capstone experience. It is written more the 10 years ago, so the numbers and statistics may be off, but it still gave sound and valid points that still hold true today, as evident in other explored sources. This source can definitely be used during the production of the introduction as well as composing interventions as part of my program development.


Chapter 3: Assessment and Intervention

Abstract:

No abstract was provided for this source.

Summary:

When working with kinship families, professionals should use a family systems approach. This approach includes: family and systems oriented, interagency and interdisciplinary, interactive, both short and long term, developmental (as specific to the stages and cycles if individuals, families, and organizations. With using a family approach, it interprets each member of the family’s behavior and problems as a function of the family system. A systems model looks at the micro and macro of people’s world. When assessing a family for kinship care, it is important to investigate the motivation behind the relatives reasoning to become the care provider. During assessment, it is also important to the house and each individual resident and should examine permanent, temporary, or transient households. Another important step in the assessment process is to complete an assessment on all potential caregivers including a background check, which includes medical, criminal, educational, employment, substance abuse, and psychiatric histories. During assessment, it is also important to investigate the parental involvement with the kinship family, family legacies, cycles, and patterns, family resources, and alternative permanency plans. After assessment, a family systems approach should also be used with intervention strategies. The points of intervention should include the dyads and triads that exist within the family, including caregiver and child, caregiver and parent, caregiver and professional, child and parent,
child and siblings, child and professional and the professional and parent. Individual interventions may be a prerequisite or occur at the same time with dyad and triad interventions.

**Assessment:**

This is somewhat a useful source, as the chapter describes assessment and intervention techniques to better help kinship families. In addition to other sources in this bibliography, this source provides insight to what kind of interventions are needed for this population. The goal of this chapter was to inform the reader of the aspects that need to be assessed before placing a child in kinship care. An additional goal is to describe interventions once the child is placed.

**Reflection:**

For the most part, this is a helpful chapter for my program development plan. The first part of the chapter was not helpful to me, as I will not be performing assessments to place a child. However, I can use the information about interventions and take in the consideration of using a family systems model for formation of this program. In addition, I can also use some the goals and issues that interventions should focus on when working with grandparents raising grandchildren.


**Chapter 5: Race, Culture, and Other Special Considerations**

**Abstract:**

No abstract was provided for this source.

**Summary:**

Kinship care is not specific to race, culture, and socioeconomic status, however, kinship care’s implementation varies by culture, race, socioeconomic status, as well as other special conditions (incarceration, substance abuse, HIV/AIDS). Before placing a child in kinship care, it is important to consider different aspects of their race and culture to best fit the needs of the child. In addition to exploring various cultures and races, it is important examine the family if the biological parent is a substance abuser or incarcerated to minimize codependency between the biological parent and the
caregiver as well as the child. If the parent is completely absent from the home due to incarceration or substance abuse, it is important to engage the family in a process of grief related to the parent’s absence, redefine the parent’s and caregiver’s role and authority, establish lines of communication and conflict resolution, input, and decision making and help the child cope with comments associated with their parent’s absence.

**Assessment:**

This chapter was helpful for my program development plan. The goal of this chapter was to explain the importance of the consideration of the different cultures of grandparents raising their grandchildren and how important it is to take this into consideration when planning services or interventions to better their lives, with an emphasis on fitting the needs of the child. This chapter also explained the importance of investigating the reasoning behind grandparents raising grandchildren. When comparing to other sources within this bibliography, this chapter stressed the importance of the helping the family through the process of grief from the loss of a parent or child. Also of importance from this chapter is to help the family redefine their roles, establish communication, and helping the members cope with the circumstances.

**Reflection:**

This chapter was helpful for the development of my program. It helps shape my argument that grandparents raising grandchildren need intervention to better enhance their lives, especially when it comes to redefining roles and establishing effective communication. The chapter can be used throughout the program development when focusing on planning effective and needed interventions to enhance the lives of grandparents raising grandchildren.


**Abstract:**

No abstract was provided for this source.
Summary:

Most grandparents raising grandchildren will be affected by the legal system, in which all grandparents should seek the advice of a legal attorney. Grandparents need to know how and where the system will become involved. They also need to be informed of how to ask for assistance, where they can go for help, and understand the information that is given. One session of a program for grandparents raising grandchildren should focus on common legal issues that grandparents face. Within this session, the facilitator should review common terms and phrases used by the legal system, present information that describes typical state courts and the jurisdiction of each court, and discuss differences between voluntary court involvements versus initiated court involvement.

Assessment:

This is a useful source for my program dedicated for grandparents raising grandchildren. It describes in detail what the session should be about and how to go about implementing it. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do focusing on grandparents raising grandchildren. The goal of this chapter is to provide grandparents raising grandchildren with generic information about the court system and legal issues.

Reflection:

This is a helpful chapter for my program development plan. I have not explored much of the legal system and how grandparents are involved and their rights, so it was definitely helpful in that aspect. This chapter can be used in my program development when composing the different interventions for the sessions. This chapter has not changed the way I think about the topic in general, but has touched on a new aspect that can be integrated into my program.


**Abstract:**

No abstract was provided for this source.

**Summary:**

One of the initial sessions should focus on and explore the roles and responsibilities of grandparents who are raising their grandchildren. In addition, it is also important to explore the stresses, rewards, and expectations stemming from the grandparent. In addition, within this session, it is also important to encourage participants to begin keeping records that are important with their relationships and to introduce participants to important legal considerations. The goals of this session include: increasing grandparents’ comfort level and confidence, developing a personal strategy for maintaining supportive relationships, a clearer understanding of the grandparents’ expectations and responsibilities within the family, and to create a reference file of resources available to grandparents raising grandchildren.

**Assessment:**

This chapter is a useful source for my program development plan. This is the only source that I’ve found that actually describes planned interventions for grandparents raising grandchildren. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do. The goal for this particular chapter is to explore the roles and responsibilities of grandparents raising grandchildren.

**Reflection:**

This particular chapter was helpful to my program development plan, as it describes what the first session should contain in a program for grandparents raising grandchildren. When developing my program intervention session, I can take this information and integrate it into my actual program.

**Abstract:**

No abstract was provided for this source.

**Summary:**

Providing a closure session within a program is an important as it prepares grandparents to become aware of the upcoming end of the program and to give them time to adjust to the idea that there will no longer be a meeting group. In addition, having a closure session will give the grandparents an opportunity to reflect and discuss about the program. A closure session should include: reflection upon the value of the program experience, assessment of individual needs that need to be met and develop a self-guided plan for the future, support, and verbal and written feedback for both the program and the facilitator.

**Assessment:**

This is a useful source for my program dedicated for grandparents raising grandchildren. It describes in detail what the session should be about and how to go about implementing it. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do focusing on grandparents raising grandchildren. The goal of this chapter is to describe a closure session to a program. Specifically, the goal of this session is to provide grandparents an opportunity to discuss and process how they will take the information learned and apply it to their lives.

**Reflection:**

This is a helpful source for my capstone program development. It explains the importance of reasoning behind having a closure session for a group program. When developing the final program
sessions, this chapter will definitely come in useful and helpful. This chapter also gives examples of questions that can be used for reflection as well as summations of the program.


Abstract:

No abstract was provided for this source.

Summary:

Throughout the years, the cost of living has increased and it is not cheap raising a child. Economic well-being is a huge contributor to family stability, enrichment, and overall life satisfaction. When taking on the role of primary caregiver to grandchildren, grandparents often experience a financial burden which contributes to an increased stress level. If grandparents had more information and developed skills, it will make them feel more in control, give them confidence, and contribute to the future well-being of their grandchildren. One session throughout a program for grandparents raising grandchildren should present information about financial management. This should include how to evaluate one’s current financial situation, discuss community financial resources, how to set financial goals and build a family budget, and how to effectively advocate.

Assessment:

This is a useful source for my program dedicated for grandparents raising grandchildren. It describes in detail what the session should be about and how to go about implementing it. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do focusing on grandparents raising grandchildren. The goals of this chapter are to familiarize grandparents with basic financial concepts, provide an opportunity to discuss the grandparents’ current financial situations and money-management techniques, and inform grandparents of the resources that are available to them.
Reflection:

This chapter was helpful for my program development. It definitely shapes my argument that grandparents need assistance, especially when it comes to financial aspects of their lives. I can use the information provided in this chapter when developing the program sessions, specifically when developing a session on financial management because of all the research that displays a need for intervention in this area for grandparents raising grandchildren.


Abstract:

No abstract was given for this source.

Summary:

When grandchildren enter the house to live with their grandparents, every aspect of family life changes. At this point, grandparents need to reacquaint themselves with child development. One session should focus on how to refine parenting skills in a grandparent raising grandchildren program. The session should identify common developmental milestones, explain the importance of childhood play, identify emotions and symptoms of stress within children, identify issues related to sexuality, and identify effective discipline techniques.

Assessment:

This particular section is a useful source for my program development plan. It describes in detail what the session should be about and how to go about implementing it. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do. The goal of this section is to reacquaint grandparents with typical child development.

Reflection:
This was a helpful source to my program development plan, specifically, when planning the interventions for the program. I can use this source when developing the interventions section of the program development plan.


Abstract:

No abstract was provided for this source.

Summary:

The educational system has changed vastly from the time that the grandchild’s grandparent attended school and when grandparents take on the primary caregiver role to their grandchildren, they feel thrown into the world of school and feel unsure about how to get their questions answered. This section focused on helping grandparents to navigate the school system and how to enhance their grandchildren’s academic achievement and extend their knowledge of available community resources. One session throughout a program for grandparents raising grandchildren should inform grandparents with enrollment and regulations regarding school, identify key individuals within the school setting, familiarize grandparents with common school-related situations, teach effective study habits, familiarize grandparents with the importance of limiting television and finding appropriate television shows, explore childcare, present information regarding special needs learners and services available to them, and provide participants with inexpensive community activities.

Assessment:

This is a useful source for my program dedicated for grandparents raising grandchildren. It describes in detail what the session should be about and how to go about implementing it. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do focusing on grandparents
raising grandchildren. The goal of this chapter was to inform grandparents raising grandchildren about school policies assist grandparents with developing realistic expectations, improve interactions with school personnel, help grandparents enhance grandchildren’s academic achievement, and provide community resources.

Reflection:

This chapter was helpful for my program development. It really put light on something that I’ve never given thought to for issues that grandparents raising grandchildren face. It further shapes my argument that grandparents raising grandchildren do need assistance, especially when it comes to navigating the school system. This chapter can be utilized when developing the sessions and/or workshops for my program.


Abstract:

No abstract provided for this source.

Summary:

Since the rise of grandparents raising grandchildren, more and more grandparents raising grandchildren support groups have formed. The purpose of this study was to explore the key characteristics of support groups (e.g. content, membership composition, and type of leadership). Questionnaires were given to 42 grandparents and a focus group was also held to identify any additional aspects of support groups that the questionnaire may have left out. Grandparents rated support group topics from most important to least important. It was found that what most grandparents desire from a support group is help with navigating the legal system. Other important topics include: dealing with family issues and conflict, taking care of the grandparents’ needs, how to be a better parent to grandchildren with the existing generation gap, and what the future holds for grandparents raising grandchildren. As for examining composition of support groups, the focus group gave more direct insight
to who should and should not be included within a support group. It was concluded that all grandparents should be included, but each support group should embrace the “buddy system” in which grandparents can connect with other grandparents with similar problems on a more individual level. When examining the preference for a group leader (either by peers or a professional), more than half stated that they would rather have a peer support leader rather than a professional. To examine this concept further, the focus group provided more insight agree that there should be both a peer leader as well as a professional leader. Other ideas and concepts that were found through the focus group that the questionnaire did not address include having a support group that works on specific and achievable goals as well as including grandchildren and other family members with activities.

Assessment:

The goal of this chapter was to provide insight as to what support grandparents seek out when joining a support group and what they feel should be included into a support group, which definitely make this a useful study for my program development plan. This information is objective and reliable. This study can also be compared to others in this bibliography because it gives specific information that grandparents are looking for, as compared to general physical and mental health issues, financial issues, etc.

Reflection:

The information provided throughout this study can be incorporated into occupationally-based programming to better enhance the lives of grandparents raising grandchildren. The information in this chapter leads me to a better understanding to what grandparents are looking for in a program. In addition, one statement that stuck out to me is that grandparents are looking for more a peer leader than a professional. With this, when completing budgeting and staffing, maybe looking for an occupational therapist that has raising his/her grandchildren would be a better fit for a program leader.

Abstract:

No abstract was provided for this source.

Summary:

Grandparents raising grandchildren see their role as important in the context of family because it involved providing for and caring for their grandchildren. The chances for success of all family members is improved when professionals provide them with the ability to recognize the adjustments they have to make, encourage goal setting, and improve the effectiveness of support groups. Some common goals found among grandparents raising their grandchildren include: being optimistic and adjusting to their roles, learning contemporary views about children as well as adolescents, cooperation with biological parents who share care responsibilities, and arrangement for periodic relief from daily parental responsibilities. In order to accomplish these goals, grandparents raising grandchildren are encouraged to join and participate in a support group. Support groups provide opportunity to spend time with individuals in similar situations which in turn will reduce feelings of isolation, comfort, and offer solutions for common problems. Grandparent support groups should focus on the following goals: encourage optimistic attitudes and constructive behavior patterns, establish growth expectations for all members (including self-disclosure, constructive self-evaluation, and healthy adjustment), acquire and practice group process skills, and assess learning needs and evaluate growth.

Assessment:

This is a useful source for my capstone experience, as it gives concepts that need to be incorporated into support groups for grandparents raising grandchildren. Along with support groups and specific to my capstone, the same ideas and concepts can be integrated into occupational-based programming. As compared with other sources within this bibliography, this
source supports the idea that there is a need for peer support as well as intervention for grandparents raising grandchildren. The goal for this source is to describe different characteristics of what a support group should entail to positive effect the lives of grandparents raising grandchildren.

**Reflection:**

This is a helpful source for my program development plan. The ideas and concepts can be integrated into programming. For example, it was stated that support groups should focus on encouraging positive and constructive behavior patterns and learning contemporary views about children. Given this, interventions can focus on these specific ideas to really enhance the grandparents’ quality of life. Reading this source has opened up and explored different possibilities of interventions to be incorporated into my program.


**Abstract:**

No abstract was given for this source.

**Summary:**

Relationships with others are an important piece of everyone’s life and it is important to communicate effectively and listen to others. Grandparents must be able to understand the problems and issues that their children are facing as well as help their grandchildren understand their parental challenges. One session for a program dedicated to grandparents raising grandchildren should focus on building positive relationships. Within this session, participants should discuss the many ways that grandchildren come to live with grandparents, explore the types of relationships in their lives, identify characteristics of a good relationship, explore effective communication, explore your belief system, importance of being a role model, and how to use affirmations to feel positive about themselves.
Assessment:

This is a useful source for my program dedicated for grandparents raising grandchildren. It describes in detail what the session should be about and how to go about implementing it. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do. The goal of this chapter was to help grandparents build skill to help them develop positive relationships with grandchildren, adult children, and other important individuals in their life.

Reflection:

This chapter was helpful for my program development, as it describes what grandparents are looking for in a program and what should be included in the session dealing with building positive relationships. This chapter can be utilized when developing each session and/or workshop for my program. I think that it is important and healthy to explore and build positive relationships in your life in order to better and enhance your quality of life.


Abstract:

No abstract was given for this source.

Summary:

Grandparents raising grandchildren have to realize that they have to take care of themselves or they will not able to adequately care for their grandchildren. One session within a grandparent raising grandchildren program should focus on is promoting personal well-being. Such a session will focus on identifying feelings, awareness of stress and burnout, and developing coping mechanisms. During the session, the facilitator and participants should explore negative feelings (blame, guilt and anger), discuss
signs of stress and burnout, and identify specific stressors.

**Assessment:**

This particular section is a useful source for my program development plan. It describes in detail what the session should be about and how to go about implementing it. Since this chapter was developed for an actual program, the content provided is reliable and written objectively based on needs assessments and research. This source compares to others within the bibliography because it was actually written for the development of the program that I chose to do. The goal of this section is to provide grandparents with the information needed with regards to promoting their physical and emotional well-being.

**Reflection:**

This was a helpful source to my program development plan, specifically, when planning the interventions for the program. I can use this source when developing the interventions section of the program development plan.

**Grandchildren Raised by Grandparents**


**Abstract:**

No abstract provided for this source.

**Summary:**

ADHD (attention-deficit/hyperactivity disorder) is the most widely recognized behavioral disorders within clinical practice. This disorder affects a child behaviorally, emotionally, cognitively, academically, and socially. Treatment for this disorder includes physiological (e.g. medication, diet, biofeedback, etc.) and/or psychological (e.g. behavior modification, cognitive behavior therapy, family therapy). Symptoms of ADHD include: challenging behaviors, low frustration tolerance, temper outbursts, bossiness, stubbornness, mood lability, demoralization, dysphoria, and poor self-esteem. In the context of family, there are high levels of parenting stress with the source being the behaviors exhibited...
by the child with ADHD. Given this, it is fair to expect custodial grandparents experience higher rates of stress raising a grandchild with ADHD then traditional parents due to parenting demands, decreased social support, and service delivery. More research needs to be done to understand the uniqueness of custodial grandparents raising grandchildren with ADHD in order to better provide services.

**Assessment:**

This chapter is useful to an extent. It gives good insight and descriptions for ADHD for the reader in layman’s terms. This chapter is reliable and is written objectively, as it contains many credible sources. Other sources within this bibliography describe behavioral problems displayed by grandchildren being raised by their grandparents whereas this one simply what ADHD is, which was the goal of this chapter.

**Reflection:**

As specifically for my program development plan, this chapter is not helpful when it comes to preparing a program geared towards grandparents raising grandchildren. It gives a good description of ADHD and describes the effects of it, but does not provide specific ideas or interventions that work to help grandparents raising grandchildren diagnosed with ADHD. It simply tells what kinds of treatments are out there for the ADHD child.


**Abstract:**

This study examined how adolescents raised solely by grandparents navigated their relationships with their parents and grandparents and how these relationships were influenced by the caregiving context. Forty-one adolescents participated in qualitative, semi-structured interviews. Findings suggest that relationships with parents were primarily companionate or marked by distance and distrust. Grandchildren had strong emotional bonds to their grandparents, although they also negotiated several sources of stress. Participants also reported feelings of gratitude because of the positive influence their grandparents had on their lives. Caregiving context shaped grandchildren’s interdependence with their
parents and grandparents in numerous ways. Findings highlight the complexity of grandchildren’s family relationships and underscore the value of a systemic approach to understanding youth who are being raised by grandparents.

**Summary and Significance:**

Dobbin-MacNab and Keiley (2009) explored how adolescents being raised by their grandchildren experience their relationships with both their biological parents and grandparents. Forty-one adolescents, aged 11-18, being raised solely by their grandparents with no parents present were recruited for this study. Data was gathered through semi-structured interviews with the grandchildren with questions that focused on how grandchildren navigated their relationships with both their parents and grandparents. Of the 41 participants, 24 had some on-going contact with their parents in which two themes emerged, either the relationship as more of a companionship and fun or there was a sense of distance and distrust. In addition, four themes emerged as adolescents described their relationships with their grandparents: emotional bonding, positive influences, gratitude and respect, and relationship stressors. With emotional bonds, the grandchild felt the relationship with their grandparent was close, enjoyable, and marked by feelings of love. The positive influence theme included better academic success, staying out of trouble, stronger values, and broader perspectives. Gratitude and respect provided stability and security. The final theme was relationship stressors, which included generation gap, strict rules and expectations, and grandparent’s age. In conclusion, grandchildren being raised by their grandparents do experience needs that require attention and intervention.

This article is significant to the current program because it does display a need that grandchildren also can benefit from interventions. This article can be used to develop the current program by integrating the identified themes in which grandchildren perceive their relationships into the grandparent program so the grandparents are able to identify and intervene if they suspect their grandchildren are in need of support.


**Abstract:**

No abstract was provided for this source.

**Summary:**

When grandchildren reside with their grandparents, studies have shown that this children display many behavioral and emotional behaviors. However, the source of the behaviors is unclear, whether it is from residing with the grandparents, the transitions between environments, or disturbances from their family of origin. The purpose of this study was to investigate the determinants of custodial grandparents’ perceptions of the behavioral problems displayed by their grandchildren. Participants in this study answered questions about social support, extent of professional help utilized, motives for taking on the primary caregiver role, antecedent conditions, and specific problem behaviors displayed by grandchildren. Results indicated that there are a variety of factors associated with the rated severity and intensity of the grandchild’s behavioral and emotional problems. The most apparent factor appeared to be the relationship between having sought out help for the grandchild and the perceived severity of the difficulties of which behaviors were externalized (learning difficulties, ADHD, ODD). Such externalized problems cause a decision from the grandparents to seek out professional help. Another important finding is that the perceived severity of problematic behaviors is associated with decreased health within the grandparents. In addition, grandparents are more likely to seek out help for the grandchild and not for themselves, worsening their health. Another finding with this study suggest that grandparents who have taken on the primary caregiver role to their grandchildren due to their own children displaying drug/alcohol abuse problems, desire to be better parents and feel obligation to raise the grandchildren. This study suggest that there is a need for educating grandparents about the mental health system, research dedicated to establish the efficacy of therapeutic interventions, and development of community-based services that provide grandparents with a respite from their new parental roles.

**Assessment:**
The goal of this study was to investigate the grandparents’ perceptions of the behavioral problems displayed by their grandchildren, as well as to investigate the role of social support, professional services utilized, motives for taking on the primary caregiver role, and antecedent conditions. This chapter was helpful for my program because the important finding those grandparents raising their grandchildren are more likely to seek out help for their grandchildren rather than themselves, worsening their health status. In addition, a lot of grandchildren raised by grandparents tend to have externalized behaviors, which has a negative effect on grandparents, also worsening their health status. In addition, a lot of grandparents do not tend to seek out support because they don’t perceive their grandchildren’s behaviors as negative, or the grandchild is internalizing behaviors, which grandparents also do not perceive as bad. These findings suggest that there does need to be a community-based program for grandparents raising grandchildren, integrating information about the mental health system and provide respite for grandparents to relieve them of their new parental roles.

Reflection:

The information provided in this chapter was helpful for my program development plan. It gave perceptions of grandparents dealing with their grandchildren’s behaviors and when the grandparents decide to seek help specifically for the grandchild and not themselves as well, decreasing their own health status. This helps shape my argument that grandparents do indeed need interventions to enhance their quality of life. It also gave insight to what content needs to be integrated into a program, such as education about the mental health system.


Chapter 5: Inheriting a Troubled Child

Abstract:

An abstract was not included for this source.

Summary:
This particular chapter dealt with troubled children and behaviors exhibited by grandchildren being raised by their grandparents. A lot of children have trouble dealing with their current situations of being raised by their grandparents; they feel abandoned and cast aside by their parents. Anger is going to be an emotion experienced and enacted on and grandparents have to prepare for this and learn how to handle these types of situations in a healthy manner. Since grandparents are available, grandchildren often take out their anger on their grandparents; they use their grandparents as targets to release anger. With this, the grandparent should try to not become defensive, but rather help them through their anger. Grandparents should respond to the underlying problem (loss, abandonment, and hurt feelings) and try not to counterattack; these situations just escalate and take an emotional toll on both the grandparent and grandchild. In addition, grandparents should respond to their grandchildren with love and reassurance that they will always be there.

Assessment:

This chapter was useful with regard to the program development plan and is reliable, as it compares with other studies completed focusing on grandparents raising grandchildren. This chapter came across as objective. The goal of this chapter is to describe how being raised by a grandparent takes a toll not just on the grandparent, but the grandchild as well. It also gives several tips on how to deal with behaviors and emotions.

Reflection:

This chapter was helpful for my program development plan. It definitely shapes my argument that grandchildren do exhibit behaviors and emotions and grandparents need to be prepared to handle such situations. This chapter can be integrated into my capstone when planning interventions for the program when it comes to dealing with behaviors displayed by grandchildren. This chapter has not changed the way I think about grandparents raising grandchildren, but it has given more insight on how to effectively handle behaviors and emotions displayed by grandchildren.

Grandparents Raising Grandchildren and Effects on Health

Abstract:

This study of 74 Latino grandparents rearing their grandchildren in New York City, found poverty rates to be roughly three times those of grandparent caregivers nationwide and rates of self-reported poor health and depression to be twice as high. Correlates of depression included young age, poor health, greater life stress, few informal supports, and rearing grandchildren with special needs. Intervention needs and directions for future research are discussed.

Summary and Significance:

Burnette (1999) identifies grandparents raising their grandchildren as a “high-risk” population and are the “forgotten caregivers.” This study investigated the physical and mental well-being of 74 Latino grandparents raising their grandchildren through depression rates, health measures, stressful life events, informal supports, unmet service need, and special needs of the grandchildren. Results from this study indicated that depression exists amongst grandparents rearing their grandchildren, which was strongly correlated to their health status. Life stressors, including rearing children with special needs, were also a strong predictor of depression within the grandparents involved with this study. Another factor that was found to be correlated with depression includes proper support, both formal and informal. The results from this study can be used within the current Program Development Plan because it describes the factors that are associated with the high incidence of depression within grandparents raising their grandchildren, displaying a need for an intervention program. The author also talks about how important it is to help the children in these households; when children enter their grandparents care, they go through a stage of confusion, grief, and adjustment and there is a time of transition. Some children, however, do not make the transition well and these are the children that we as community-based professionals have to reach out and help. This particular point can be applied to the current program because it will address the needs of the children through working with the grandparents.

Abstract:

1. The term caregiver burden currently describes the physical, psychological, emotional, social, and financial problems that can be experienced by family members who are caregivers. 2. The health, emotional and psychosocial well being of the grandchild (care recipient) directly affects the grandmother caregiver’s health, emotional, and psychosocial well being. 3. The nursing profession is in an ideal position to identify effective interventions to reduce the stress grandmothers feel.

Summary and Significance:

Dowdell (1995) explored 154 grandmothers who were termed the primary caregiver for at least one grandchild to find a relationship among caregiver burden (including caregiver esteem, level of family support, impact on finances, impact on schedule, and impact on caregiver health) and caregiver physical health. Results from this study were that grandmothers, who described raising their grandchildren as stressful, perceived caregiving negatively which affected their daily schedules, finances, and physical health. Physical health was also strongly correlated with caregiver burden and low self-esteem and higher rates of stress of the grandmothers were correlated with poor grandchild health. Findings from this article can be applicable to the current program development because it displays a need for intervention. The findings can be used to create occupation-based interventions within sessions throughout the program.


Abstract:
An overview of grandparenting in light of changing demographics, family composition, and intergenerational dynamics is presented, as well as a review of custodial grandparenting which is impacted not only by these changes, but also by factors unique to this role. Research to date suggests that the demands of custodial grandparenting may be harmful to the psychosocial adjustment of those raising grandchildren and that such persons may be particularly in need of mental health services, especially if they are caring for problem grandchildren. However, such work also suggests that there are nevertheless many strengths and rewards associated with raising a grandchild later in life. The implications of these stressful demands on middle-aged and older persons' adjustment and life satisfaction are discussed, as are methodological issues in such research as well as future directions work in this area might take.

**Summary and Significance:**

Emick and Hayslip (1996) present an overview of research focused on grandparents raising grandchildren. The authors present factors that affect grandparenting styles and the typical grandparent role based on the factors present and how the dynamics and roles change once grandparents take custody of their grandchildren. This article explores the potential effects that custodial grandparenting has on grandchildren. It was noted that grandparents may not react to problematic behaviors and emotions displayed by the grandchildren and the problem may just be termed a “phase” the child is experiencing. This could potentially lead to bigger, longer-lasting issues within the grandchild. Along with the effects on grandchildren, the effects on the grandparents are also discussed. It was found through a review of research that if a grandmother has become the primary care provider of a grandchild for an extended amount of time, the grandparent experiences lower morale. Other effects that were found include: distress, financial difficulties, limited social roles and isolation, poor marital quality, depression, anxiety, substance
abuse, and decreased physical and emotional health. The authors point out that not all grandparents experience negative effects; some actually find the new role emotionally rewarding. Overall conclusions from this article are applicable to the current program development. This article presents an overview of pertinent information that can be applied to the development of a new educational and occupation-based program geared towards grandparents integrating occupational therapy services.


**Abstract:**

The major purpose of this study was to identify predictors of grandparent caregiver health status. Additional purposes were to describe the physical and emotional health of grandparent caregivers and the perceived benefits of support group attendance. A convenience sample of 42 grandparents was recruited from support groups. Data were collected through telephone interviews. Grandparents who had higher parenting stress reported lower levels of physical, social, and mental health. Inverse correlations were present between life stress and mental health. Positive correlations were found between social support and physical health. No pattern emerged in a comparison of the health of caregiving grandparents and a normative sample. Emotional support was the primary benefit derived from support group attendance. There were modest inverse associations between the length of time the child had lived with the grandparent and six of the eight indicators of grandparent health.

**Summary and Significance:**

Leder, Grinstead, and Torres (2007) examined 42 grandparents who were raising their grandchildren to identify factors and stressors that directly contribute to changes in physical and mental health and social participation. Primary and secondary stressors were examined. Primary stressors dealt with stressors that were specific to the demands of caregiving. Secondary stressors were derived from the primary stressors and included changes within role relationships. Social support was examined and was
used for the mediator between stressors and grandparent health. Results indicated that increased stress within households where grandparents were raising grandchildren were associated with decreased levels of physical and mental health and social participation. The mental health of the grandparent was negatively affected if the grandchildren displayed behavioral problems. When looking at the role of social support and physical health, significant relationships were found. Results from this study can be used in the current Program Development Plan. This study proves that interventions are needed to increase the physical and mental health and social participation of the grandparents to enhance their overall quality of life.


**Abstract:**

Objective: to compare the physical, mental, and functional health status of grandparents providing extensive care to grandchildren (30+ hours per week or 90+ nights per year) with that of custodial grandparents, noncaregivers, and two categories of less intensive care providers. Methods: Data on a subsample of 3260 respondents to the National Survey of Families and Households who reported being grandparents during the 1992 to 1994 interviews were analyzed. Chi-square tests, 1-way ANOVAs, and multiple regression analyses compared self-reported functional health limitations, depressive symptoms, and change in self-reported health status and depression for extensive caregivers (223), custodial grandparents (173), and 3 other types of grandparents providing less or no child care. Results: Extensive caregivers had levels of depressive symptoms comparable to those of custodial caregivers and significantly higher than those of noncaregivers and less intense care providers. One in 5 extensive caregivers had clinically relevant levels of depressive symptoms. Two out of every 5 extensive caregivers had at least 1 limitation in activities of daily living. Conclusions: Providing extensive care for a grandchild was associated with elevated levels of depression. Physicians should be alert to family role changes and symptoms of depression in their older patients.
Summary and Significance:

Minkler and Fuller-Thomson (2001) investigated the self-assessed health, functional limitation, and depressive symptoms of 3,260 grandparents who are non-custodial caregivers who provide extensive childcare to their grandchildren. Of the 3,260 participants, 233 provided extensive care (30+ hours per week or 90+ nights a year), 788 provided intermediate care (10-29 hours per week or 7-89 nights a year), 757 were occasional caregivers (1-9 hours per week or 1-6 nights per year), 1,319 were noncaregivers, and 173 grandparents were primary caregivers (more than 6 months). The authors gathered data through surveys measuring limitations in activities of daily living (ADL), depression, and perception of health status. Results indicated that depressive symptoms of the extensive caregiving grandparents are comparable to the custodial grandparents but significantly higher when compared to noncaregivers, intermediate, and occasional caregivers. When comparing ADL status, custodial caregivers had significantly higher limitations when compared to extensive caregivers. When comparing changes in self-reported health status, extensive caregiving grandparents reported decreased stable health status over the past five years as comparable to intermediate, occasional, and noncaregiving grandparents.

This article is significant to the development of the current program because the results indicated that there is a need for intervention with grandparents raising or providing extensive childcare services to their grandchildren. Intervention should focus on stabilizing the mental and physical health statuses of grandparents raising grandchildren.


Abstract:

No abstract was provided for this source.

Summary:

Using a longitudinal and large national data set, the National Survey of Families and Households
(NSFH), this study investigated depression as it is associated with grandparents who are raising their grandchildren. When compared to non-caregiving grandparents, recent grandparent caregivers are almost twice as likely to present depression. It is however impossible to determine if the depression stems from raising grandchildren or the simple differences between the caregivers and non-caregivers. However, when compared to past studies, it was found from qualitative and quantitative as well as from physicians reports that grandparent caregiving may be an important contributor to depression or depressive symptoms. In addition to the previous finding, it was also found that higher income, older age, marriage status, and being in good health were significantly associated with lower levels of depression. Some clinical implications include: implementing programs targeting grandparents raising grandchildren, providing social support, psychological counseling, exploring familial roles, and providing referral to support groups, respite programs, and other community-based services.

Assessment:

This is a useful source for my program development plan. This study investigates the impact rising grandchildren has on grandparents’ mental health. This study further supports the findings of other studies within this bibliography, which also found higher rates of depression in grandparents raising grandchildren. Because this chapter was written from a specific study, the results are written objectively and the information is reliable.

Reflection:

This is a helpful source for my program development plan targeting grandparents raising grandchildren as it describes the impact on the mental health of grandparents raising grandchildren. It also gives clinical implications which can be integrated into the interventions for the program.


Abstract:
Health-related quality of life (HRQOL) was explored in a sample of 119 custodial grandparents. A latent profile analysis identified three groups of grandparents along a continuum of good to poor HRQOL, with most custodial grandparents reporting Short Form-12 Health Survey (version 2) scores significantly below U.S. population means. Grandparent and grandchild characteristics that predicted grandparent HRQOL were identified. Grandchild health problems, number of grandchildren in custody, and grandparent education contributed to a moderate reduction in HRQOL. A large reduction in HRQOL was predicted by depression. Differences in depression were reported between groups, with grandparents with poor HRQOL also reporting clinically significant depression, grandparents with fair HRQOL reporting marginally clinically significant depression, and grandparents with good HRQOL reporting no depression. In a qualitative analysis, grandparent conceptualization of what they need to do to maintain and improve their health was explored for each group. Findings from the quantitative analysis indicate variation in grandparent health and mental health status and suggest that services should be tailored to address grandparent needs. The qualitative analysis highlights the importance of religion and spirituality to grandparents, the economic concerns of grandparents, and the need for transdisciplinary services.

Summary and Significance:

Neely-Barnes, Graff, and Washington (2010) sampled 119 grandparents who had custody of one or more of their grandchildren and studied their health-related quality of life. The Short Form-12 (SF-12) was used to measure the grandparent health-related quality of life (HRQOL). This form includes a physical and mental component as well as subscales ranging from social functioning to role emotional. Depression of the grandparents was also measured. These grandparents were then compared to their cohorts of the same age who did not assume the role of
primary caregivers to their grandchildren. It was found that the custodial grandparents scored lower on physical functioning and health portions of the HRQOL than their cohorts. Factors found that contribute to lower HRQOL include grandchild characteristics, grandparent education, and the number of grandchildren currently being raised by the grandparents. This article can definitely be applied to the current program development. Results from this article can be applied and incorporated into an occupational-based educational classes focusing on the importance of healthy physical and mental health as it relates to quality of life and grandparenting.


Abstract:

No abstract was provided for this source.

Summary:

Being in good health facilitates increased independence and quality of life. However, poor health is associated with dependence, social isolation, and financial strain. Health is described as the physical, mental and social well-being of an individual. Some factors that influence health are age, sex, race, and social class. This study examined and compared the physical, mental, and social health of custodial grandparents versus non-custodial grandparents. Custodial grandparents were found to be less healthy on every measurement of physical, mental, and social health. Custodial grandparents have more chronic conditions and decreased self-report of physical health. Also, it was found that mental health and life-satisfaction of grandparents raising grandchildren was lower than the mental health and life-satisfaction of non-custodial grandparents. When examining social health of custodial grandparents, as measured by quantity and quality of relationships, it was found to be worse than those of non-custodial grandparents, meaning that custodial grandparents have decreased amount of social support. As for conclusions and
program and policy implications, there needs to be community-wide programs that focus on health services and educational needs. Providing grandparents with respite and day-care services would provide grandparents an increased opportunity to better take care of their health needs. As for providing services for mental health, educational classes, support groups, and marriage and family counseling services are needed to address stress management and coping with emotions. Give the above two suggestions, this would create an opportunity for grandparents to meet other grandparents raising grandchildren, creating a support network, increasing the social health of custodial grandparents.

Assessment:

This is definitely a useful source for my capstone experience, as the goal of the source was to provide clinicians and public health professionals will solid evidence that custodial grandparents could definitely benefit from a program focusing on the challenges and issues faced by custodial grandparents. This source supports others within this bibliography because it found many of the same results when comparing the overall health of grandparents raising grandchildren as the other studies found.

Reflection:

This is a helpful source for my program development plan. I can take the implications for practice that were formed through the study and apply it when planning the interventions for the population. This study backs up my stance that there needs to be a community-based program targeting grandparents raising grandchildren.

Intervention Efforts


Abstract:

This article discusses a holistic pilot program that was developed to deliver services to custodial grandparents, grandchildren, and school personnel. A primary purpose of this three-pronged approach was to determine whether a systems approach could improve program
effectiveness. Three grandparent and three grandchildren educational support groups met weekly for eight consecutive weeks in both rural and urban locations. School personnel participated in a series of in-service meetings focused on providing information about custodial grandparent families, recognizing common strengths and challenges, and enhancing communication. During and after completion of the program, observations and preliminary data analysis showed positive social and participation benefits for both grandparents and grandchildren.

**Summary and Significance:**

Dannison and Smith (2003) implemented and investigated the effects of a pilot program targeted towards grandparents raising grandchildren, grandchildren being raised by their grandparents, and childhood educators. With this pilot program, there were three grandparent support groups and three grandchildren (pre-school aged) support groups (8-10 participants) that met weekly for eight consecutive weeks. The grandparent support groups focused on sharing insights and information about raising grandchildren, and the grandchildren support group focused on activities to enhance self-esteem, social skills, and expressing feelings. In addition, to target childhood educators, there were three half-day educational in-service meetings which focused on providing information about custodial grandparenting, strengths and challenges of this population, and enhancing communication with grandparents.

Some of the lessons learned from the grandparent group aspect of the pilot program are that the group is in need of a consistent routine and that facilitators needed to ensure that each grandparent had sufficient time to discuss their personal issues. It was also important that the facilitators built trust and credibility. In additions, on-site childcare, incentives, and transportation to each meeting were also major contributors to success of the grandparent program. Some lessons learned for the grandchild groups were maintaining a small adult to child
ratio, consistency and peer support for social integration and emotional support. Lessons that were found most beneficial to school personnel were having a grandparent panel, information on legal issues, and community resources. This article is applicable to the current program because of its successful outcomes in just a short about of time with their pilot program. The article displays good insight into what grandparents and grandchildren are in need of in terms of planning successful occupational therapy interventions.


Abstract:

This pilot study explored the impact of an educational program on nutrition and physical activity knowledge of urban African-American grandparents raising their grandchildren. The program was integrated into a community-based intervention, Project Healthy Grandparents, and was implemented during the first 15 minutes of 10 grandparent support groups and parenting classes. Subjects included 22 grandparents who attended at least six sessions and completed pre- and posttests of nutrition and physical activity knowledge. Participants’ posttest scores were significantly higher than their pretest scores \((P<0.05)\), indicating an increase in knowledge. Eighteen grandparents provided insights about diet and physical activity and barriers to lifestyle changes during an audiotaped focus group. Based on analysis of the focus group’s discussion, three major influences on healthful eating and physical activity emerged, including financial considerations, presence of grandchildren in the home, and preference for traditional cultural foods. Themes from the focus group were consistent with responses on the nutrition and physical activity knowledge test. Satisfaction with the program was very high and no specific recommendations for improvements were made. Results can guide future nutrition interventions for this target group and potentially contribute to grandparents’ improved health and ability to care for their grandchildren.
Summary and Significance:

Kicklighter, Whitley, Kelley, Shipskie, Taube, and Berry (2007) completed a pilot study that examined the effects of a nutrition and physical activity educational program targeting African-American grandparents raising their grandchildren. The developed educational program was integrated into the Project Healthy Grandparents program, which is a community-based program for grandparents who had primary care responsibilities for their grandchildren. Project Healthy Grandparents provides a variety of support and interventions, including nursing, social work, parenting classes, support groups, and referrals for legal assistance. The nutrition and physical activity educational program was implemented into the first 15 minutes of 10 support group meetings. An 18-item test, used for pre- and post-test, was developed to test knowledge of nutrition and physical activity. Pre- and post-test scores were compared and results indicated that there was an increase in knowledge gained in the area of nutrition and physical activity. Given this, this article was significant to the current program development because the grandparents can take the knowledge gained and apply it to their lives which could potentially contribute to improved health status.


Abstract:

Purpose: To examine the impact of an intervention to improve the health of grandmothers raising grandchildren in parent-absent homes. Design: A longitudinal, pretest-posttest design. Methods: The sample was composed of 529 female caregivers with a mean age of 56.7 years (range 38–83) who were predominantly low-income African Americans. Data were collected prior to the intervention and again at 12 months when the intervention was complete. The intervention involved home visitation by registered nurses and social workers, as well as other support services. The Short Form-36 was used to assess physical and mental health, using eight multi-item scales. Results: A comparison of pre- and posttest mean scores on the SF-36 indicated significantly ($p < .003$) improved mean scores for vitality, physical
effects on role functioning, emotional effects on role functioning, and mental health. No significant
differences were found for other attributes. Conclusions: These preliminary findings suggest that
grandmothers raising grandchildren may benefit from a home-based intervention designed to improve
health attributes. Implications for nursing practice, policy, and research are presented. Clinical Relevance:
The health of grandmother caregivers is critical to their ability to parent grandchildren successfully.
Nurses practicing in a variety of settings are in a unique position to identify and address the health
challenges of grandmothers who are raising grandchildren.

Summary and Significance:
Kelley, Whitley, and Campos (2010) completed a study that examines the effects of an
intervention that focused on improving the health of African-American grandmothers who were raising
their grandchildren. The study used the Short Form-36 General Health Survey (SF-36) as a measure pre-
and post-test. The intervention included home visits by registered nurses (RNs) and social workers,
support groups, parenting classes, referrals for legal services, and early intervention services (as
applicable) and lasted 12 months. Results comparing the pre- and post-test SF-36 results showed
improved scored for vitality, physical and emotional effects on role functioning, and mental health.
Findings from this study suggest that interventions that focus on increasing the physical and mental health
of grandmothers raising their grandchildren are beneficial and have positive outcomes. This article is
relevant and pertinent to the current program development because the results displayed how
interventions can be effective in increasing the physical and mental health of grandparents raising
grandchildren.

improve the psychosocial well-being of African American grandmothers raising
grandchildren. Journal of Intergenerational Relationships, 5(3), 45-64. doi:
10.1300/J194v05n03_04

Abstract:
The participants in this study were predominantly low income African American grandmothers raising one or more grandchildren in the absence of the children’s parent(s). The intervention consisted of social work and nursing case management, participation in monthly support groups and parenting classes, and legal advice for those seeking custody or adoption. The results show statistically significant improvements in psychological distress, family resources, social support and family coping, but not in physical health.

**Summary and Significance:**

Kelley, Whitley, and Sipe (2007) explored the effects of a different interdisciplinary intervention that was designed to improve the psychosocial well-being and physical functioning of grandmothers raising their grandchildren. The goal of the interdisciplinary intervention program was to reduce psychological distress, improve the grandmother’s physical health, gain the perceptions of family resources and social support, and enhance family coping behaviors to improve the overall well-being of grandmothers raising grandchildren. The program consisted of nursing, social work, parenting classes, and support groups. The program lasted one full year. Nursing services included one home visit per month. During the visit, the registered nurse (RN) measured the blood pressure, weight, cholesterol and glucose levels. The RN also checked all medications of participants, monitored health needs, and educated the grandmothers with their existing health concerns. The social worker monitored the grandparents’ progress to sustain or improve social functioning. The intervention also consisted of parenting classes, in which a variety of topics were discussed, including how to manage a difficult child, how to discipline, and raising grandchildren with special needs. Along with the parenting classes, support group meetings were held for the grandmothers to provide emotional support. Results from this interdisciplinary intervention showed that through intervention, the psychological distress of grandmothers raising their grandchildren decreased, family resource knowledge was gained, the grandmothers’ social support network increased, and family coping behaviors were enhanced. The intervention was not proven effective for the grandmother’s physical health. Results imply that intervention efforts are proven effective in increasing the mental well-being of grandmothers raising
grandchildren, which is significant to the development of this program targeting grandparents raising grandchildren.


**Abstract:**

This article describes the results of an exploratory study of a multimodal, home-based intervention designed to reduce psychological stress, improve physical and mental health, and strengthen the social support and resources of grandparents raising grandchildren. The six-month intervention included home visits by registered nurses, social workers, and legal assistants; the services of an attorney; and monthly support group meetings. The intervention resulted in improved mental health scores, decreased psychological distress scores, and increased social support scores. Participants also experienced improvement in the level of public benefits received and in their legal relationships with their grandchildren. Implications of these findings for practice are highlighted.

**Summary and Significance:**

Kelley, Yorker, Whitley, and Sipe (2001) explored a multimodal home-based intervention for grandparents raising grandchildren. The goals of the interventions were to reduce psychological stress and improve physical and mental health, provide social support opportunities, family, and legal resources. The intervention lasted 6 months and included home visits by nurses, social workers, and legal assistants, and monthly support group meetings. The home visits by the nurses focused on providing guidance with health problems and health promotion of both the grandparents and their grandchildren. The social work intervention consisted of using strength-based case management, in which empowered the grandparents to
confidently make decisions regarding grandchildren. The legal intervention consisted of law students who screened families for issues related to the family arrangement and provided legal assistance. Results indicated that having a multimodal intervention is an effective strategy for reducing some of the emotional and psychological stressors; there was a positive change in the grandparents’ mental health, psychological distress, and social support. Rationale for this chosen article is simply because it explored multi-modal intervention that positively impacted grandparents raising grandchildren. Although this study did not find a positive change in physical health, it proved that multimodal interventions are effective in reducing psychological stress that raising grandchildren cause grandparents. Intervention programs are definitely needed for this population, including one that focuses on increasing or sustaining physical and mental health. This study can be applied to the Program Development Plan it will be an all-inclusive and extensive program that covers all aspects of grandparents’ lives to increase their life satisfaction, and physical and emotional well-being.


Abstract:

This article presents results from a study exploring the use of a psychoeducational group format specifically developed for grandparents who are raising their grandchildren. The 8-week group sessions covered topics such as parenting skills, personal well-being, relationships, managing finances, and exploring legal issues. Group facilitators noted grandparents consistently met objectives of the content areas, with increased mastery as sessions progressed. Custodial grandparents rated the group experience as positive, indicating a high degree of interest and
enjoyment from the psychoeducational format, with no differences reported across session topics.

**Summary and Significance:**

Vacha-Haase, Ness, Dannison and Smith (2000) explored a psychoeducational program developed for grandparents who are raising their grandchildren. The psychoeducational program consisted of an 8-week course that included educating on topics such as parenting skills, personal well-being, relationships, managing finances, and exploring legal issues. Results were formulated by how well custodial grandparents learned the material and the evaluation of effectiveness of the information learned by participation in the program. Results indicated that a psychoeducational intervention approach is beneficial for grandparents raising grandchildren. Throughout the program, grandparents’ learning and behaviors increased as the material presented was mastered. Written evaluation comments suggested that the grandparents enjoyed participating in the program and the material taught was valuable in helping them care for their grandchildren. Through attendance of the program, social support networks were also formed with the participants. This article is significant to the current program development for grandparents raising grandchildren because it shows the need for intervention and the educational interventions were effective and helpful for the grandparents. In addition, grandparents also were able to form social support networks, which are found, through multiple studies, to be effective for handling the stressors from raising grandchildren.

**Legal Issues**


Chapter 6: Legal Relationships

Abstract:
Summary:

Legislatures have just recently begun to recognize the increasing number of relative caregiving and there are very few laws that directly relate to these types of situations. Some kinship caregivers avoid involving the law while others are forced to involve welfare workers, doctors, and school administrators, all of which demand proof of legal custody of the children. There are various options available to kinship caregivers, and those include: informal caregiving, legal custody, formal kinship foster care, and adoption. With informal caregiving, caregivers only have physical custody of the child, which refers to physical care and supervision of the child. If kinship chose this route, they can apply for public assistance for the child or children. This is possible through TANF (temporary assistance for needy families) or AFDC (aid to families with dependent children). With these assistance programs, the child’s income is considered for public assistance since the kinship caregivers have no legal responsibilities for the child. To be eligible for benefits, the caregivers must provide proof that they are the primary caregiver, which does not include legal custody. However, without obtaining legal custody of a child, many schools entitle the parent to receive school records and to attend any educational planning regarding the child. The biggest problem that physical custodians face is the lack of authority to consent to the child’s medical care. Most of physical custodians rely on emergency rooms for any medical needs of the child. If the kinship caregivers obtain legal custody, they have the right to make all major decision affecting the child, including medical, religious, and educational decisions. A transfer of legal custody only occurs when a formal custody order is signed by a judge. A custody order does not terminate the parents’ rights and with the courts approval, the transfer of legal custody can always go back to the child’s biological parents. As part of the legal custody process, a visiting schedule for the biological parents is agreed upon so the child can see their parents. With formal kinship care, child protective services is involved, in which the kinship caregiver must allow the children’s service agency to have custody of the child with the hopes that the child will be placed back in their care. Many of these types of families avoid child protective services because they still will not have legal rights of the child. The final option for kinship caregivers is
adoption, in which the biological parent would sign off all their rights to the child and the kinship would take over full custody of the child.

Assessment:

This is a useful source to refer to when there are questions regarding how a child got placed into kinship care. This chapter was very reliable and the goal was to explain many legal issues that these types of families face so that one can understand the family’s situation better to better help them and find them resources. With this chapter as well as many of the other resources in this bibliography, it was discovered that grandparents often face legal issues when it comes to their grandchildren, which a professional helping grandparents should be well informed of to better help them and their needs.

Reflection:

This is a helpful source when thinking about how the children got placed in kinship care, whether formally, informally, or adoption, to better understand the needs of the grandparents. It explained some of the legality issues that kinship caregivers face in understandable terms, which is important to understand and demonstrate knowledge if desiring to help grandparents raising grandchildren. Some of the information can be integrated into the interventions, whether it be providing resources to grandparents or creating an occupationally-based intervention.


Chapter 7: Federal and State Policy and Program Issues

Abstract:

No abstract was provided for this source.

Summary:

There is no consistent public policy for kinship caregivers. Some social policies advocates suggest that foster kinship placement are independent actions of families that should not be directed or controlled by government policy and regulation. These advocates also reject the use of government funding for kinship caregivers. They believe that a "good relative" will take care of and love the child without governmental
financial assistance. However, kinship caregivers are in need of assistance, especially financially. State and local financial delivery systems need to be revised due to the number of kinship placements. Kinship families deserve the same rights as foster families and the same options should be available.

Assessment:

This chapter was helpful to my understanding of some of the legality issues that grandparents raising grandchildren fact and was useful specific to the program development and resources available to grandparents. As compared to other sources in this bibliography, it goes into detail about the policies and regulations that do exist for foster families and how kinship caregivers do or do not fit into those regulations, in which other sources avoid to explain. The goal of this chapter was to lay out in detail how governmental policies need to be revised and updated to better help relatives raising grandchildren.

Reflection:

This chapter was a helpful source related to the program development, as it was helpful for me to understand some of the policies and regulations that are and are not out there to for relatives raising grandchildren. The information within this chapter can be integrated into the interventions dealing with available community resources as well as budgeting/financial assistance.

Model of Human Occupation


Abstract:

Social justice and occupational justice have received increased attention in the occupational therapy literature. This evolving discourse has focused on establishing a connection between the effects of social injustice and the resulting negative influences on occupational participation. This literature has also addressed the role of occupational therapists in responding to social injustice at the societal, population, or individual levels. We examine the two most well-known theories of social justice to understand the responsibility of organizations, institutions, or governments in providing for people who have
experienced difficulties in maintaining self sufficiency. We use two case examples to illustrate how community-based organizations act as brokers of human, financial, and other resources and the challenges they face in distributing these resources in a manner consistent with social justice concepts. Finally, we suggest how an occupational therapist might assist such organizations in fairly distributing resources by applying occupational therapy paradigmatic knowledge and skills.

**Summary:**

Social justice encompasses the moral and philosophical meaning of individual rights, free society, and free will. The most well-known social justice theories include the distributive justice and processual justice theory. The concepts often related to social justice include: human rights, empowerment, and occupational justice. Within the United States, human service organizations typically distribute human, financial, and other resources to individuals who have experienced difficulty in remaining self-sufficient. Occupational therapists can help distribute resources by applying a model of practice, such as the model of human occupation (MOHO), and help establish clear and appropriate expectations necessary to promote independence and self-sufficiency. MOHO conceptualized occupational performance as an interplay between volition, habituation, performance capacity, and environmental factors. Because of the factors that MOHO addresses and a holistic view of each individual, it is useful in the assessment of the potential for people to become self-sufficient. In using the MOHO model, various assessments can be utilized to gain information and life history about a patient.

**Assessment:**

Even though this particular article focuses on two case examples of individuals living with HIV/AIDS and community-based organizations, it was still useful for my program development. This article explained how an occupational therapist can apply the model of human occupation within community-based organizations to better help individuals with social injustice. This article is written objectively and is reliable. As compared to other sources within this bibliography, this actually applied the model of human occupation in a community-based setting. The goal then was to provide a description of how the model can be applied in a community-based setting.
Reflection:

This was a helpful source for my program development plan as it displayed how the model of human occupation can be applied to a community-based setting. Information from this article can be generalized to all community-based programming with an occupational therapist present. This source can be utilized when providing a description of the model and how it fits into community-based care.


Chapter 1

Abstract:

No abstract provided for this source.

Summary:

Human occupation is the actual doing of work, play, or activities of daily living. Occupation happens in a temporal, physical, and sociocultural context. It is human to want to complete occupation and it persists throughout the lifespan. The model of human occupation (MOHO) focuses on human occupation. Conceptual models guides practice in occupational therapy. Each model aims to generate and test theories and develop and test related strategies, tools, and techniques for therapy. Theory and practice have a didactic relationship in which one affects the other to provide the best services possible. Theory does not tell therapist what exactly to do, but rather guides practice. Applying a model of practice can reveal parts of theory, illuminate important things in which theory doesn’t address, and display the limits of theory in application. The model of human occupation was developed at a time when occupational therapy was going through a professional crisis and is based on a body of knowledge known as occupational behavior.
Assessment:

This chapter is a useful source for my program development plan. The goal of this chapter was to provide an overview of the model of human occupation, which will guide the program sessions. It was very descriptive when it comes to explaining how the model came about and definitions associated with the occupational therapy field.

Reflection:

This chapter is helpful for the development of my program, as the program sessions will be implemented using the MOHO model of practice. This was a very good intro chapter, but it could have explained more about the actual model.


Chapter 2

Abstract:

No abstract was provided for this source.

Summary:

First, MOHO tries to understand how people are motivated to do the things that they do; it attempts to seek an explanation of motivation for occupation. Second, MOHO addressed the recurrent pattern of active doing that makes up everyday life; people follow routines and exhibit patterns reflective of a larger social order. Lastly, when people do things, they exhibit a wide range of capacity for performance, including physical, cognitive, and social. With this, MOHO tries to explain how occupation is motivated, patterned, and preformed. Humans tend to function with habits and roles. Habits are the tendencies to respond and perform in consistent or familiar ways within familiar situations or
environm

total, physical, and sociocultural environments. We acquire habits through volitional choices. The
capacity for performance depends on the physical, mental, and cognitive abilities of an individual, which
is viewed subjectively with MOHO.

Assessment:

This is a useful chapter for my program development plan. When compared to other sources
dealing with the model of human occupation, it goes into detail about the meanings of what habits and
roles are and how they contribute to habituation in occupational performance. The information provided
in this chapter is reliable as it is written by the composer of the model himself. The goal of this chapter
was to provide definitions and examples of key concepts used within the model.

Reflection:

This source was helpful to me because it provided meanings behind the key concepts to better
understand the model of human occupation and how it is utilized. This source can be used within the
program development plan as the whole program will be based on this particular model of practice and it
is important to understand the meanings before the model can be utilized.

F.A. Davis.

Chapter 11

Abstract:

No abstract was provided for this source.

Summary:

The model of human occupation emphasizes client-centered practice that reflects the values and
desires of the client. The main concern of the model is an individual’s participation and adaptation in life
occupations. The theory behind MOHO believes that a person’s characteristics and the environment are
linked together to make a dynamic whole. A second postulate from the theory is that occupation reflects
the influence of the person’s characteristics and the environment. A final belief is that a person’s inside characteristics (capacities, motives, and patterns of performance) are maintained as well as changes through engagement with occupations. The main concepts that relate to the person’s inner characteristics include: volition (motivation to complete occupations), habituation (roles and routines), and performance capacity (ability for performance). The environment interacts with the inner characteristics of the person, resulting in occupation. The environment includes: objects, spaces, occupational forms and tasks, social groups, surrounding culture, and political and economic forces. There are three levels for examining what a client does using the MOHO model: occupational participation, performance, and skill. Other concepts used within the model include: occupational identity, occupational competence, and occupation adaptation. Occupational identity is the cumulated sense of who they are and who they wish to become. Occupational competence is being able to sustain a pattern of doing. Finally, occupational adaptation is the process of creating a positive occupational identity. When using MOHO in practice, occupational therapy is driven by occupation engagement, thus MOHO conceptualizes the occupational therapy practice as a process in which individuals engage in occupation to shape their abilities, routine ways of doing things, and thoughts and feelings about themselves. Along with this, the model of human occupation has developed extensive resources to be utilized with this model. They include: therapeutic reasoning, assessments, standardized programs and intervention protocols, and case examples.

**Assessment:**

This chapter was very useful for explaining the model of human occupation which is the model chosen to guide the program R.O.C.K. When compared to most other occupational therapy books, this chapter goes into detail describing the model and the various concepts that the model utilized and gave solid case examples of how the model is utilized within practice settings. It displayed a deep understanding of the model in understandable terms. It also was informational about the resources that were developed to be utilized by the model, such as therapeutic reasoning concepts and assessments. This information is reliable and objective, as it is written by the composer of the model himself. The goal of
this chapter was to provide a basic description of the model and how it can be utilized in practice.

Reflection:

This was a helpful source to my capstone as the chapter describes the model of human occupation. The chapter was easily readable and very in depth about the concepts that the model utilizes. This chapter can be used when composing the overall program, as it will guide practice.


Abstract:

No abstract was provided for this source.

Summary:

The model of human occupation is the most widely used model of practice, worldwide. The MOHO model, therapist report, provides occupation-based practice, a holistic view of patients, and provides structure for interventions. The model was produced at a time when the occupational therapy field of practice was trying to redirect the importance of occupation as a means for intervention. This theory addresses the motivation for occupation, routine for occupation, occupational performance, and the influence of the environment upon occupation and performance. These concepts offer to seek explanations for barriers posed by the physical and social environment, difficulties in engagement in meaningful occupations, and the challenge of maintaining positive involvement. MOHO can be used in a variety of settings and applied to a wide range of impairments. MOHO believes that people are made up of interactive elements: volition, habituation, and performance capacity. Volition is the process of motivation in people to choose what activities they do and is shaped upon previous experiences. Volition consists of personal causation, values, and interest of the individual. Habituation is where individuals organize actions into patterns and routines, based on habits and roles. Performance capacity is the mental and physical abilities and how they are used during occupational performance. Also included in this are
the felt experience of performance and the experience of having limitations in performance. MOHO examines three levels of what a person does: occupational participation, occupational performance, and occupational skill. The occupational therapy process with using MOHO is driven by the patient’s occupational engagement, which refers to a person’s doing, thinking, and feeling under certain environmental conditions. While using MOHO in practice, there are six steps involved with therapeutic reasoning. These include: generating questions, gathering information, creating a theory-based understanding of the client, generating therapy goals and strategies, implementing and monitoring therapy, and collecting information to assess the outcomes of therapy. Key therapeutic strategies that can be utilized with MOHO include: validating, identifying, giving feedback, advising, negotiating, structuring, coaching, encouraging, and physical support.

Assessment:

This chapter is a useful source for my program development plan when it comes to exploring a model of practice to be utilized during programming. When compared to other sources describing the model of human occupation, this chapter gives additional detail, information, and descriptions of the concepts and factors that compose the model. This source is reliable as one of the authors was the main composer of the model of practice.

Reflection:

This is definitely a helpful source for my program development plan. It describes the model chosen to guide the program in more detail then other sources. In addition, it also gives short descriptions of the assessments used with this model and case studies to give examples on how this model is utilized with people during practice. This chapter can be used to guide programming sessions based on the utilization of the model of human occupation.

Abstract:

The Model of Human Occupation (MOHO; Kielhofner, 2008) provides a framework to view pediatric occupational therapy practice. The authors of this study apply the six steps of the therapeutic reasoning process as outlined in MOHO to three children to illustrate and apply the concepts for clinicians. Children participated in six occupational therapy intervention sessions designed to improve occupational performance. Student practitioners followed MOHO to guide occupation-based intervention. Data were collected via semistructured interviews with parents and clinical observations of the children during intervention. The findings suggest this model may help clinicians provide meaningful occupation-based intervention for children.

Summary:

MOHO is the most widely utilized model of practice, but is less commonly used with pediatrics. This study aims to describe how MOHO can be utilized in pediatric practice and explores the six steps of therapeutic reasoning used in the model of human occupation. There are three important aspects to MOHO: volition, habituation, and performance capacity. MOHO believes that these three aspects interact with each other. As specific to children, volition is their thoughts and feelings about their abilities. This includes how important occupations are to them. Assessment of the children’s values, interests, and beliefs helps therapists design effective interventions and is overall client-centered practice. Children also experience habituation with everyday routines and they as well assume specific roles. Understanding the habituation of children can allow the therapist to understand the child as a whole and intervene to make a difference in the life of a child. Performance capacity is the underlying abilities of the children as well as their subjective experience of their abilities. The six steps in the therapeutic reasoning process according to the MOHO model, include generate and ask questions, gather information, create a conceptualization of a child’s strengths and challenges, identify goals and strategies for interventions, implement and review therapy, and collect information to assess outcomes. With that stated, the goal of this study was to illustrate how MOHO can be used to guide therapeutic reasoning with children with varying levels of disability. Three case examples were explored. With using the six steps for therapeutic reasoning, student
practitioners were able to successfully utilize MOHO to guide intervention. MOHO allowed the students to fully implement client-centered practice, utilize a theory-based assessment, and utilize one single theory and applied it to a variety of different patients.

**Assessment:**

Although this article investigated the use of the MOHO model in pediatrics, it was still useful for my program targeting grandparents raising grandchildren. The goal of this article was to give a description of the important concepts used in the model of human occupation and then gave case examples on how to utilize the six steps of therapeutic reasoning that the model provides. Compared to others in this bibliography, it provided concrete examples of how the model is applied in practice.

**Reflection:**

This is definitely a helpful source for my program development plan. Although it investigates the use of MOHO in pediatrics, it gives a good description of each step of therapeutic reasoning and how these can be applied in practice. This information can be used in my capstone project when analyzing the needs assessments and developing programming. It can definitely also be utilized if the program is implemented.


**Abstract:**

No abstract was provided for this source.

**Summary:**

The model of human occupation, otherwise known as MOHO, is a model of practice used to guide intervention that believes occupational performance is the product of interrelated subsystems: volition, habituation, and performance capacity. The volitional subsystem consists of the individual’s thoughts, feelings, values, beliefs, interest, and personal causation. Habituation is the habits and roles that
contribute to one’s sense of self. The sense of self can often deteriorate when roles and habits are altered. The final subsystem is the performance capacity and this reflects the individual’s lived experience of the body which refers to the individual’s past experiences, changes, and expectations of performance capacity. The performance capacity requires the occupational therapist to consider the individual’s past experiences of success or failures in using the body to engage with occupations.

Assessment:

This was a useful source for my program development plan for choosing a model of practice to guide the occupational therapy process. The goal of this section in the chapter was to describe a quick overview of the model of human occupation. It gave a basic understanding of the overall picture of the main focuses that the model utilizes. When compared to other sources, this section on MOHO does not go into deep detail of the model of practice, just provides and overview.

Reflection:

This is a helpful source in choosing a model of practice to guide my program development plan. It gave a quick overview of what the model entails and focuses on. This source can be used to guide each programming session to make the program client-centered and occupation-based.


Abstract:

No abstract was provided for this source.

Summary:

The model of human occupation was derived specifically from the occupational therapy profession. MOHO’s focus is the engagement in purposeful activities and their place in an individual’s experience of living. An individual is described as an occupational being who participates in meaningful and purposeful activities central to health and well-being. Evaluation within the MOHO model includes the consideration of an individual’s strengths and difficulties in occupational performance that are
necessary to fulfill life roles. Treatment seeks to develop, remediate or enhance occupational performance of the individual.

**Assessment:**

The section that focused on the model of human occupation within this chapter was not very useful for me. As compared to other sources focusing on MOHO, this source did not explain the importance of habits and roles and did not describe how volition, habituation, and performance capacity relate and work together to form occupational performance. The overview of the model was very simple and did not focus on the main concepts of the model.

**Reflection:**

This was not a helpful source for my program development plan.


**Abstract:**

The implementation of evidence-based change in practice settings is complex and far reaching, but only limited research has been undertaken in this area. This participatory action research study investigated the implementation of the Model of Human Occupation (MOHO) across a mental health occupational therapy service.

**Method:** The study involved preparatory workshops and 12 months of team-based, monthly group reflective supervision sessions, facilitated by a colleague from academia, with follow-up contact for a further 12 months.

**Findings:** The main findings emphasize the importance of developing a critical learning space, or ‘community of practice’, and identify that barriers to theory implementation can be overcome by collective effort with a shared dialectic. The successful development of a community of practice required
the careful consideration of a number of interconnected influences, including those of self, peer and facilitator, and contextual and theoretical relationships.

Conclusion: The study concluded that the community of practice was central in supporting the effective implementation of MOHO and its associated assessment tools. A key output of the study is a Participatory Change Process, which illustrates the key steps undertaken and interrelated factors affecting theory uptake. The process requires further testing, but has potential to guide theory implementation in other settings.

Summary:

Implementing a model of practice can strengthen the occupational therapy process. This particular study investigated how to achieve an effective partnership between practitioners and academics. The particular questions that this study aimed to answer were: how can barriers to theory integration can be removed, what is the role of an educator/researcher in facilitating practice development, and what the impact of MOHO upon therapists’ perception of their role and their practice? Participants involved in this study included therapists working in acute care, the community, and older adult services. Included in this was the occupational therapy service manager and occupational therapy academic. The research took two years to complete in which the facilitator and participants attended a series of monthly group reflection and action cycles, and a 12 month follow-up. The meetings focused on addressing barriers to adopting the MOHO model, re-examining practice with MOHO, and the consideration of the utilization of MOHO assessments. Results from this study suggest that if there is a partnership with practitioners and academic personnel, it can effectively lead therapist to adopt theory and advance practice. Another important finding through this study is that barriers to utilizing theories to guide research can be overcome through collaborative efforts and commitment.

Assessment:

This is not a useful source for my program development plan. As an occupational therapy student, we are taught that theory always should guide practice. The goal of this source was to explain how a
practitioner can adopt and why he/she should adopt a model of practice and how it can strengthen practice.

**Reflection:**

This research study was not helpful specific for my program development plan. I thought this study more focused on the actual model of human occupation.

**Program and Community Development and their Relationship with OT**


Abstract:

No abstract was provided for this source.

Background:

Cure of dementia is not possible, but quality of life of patients and caregivers can be improved. Our aim is to investigate effects of community occupational therapy on dementia patients' and caregivers' quality of life, mood, and health status and caregivers' sense of control over life.

Methods:

Community-dwelling patients aged 65 years or older, with mild-to-moderate dementia, and their informal caregivers (n = 135 couples of patients with their caregivers) were randomly assigned to 10 sessions of occupational therapy over 5 weeks or no intervention. Cognitive and behavioral interventions were used to train patients in the use of aids to compensate for cognitive decline and caregivers in coping behaviors and supervision. Outcomes, measured at baseline, 6 weeks, and 12 weeks, were patients' and caregivers' quality of life (Dementia Quality of Life Instrument, Dqol), patients' mood (Cornell Scale for Depression, CSD), caregivers' mood (Center for Epidemiologic Studies Depression Scale, CES-D), patients' and caregivers' health status (General Health Questionnaire, GHQ-12), and caregivers' sense of control over life (Mastery Scale).
Results:

Improvement on patients’ Dqol overall (0.8; 95% confidence interval [CI], 0.6-.1, effect size 1.3) and caregivers’ Dqol overall (0.7; 95% CI, 0.5-.9, effect size 1.2) was significantly better in the intervention group as compared to controls. Scores on other outcome measures also improved significantly. This improvement was still significant at 12 weeks.

Conclusion:

Community occupational therapy should be advocated both for dementia patients and their caregivers, because it improves their mood, quality of life, and health status and caregivers' sense of control over life. Effects were still present at follow-up.

Summary:

Information and emotional support given by occupational therapists improves the quality of life in patients with dementia and their caregivers. Primary caregivers are educated and trained in means of cognitive and behavioral interventions to sustain or improve the quality of life in patients’ and their own autonomy, social participation, quality of life, and health status. This study focuses on the data of secondary outcome measures of quality of life after it was proved that occupational therapy can improve patients’ daily functioning and caregivers’ sense of competence. This study investigated if occupational therapy helped to improve mood, quality of life, health status, and sense of self-control of patients with dementia and their caregivers. In the study design, patients were either randomly assigned to an intervention group (received OT) or a control group. It was found that at 6 weeks, participants and their caregivers who received occupational therapy services displayed a significantly improved quality of life and health status as compared to the control group. The participants and caregivers sense of control and moods also improved significantly. At follow-up 12 weeks later, these effects remained significant. Results imply that occupational therapy is proven effective for community services in patients with dementia and their caregivers.

Assessment:
The goal of this source was to investigate if community-based occupational therapy services helped to improve mood, quality of life, health status, and sense of self-control in patients with dementia as well as their caregivers. This is useful for the current program development because it provides evidence that occupational therapy services focusing on improving mood, quality of life, and health status are effective in community-based settings.

Reflection:

This article is important for the current program development because of the implications that can be taken away from it; occupational therapy services focusing on improving mood, quality of life, and health status are effective within community-based settings. This is an important finding and can be used to help support the development of the R.O.C.K. program.


Abstract:

Inclusion of occupation-based programs in primary health care increases the availability of services that contribute to comprehensive, quality primary health care and to occupational community development (Lauckner, Pentland, & Patterson, 2008). In this article we illustrate how a theoretical understanding of occupation and enablement may be applied to develop primary health care occupational therapy.

Summary:

The goal of primary healthcare is to provide preventative services that includes services beyond traditional healthcare and encompasses education, income, housing, and environment. Occupational therapist can plan a role within primary health care by identifying the occupational needs of the populations and promoting the use of occupational engagement as a means of preventing illnesses and injury and promoting health. It is within the primary healthcare environment that occupational therapists have the opportunity to develop community-based services at the primary level of care. Community-based occupational therapy has a goal to remediate the impact of life changes (psychological, emotional,
physical, and social) by using occupations that are meaningful to the client(s). Primary health care occupational therapy has a goal to enable clients to live and participate within their communities, preventing diseases or illnesses, enabling occupational performance and engagement to prevent injury and promote health.

**Assessment:**

The goal of this source was to illustrate how occupational therapists can play a role within primary health care and community-based development by promoting the use of occupation as a means of preventing illnesses and/or injury and promoting health, definitely making it a useful source for the program development plan.

**Reflection:**

This source helps support the program development plan because it provides insight to why meaningful occupations should be chosen as a means of occupation. This source can be used to support rationale behind chosen interventions as well as why occupational therapist play a role in program development.


**Abstract:**

Background. Occupational therapists are increasingly recognizing the importance of working with communities as a way to enhance health and well-being. Such work can occur through community development, a community-driven process in which communities are supported in identifying and addressing their health priorities. Purpose. This paper presents the qualitative findings of a study that explored the experiences of occupational therapists in Canada working in community development including how they understand community development and how they designed their role in this field. Methods. Occupational therapists working in community development shared their experiences and understanding of community development during 12 interviews. Results. The results of this study
describe the iterative, reflexive process occupational therapists have undergone in coming to establish their role in this field. Implications. Recommendations are made regarding the preparation of future occupational therapists and for supporting those currently working in this field.

Summary:

In the last decade occupational therapists have recognized their role within communities to enhance the health and well-being of community members through meaningful and purposeful occupations. However, little is documented about the nature of occupational therapy with community development. The purpose of this study was to explore through interviews and questionnaires, how Canadian occupational therapists understood community development and how community occupational therapists developed their role. The four main themes were uncertainty, resourcefulness, reflection and reconciliation, and expanding one’s role. The main factors that contributed to uncertainty include feeling unprepared and lacking awareness and support. Despite uncertainty, community-based occupational therapists reported relying on previous experience and seeking out community resources to acquire knowledge and skills required for community development rather than formal occupational therapy training. After gaining resources, the occupational therapists went through a process of questioning and reflection to come to an understanding of community development from the occupational therapy perspective. After the occupational therapists reflected on their role in community development, the community occupational therapists let go of the traditional occupational therapist role and expand their professional identity and engage in evolving and varied roles. It was concluded from this study that there needs to be explicit training in community development theory and skills, development of self-directed and reflective learning opportunities in formal occupational therapy education and continuing education, strong networks amongst community-based occupational therapists, and expanded research efforts to raise awareness within the occupational therapy field about our role in community development.

Assessment:

The purpose of this source was to present findings that explored the experiences of occupational therapists working community development. This included how the OT’s understood community
development and how their role was developed in the community. As an occupational therapy student with the previous mindset focused on working in the clinic, this source was helpful because it described how the traditional role of occupational therapy needs to be set aside and a new scope of practice need to be fixated on to expand our developing role within communities.

Reflection:

This source can be used to support the role of occupational therapy within community-based practice settings, especially if the program is promoted and implemented. This article has not changed the way I think about community-based practice, but has helped expand my mindset from the occupational therapist role within typical settings to community settings.


Abstract:

Background. A growing body of literature supports the role of occupational therapists in community development. Using a community development approach, occupational therapists respond to community identified occupational needs. They work to build local resources and capacities and self-sustaining programs that foster change within the community and potentially beyond. Purpose. The purpose of this paper is to highlight some key issues related to occupational therapy practice in community development. Key Issues. The definitions and classifications of occupation focus primarily on the individual and fail to elaborate on the shared occupations of a community. As well, occupation-based models of practice are not easily applied to occupational therapy practice in community development. Implications. In order for occupational therapy to articulate its role in community development, greater heed needs to be given to the definition and categorization of occupation, occupation-based models of practice, and their application to communities.

Summary:
Using a community-based approach is different from community development. With community-based approaches, a professionals or agencies define and develop strategies to remedy an issue. With community development, group members define the problems and support community groups in resolving concerns. Both community-based approaches and community development do not focus just on health issues, but also initiatives and focus on the social and economic development of the community. In the occupational therapy profession, the use of occupation used as intervention has wavered over the years. To date, there is still no universal definition of the term occupation. To articulate, explore and expand the role of occupational therapy in community development, occupational therapists must understand the application of the definitions and models of practice associated with our profession.

Assessment:

The goal of this source is to explore the challenges that both definitions and categorizations of occupations as well as the application of occupation-based models of practice pose to occupational therapists in community development. This was useful to my program development because it explained the difference between community development and community-based approaches used in healthcare. As for the role of occupational therapy within community development, there still needs to be a lot of advocating and exploration, not only within the community and other professionals, but within our profession itself.

Reflection:

This source was helpful for my program development plan because it explained the differences between community development and community-based approaches. Definitions from this source can be applied to wording within the written plan. This source has not changed the way I think about this topic, but has provided me with insight that there is still advocating to be done within our own profession.


Abstract:
Objective. The purpose of this study was to evaluate a pilot occupational therapy wellness program designed to teach elders the importance of participation in meaningful social and community occupations to their quality of life.

Method. Sixty-five older adults participated in this pilot wellness program held at each of three senior apartment complexes. Measures of health-related quality of life using the SF-36 Health Survey and frequencies of social and community participation from a program-specific intake form were completed by 39 participants before and after the 6-month program. Participants also evaluated components of the program through a satisfaction survey.

Result. Scores on the SF-36 Health Survey were significantly higher in vitality, social functioning, and the mental health summary scores following participation in the program. Participants reported an increased frequency of socialization and community participation with an average of 55% participating in at least three or more activities per week before the program to an average of 66% participating after the program. Participants who benefited the most attended more classes, were older, and were nondrivers. Eighty percent of those polled rated the pilot program as good or excellent.

Conclusion. This pilot study provides additional support for prevention efforts for elders in the community. Wellness programs for seniors may be most effective if targeted to those who are older and nondrivers.

Summary:

Many older adults are lead productive and happy lives. Others, however, are limited in their abilities to engage in meaningful occupations due to personal or environmental constraints. A pilot occupational therapy wellness program targeting older adults, “Designing a Life of Wellness Program,” was explored. The main goal for this program was to educate 65 older community-dwelling citizens about the importance of engagement in meaningful occupations. The targeted outcomes for participants included an increase in social and community participation and improved quality of life. The SF-36 measure was used to measure participants’ quality of life and well-being, including sub-scales of physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and
mental health. To measure social and community participation, intake forms were completed before and after the program. The pre- and post-test intake and SF-36 data were analyzed. Results indicated that quality of life improved in the areas of vitality, social functioning, and mental health. In addition, there results also indicated that there was an upward trend in all eight subscales of the SF-36. As for the question of whether or not the program made a difference in participation in social and community activities, it was reported that participants increased frequency of activity. The study supports the notion that community programs are needed for the older population to increase engagement in meaningful occupations.

Assessment:

This source was useful for my program development plan because it describes a wellness program that integrates meaningful occupations with older individuals. The goal of this study was to explore a program which educated 65 older community-dwelling citizens about the importance of engagement in meaningful occupations. This source was useful for my program development plan because it implied that occupation-based programs are needed out in the community to engage older people in meaningful occupations. In addition, this study also used the SF-36 quality of life measure and found that the community-based program helped the targeted population improve in the areas of vitality, social functioning, and mental health. As compared to other sources within this bibliography, this is the first to display positive results of an occupational based community program using the SF-36 as its measure; very similar to the current program.

Reflection:

This is definitely a useful source for my program development plan. It helps support the use of the SF-36 as a measurement tool to assess quality of life in older individuals and the importance of integrating meaningful occupations to increase physical and mental health.

Chapter 1

Abstract:

No abstract was provided for this source.

Summary:

In today’s healthcare system, occupational therapy must look beyond the medical community and redefine its role with a broader scope. Occupational therapy has to ability and expertise to offer unique solutions to the problems within society. Occupational therapists have focused on disability, but the practice has broadened its scope to encompass health promotion and disability prevention. Community-based programs within the occupational therapy profession are not a new concept; it has been around since the early 1900’s. In the 1900’s two founders of the profession, George Barton and Eleanor Clarke Slagle, a developed community-based program which used occupations as a means to individuals to return to productive living. Occupational therapy roles within community settings can include: evaluator, consultant, supervisor, researcher, planner, staff trainer, community health advisor, policy maker, case manager, primary care providers, and advocates. Certain characteristics are optimal for occupational therapists (in addition to skills of task analysis and understanding the impact of the environmental context) working in the community should possess a sense of positive hopefulness, understand individuals in their specific personal circumstances, creativity to envision possibilities, and ability to respect individuals. Other skills that are recommended for community occupational therapists include: autonomy, tolerance for ambiguity, collaboration abilities, interpersonal communication skills, program planning and evaluation skills, and grant-writing skills.

Assessment:

This chapter was helpful to my program development plan as it supports the role of occupational therapy within community-based settings. The goal of this chapter was to describe the professions role within these settings and provide insight to what characteristics and skills are needed for occupational therapists to be involved in development of these programs. This source is comparable to others within the bibliography because it further supports our role in community practice.
Reflection:

This source was useful to my program development plan because it supports the role of occupational therapists within community-based settings. Information from this chapter can be used during implementation of the program and hiring an occupational therapist that possesses the skills necessary for successful programming.

Scaffa, M. E. (2001b). Paradigm shift: From the medical model to the community model. In M. E. Scaffa (Ed.) *Occupational Therapy in Community-Based Practice Settings* (pp. 19-34).


Chapter 2

Abstract:

No abstract was provided for this source.

Summary:

A paradigm is an example, model, or pattern that allows explanation and investigation of phenomena. A paradigm also characterizes a specific group or discipline with common interest. A paradigm shift is a drastic change or restructure of a paradigm. The community paradigm for occupational therapy requires a client-centered approach to practice in which focuses on the issues that are most important to the client and his/her family. When occupational therapists transition from a medical model paradigm to a community practice paradigm, they need to renounce responsibility, power, and control to the recipients of services. The client is considered the expert to his/her situations or desires. As occupational therapy services within the community settings develop and practitioners, educators, and students become aware and comfortable with the indirect service provisions and planning interventions for different populations, the paradigm of community practice will evolve.

Assessment:

This chapter was useful for the program development plan because the goal was to describe how occupational therapists in community settings need to switch from the medical paradigm to a community
practice paradigm. This chapter further supports the role of occupational therapy practitioners within community settings, supporting other sources within this bibliography.

Reflection:

This chapter was helpful for my program development plan as it supports the role of an occupational therapist in community-based settings and describes how a therapist needs to expand the scope of practice from the medical model to a community-based model. It also mentions how services within community practice are tailored to be client centered, which the proposed program focuses on.

lifestyle, the addition of occupations as a means for intervention within existing programs, and the development of programs.

**Assessment:**

This is a useful source for my capstone, as it describes various definitions associated with community practice specific for occupational therapists. The goal of this source was to provide thorough definitions associated with health promotion and disability prevention services and advocate for the role of occupational therapy within the community. This source is comparable to others within this bibliography because it further supports how occupational therapist can expand their focus within community programs and services.

**Reflection:**

This was a useful source for my capstone experience, as it is a community-based program development plan. This chapter definitely supports the role of occupational therapy within the community to improve the quality of life and well-being of the population chosen, supporting my occupationally-based program.

**Scheinholz, M. K. (2001). Community-based mental health services. In M. E. Scaffa (Ed.)**


**Chapter 16**

**Abstract:**

No abstract was provided for this source.

**Summary:**

An area of interest for occupational therapists is providing treatment to individuals with mental health disorders. Historically, patients with mental health disorders were placed in an institution. In 1963, community mental health centers were established to provide services within an outside facility as opposed to inpatient hospitals. It wasn’t until the late 1970s that community-based programs were established to help clients with mental illnesses. The most common mental disorder treated is
schizophrenia, but other common disorders include major depressive disorder, bipolar disorder, obsessive-compulsive disorder, schizoaffective disorder, posttraumatic stress disorder, and panic disorder.

There are two main intervention approaches or models that can be used to treat mental illnesses, including medical treatment and rehabilitation treatment. The medical model focuses on medications whereas the rehabilitation model focuses on a triad: treatment, support, and assistance. A wide variety of community-based programs have emerged recently, with three examples being ambulatory behavioral health care, vocational program settings, and home health services. Funding sources for community-based health program incorporating occupational therapy services include: federal entitlements, Medicare, Medicaid, private insurance, grant funding, and state block grants. The occupational therapy roles within community mental health include direct service provider, consultant, supervisor, program manager, and/or case manager. The development for new roles for occupational therapists within community mental health will be dependent on current trends, the marketplace, consumer advocacy, and the marketing and advocating of our profession.

**Assessment:**

This chapter is useful for my program development plan because it describes the rehabilitation model of treatment and a variety of community-based programs that have emerged to help individuals with mental health disorders. It was also helpful in terms that it described the variety of roles that an occupational therapist can play within community settings, as compared to other sources within this bibliography that did not describe the variety of roles.

**Reflection:**

Even though this chapter focuses on major mental disorders, it is a useful source and can be applied to my program development, as part of the program focuses on increasing the mental health of grandparents raising grandchildren. In addition, this chapter also described different funding options available to community programs dedicated to increasing mental health of its community members.

Abstract:

Objective: occupational therapy might play an important role in maintaining independent living for community dwelling elderly people. The aim of this systematic review is to determine whether occupational therapy improves outcome for people who are ≥60 years and are living independently.

Methods: an extensive search in MEDLINE, CINAHL, EMBASE, AMED and SCISEARCH until July 2002 was performed. Studies with controlled and uncontrolled designs were included. Six intervention categories were distinguished and individually analyzed using a best-evidence synthesis, based on the type of design, the methodological quality, type of outcome measures and statistical significance of findings.

Results: 17 studies were included, ten of which were randomized clinical trials. Six randomized clinical trials had a high methodological quality. Strong evidence is present for the efficacy of advising on assistive devices as part of a home hazards assessment on functional ability. There is some evidence for the efficacy of training of skills combined with a home hazard assessment in decreasing the incidence of falls in elderly people at high risk of falling. Some evidence is available for the efficacy of comprehensive occupational therapy on functional ability, social participation and quality of life. Insufficient evidence is present for the efficacy of counseling the primary caregiver of dementia patients about maintaining the patient’s functional abilities.

Conclusion: this review shows that occupational therapy interventions for community dwelling elderly people results in positive outcomes. Future research in the efficacy of occupational therapy in elderly patient groups such as people with dementia is recommended. Furthermore, research into tailoring interventions to the needs of elderly patients is recommended.

Summary:
The aging process is associated with decreased functional abilities and quality of life. This is a concern due to the increasing number of elderly individuals. It is a goal of the government to provide services and care for community dwelling older people that enhance or maintain independent living. Occupational therapists can play an important role in reaching this governmental goal due to the nature of interventions focusing on increasing or maintaining functional independence, social participation and quality of life. The purpose of this systematic review was to determine whether or not occupational therapy improves or maintains outcomes for community dwelling elderly individuals. The systematic review examined several occupational therapy interventions for elderly living in the community. Within the study, 17 studies were included. Results indicated that there are positive outcomes from occupational therapy interventions within the community with elderly. This study established evidence for the efficacy of advising on assistive devices as it pertains to a home hazard assessment on functional mobility. However, limited evidence was found to establish the efficacy of occupational therapy on functional mobility, social participation, and quality of life. In addition, insufficient evidence was found for counseling the primary caregivers to elderly with dementia to maintain independence.

Assessment:

The goal of this systematic review was to determine whether or not occupational therapy improves or maintains outcomes for community dwelling elderly individuals. Results showed that occupational therapy services had a positive effect on advisement of assistive devices as it pertains to home hazards, but results established limited evidence for functional mobility, social participation, quality of life, and counseling primary caregivers. Because of the limited results, this was not a useful source for my program development plan.

Reflection:

This was not a helpful source read for my program development plan because the results do not support the program and its goal to increase quality of life of grandparents raising grandchildren integrating occupational therapy services.

Program Development

Chapter 6

Abstract:

No abstract was provided for this source.

Summary:

A key component of health education and promotion includes program development, as it emerged in the 1980s. Planning, implementation and evaluation skills are highly necessary for successful services. When developing a program, there are several key principles. These principles include: planning the process, planning with clients and stakeholders of the targeted population, plan with existing data, and plan for performance, priorities, evaluation, and measureable outcomes. The planning process includes several important steps. The first step is to preplan and explore the identified problem. The next step is to complete a needs assessment, which encompasses data gathering and analysis. The third step is to develop the program based on the previous findings. This stage includes identifying goals and objectives, developing interventions, and planning for evaluation. After the program plan, the next stage is implementation, followed by evaluation. The final step in the planning process is institutionalization, in which the results from the program are shared with stakeholders, peers, and clients. This is also the stage where the program is revised to expand, continue, or terminate the program. As specific to occupational therapists, it is important for community practitioners to be skilled in all areas of program development to strengthen their role within the development of health education and health promotion community health programs.

Assessment:

The goal of this chapter was to describe to steps to develop a program, making it useful for the current program development. As compared to other sources within this bibliography, this chapter does not go into too much detail on the steps involved with the development of a program, but does provide
insight and integrates new concepts such as the skills and principles associated with program development.

**Reflection:**

This chapter was helpful for my program development because it described the steps of the program development process as well as described the skills and principles needed for effective programming. This can be used within the program development during the planning stages. This chapter can also be used to promote the role of occupational therapy within program development and community-based practice.


**Chapter 4: Case Management**

**Abstract:** No abstract was provided for this source.

**Summary:**

The first thing a professional involved with kinship care and managing clinical services is to identify clinical goals that are achievable and chose a approach and subsystem to be utilized. Once the above is selected, the appropriate resources, services, and agencies should be identified to better help the family, based on their clinical needs. The next step is coordinating case management with clinical tasks. Once implemented, the case manager needs to do a follow up and evaluation the family’s clinical process. One of the major things in case management is to develop a financial plan for the family, this includes identifying the family’s financial issues and identifying resources they can utilize. In addition to managing the financial plan, it is also important to manage the legal, health care, and educational tasks, which, again, includes identifying, assisting, and referring.

**Assessment:**

This chapter is useful for my program development plan, as it is reliable and objective. Although it is specific to social workers and case managers, the information can still be utilized to incorporate into an occupationally-based program for grandparents raising grandchildren. The first aspect would be to
identify overall goals for programming to meet the needs of grandparents. Based on these needs then, interventions can be formulated. As it compares with other sources in this bibliography, grandparents raising grandchildren display need for financial interventions in which occupational therapists can help the family create a budget to meet their needs. Occupation-based interventions can also be formulated for legal, health care, and educational tasks. The overall goal of this chapter is to inform case workers and other professionals the importance of identifying goals for families and how to implement them.

**Reflection:**

This is a helpful source for my program development, as it briefly describes the process one needs to take to help grandparents raising grandchildren. This chapter can be used within my program development to help the process of selecting goals for the program as well as planning intervention sessions to better the lives of grandparents raising grandchildren.


**Chapter 7: Profiling the Community, Targeting the Population**

**Abstract:**

No abstract provided for this source.

**Summary:**

Fazio (2008) described in detail how to profile the community, how to target the population and the stages of the needs assessment for services. First, to develop a successful program, one had to determine the layers of inquiry to decide what programming services will be provided. The levels of inquiry include knowing the community, targeted population, potential services, agencies and/or organizations, and what the clients/patients want. In order to profile the community, one needs to explore the demographics, normally start with the U.S. Census Bureau, and profile the target service population. The next step is to seek out an organization or facility that will support the development of the program. Once a community profile has been developed, the next step in developing a program is Phase I of the needs assessment. Through Phase I, a semi-structured interview is conducted with a representative of the
organization or facility in which works with your targeted population. This semi-structured interview focuses on what services are already provided what unmet programs are needed. After Phase I is complete, the results of the semi-structured interview guide Phase II, of which assesses the needs of the targeted population. In this phase, one chooses the methodology (interviews, focus groups, or surveys) and develops the instruments. Once the instruments are developed, the assessments are then carried out to the targeted population to really gain the understanding of the types of needs displayed by the targeted population.

**Assessment:**

This is definitely a useful and reliable source for a program development plan for any occupational therapy program. It really goes into detail on how to develop a successful program. This particular chapter explains how to target a population, a supporting organization to assist in the program development, and how to develop valid instruments to gain the need for programming.

**Reflection:**

This particular chapter in Fazio (2008) was extremely beneficial for me. It laid out where to start with my program development plan and examples on how to complete the needs assessment. This source helped me to understand and develop a community profile as well as the needs assessment instruments.


Chapter 8: Researching the “Evidence,” Finding Experts

**Abstract:**

No abstract was provided for this source.

**Summary:**

The first step in developing community occupation-based programming is to explore one’s knowledge, skills and experience. The next step in this process is to identify the population in which one wants to work with as well as a site or agency. Third, one develops ideas for occupation-centered programs appropriate for the identified population. Forth, the ideas were matched to tentative goals and
program outcomes. Following this, phase I and II of the needs assessment was completed. Throughout this process thus far, the program developer has completed much research and practice literature to understand the population and programming context. The next step is to write specific goals and objectives for the program while examining the evidence to support the tentative goals and identifying experts who really know the population. Finding an expert is beneficial to supplement, support, and add additional information to what has already been accomplished. As for examining evidence, it is important to seek out any evidence-based practice to incorporate into achieving the goals for the program as well as enhance clinical reasoning skills. Evidence-based articles can be found in a variety of places. Some examples include: Cochrane Collaboration, ERIC Digests, What Works Clearinghouse, Medline, PubMed, National Rehabilitation Information Center, National Institute of Mental Health, Orlena Hawks Puckett Institute, and the Center on the Social and Emotional Foundations for Early Learning. Specific to occupational therapy, some evidence-based practice articles can be found at evidence-based practice by AOTA, CINAHL, OTSeeker, and OTD-BASE.

While writing goals for a program, practitioners need to form goals that are functional, measurable, and objective. The overall goal(s) for the community-based program should meet the needs of the population and should contain objectives that take into account individual profiles of the population served. The overall goal(s) for a program should be global and comprehensive with definitions explaining specific words and the context to which they are addressed. The objectives which meet the goal(s) must be performance, behavior, or action oriented, must state the level, condition, or standard of performance that is expected, and must be results-oriented and the outcomes must be observable. In addition, while writing the goal(s), it must match the mission and purpose of the supporting organization. Another addition to the program, the frame of reference utilized, will also guide the goal writing process.

Assessment:

The goal of this chapter was to provide a comprehensive overview of writing goals and objectives and the importance of researching evidence-based practice, importance of getting the opinions of experts in the field, and having a specific frame of reference to guide the development of the program. This
chapter is definitely a useful source for the program development. It goes into detail on what goals and objectives should entail for a successful outcome. This information is reliable and objective as it describes in detail specific steps that one needs to take to develop a successful program.

**Reflection:**

This source was definitely helpful to me. I can use this source to guide my development of the goals and objectives as well as when I develop specific programming and intervention sessions. It explained how to specifically write goals and objectives and what words should be incorporated. In addition, it listed several resources that are useful to find evidence-based practice articles, which is valuable when researching effective intervention strategies.


**Chapter 9: Staffing and Personnel**

**Abstract:**

No abstract was provided for this source.

**Summary:**

Staffing refers to the process of identifying and hiring individuals who will assist in providing services for the program. Things that should be considered when anticipating your staffing needs include: the needs an availability of the population, potential funding sources and estimated funds available, physical space where the program will be held, the nature of services (direct or indirect), and the configuration of service delivery. While developing the program and deciding on staffing needs, the role of the occupational therapist must decide whether he/she is going to be on-site, off-site supervisor, or a consultant. Although the occupational therapist may not always be on-site, they are responsible for the assurance of an occupational-based program. The program goal, objectives, and planned services determine the level of education, experience (entry-level, intermediate, or advanced), and required skills of the occupational therapist. An option available to reduce costs is to hire certified occupational therapy assistance (COTA) to implement the interventions under the supervision of an off-site OT. If this were to
be the case, the OT must read and understand the specific guidelines and requirements for supervision. In addition to a COTA, other staff may need to be hired. If this is the case, the hiring individual must be familiar with the requirements to obtain that specific field’s credentials. Also to reduce costs, the program developer may want to consider contacting volunteers, interning students, and/or occupational therapy students. Determining the type of staffing will help a program developer decide the best time of day and well as in creating marketing materials.

Assessment:

This is a useful source for the program development aspect. The goal of this chapter was to describe different staffing options that are available to not only help the program succeed, but also to help financially by exploring ways to reduce costs associated with hiring professionals. In addition, specific to the program developer, it described the importance of exploring other professional fields and how those individuals are credentialed so that they can better understand optional services and what other professionals have to offer to best fit the need for the staff member. This chapter also gave referral information so that the reader can be up to date on the standards of supervision of the occupational therapist over other professionals.

Reflection:

This particular chapter is definitely helpful for my program development. I can refer back to this chapter when developing what staffing members are needed to run the program as well as developing the budget for the program. It was especially helpful when the chapter described various ways to decrease the budget, for example having students and interns help with the program and hiring a COTA instead of an OTR/L.


Chapter 10: Space; Furnishing, Equipment, and Supplies

Abstract:
No abstract was provided for this source.

**Summary:**

The point of identifying space, furnishing, equipment, and supplies during program development should come after designing the programming and identifying the staff needed to run programming. The first step in identifying space, furnishing, equipment, and supplies is to identify the required space to meet the needs of the program; this includes identifying exact square footage. Some questions to think about while doing this is what kind of storage will be needed and where will the supplies be kept? The next step is to identify utility and plumbing needs for programming. The third step is to think about and identify safety and ergonomics within the environment. The forth step is to identify space and environment in which one wishes to create the program. With this, the program developer needs to think about furnishing, windows, sound, and privacy needed for the program. Once the above have been identified, take a second look and envision how the space will be utilized. The next step, then, is to identify supplies and items needed to facilitate achievement of goals and objectives. All items fall under furnishings, capital and noncapital equipment, and expendable and nonexpendable supplies.

**Assessment:**

This chapter was useful for my capstone program development plan. The goal of the chapter was to provide introduction on how to identify the space needed and what supplies, equipment, and furnishing will be needed to facilitate programming. As compared to others in this bibliography, this is the first I’ve came across dealing with how to identify space and furnishings in order to provide the best environment possible.

**Reflection:**

This is a helpful chapter for my program development plan for grandparents raising grandchildren. It provided me with the next step in my program development, identifying space and furnishings needed for the program and I can use this information as I go through this process.

Chapter 11: Costs and Projected Funding Needs

Abstract:

No abstract provided for this source.

Summary:

Determining costs and evaluating effectiveness of the program makes all the difference if the program stays up and running. All programs come with expenses that need to be funded. In order to determine funding costs, a program developer must create a budget, which is a fiscal plan for an anticipated program that includes income or revenues and expenses. For almost all funding applications, a budget narrative and a budget justification must be included. Indirect costs (or overhead costs), direct costs, and in-kind donations must be included within the budget narrative. Indirect costs are items such as utilities, rent, maintenance costs, and often insurance premiums that support the program. Indirect costs are usually grouped and included as a percentage of costs in the amount prescribed by the granting agency for non-profit programs. Direct costs are the expenses for the services and products that are needed for the program that is not available at the facility/organization sponsoring the program. In-kind expenses are the financial contributions that the agency/organization provides for the program. In-kind expenses are not included in the funding request. For occupation-based community programs, three different types of insurance must also be considered: insurance for practice/company, malpractice or professional liability, and employees manage risk (health, disability, life, and worker’s compensation) insurances. A final expense that needs to be included within the budget is the potential costs of maintaining employees, as a large part of the labor and budget will be the hiring and retention of employees.

Assessment:

The goal of this chapter was to describe and encourage exploration of the various costs associated with program development and the importance of creating a budget, definitely making it a useful source for my program development plan. As compared to other sources within this bibliography, this chapter goes into detail in describing different aspects of creating a budget (e.g. direct costs, in-kind donations,
insurances, and labor costs) and encourages the reader to take notes on their program development while reading.

**Reflection:**

This is definitely a helpful source for the program development plan, as a budget had to be created to display costs of the program. This chapter helped me to explore various aspects that need to be considered that I would not have considered otherwise.


**Chapter 12: Funding Your Program**

**Abstract:**

No abstract was provided for this source.

**Summary:**

After creating a budget, a program developer must determine what kind of funding is appropriate the specific program. Potential funding sources include: public and private funding sources, private payers, public and private grant funding, social services agencies and other service providers, federal (also state and local) government, and foundations (family, independent private, corporate or company sponsored, and community foundations). Some resources that can be utilized to identify foundations include the Foundation Center and the Foundation Directory. When applying for a grant, the grant seeker must carefully read and re-read the application to become familiar with what the grantor is interested in funding. When reading, the grant seeker may reflect on these questions to ensure their program fits with the grant: Is my organization eligible to apply? What kind of projects has the grantor funded recently? How much money is the grant and will it cover the expected expenses?, and What documents/information is needed? If there are no guidelines, instructions, or specific questions for a grant, a grant seeker may want to write a letter of inquiry/letter of intent. In addition to applying for a grant, a proposal must be submitted for the granting agency. This generally includes a cover letter, a cover sheet, the abstract or executive summary, table of contents, and appendices.
Assessment:

This chapter is useful for the program development as the goal was to help the reader gain knowledge on how to provide funding for programming. It provides information on where to find funding sources and how to carefully read a grant application. As compared with other sources in this bibliography, this explains in more detail the grant process.

Reflection:

This chapter was definitely helpful for my program development plan. It helped to explore different options when it came to exploring funding and grant options. It was also helpful because it provided insight on how to read grant applications to ensure that the funder was a proper match.


Chapter 13: Marketing and Promotion

Abstract:

No abstract was provided for this source.

Summary:

Marketing is the process of informing potential consumers that you are offering services that may be of interest to them. This includes the intention to “sell” our services, even though they are free and to promote your services, which gives an “image” of your practice or displays the “quality” of services. Marketing includes advertising which is all the marketing methods utilized to promote a service (visual media, print media, radio, and the internet). During the marketing of your program, you really have to sell yourself; if others in the community believe in and are invested in your program/services, they will likely assist you in promoting the service and attracting clients. When marketing, you want to compose the materials so they directly focus on the type of population you wish to serve. Some examples of promotional items include: paid media advertising (radio, television, internet, newspapers, magazines), direct mail, professional literature, free in and free air (reviews, features, interview shows), promotional products, working visibility, and personal selling and networking.
Assessment:

This chapter was useful for the program development plan, as the goal was to describe various marketing and promotional materials. It also described the pros and cons to various materials to make the reader aware of different promotional items that are available and the benefits of each. It also explained the importance of selling yourself to others before even trying to market your service; people have to believe in you as well as the success of the program before they help promote it.

Reflection:

This source was helpful in the program development process, as it described different marketing and promotional materials and the benefits to each. As a student, my main focus before reading this was to create flyers and paper materials that can be mailed and/or distributed to various agencies and organizations. This chapter broadened my thinking to outside the box on how to market and promote the grandparent program.


Abstract:

No abstract was provided for this source.

Summary:

A facilitator of a group is there to coach and guide, as specific to this program, the facilitator provides essential information to grandparents so they are able to apply the learned knowledge in order to increase the quality of life for all family members. A facilitator displays respect, encourages participation from all group members, assist adults to become self-directed learners, and supports reflection as well as exploration of ideas and concepts. Facilitators need to be aware of the needs of each individual as well as the needs of a group as a whole. A facilitator guides, teachers, moderates, and be a model. In addition, facilitators should adapt the HEAR system: helpful, empathic, attentive, and responsiveness. In addition, a successful program should follow the ROPES model for each program session: review, overview,
presentation plan, exercise, and summary. It is suggested to keep a daily sheet for each session with notes from the ROPES model of what happened that session. It is also important to set up an effective climate for learning in a safe and non-threatening environment. Going along with the environment, one must arrange the furniture in such a way to promote cooperative learning and support group discussions. Another helpful note is to have the participants get up and move around every 30 minutes or so, it will help maintain attention and allow for movement of joints and muscles to prevent stiffness.

Specific to a program targeting grandparents and program structure, it is best to have the program during lunch or over dinner on weekdays, depending on the group participants. It is recommended that each session of the program lasts 2-2 ½ hours weekly, with 10-12 participants as a group size. When developing the budget, give through to money needed for facilities, childcare, refreshments, planning, promotion, handouts, activity materials, and additional resources that will be provided by in-kind donations. It is important to provide childcare during the program sessions, it can really make the difference between a grandparent being able to attend or not.

The next step in the program development is to market, recruit, and screen. One should find grandparent participants, determine the location and dates of the program, design a flyer or brochure, and mail/distribute brochures or flyers. After recruitment of participants, screen each possible participant to see if they are appropriate for the program or not. In addition to the screening, the possible participants should complete a participant information sheet which collects general information about their background as well as the topics that the grandparents are interested in. At this point, confidentiality should also be discussed with the possible participants.

Assessment:

This was definitely a useful and reliable source for my program development plan for grandparents raising grandchildren. This source is a specific curriculum for programs dedicated to serving grandparents raising grandchildren. This chapter is written objectively, displaying proof that the suggestions are valid and effective. This source compares with others in the bibliography because it not only describes effective programming, but it is programming specific to my proposed program. The goal
of this source was to provide potential facilitators with information to get starting in developing and implement a program for grandparents raising grandchildren.

Reflection:

This source is definitely helpful for my program development targeting grandparents raising grandchildren. I can integrate this source into the plan by integrating the suggesting provided into the plan for development as well as the actual program. This source has not changed the way I think about the actual program, but has made me think harder about how to create the actual program.


Abstract:

No abstract was provided for this source.

Summary:

Family secrets are often withheld from family members and others because the secret is perceived to be embarrassing, disgraceful, or damaging. Such secrets include: incarceration, mental illness, alcoholism, and out-of-wedlock pregnancies, all of which are the common reasons for grandparents raising their grandchildren. This study describes how a microanalysis was used to examine the family secrets as well as the family dynamics of a grandparent raising a grandchild. After interviewing a grandmother raising her grandchildren, the interview was transcribed by several both authors and compared, examining both verbal and nonverbal behaviors. The grandmother interview was 57 and raising two of her grandchildren, boys, ages 15 and 17. The 15 year-old was mentally challenged and the 17 year-old came from an abusive foster family home. The grandmother reported that she has high blood pressure, arthritis, and angina. The authors state that the home was disorganized and that the grandchildren did not respond to their grandmother’s authority.

Assessment:
Specific to my program development plan, this source was useful to an extent. This chapter gave insight on what to look for while interview grandparents raising grandchildren, as for both listening to verbal and non-verbal behaviors. This source compares to other in this bibliography because it describes the family dynamics of one specific grandmother raising her grandchildren. It also goes into detail about how to recognize non-verbal behaviors and how to interpret them and further investigate the underlying issues. The goal of this source was to describe how the authors used a microanalysis of a videotaped interview to interpret the family dynamics and family secrets of a grandparent raising a grandchild.

**Reflection:**

This source is helpful while developing my program development plan. It taught me that while conducted interview for the needs assessment, to not only listen to the grandparent, but to pay close attention to their non-verbal behaviors. This study also helps shape my argument that grandparents raising grandchildren do indeed need interventions to help enhance their quality of life.


Chapter 4

**Abstract:**

No abstract was provided for this source.

**Summary:**

It is important for every profession to operate off of theory and models, as theory precedes application. Theories and models provide the context for applying research, developing programs, interventions, and evaluations. Therefore, it is important for a community-based program to have up-to-date knowledge of theories. Occupational therapy models of practice that can be implemented in a community-based practice include the model of human occupation, ecology of human performance, occupational adaptation, and person-environment-occupational performance model. Other models that are not founded by the occupational therapy profession, that are also commonly used within public health
include the social learning theory, the health belief model, the PRECEDE-PROCEED model, and the transtheoretical model of health behavior change. Some of the barriers to community-based practice include: lack of theoretical models that can be utilized within a community setting, sociopolitical reasons (limited reimbursement and lower salaries), lack of occupational therapy students’ knowledge to enter this area of practice, and lack of common terminology. The goal of this chapter was to explore several alternatives and resources pertaining to theories and models that can be easily applied within community-based practice specific to occupational therapists with the hope that more occupational therapist will be more apt to become involved with community-based practice.

Assessment:

This is a useful source for my capstone program development plan as the goal of this chapter was to describe several theories and models that can be easily applied within programs and community-based practice; both theories specific to the occupational therapy profession and general healthcare theories. This chapter definitely advocates for the role of occupational therapy within the community, which supports the proposed program.

Reflection:

This source was helpful in describing many different theories that can be applied to community practice. The model chosen for the proposed program is the model of human occupation, which is described within the text. This chapter supports the role of occupational therapists in community-based settings, in which the proposed program will take place.


Chapter 17

Abstract:

No abstract was provided for this source.

Summary:
The profession of occupational therapy needs creativity and thoughtful decisions to move forward in the 21st century to fulfill roles within community health and community occupational development. In order to complete this and become health agents, occupational therapy needs to shift from a holistic perspective to an ecological worldview. With the ecological worldview, it looks at not only the person as a whole, but also how the whole is embedded within larger wholes. Skilled community-based occupational therapists need to be creative, observant, open-minded, and reflective. Some examples of community-based programs that have expanded the scope of the occupational therapy profession include apartment programs, ergonomics, driving programs, aquatic therapy, hippotherapy, welfare-to-work programs, and violence prevention programs. Once a program is planned, the program must explore funding options. Examples of funding options include government funding, associations, and foundations, including community, family, corporate, special purpose, and national general purpose foundations. After funding is identified, one should market the program. All marketing materials should be client centered rather than product centered. With this, marketing materials should address identified consumer need, be effective and cost-efficient, and be accessible and appropriately utilized. In conclusion, the only real barrier for occupational therapists within the community is the limits of one’s creativity.

Assessment:

This source was useful for my program development plan as it further supports the role of occupational therapy within the community and describes skills necessary for an occupational therapist working in a community setting. This chapter is also useful because it gives examples of programs that can be developed and describes the program development process. As compared to other sources within this bibliography, it does not go into detail on the exact process of program development, but gives a general overview.

Reflection:

This chapter was helpful for the program development plan because it supports the role of occupational therapists within the community to expand the focus of our profession. This chapter is also
helpful when it comes to exploring how to develop a program. This is a good source to first examine when deciding to develop a program.

**Role of Social Support as Related to Grandparents Raising Grandchildren**


**Abstract:**

1. Learn what resources exist to support GRG families. 2. Develop a better understanding of the role that these support resources play in the lives of GRG families

**Summary:**

This video clip described how important social support and networks are to grandparents raising grandchildren, mainly through attendance in support groups for the targeted population. The grandparents are able to lean on other grandparents for emotional support, assistance with food and clothing, as well as spiritual support. By meeting and forming networks, grandparents raising grandchildren are able to build a bond and become friends with other grandparents because they understand. It is also important for grandparents to attend therapy, if needed, when life becomes too much to handle for them. Having a psychologist to talk to and help work through your problems is a healthier was then not having anyone to talk to. For social agencies, we need to focus on grandparents raising grandchildren because they need support; if the grandparents are not well, then children will not be well either.

**Assessment:**

This is a useful source for my program development plan because of the explanation of why social networks and support groups are key in helping those grandparents raising grandchildren. This video clip further supports other studies within this bibliography based on social support. The goal of this source was for grandparents to explain to the public how important it is for grandparents to have either other grandparents or professionals to talk to about their problems and receive help.

**Reflection:**
Even though this clip was based on support groups, I still think it was helpful for my program development plan. Through attendance in the program, grandparents will interact with others in their same situation, forming an informal support group and a network. The quote that stuck out the most is that if the grandparents aren’t well, than the grandchildren will not be either, which definitely shapes my argument that there needs to be a program dedicated to this population. There needs to be a program targeting grandparents raising grandchildren to help enhance the quality of lives of everyone within the family dynamic.


Abstract:

1. Learn about various strategies for assisting GRG families. 2. Learn many of the characteristics of a successful support group.

Summary:

This video clip explained that many grandparents are not aware of resources available to them. This clip also explained that if you’re in foster care, you get foster care financial assistance and foster families have more rights than a grandparent raising a grandchild. The most important thing to take away from this segment is that family ties are important and grandparents don’t want to break up the family by letting their grandchild enter the system. As public professionals, we have to find and provide assistance for grandfamilies. Grandparents need to know that they aren’t alone and that there are resources available to them.

Assessment:

This is definitely a useful source for my capstone program development, as the goal was to inform professionals how important it is to inform grandparents of the resources that are available to help them, because many grandparents raising grandchildren are unaware of the types of assistance they can
get. This video clip also supports the many other sources within this bibliography that focus on providing information and resource to enhance the lives of grandparents raising grandchildren.

**Reflection:**

This video clip is very helpful with the process of developing a program for grandparents raising grandchildren. It explains how important it is to provide resources to grandparents because they are simply unaware of the sources out there and the assistance that they can receive. Providing useful resources can be integrating into the program sessions in order to better help grandparents raising grandchildren.


**Abstract:** In this investigation of 133 grandparents with primary responsibility for their grandchildren, we examined the potential moderating role of social support in the association between caregiver stressors and grandparents' general well-being. Enacted formal support buffered the association between grandchild health problems and both grandparent caregiving stress and life satisfaction. Enacted formal support also buffered the association between parenting daily hassles and life satisfaction. Compensatory or main effects of perceived informal and formal social support were found for both grandparent caregiving stress and life satisfaction. Findings highlight the importance of professional assistance and community services in minimizing the negative impact of child-related challenges on grandparents' well-being.

**Summary and Significance:**

Gerard, Landry-Meyer and Roe (2006) investigated the role of social support and its association between stressors and well-being of grandparents who have the responsibility of raising their grandchildren. The goal of this study was to examine if social support, both informal
and formal, decreased stressors and increased life satisfaction and over-all well-being. Several dimensions of social support were investigated, including grandparents’ social network, perceptions of social support, and enacted social support, to identify the aspects that were more salient in decreasing the negative impact that raising grandchildren has on grandparents. This particular article can be applied to the Capstone Program Development Plan because results indicated that enacted formal support, that is, the number of supportive transactions an individual has engaged in, buffered the association between grandchild health and grandparent stress and life satisfaction. This type of support was also found to deteriorate the association between daily hassles and life satisfaction. Given this, rationale for this article is simply that professional assistance and community services are needed to increase supportive transactions and enhance the grandparents’ well-being and life satisfaction, which is the overall goal for this program.


Abstract:

Drawing from family stress theory, this study examined the associations among caregiver stress, social support, and stress outcomes measured by life satisfaction and generativity among grandparents raising grandchildren. Social support was hypothesized to moderate the association between caregiver stress and stress outcome indicators. Using survey data from a non-probability sample of 133 grandparent caregivers with full-time responsibility of raising at least one grandchild, regression analysis demonstrated that caregiver stress is associated negatively with life satisfaction and generativity. Informal and formal social support was found to have a beneficial influence on stress outcomes that generalized to grandparent caregiver participants regardless of the amount of stress they experience. Contrary to predictions, social support did not buffer the association between caregiver stress and life satisfaction nor the association between caregiver stress and generativity. A high degree of perceived informal support
was found to function as a detriment to grandparents under conditions of high stress through lowered generativity. Results suggest the need to examine the functional role of social support in the caregiving context.

**Summary and Significance:**

Landry-Meyer, Gerard, and Guzzell (2005) investigated if social support helps to alleviate the stress of raising grandchild, given the fact that social support has been used to moderate the effects of stressors. The participants consisted of 133 grandparents who had primary caregiving responsibilities for at least one grandchild without the grandchild’s biological parent present. The authors measured caregiver stress, informal social support (network, perceived, and enacted), formal social support (perceived and enacted), and stress outcomes (life satisfaction and generativity). Results indicated that caregiver stress is negatively associated with life satisfaction and generativity. In addition, regardless of the amount of stress, informal and formal social support had a beneficial influence on stress outcomes. However, informal and formal social support in this study was not found to moderate stress from raising a grandchild.

The significance of this study to the current program targeting grandparents raising grandchildren is that practice and interventions should focus on supporting the grandparent-grandchild relationship and decreasing caregiver stress to enhance the well-being of grandparents raising grandchildren by providing social support, both formal and informal.


**Abstract:**

This study used the resiliency model of family stress, adjustment, and adaptation as the framework to examine the main and moderating effects of social support and resourcefulness in the relationship between family life stresses and strain and depressive symptoms in grandmothers.
raising grandchildren, grandmothers in multigenerational homes, and noncaregivers to grandchildren. A sample of 486 Ohio grandmothers, recruited using random and supplemental convenience methods, completed mailed surveys. Analysis of variance was used to examine differences in family life stresses and strain, resourcefulness, support, and depressive symptoms across the three groups of grandmothers. Hierarchical multiple regression analyses were used to examine whether family stresses and strains affected the grandmother’s depressive symptoms and whether social support and resourcefulness moderated the relationship between family stresses and strain and grandmothers' mental health. Grandmothers raising grandchildren reported more depressive symptoms, but in multiple regression analyses of the full sample that controlled for demo-graphics, primary caregiving status was not related to depressive symptoms. More strain and less subjective support and resourcefulness were associated with higher depressive symptoms for all grandmothers, with 33% to 54% explained variances of such symptoms for each caregiving group and the full sample. Subjective support moderated the effects of strain and instrumental support moderated the effects of family life stresses on depressive symptoms. Social support and resourcefulness may help protect grandmothers from the effects of family stresses and strain, and interventions to enhance these factors may assist grandmother caregivers to achieve better mental health.

**Summary and Significance:**

Musil, Warner, Zauszniewski, Wykle, and Standing (2009) examined family life stresses and strains that affect grandmothers raising their grandchildren and investigated the role of resourcefulness and social support and their relationship with family stressors and strains with depressive symptoms. This study compared 183 grandmothers who were primary caregivers to their grandchildren, 136 multigenerational, and 167 non-caregiving grandmothers. It was found
that less stress and strain paired with greater support and resources were contributions to increased mental health, across all caregiving groups. Contributions to stress and strain include family transitions and complex family situations in these homes. This study also found that if grandmothers were resourceful in performing daily occupations, either by adopting new methods or cope with adversity, they had fewer depressive symptoms. A final finding with this study is the importance of subjective support and its effects on reducing depressive symptoms. This article is applicable to the current program development because interventions, including subjective support, are needed to help grandparents manage strain increasing their overall mental health. Interventions can also focus on increasing the grandparents’ resourcefulness to increase their quality of daily living and decrease depressive symptoms.

SF-36


Abstract:

No abstract was provided for this source.

Summary:

The Short-Form 36 (SF-36) is a health survey with 36 questions measuring physical and mental health. It is a generic measure that can be used across the lifespan with many different populations. The SF-36 has been well documented in articles examining over 200 different diseases and/or conditions. The SF-36 is thought to be the most widely used and generic patient assessment measuring the quality of life, including the physical and mental health of the participant. The goal of the SF-36 is to measure quality of life by providing summary measures of physical and mental health. The physical and mental health measures are measured from eight subscales: physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health. The items on the survey represent multiple indicators of health, which include: behavioral function and dysfunction, distress and well-being,
objective reports and subjective ratings, and self-evaluations of general health status. The assessment has its roots in various instruments, including items from the General Psychological Well-Being Inventory, physical and role functioning measures, and the Health Perceptions Questionnaire. Version 2.0 of the SF-36 was introduced in 1996 with improvements in instructions and questionnaire items, improved layout, greater comparability with translations and cultural adaptations, and five-level responses. The SF-36 is designed as generic so that it may be used in conjunction with other, more precise measures.

Assessment:

This is a useful source for my program development plan because the goal is to describe what the SF-36 is, psychometric properties, and when/where it can be used. This is useful because it is the primary measure of the quality of life of the participants for the R.O.C.K. program. As compared to other sources, this is the actual website that goes into detail on the assessment instrument. Other studies within this bibliography have briefly described the tool and how it was used within their study/program.

Reflection:

This was a helpful source in the development of my program because the SF-36 is the assessment tool that was chosen to assess the quality of life in grandparents raising grandchildren pre- and post-test. The information learned can be used to support the reasoning behind the measurement.

Systematic Reviews of Grandparents Raising Grandchildren


Abstract:

An increasingly prevalent family constellation is a home headed by a grandparent who is raising grandchildren. We explore the state of our knowledge about such grandparents with particular attention to its implications for service providers and researchers. In our review we address several key areas: (a) the costs and benefits of raising a grandchild; (b) the heterogeneity
of custodial grandparent caregivers; (c) the critical need for social support among custodial grandparents; (d) parenting practices and attitudes among grandparents raising grandchildren; and (e) helping efforts at multiple levels with custodial grandparents. We also discuss directions for research and practice concerning custodial grandparents.

Summary and Significance:

Hayslip and Kaminski (2005) review various different articles and explore many different key areas relevant to grandparents who are raising their grandchildren. The authors explore the costs and benefits of raising a grandchild, the heterogeneity of custodial grandparent caregivers, social support and custodial grandparenting, and parenting practices and attitudes among grandparents raising grandchildren. Hayslip and Kaminski (2005) state that raising grandchildren can have negative consequences, both personal and impersonal. Grandparents raising grandchildren may experience poorer physical and mental health, role overload, and isolation from peers due to parenting demands. This article is very relevant for program development focusing on helping grandparents who are raising their grandchildren because it reviews multiple relevant studies displaying the need for intervention for grandparents who are raising their grandchildren. This article is also relevant and can be applied to the Program Development Plan because it gives suggestions on how one can take this information and apply it into interventions for custodial grandparents. Suggestions include: a) be educated about individuals grandparents’ needs; b) remember that on top of coping with their own feelings, the grandparents have the responsibility of raising a vulnerable grandchild; and c) include a variety of topics for educational programs (including mental health, STDs, drugs, school violence, peer influences, parenting skills, and psychoemotional needs and how to deal with them) as grandparents may lack current knowledge.

**Abstract:**

This article presents an overview of research on grandparenthood in the latter decades of the twentieth century. Theories contributing to understanding of the grandparenting role are discussed, and significant factors affecting the grandparenting experience—including sex, age, retirement status, race, and ethnicity—are reviewed. The special case of grandparents raising grandchildren is explored through a review of demographics, outcomes for children in grandparent foster care, and the impact of raising grandchildren on grandparents. Interventions supporting custodial grandparents and the grandchildren in their care are examined. Drawing on the findings and implications of this overview, recommendations for policy, clinical practice, professional education, and future research are offered.

**Summary and Significance:**

Thomas, Sperry, and Yarbrough (2000) presented an overview of research which focused on grandparenthood. Within this review, the authors analyze various psychological and sociological theories and how the selected theories relate to grandparenthood. The first portion of the article focuses on factors that affect grandparent experiences, including gender, age, race and ethnicity differences. The second portion of this article review focuses on grandparents raising their grandchildren. The outcomes and impacts on both grandchildren and grandparents are explored. About half of the children in kinship care displayed poor study habits, poor attention and concentration skills, demanding behaviors, hyperactivity, and aggression compared to peers not in kinship care. The grandparents which are raising grandchildren have higher rates of depression, distress, deterioration in physical health, and financial difficulty. Intervention efforts should include enhancing the grandchild’s development and the grandparent’s psychological and social functioning. In closing, the authors give recommendations for policy, practice changes and training implications. Rationale for this article is based on the finding that grandparents raising their grandchildren do experience hardships, both emotionally and physically as compared to their
cohorts who are not raising their grandchildren. This article can be applied to the Capstone Program Development Plan through their research, findings, and recommendations. The recommendations that can be used include: family intervention services, education, training and support services, and psychological services. Service practitioners must have knowledge of typical life-span development and have a life-span developmental perspective in order to effectively intervene.