A QUALITATIVE EXAMINATION OF RESILIENCE AMONG GRANDPARENTS RAISING GRANDCHILDREN USING THE RESILIENCE PORTFOLIO MODEL

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DEDICATION

It's hard to believe that a girl who once carried her table and chair and walked to school and sat under a big shady tree to learn from a blackboard nailed to the tree, I am now graduating with a PhD from such a prestigious university as Indiana University. I would love to say that it has always been my dream to graduate from the University with a PhD but that's not my story. Not all people who make it from a humble beginning begin with big dreams. For some people it's hard to even dream because there is nothing around you to inspire or motivate you to see beyond the limitations around you. This was my case, with almost no one to look up to or emulate. The people I saw on television seemed too far to even consider trying to emulate because I thought they were special people who were born for that type of greatness. It was even difficult to imagine myself going to school beyond junior high school because that was all I knew.

However, God, in His infinite wisdom, strategically placed people (Aunty Comfort, Rev. Walter Pimpong, Brother Samuel B. Ashirifi, Aunty Libby and Uncle Rick and Dr. Karleah Harris) and organizations like International Needs, Ghana around my life at pivotal times to help me dream, hope, believe, and move from one step to other. God bless them richly. I am thankful to God for the grace and the opportunities He brought my way to help me grow up to this point. It is indeed true when the Bible says God has a purpose and plan for our lives (*Jeremiah 29:11 "For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future").* This is definitely God's plan for my life, and I dedicate this PhD to Him. I'm thankful that God added this chapter as part of my life journey here on earth and gave me the grace to experience it. May He use this PhD for His glory and to bring

change into the lives of those who He wants to touch through me by the help of the Holy Spirit.

I dedicate this PhD also to my mother Mrs. Mary Ashirifi, my late father Mr. John Okoe Ashirifi, and the rest of my family. I am grateful for all their sacrifices, support, prayers, and encouragement.

I also dedicate this PhD to all who are coming from a humble background and to all students who are navigating their way through school as first-generation high school, college, master's, and PhDs. Never give up, you will prevail!

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A QUALITATIVE EXAMINATION OF RESILIENCE AMONG GRANDPARENTS RAISING GRANDCHILDREN USING THE RESILIENCE PORTFOLIO MODEL

Grandparents in the United States continue to show up and support their families in difficult times when parents are not able to do so. This indicates a form of strength and resilience worthy of study to expand literature, policy, and practice centered on caregiving with grandchildren. Although some studies have explored areas such as grandparents' resourcefulness, positive caregiving appraisal, protective factors, and social support separately, there is a call for more holistic examination of their strength and resilience. To bridge this gap in literature, this study adopted the resilience portfolio model (RPM) using a qualitative method to examine the experience of grandparents raising grandchildren. A thematic analysis was conducted after semi-structured interviews with 13 GRG living in a mid-western state. Findings reveal a holistic view of how GRG demonstrate strengths and resilience in four different areas including 1) how they respond to daily challenges/crises, 2) the positive strategies they use to promote family well-being 3) how their earlier experiences in life influence their parenting experience with their grandchildren and 4) how they not only protect their families from future crises but how others are testifying of seeing positive changes in their lives of their grandchildren. The result of this study show the pertinency of the RPM in studying the experiences of GRG and the critical strengths and resilience that grandparents possess that could help not only in developing interventions that are more effective and efficient for GRG but also further policy and research with grandparents raising grandchildren.

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LIST OF ABBREVIATIONS

GRG – Grandparents Raising Grandchildren

KNP – Kinship Navigator Program

PRWORA – Personal Responsibility and Work Opportunity Reconciliation Act

RPM – Resilience Portfolio Model

SNAP – Supplemental Nutrition Assistance Program

TANF – Temporary Assistance for Needy Families

CHAPTER 1: INTRODUCTION OF TOPIC

Globally, grandparents and other relatives are raising approximately 163 million children. In the U.S. nearly 7.9 million children reside in the same household with at least one grandparent present. Family structure in the US is ever-changing due to diverse factors. In 2010, there were 7 million grandchildren younger than 18 living with their grandparents (Adesman et al., 2019). By 2018, the number of grandchildren increased to over 7.9 million (Adesman et al., 2019). This trend is associated with a myriad of macro and microsystemic factors within US society (Capous-Desyllas et al., 2020; Dolbin-MacNab & Yancura, 2018). Earlier in 1999, Roe and Minkler attributed the reasons for the increase in grandparents raising grandchildren (GRG) to the legal mandate and other related changes within the child welfare system. However, other researchers such as McGowen and Strom (2006) associated the increase of GRG to factors including child abuse and neglect, mental illness, and death of parents. McGowen and Strom (2006) also added teenage pregnancy, single parent households, physical illness, and unemployment to the growing prevalence of GRG. Factors such as increased rates of divorce, decreased availability of parents for childcare, a greater demand for women in the workplace and military deployments were mentioned by Williams (2011).

Despite all the reasons reported by researchers for the increase in GRG, drug misuse remains the most common reason (Sepulveda & Williams, 2019). According to Sepulveda and Williams (2019), approximately 36% of the children in foster care by 2017 was due to drug misuse which was intensified by the opioid crisis that gained public interest before the Covid pandemic (Dolbin-MacNab & O'Connell, 2021). Due to the devastating impact of the opioid epidemic, the US Senate Special Committee on Aging

hearing titled “Grandparents to the Rescue: Raising Grandchildren in the Opioid Crises and Beyond” was formed and the Supporting Grandparents Raising Grandchildren Act (S. 1091) was passed in 2018. After this legislation, the Federal Advisory Council to Support Grandparents Raising Grandchildren was formed (Lent & Otto, 2018). The term “Grandparents Raising Grandchildren” has been used by researchers to refer to families where grandparents are the primary caregivers. However, there are variations within these families.

The phenomenon of grandparents raising grandchildren have been identified by various terms including grandfamily, grandparent as parents, (GAP) (Edwards, 1998), custodial grandparents (Jendrek, 1994), and coresidential grandparents (Luo et al., 2012). Although the term grandfamilies has been used to refer to grandparents raising grandchildren (Dolbin-MacNab & O’Connell, 2021), according to the definition by Generations United, grandfamilies also refer to families where grandparents or other kinship caregivers provide primary care for grandchildren in the absence of parents. GRG has also been referred to as “skipped-generation households” where the parents are absent from the household and remain completely out of the picture (Uhlenberg & Cheuk, 2010) or “informal kinship-based fostering” (Leinaweaver, 2014). Researchers such as Hayslip et al., (2019) continued to use the term custodial grandparents in their systematic review centered on GRG and then added another term, “Parenting grandparents” into their systematic review. GRG are different from co-parenting families where the parents live together with the children and grandparents in the same household, and it is crucial that researchers pay attention to the terminologies they use. In this paper, grandfamilies and grandparents raising grandchildren are used interchangeably to refer to skipped-

generation families where grandparents are raising grandchildren without the presence of their parents.

Although caregiving for dependents is fundamental to human survival and well-being, some researches show that this role has not received appropriate appreciation in our society and most at time goes unseen (Bozalek & Hooyman, 2012). This situation is not significantly different when it comes to the case of GRG. For instance, in a study conducted in Australia among grandparents raising grandchildren, the researchers reported that GRG experienced grief over the fact that society does not recognize their efforts nor provide them the needed support (Backhouse & Graham, 2013). This research has been corroborated by studies in the U.S (Dolbin-MacNab, 2020). The role of caregiving is mostly treated as natural life work and undeserving of compensation which leaves a lot of caregivers in vulnerable positions with little or no access to needed resources (Bozalek & Hooyman, 2012). When it comes to GRG in the US, challenges such as limited available resources, lack of awareness of resources, stigma associated with accessing resources and lack of legal authority have been reported (Dolbin-MacNab & O'Connell, 2021).

GRGs who do not have legal authority for the grandchildren they are raising are referred to as informal caregivers while those with legal authority are formal caregivers. Compared to formal grandparent caregivers, there are more informal GRG. According to Generations United, (2017), for every child raised in formal care, there are 19 children raised in informal care. However, most informal grandparents remain invisible in society due to a lack of a recognized relationship with the children they are raising based on lawful definitions of guardianship, custody, and licensure. Informal GRG face

ineligibility from the limited available services and resources due to the lack of legal custody, licensure, or guardianship for the grandchildren they are raising. The phenomenon of GRG have been recorded to occur more likely among ethnic minority groups and are mostly to be females with lower socio-economic status (Hayslip et al., 2019). GRG has also been associated by earlier researchers with challenges and negative outcomes for both the grandparents and sometimes the grandchildren including decline in physical and mental health, social isolation, financial challenges, and many others (Hayslip et al., 2019).

Purpose of This Study

Despite the associated challenges reported by several studies, grandparents continue to show up and support their families in difficult times when parents are not able to do so. This indicates a form of resilience that needs to be understood to expand our knowledge, policy, and practice around caregiving. Although several researchers have turned their attention to strength-based studies and made efforts to understand the resilience of GRG (Hayslip et al. 2019), further research is needed. Bundy-Fazioli and colleagues (2013) studied the perception of emotional distress and well-being among GRG and suggested that grandparents who assumed their caregiver role in difficult circumstances demonstrate levels of resiliency that need further research.

In 2019, Hayslip and a team of researchers conducted a literature review of the last decade of grandfamily literature to determine what was new and issues that needed further research attention. The researchers reported that GRGs' resilience have been researched in separate areas including GRGs' resourcefulness (Hayslip & Smith, 2013), empowerment (Cox, 2008), positive caregiving appraisal (Smith & Dolbin-MacNab,

2013), and protective factors such as social support (Whitley et al., 2016). Although these studies have contributed to the understanding of grandparents' experiences, they present fragmented results (Coon, 2012; Hayslip & Smith, 2013)**.** Smith et al. (2013) insisted that understanding the resilience of GRG is one of the most paramount factors in developing more effective and efficient interventions and thus further studies on GRG resilience are needed.

Many researchers have emphasized the continuous need for strength-based studies with GRG for a more comprehensive understanding of their experience to change the negative narrative concerning the experiences of grandparents raising grandchildren. Most previous studies have focused mainly on highlighting only the challenges, and negative outcomes of raising grandchildren which have led to a more negative narrative associated with the experience of GRG. Grandparents raising grandchildren have been reported to face diverse challenges including financial constraints, grief, loss, social isolation, and psychological distress such as depression, anxiety, and many others (Hayslip et al., 2019). However, they continue to demonstrate a noticeable level of tenacity and resiliency in their role. Despite the negative outcomes and challenges associated with the phenomenon, GRG remains the highest percentage of kinship caregivers (Di Gessa et al., 2020). Thus, researchers are now advocating for more strength-based studies to highlight the strengths of GRG which was omitted in most past studies for a more balanced and comprehensive understanding.

Significance of This Study

Grandparents raising grandchildren resilience researchers have recommended further research to identify additional strengths, skills and factors that promote resilience

among grandfamilies to alleviate negative outcomes of stress and loss they face (Dunn & Wamsley, 2018; Hayslip et al., 2019). It has also been recommended by several researchers who study the resilience of GRG that further research could reveal insights about how older adults adjust to adversity, and how to transform those insights into strengths-based interventions (Smith et al., 2013) that will promote well-being (Mendoza et al., 2020). This study seeks, therefore, to further the study of resilience among GRG to bridge the gap in literature with findings which may inform strength-based intervention programs development, policy, and practice work with GRG.

Again, several researchers have documented the value of GRG for the grandchildren involved in kinship care, and it would be beneficial to understand how some GRG make it work to promote more kinship care and resilience among GRG. Findings from this study could provide further knowledge and understanding of both risk and protective factors based on the three functional domains, namely self-regulatory, interpersonal relationships, and meaning-making factors, that may be beneficial in helping GRG to promote resilience GRG who need assistance.

The findings of the study could be beneficial in designing training materials for practitioners and professionals who work with GRG and their families to improve service delivery (Smith, 2018). GRG. In 2018, Smith engaged a sample of 42 professionals (mostly teachers, counselors, or child welfare workers) who have work with kinship family members. More than 85% of participants reported that they had not received any professional training or information prior to working with grandfamilies while 96% rated themselves as “not very well” or “not at all” prepared to work with kinship families. All 42 participants wanted more information and

training to be able to understand the challenges and experiences of GRG, the children who live in kinship homes, legal and mental health resources, as well as strategies for connecting kinship families with other kinship families.

Despite the negative outcomes and challenges associated with the phenomenon, GRG remains the highest percentage of kinship caregivers. Using the federal foster care maintenance payment data, Generations United (2018) estimated that grandparents save taxpayers $4 billion yearly by accepting the call to raise their grandchildren (Dolbin-MacNab & O'Connell, 2021). Grandparents continue to show up and support their families in difficult times when parents are not able to do so. How grandparents show up to provide caregiving for their grandchildren indicates a form of resilience that needs to be understood to expand our knowledge, policy and practice around caregiving. According to Hayslip et al. (2019), recent studies are turning to strength-based approaches focusing on the resilience of GRG and their grandchildren (Hayslip et al., 2019). However, further research on resilience of GRG is needed. Bundy-Fazioli and colleagues (2013) concluded in their study on grandparents' perception of emotional distress and well-being, that grandparents who assumed their caregiver role in difficult circumstances demonstrate levels of resiliency which needs further research.

Although these studies have contributed to the understanding of grandparents' experience, they present fragmented results (Coon, 2012; Hayslip & Smith, 2013)**.** For instance, in 2019, Hayslip and a team of researchers conducted a literature review of the last decade of grandfamily literature to determine what was new and issues that needed further research attention. The researchers reported that GRGs' resilience have been researched in separate areas including GRGs' resourcefulness (Hayslip & Smith, 2013),

empowerment (Cox, 2008), positive caregiving appraisal (Smith & Dolbin-MacNab, 2013) and protective factors such as social support (Whitley et al., 2016). The researchers insisted that understanding the resilience of GRG is one of the most paramount factors to developing more effective and efficient interventions and thus called for further studies on GRG resilience.

Presenting the comprehensive experience of GRG including both the negative and the positive aspects, provides a balanced view of their experiences. A balanced view of grandparents' experience is vital as it may impact practice and policy programs that support grandparents. A more balanced view of grandparents brings recognition to their efforts and debunks the previous strictly negative narrative which disregards the efforts made by grandparents.

Additionally, the core mandate of social work is centered on advocacy and promotion of social justice and the well-being of the vulnerable in society (NASW, 2022) which includes GRGs. For social workers to be able to continuously advocate and support grandparents and the children their raising effectively, research is needed to enhance their knowledge and understanding of the phenomenon. Continuous update in research knowledge is needed for advocacy and the development of interventions that can effectively help addressed the challenges faced by grandparents raising grandchildren.

Research Questions

Thus, this study aimed to provide a more comprehensive view of the experience of grandparents raising grandchildren, show their various areas of strength, and highlight the various protective factors of GRG using the Resilience Portfolio Model (RPM). The RPM allows for a holistic study of the processes that promote well-being in the face of

adversities by providing a framework that allows for a concurrent examination of grandparents' self-regulation behaviors, interpersonal strengths, and meaning-making. This research was guided by the following research questions;

1. How do grandparents raising their children respond to daily challenges/crises?
2. What positive strategies are grandparents using to promote family well-being?
3. How do GRG's earlier experiences in life influence their parenting experience with their grandchildren?

CHAPTER 2: REVIEW OF LITERATURE

Kinship Care, Formal, and Informal Parenting Grandparents

After the passage of Adoption and Safe Families Act of 1997 (P.L. 105-89), states were required to place children who enter the child welfare system with adult relatives as their first choice prior to considering nonrelative caregivers (Walsh, 2013). The adult relatives who take on the responsibility to provide care for children needing care are called kinship caregivers. Kinship caregivers can be biological relatives, tribe or clan members, godparents, stepparents, and close family friends (also referred to as fictive kin) and involves providing full-time care and nurturing for the children (Annie E. Casey Foundation, 2012). The majority of kinship caregivers are grandparents (Lee et al., 2016). Kinship care can be formal or informal (Leinaweaver, 2014). When the child welfare system places children with kinship caregivers through a training and licensing process, these caregivers are referred to as formal kinship caregivers. On the other hand, when the placement does not involve training and licensing aside from an assessment to ensure the safety of the children, these voluntary caregivers are referred to as informal kinship caregivers. Some researchers also refer to kinship caregivers who provide care for children through informal family arrangements without the involvement of the child welfare system as informal kinship caregivers (Lee et al., 2016).

Although going through the legal process of adoption, licensure, guardianship, or custody enables informal grandparents raising their grandchildren to access services such as health care, school enrollment, day care, and sports activities as well as obtaining affordable housing, grandparents are less motivated to pursue licensure due to the time and financial demands. Apart from the time and financial involvement, most of them

avoid adoption because of its potential negative impact on family dynamics and the process of terminating parental rights (Van Etten & Gautam, 2012). Letiecq, Bailey and Parterfield (2008) explored the legal policy dilemmas that informal grandparents raising grandchildren face and reported four legal and policy challenges. These challenges include 1) inequalities between policies for formal and informal kinship caregivers, 2) the feeling of anxiety towards the child welfare system, 3) lacking legal rights, and 4) searching for the kinship navigator system. The researchers called for future policies to be expanded in order to grant informal grandparents' legal authorization over the grandchildren they are raising. With an increase in the number of families involved in kinship care without a legal relationship (Cooper, 2012), this continues to be a problem that impacts grandparents' ability to provide comprehensive caregiving for the children they are raising (Hillman & Anderson, 2019).

Needs and Challenges of GRG

Grandparents raising grandchildren's experience have been associated with diverse challenges, needs, and outcomes (Stein et al., 2014). There is an elevated risk of GRG experiencing poverty and other forms of material difficulties including food insecurity, medical and daily expenses, housing costs, and others (Ellis & Simmons, 2014). The struggle with providing necessities for families have been documented by several researchers (Hsieh et al., 2017; McKenzie et al., 2010). In addition, they often do not have time to prepare prior to taking in their grandchildren. GRG also receive less governmental aid due to the informal care arrangement outside of the child welfare system (Bailey et al., 2013). According to a U.S Census report (2014), 21% of custodial grandparents live under the poverty line and

grandmothers who are the only heads of their households have the highest rate of poverty, although a majority of grandparent caregivers (58%) are in the workforce (Hillman & Anderson, 2019).

The process of providing care for grandchildren is a significant life event that disrupts the life course of GRG and calls for considerable adaptation and change in their lives (Purcell et al., 2014). Some grandparents live in senior housing and because children are not allowed, they must move to areas where they can have more space and better access to schools and other facilities needed by their grandchildren. Aside from the extra cost and mortgage debts that some grandparents must take on, others must spend a greater part of their income on rent. In 2003, Fuller-Thomson, and Minkler conducted a study on the housing issues and realities that GRG who are renters face using a nationally representative sample of 700,000 households. The researchers reported that out of the total number of GRG in the U.S, 26 percent were renters. Fuller-Thomas and Minkler (2003) added that GRG who are renters have a unique vulnerability, and it is an area that needs more research and intervention. Although it has been over a decade since Fuller-Thomas and Minkler's research, the theme of housing difficulties among grandfamilies, this challenge continues to persist in recent literature focused (Hsieh et al., 2017; Purcell et al., 2014).

In addition to the parenting and daily stressors of caring for grandchildren, GRG also deal with their own health (Peterson, 2017). Using the Public Use Microdata Sample (PUMS) from the 2009-2011 American Community Survey (ACS) 3-year file, Siordia (2015) conducted a study to investigate characteristics of GRGs by race-ethnic groups and the geographical distribution over the U.S mainland (contiguous states). The

researcher reported that out of a total sample of 33,168 participants, 27 percent had ambulatory challenges.

Regarding mental health, research also indicates that GRG experience depressive symptoms that are within the range of clinical concerns (Bigbee et al. 2011; Whitley et al. 2016). In a longitudinal study involving 335 grandmothers in the United States, Musil et al. (2019) reported that about one-third of the participants were diagnosed with depression at baseline and most of them (82%) reported that they were taking medication. Some studies have also reported other negative psychological outcomes such as loss, grief, loneliness, and social isolation among GRG (Choi et al., 2016). Studies that have focused on the impact of the corona virus pandemic have reported that the pandemic has elevated preexisting vulnerabilities for grandfamilies (Xu et al., 2021). Studies with Turkish (Yalcin et al., 2018) and Chinese American (Tang et al., 2015) samples that exclude custodial GRG suggest that when it comes to physical and mental quality of life, grandparents who care for their grandchildren have better feelings about their health and depression than grandparents who do not.

Although the available resources for grandfamilies may not be sufficient, one of the major challenges faced by GRG is that they have extremely limited information about those resources and sometimes even when they have knowledge about available resources, they do not know how to access those services (Hsieh et al., 2017). Providing grandparents with information and connection to services they need to care for the grandchildren is vital to prevent negative outcomes for both the grandparents and the children involved (Dunn & Wamsley, 2018).

Available Policies and Programs That Serve Grandfamilies

Several existing policies and programs impact GRG in the U.S., including the Kinship Navigator Program, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program, (SNAP) and Medicaid. The Department of Job and Family Services also supplies some resources and services. The next paragraphs highlight some of these programs and policies and their gaps.

Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) - Temporary Assistance for Needy Families (TANF)

In 1935 the first U.S welfare program was created under the Great New Deal in response to the Great Depression. The Great New Deal included a program called Aid to Dependent Children (ADC) to aid mothers who were widows and allow them to stay at home and care for the children. Over the years, several changes were made to expand the ADC to Aid to Families with Dependent Children (AFDC) which allowed caregivers of children who were eligible to receive support including financial and housing benefits, food stamps, and Medicaid (Sandradanziger et al., 2000). In 1996 President Clinton replaced the cash help Aid to Families with Dependent Children (AFDC) with the Temporary Assistance for Needy Families (TANF), a provision of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) as the main welfare program for low-income families in the US (Sandradanziger et al., 2000).

The aim of PRWORA was to end the entitlement welfare program by requiring beneficiaries to work in exchange for time-limited support (Jayakody et al., 2000). Studies conducted after the replacement of the AFDC revealed that the number of caseloads or beneficiaries on the new program TANF reduced from 4.4 million in August

1996 to 2.1 million in March 2001 (Karger & Stoesz, 2010). However, PRWORA did not address accompanying issues of poverty and factors that prevent families from leaving welfare (Karger & Stoesz, 2010). Although TANF reduced the number of welfare recipients over the years, many employed single mothers are still struggling to supply the basic needs of their families (Albelda, 2012). In 2021, TANF is still one of the main sources of support for grandfamilies (Xu et al., 2021) and the institutional barriers which prevented a lot of families from accessing services persist causing majority of caregivers, especially informal GRG' limited access to support and services.

In 2011, every child who qualified for the child-only grant received an average of about $8 daily, with minor increases for additional children, and the national monthly TANF child-grant payment was $249, which is a little less than half of foster care maintenance payment which averages out to about $511(US GAO, 2011). In a study by Beltron (2014), the researcher reported that only 14% percent of grandmothers raising their grandchildren receive TANF and one out of every two children who are being raised solely by a grandmother lives in poverty. Belton (2014) indicated that the amount that grandparents receive from TANF is not enough and needs to be increased.

Generation United (2021) advocated for the president Joe Biden, to address and focus on the elimination of these structural and institutional barriers, such as evaluating caregivers, income for child-only support, time limit on child-only grants, and employment requirements that disqualify grandparents who are retired from receiving services to allow grandfamilies, GRG, and other kinship caregivers better access to needed resources. Another program that supports grandparents raising grandchildren is the Kinship Navigator Program discussed below.

Kinship Navigator Program

The Kinship Navigator Program is a program funded by the Administration for Children and Families as part of the 2008 Fostering Connections to Success and Increasing Adoptions Act (Sutphin, 2015). The program involves employing kinship navigators to assist kinship caregivers by providing them with specialized service referrals (Sutphin, 2015). The navigator assesses the needs of the kinship caregivers and makes the necessary service referrals to help them receive the needed support. The Casey Family Programs collaborated with the State of Washington to implement the very first Kinship Navigator Program (KNP) in 2004, followed by other pilot KNP programs in Ohio, New Jersey, New York, Connecticut, and Delaware (Generations United, 2018).

The first federal funding for the KNP came through the Children's Bureau Family Connections Discretionary grant as part of the Fostering Connections to Success and Increasing Adoptions Act of 2008. However, since October 2018, there is a dedicated federal funding stream for KNP, under the Family First Prevention Services Act of 2018 (Stoltzfus, 2018). Records show that there were 26 states running 70 KNP as of April 2018 (Stoltzfus, 2018). Jurisdictions can receive continuous federal reimbursement amounting to 50 percent of their expenditure if their KNP meets certain evidence-based requirements of promising, supported, or well-supported practices. It is vital to mention that children do not have to meet requirements for Title IV-E to receive help from the KNP and reports have shown that the KNP is indeed beneficial to kinship caregivers (Lin, 2014; Rushovich et al., 2017).

Rushovich and colleagues (2017), reported that kinship navigators perceive that KNP is beneficial to grandparents and other kinship caregivers because it provides direct

access to caregivers to contact navigators for assistance at any time without having to go through the usual child welfare processes. The caregivers in the study also reported some helpful aspects of the KNP including support groups and the information provided by the caregivers. However, both the kinship navigators and the caregivers also reported unmet needs such as a lack of financial support and barriers to accessing services including not meeting eligibility criteria for services. For example, is a direct quotation from one of the participants states “And I'm not eligible for anything else because of my income. I can't touch nothing because of my income" (p. 125).

The KNs added that many of the caregivers had high financial needs, transportation challenges, and initial distrust of child welfare. All the kinship navigators again agreed that these traits of the caregivers contributed to their need of support not only financially but to cope with loneliness, anger, and assistance with navigating "the system" to obtain needed resources (p. 122).

Strength and Resilience Perspective of Grandparents Raising Grandchildren

One of the most vital new developments in the literature on grandfamilies is the focus on grandparents’ strengths, including resilience, resourcefulness, benefit finding, empowerment and protective factors such as social support (Haylsip et al., 2019; Hayslip & Smith, 2013; Zauszniewski et al., 2013). Some studies have focused on positive caregiving appraisal (Dolbin-MacNab et al., 2013; Whitley et al., 2016), while others have examined the mediating role of resilience between stress and psychosocial functioning among GRG and their families (Hayslip & Smith, 2013; Hayslip et al., 2013). Most studies examining the resilience of grandfamilies have focused on protective factors, including financial support, resources, and social support (Hong et al., 2011).

Protective Factors: social support, coping strategies and religion and spirituality among GRG.

1. Social Support

Social support is defined as the support provided through formal and informal networks to meet the daily crises or demands of an individual or family (Lin & Ensel, 1989). Social support can be in the form of emotional, psychological, physical, informational, or material support (Fuentes-Peláez et al., 2016). The positive influence of social support (both informal and formal) on reducing stress in times of adversity has been recognized and reported by several researchers (Geens & Vandenbroeck, 2014; Hong et al., 2011; Vangelisti, 2009). Sands, Goldberg-Glen and Thornton (2009) found that social workers can help GRG lower their perceived stress by enhancing their informal support systems and access to resources in their communities. Intervention programs such as caregiver support services, kinship navigator programs, and family group decision-making / family group conferencing are emerging as formal social support programs targeted at enhancing the support networks of grandparents (Hayslip et al., 2019). While there is growing evidence of benefits in reducing parenting stress, these interventions are not yet universal and evidence-based (Gleeson et al., 2016).

There are mixed findings about the moderating effect of social support on the relationship between well-being and factors such as depression and parental stress. For example, researchers like Tang et al., (2015) reported that positive social support and volunteerism have a significant moderation effect on the relationship between life satisfaction (wellbeing) and depression. On the other hand, Sharda et al. (2019) found

social support to have no moderating effect on the relationship between parental stress and well-being.

Additionally, multiple studies have reported that some grandparents are indifferent to some support services and exclude themselves due to their perspectives (Yancura, 2013) or prior negative experiences with agencies (Gerard et al., 2006; Hayslip & Shore, 2000; Whitley et al., 2016). Whitley and colleagues (2016) also concluded that grandparents may respond to social support and caregiving responsibilities differently, depending on their age. According to Waldrop and Weber (2005), the joys of the children, the parenting tasks, engaging in activities with the grandchildren, having a new focus, and seeing their children's accomplishments are connected to the grandparents' life satisfaction. A close relationship between grandparents and the children they are raising has been associated with life satisfaction for both the grandparents and the children (Kahana et al., 2019).

The researcher added that a solid relationship can enhance family cohesion, mental and physical health of both grandparents and grandchildren, and it also benefits the children's education (Kahana et al., 2019). Some researchers recommend interventions that promote coparenting between custodial grandparents and their adult children (Dunifon et al., 2016). Focusing on the positive attributes of GRG does not dispute or ignore the adverse outcomes. However, it brings attention to the positive experiences of GRG and provides insight towards, new strengths-based approaches to support GRG. According to Tang et al. (2015), a "Positive caregiving appraisals, adaptive coping strategies, self-help and help-seeking skills would enable grandparents to continue

performing daily activities and minimize the negative effects of caregiving, thus promoting grandparent well-being and grandchild outcomes (p.10).

2. Coping Skills

Coping refers to the thoughts and behaviors used to manage stressful situations (Folkman & Moskowitz, 2004). According to Folkman and Moskowitz (2004), there are two broad categories of coping including emotion-focus coping and problem-focused coping. Emotion-focused coping has to do with regulating the physiological, emotional, cognitive, and behavioral reactions which comes with the experience of stressful events (Ben-Zur, 2020). There are both positive and negative approaches to emotion-focused coping. For example, trying to suppress the negative emotions that come with a stressful event is a negative emotion-focused coping strategy, while engaging in mournfulness and meditation are seen as positive emotion-focused coping.

When it comes to GRG, some of the positive emotion-focused coping mechanisms identified include religion, adherence to strong moral beliefs, keeping unconditional love and acceptance for grandchildren, celebrating progress, and focusing on the positive during challenging times (Hillman & Anderson, 2019). Other studies identified mechanisms such as taking action, focusing on their children, and talking about their feelings to solve their problems (Waldrop & Weber, 2005). Negative emotion- focus coping include emotional eating, smoking, and other stress-related health behaviors (Simpson et al., 2017). Grandparents raising grandchildren may be choosing and using emotion-focused coping strategies naturally because they experience high emotional stress and may be looking for ways to curb their emotional stress (Moosa & Munaf, 2012).

Problem-focused coping, on the other hand, has to do with making efforts to resolve stressful situations by changing the source of the stress (Folkman & Lazarus, 1980; Theodoratou, et al., 2023). Grandparents who use problem-focused coping strategies engage in finding information on respite services to manage stress, mental health counseling for both grandchildren and themselves, and learning new parenting techniques (Choi et al., 2016). GRG can find enjoyment and pleasure in their nurturing role, engagement with their grandchildren and the ability to provide a stable and loving home for their grandchildren to flourish (Taylor et al., 2018).

3. Religion and Spirituality

Religion serves as an important coping mechanism for many GRG (Hillman & Anderson, 2019; Neely-Barnes et al., 2010) and a vital variable especially in role and life satisfaction among African American grandparents (Habib et al., 2018; King et al., 2006). Religious coping includes the use of religious beliefs, personal behaviors, and ritual practices to manage difficult times (Dunfee et al., 2021). Religion is positively associated with life satisfaction (Habib et al., 2018) and has been theorized to help African Americans to accept their burden (Paiva et al., 2015; Pickard et al., 2018; Proctor, 2006). In a study by Dunfee et al. (2021), the researchers examined the role that religion and spirituality plays in coping with the stress of caregiving, using semi-structured interviews with a sample of 26 rural grandparents raising grandchildren. The researcher reported that religion and spirituality benefit grandparents by a. giving them a sense of purpose and perspective; b. fostering peace and perseverance and c. improving stability and social cohesion among grandparents.

Despite the benefits of religion and spirituality, on the contrary, other researchers have reported finding no evidence to support the belief that religion and spirituality foster well-being among grandparents raising grandchildren (Wilmoth et al., 2018). Thus, further studies are required to expand literature on the benefits of religion and spirituality.

Gap in Literature on Grandparents Raising Grandchildren's Experience

From the discussions of the strength and resilience perspectives of GRG, it is evident that researchers have focused mostly on strength and resilience frameworks that emphasize personal characteristics or individual factors such as hardiness, resourcefulness, decision-making, positive caregiving appraisal, commitment, benefit finding, empowerment, and protective factors such as social support (Dolbin-MacNab et al., 2013; Haylsip et al., 2019; Hayslip & Smith, 2013; Mendoza et al., 2020; Musil et al., 2019; Whitley et al., 2016; Zauszniewski et al., 2013). Although these studies have contributed immensely to literature on the resilience of GRG they have also led to fragmented knowledge and understanding on grandparents' resilience.

Thus, some researchers have indicated that future research on resilience of GRG should go beyond the individual level to include interpersonal relationships, systems/organizational, community and policy levels that are interconnected on multidimensional levels (Coon, 2012; Hayslip & Smith 2013). Thus, the goal of this study is to bridge this gap in literature and provide a more comprehensive understanding of GRG's resilience using the resilience portfolio model framework.

Resilience Theoretical Framework

Resilience

The word resilience comes from a Latin word resiliens and indicates the elastic quality of a material (Ledesma, 2014). Resilience is typically understood as the ability to overcome and bounce back after the experience of a stressful or unfavorable event (Masten, 2015). Research on resilience has developed through several stages over the past 40 years (Ledogar & Fleming, 2008). Researchers have attempted to search for resilient factors at the individual, family, community, and cultural levels (Ledogar & Fleming, 2008). Resilience theory emphasizes the role of protective factors in preventing negative outcomes (Fraser, 1997; Minnard, 2002).

Initial studies on resilience centered on identifying individual factors that separate people who have better outcomes in the face of adversities compared to those who do not (Van Breda, 2001; 2017). These individual factors include constructs such as hardiness (Kobasa, 1979; 2013), grit (Duckworth et al., 2007), and, more recently, problem-solving skills, faith, and hope (Masten, 2015). Although these individual constructs remain relevant in resilience studies, they have received serious criticism from other researchers (Van Breda, 2017). These criticisms have advanced the focus of resilience studies from individual factors to relationships between the individual and a) their networks of social relations, including family, friends, school, and others (Hartling, 2008) and b) their social environment (Van Breda, 2017b; Ungar, 2012). Thus, Mariscal (2020) defines resilience as "the capacity to overcome hardships as a result of interactions between risk and protective factors, embedded in multidimensional interconnected systems, including the individual, family, community, and culture" (p.2). Consistent with Mariscal's definition,

most researchers have moved from looking at resilience as a trait and an outcome to focusing on understanding the process through which people overcome adverse experiences in their lives (Gonzalez-Mendez et al., 2021). The Resilience Portfolio Model (RPM) provides a consolidative interpretation of protective factors and the process that leads to resilience in people who have experienced violence and other adverse events in their lives. (Grych et al., 2015).

Resilience Portfolio Model (RPM)

Propounded by Grych et al. (2015), the RPM is a strengths-based framework developed to foster a comprehensive understanding of healthy adaptation in traumatic situations. According to this model, resilience is characterized by the unique combinations and cumulations of protective factors people have, including personal, family, and other community-level assets (Bronfenbrenner, 1977; Grych et al., 2015). The primary goal of RPM is to guide prevention and intervention. Thus, RPM focuses on four main areas: a) emphasizing what people do to promote well-being when they face crises, and b) integrating strengths (personal characteristics from positive psychology literature) with resources (protective factors) to provide a more thorough understanding of how people respond to crises with better functioning c) showing the process through which strengths and protective factors lead to positive outcomes after a crisis and d) taking a life span approach in considering how protective processes function.

The RPM is deeply rooted in theory and integrates resilience research to identify protective factors that are consistently attributed to adaptive functioning in times of crisis. RPM integrates protective factors from resilience research from the fields of psychology, posttraumatic growth, stress, and coping. The RPM is organized into three functional

domains including a.) self-regulatory, b.) interpersonal strength, and c.) meaning making. Self-regulatory strengths include components of emotional, cognitive, behavioral, and psychological strengths (Cole et al., 2004). Self-regulatory strengths enhance the capacity to control one's emotions and maintain a tenacious mindset and behavior through difficult times, which can include grit (Duckworth et al., 2007) and hardiness (Kobasa, 1979). Interpersonal relationship strengths cover personal skills and qualities that preserve interpersonal relationships with family, friends, and neighbors. This level of strength also covers the context of culture and interaction with the community. Lastly, meaning-making is the individual's ability to comprehend and describe the experience. This category may include problem-solving skills, faith, and hope (Masten, 2015).

Mechanisms of RPM

When discussing the process by which protective factors help people overcome adverse events in their lives, RPM presents four guiding mechanisms (Grych et al., 2015). First, RPM posits that protective factors can protect people from certain types of adverse events called the prevention pathway (path A). According to Grych et al., (2015), having certain types of protective factors could prevent ("insulate") people from experiencing certain adverse events. For example, people who have high socioeconomic status and can afford to live in an affluent neighborhood that is protected would be largely insulated from experiencing community violence and other negative community activities normally associated with living in a poor neighborhood. Second, RPM adopts two concepts known as density and diversity of strengths. Density suggests that people need more intensity of strengths, while diversity suggests that people need more variety of strengths (also known as poly-strengths) to improve coping in times of adversity

(Hamby et al., 2018). Thus, according to RPM, people stand better chances at improving their coping with adversities if they have density and diversity of strength rather than having specific strengths.

The third pathway (path B) of RPM involves a buffering or moderating effect of protective factors when people experience adverse events. This is when protective factors weaken the negative effects of adverse events and stress. RPM proposes that because protective factors have a direct effect on how people can to cope with stressful and adverse events (Part C), these protective factors also influence the effect of the stressful/adverse event and people's ability to thrive. Lastly, RPM proposes the concept of inoculation as the fourth pathway. This pathway works like vaccines work. When people take injections of anti-virus (which contains an amount of the virus), it introduces a small amount of the virus into their bodies, which creates antibodies to help fight against the actual virus (Grych et al., 2015). This pathway, then suggests that, like vaccines exposure to stressful/adverse events assist people to gain coping skills and behaviors that may enable them to adapt to subsequent challenges.

Validation of Resilience Portfolio Model

The RPM is a novel strength-based framework that is continuously replicated in different empirical studies and promises advancement in resilience research, especially through the mechanisms by which protective factors promote resilience and adaptation. In 2018, Hamby et al. replicated RPM with a sample of 2,565 rural Appalachian participants, with an average age of 30 years. The study aimed to explore and identify protective factors associated with thriving after adversity using RPM. The results showed that RPM protective factors accounted for an extensive portion of the variance in all three

well-being indicators, including the participant's subjective well-being, posttraumatic growth, and mental health symptoms. Additionally, using the RPM, Hamby et al. (2020) explored a range of psychological and social strengths in a sample of 440 youth in a community from the Southern U.S. The average age of this sample was 16.4 years (SD = 3.04). The findings of this study showed that among the sample, having many strengths was associated with lower trauma symptoms, and having a sense of purpose appeared to be the most promising. When it comes to older adults, Hamby et al. (2016) conducted a literature review using RPM to assess the state of knowledge concerning elder abuse and mistreatment.

The study focused on the lack of including all forms of elder victimization and the benefits of a poly-victimization framework. The researchers reported that despite the limited research using the poly-victimization framework, a study by Acierno et al. (2010) found that 75% of professionals from Adult Protective Services (APS) recognize poly-victimization as a critical challenge impacting an estimated one in four elders in their caseloads. Hamby et al. (2016) recommended further research using RPM among older adults.

Thus, using RPM for this study aims to advance literature and build on the usability of RPM as a framework among the older adult population. The RPM provides a framework to comprehensively examine the protective factors and processes through which those factors promote well-being in the face of adversities among GRG. Using this model allows for a concurrent examination of grandparents' strengths including self-regulation behaviors, interpersonal relationships, and meaning-making that enable GRG to persevere despite the many challenges they face in their role as caregivers.

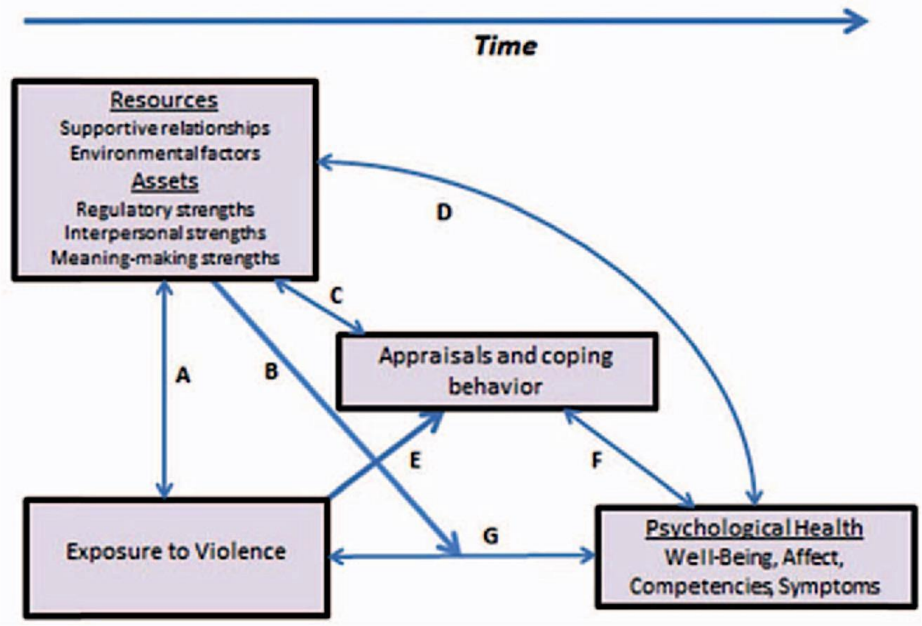
Environmental Factors

The Resilience Portfolio Model consistently uses the term *assets* to refer to personal characteristics that promote healthy functioning and *resources* to refer to support that originates from sources outside of an individual. Both assets and resources form the "portfolio" of strengths and protective factors. Thus, the RPM draws from social and ecological model (Bronfenbrenner, 1977; Grych et al., 2015). For instance, when discussing the interpersonal strength (assets) of RPM, Grych et al. acknowledged the inevitable role of social support. Social support is a vital protective factor defined as "support accessible to an individual through social ties to other individuals, groups, and the larger community" (Ozbay et al., 2007 p. 4), p). RPM highlights the aspect of social support that has been neglected by most resilience research, which is the interpersonal characteristics needed for initiating and maintaining social ties necessary for accessing social support (Grych et al., 2015). These characteristics include gratitude, forgiveness, and honor.

Additionally, it is vital to mention that the RPM also highlights the importance of environmental factors and the impact on the resources that promote resilience and the probability of being exposed to certain crises. For instance, a person's socioeconomic status can determine their environment and the resources available to them within those communities. Another aspect of environmental factors that RPM highlights is how they can shape the way people express resilience or cope with crises. An example in this context is culture. The culture of a group of people can shape how they respond to crises and express resilience (Grych et al., 2015). This environmental factor is vital to this study because it allows for examining the resources available to GRG within the

environment/communities in which they live and the accessibility of those resources. Figure 1 is a diagram depicting the resilience portfolio model.

Figure 1. *Resilience Portfolio Model*



CHAPTER 3: METHODS

The purpose for this study is to examine the resilience among grandparents raising grandchildren using the Resilience Portfolio Model (RPM). The RPM allows for a holistic study of the processes that promote well-being in the face of adversities by providing a framework that allows for a concurrent examination of grandparents' self-regulation behaviors, interpersonal strengths, and meaning-making.

Participant Recruitment

The data for this study was collected within a period of eight months from December 2023 through to July 2024. A total of about 350 Flyers for the study were distributed at diverse locations including churches, community centers, day care centers, YMCs and mental health counseling centers. Recruitment emails were sent to the department of child welfare, social workers, family support groups, and social service partnerships. Recruitment was also conducted through snowball sampling where participants who were interviewed recommended other potential participants. The researchers connected with therapists, counselors, and other social work practitioners who provide services to GRG who distributed fliers for the study. GRGs who were interested in the study and wanted to be contacted by the researchers gave their consent to the therapists and counselors to share their contacts with the researcher. The researchers reached out to the contacts received and set up schedules for their interviews. Some of the grandparents asked to see the semi-structured questions for the interview which the researcher sent to them through text message for them to have an idea of what the interview was about.

Inclusion and Exclusion Criteria

This study included both formal and informal grandparents raising grandchildren living within the State of Indiana who are primary caregivers for their grandchildren residing within the same household. Informal grandparents are primary caregivers for their grandchildren without legal custody over the children while formal grandparents raising grandchildren have legal custody for the children they are raising. The initial eligibility criteria for participation for this study was that grandparents must be 60 years and above and have at least one year's experience of being the primary caregiver for their grandchildren. However due to challenges related to participant recruitment an amendment was made to include participants who were not 60 but met other criteria for this study. Participants had to identify as grandparents, grandaunts, granduncles, and great-grandparents who are raising grandchildren without the presence of the children's parents.

Grandparents who provided part-time care for their grandchildren were not eligible for this study. Also, grandparents who reside in multigenerational households together with the parents of the grandchildren and other family members were exempted from this study since their presence may present family dynamic which might be different from the experience of grandparents who are primary caregivers.

Data Collection

A total of 13 (10 female, 3 male and 3 couples) participants were recruited and interviewed for this study. All the data were collected through semi-structured interviews with 9 online using Zoom and 4 in-person. Almost all the participants received a copy of the semi-structured interview questions so it was easier for them to share their experiences. In two of the interviews (a couple) the participants read through the

questions themselves and answered the questions beginning from the one they thought was easiest although they also allowed the interviewer (researcher) to ask probing questions during the interview. The researchers asked the questions to the participants in the rest of the interviews. The interviews lasted between 42 minutes to an hour and 45minutes. Three of the participants were couples and they were interviewed together. The researcher ensured that they all answered the questions in a way that both of them had equal opportunity to share their perspectives. Zoom was used to record and automatically generate transcripts for all the interviews (both in person and online). To clean the data and ensure accuracy, the researchers listened to all the interviews again while matching the conversations to the automatic transcribed data. This process helped to cleaned all the data thoroughly and ensure that the transcripts were verbatim and ready for thematic data analysis.

Data analysis - Thematic Analysis (TA)

TA is a qualitative method of analysis that allows researchers to identify, analyze, and interpret patterns of ideas or meanings within data (Clarke & Braun, 2017). According to Clarke and Braun (2017), researchers can use this method with large, small, interview, and focus group discussion data due to its flexibility. Due to these characteristics, TA is the most appropriate analytical approach for the current study since the researcher anticipates generating a large amount of narrative data. The aim of TA is to summarize, identify, and interpret features of narrative data centered on the research question (s) (Clarke & Braun, 2017). Thus, the researchers summarized, identify, and interpret features of data centered on the experiences of GRG beginning with initial coding and then followed by focused coding.

Initial Coding

Initial coding was be conducted for analytic ideas to be developed further in the analytic process. Much attention was placed on finding out what the data suggests, the different points of view and the theoretical category that the data proposes (Scharp & Sanders, 2019). Microsoft excel was used to organize the data and the researcher conducted word-by-word and line-by-line coding. This stage of coding was conducted by the researcher and the second coder checked through the codes. They conducted this part of the coding separately and then after the second coder completed this stage of analysis, they came together to compare and discuss the initial codes which lead to the development of a codebook for the rest of the coding process.

Focused Coding

After the initial coding, focused codes were conducted to condense the data from the initial codes based on the most frequent and significant codes (Charmaz, 2014). During the focused coding the researcher kept in mind the patterns that the initial code revealed, the code that best describes the data, differences between the initial codes and the focused codes and the gaps that the focused codes reveal. The focused coding was conducted by the researcher to reveal the patterns within the data and further the direction of the emerging set of themes (Charmaz, 2014). Conducting these focused coding was an iterative process where additional themes and nodes added, collapsed, extended, and organized while keeping memos of the process (Scharp & Sanders, 2019). The final themes were documented in a research manuscript for dissemination and submission to the Indiana University School of Social Work (IUSSW) as partial requirement for the PhD in Social Work.

Trustworthiness and Ethical Considerations

The researcher took measures to ensure research validity and trustworthiness through data triangulation, audit trail, and member checking. One of the strategies to enhance the validity of the data in this study is the multi-level data collection (Wilson, 2014). By using multiple recruitment strategies, participants with different social characteristics were recruited interview different data collection methods are employed which allows for data triangulation. Data triangulation refers to the use of multiple approaches when conducting a study to attain richer and more complete data (Wilson, 2014). Data triangulation has been found to provide confirmation for the results of a study, produce more complete data, enhance validity, trustworthiness and increase understanding of study phenomena (Bekhet & Zauszniewski, 2012).

Additionally, the researcher maintained an audit trial of the research process including strategies for data collection and decision making and data analysis (Hadi & Closs, 2016). Audit trail is a record of raw data and the complete results section of a study including tables, figures, and notes (Wolf, 2003). This strategy has been used and found by qualitative researchers to enhance trustworthiness in qualitative studies (Carcary, 2020). Lastly, the researcher also engaged in member checking with 5 participants to verify the preliminary results of the thematic analysis. Member checking is commonly used by qualitative researchers as a vital part of maintaining trustworthiness especially when seeking a deeper understanding of lived experience of participants (Candela, 2019). According to Creswell (2005), member checking "is the process in which the researcher asks one or more participants in the study to check the accuracy of the account. This check involves taking the findings back to the participants and asking

them (in writing or in an interview) about the accuracy of the report. Participants are asked about many aspects of the study such as whether the description is complete and realistic, if the themes are accurate to include, and if the interpretations are fair and representative" (p. 252).

Researcher's Positionality

Positionality is a critical aspect of conducting a study on the resilience with grandparents raising grandchildren. It involves being self-aware, acknowledging biases, understanding cultural dynamics, and being mindful of the potential impact of the researcher's background on the study. Recognizing and addressing my positionality as a researcher can potentially improve the rigor, ethics, and validity of this research.

I am a social work researcher and social gerontologist with a program of research centered around a productive aging framework. I am committed to advancing scholarships on strengths-based aging and the resilience of older adults. My research program serves as a corrective to prior research focused exclusively on deficits such as physical health limitations, financial difficulties, social challenges, and cognitive decline. A productive aging framework emphasizes the positive aspects of aging and recognizes the importance of individual contributions to their lives, communities, organizations, and society. It recognizes the potential of older adults to continue making meaningful contributions to society, despite age-related challenges and offers a more inclusive and positive perspective on aging. In view of this, I might view grandparents as heroes, perfect in their ways without any faults, which might not be a true reflection of the actual phenomenon.

Again, I have conducted research with grandparents raising grandchildren for about seven years now and have built quite an amount of knowledge concerning GRG. Thus, in my interaction with GRG for this research, during the interview with GRG, I may feel like I understood what they were communicating without asking propping questions to fully understand the experiences and insights they are sharing. I may have engaged in reflexive listening with research participants to ensure that I understand what they are sharing, not what I have understood from other studies. Member checking component of this project will also be useful in ensuring data validity.

As a Ph.D. student, I understand that my position places me in a place of a level of power which sometimes makes research participants feel like they should share all their worries and challenges with you because I possess the power to solve them. Thus, I need to be aware of these power dynamics in order to be clear in my introduction to create a balance and to let participants understand my position as a student and their position as the experts on the phenomenon.

Another positionality that might be important to mention is the cultural difference I bring as a person of international origin. Although I have lived in the United States for some years now, I did not grow up within the United States culture. Thus, there might be certain things that researchers may assume that I will know or understand that I may not know. I must be careful to request for clarifications for things that I do not understand within the United States culture that the participants might share.

Lastly, using the resilience portfolio, I may have a bias in the expectation of finding positive self-regulatory behaviors, interpersonal relationships, and meanings to GRG, which might not be accurate.

Chapter 4: RESULTS

Four main research questions guided this study: 1) How do grandparents raising their grandchildren respond to daily challenges/crises? 2) What positive strategies do grandparents raising grandchildren use to promote family well-being? 3) How do GRG's earlier experiences in life influence their parenting experience with their grandchildren? 4) How do the positive strategies and cumulative assets and values of grandparents protect their family from certain crises? The results are presented below beginning with a profile of the participants who engaged in this study (See Table 1). In order to adhere to the principles of confidentiality, pseudonyms are used to present the results (See Table 2).

Table 1. *Profile of Project Participants (N-13)*

Pseudonyms	Participant Profile
Abby	She is 60 years married to Ben. Together they have raised three of their grandchildren. Currently, they have one granddaughter they are raising in addition to other teenage girls placed in their home by DCS. They are also certified foster parents with a focus of raising teenage girls. They owned and operated a daycare for 30 years prior to becoming foster parents. Mrs. Portia worked for the children's museum for 35 years before her retirement. She identifies as African American.
Ben	is 62 years, married to Mrs. Abby. He has a bachelor's and he's a retired veteran. Father of 7, (5 boys, 2 girls). He is currently an entrepreneur in sales for life insurance and annuities. Together with Mrs. Portia, they have 17 to 20 grandchildren and great-grandchildren as well. Together with Mrs. Portia, they raised their granddaughter for 3 years prior to getting the foster care license 27 years ago. At the time of the interview they were raising one granddaughter in addition to being foster parents for 2 other teenage girls.
Claire	She is 64 years old and married to Mr. Daniel for 45 years. Together the raised their grandchild who is now a teenager and are currently raising a second grandchild who is five years old. Their adult child who is the parent to their grandchildren also lives in the same household and is living with a brain injury that she suffered while she was a child.
Daniel	He is 66 and married to Claire for 45 years. He is currently retired and had a year and half of college. Their main source of income is their social security. He identifies as White
Ella	Ella and her husband are raising their granddaughter from their deceased son. Their granddaughter was less than a year old at the time of the interview and they were still in the process of gaining custody of their grandchild. They

Pseudonyms	Participant Profile
	were sharing the time with their granddaughter with the other grandparents. She is 55 years old and working part-time.
Fiona	Fiona is 60 years and raising two girls who are 8 and 12 years old. She is retired but she is involved in gardening and sells her produce at the farmer's market. The girls are now enjoying working with her and going to the farmer's market with her.
Gianna	Ms. Gianna is 64 years and raising her adult granddaughter who is 19 years old. Although her granddaughter is older and in college, she has been staying with her before Covid hit and she helps her with her medical bills and accommodation among other things. Her granddaughter has diverse health challenges and incurs a lot of costs for treatment. Ms. Gianna has had to support her with her medical bills especially and she even picks up other shifts aside from her full-time job so she can support her granddaughter financially.
Helena	Ms. Helena is 51 years old and she is raising three of her grandchildren. She has an accounting certificate and identifies as an African American. She is single and was working full-time before she lost her job. The ages of her grandchildren are 19, 13, and 10 (two boys and a girl). She has been raising the 19-year-old from when he was a baby and then the others came after the parent (her adult daughter) was incarcerated.
Ivy	Mrs. Ivy is 60 years old and has been married to Jerry. She has a bachelor in early childhood development and has been raising their grandchildren for about a year prior to the interview. Their grandchildren are 7 and 8 years old.
Jerry	Mr. Jerry is 58 and married to Ivy for close to 30 years. He is currently not working but on active disability. He identifies as a Caucasian.
Kate	Ms. Kate is the youngest grandparent who participated in this study at age 42. She is raising her 8-year-old granddaughter in addition to her biological son who is a teenager. She has a stage four cancer diagnosis and living on her fixed disability income. Her level of education is eighth grade and she has been raising her granddaughter since she was 2 years old.
Lauren	Ms. Lauren is 65 years old and identifies as a Caucasian female. She is raising her friend's teenage daughter. Apart from her friend's daughter, Lauren has raised over 20 children including 5 of her own grandchildren, friends of her grandchildren, and children in her neighborhood who needed care and a home.
Madison	Ms. Madison is 45, raising one grandchild. She has some college and identifies as African American. She and other family members noticed an issue of neglect with her grandchild. She said the child's mother does not have any love or affection for the child and that could be due to a postpartum which she finds hard to believe. The father of the child is living with some mental health challenges which makes it difficult to care for the child. This child was only five months old at the time of the interview. Madison has been in the grandchild's life since the child was 6 weeks old.

Table 2. *Demographic Characteristics of Research Participants*

	Names	Age	Number of grandkids	Education	Income $	Gender	Race	Marital status	Employment
1	Abby	64	2	Some college	20-30,000	Female	Caucasian	Married	Retired
2	Ben	66	2	Some college	20-30,000	Male	Caucasian	Married	Retired
3	Ella	55	1			Female	Caucasian	Married	Part-time
4	Claire	60	1	Bachelor's degree	98,000	Female	African American	Married	Retired
5	Daniel	62	1	Bachelor's degree	98,000	Male	African American	Married	Full time
6	Fiona	60	2			Female	African American	Single	Not formally employed
7	Gianna	65	1			Female	African American	Single	Psychiatric Nurse
8	Helena	51	3	Accounting	60,000	Female	African American	Legally unmarried	Was working full time.
9	Lauren	65		Some college	20	Female	Caucasian	Divorced	Part time
10	Ivy	60	2	Bachelor's degree	0	Female	Caucasian	Married	Part-time
11	Jerry	58	2	Bachelor's degree	0	Male	Caucasian	Married	On Disability
12	Madison	45	1	Some college	40,000	Female	African American	Single	Full time
13	Kate	42	1	Eighth grade	12,000	Female	Caucasian	Married	On Disability

1. How GRG Respond Positively to Crises

To analyze how GRG respond to crises, the researcher identified the challenges GRG within this study experienced and how they responded to these challenges. GRG share 7 main challenges: Undoing previous things; behavioral challenges of the children, housing, managing personal mental health challenges, financial challenges, dealing with difficult relationships with biological parents and other grandparents, and ineligibility for support generation gaps, and children's addiction to electronic gadgets and the internet. Table 3 presents the challenges below and also include how the participants in this study responded to these challenges, and how GRG promote well-being despite the challenges.

Table 3. *Challenges Faced by GRG, How They Respond, and Positive Strategies They Use to Promote Family Wellbeing*

Challenges faced by GRG	**How GRG respond**	**What GRGs do to promote well-being**
• Undoing previous things; behavioral challenges of the children • Managing personal mental health challenges • Difficult relationships with biological parents and family members • Ineligibility for support • Ineligibility for housing support • Lack of social support from family and friends • Managing difficult emotions • Children's addiction to electronics, the internet and inappropriate music	• Seeking and using medical approaches, counseling services, attending classes on related topics • Seeking government assistance and help from family members and friends • Using medical approaches and counseling services, accepting support from family and friends, and applying self-care strategies • Taking up more jobs, making meals at home rather than going out, allowing other family members to assist, and buying clothes from discount shops • Exercising patience, cooperating with court orders, and prioritizing the needs of the children	• It takes a village to raise a child: collaborative parenting • It's more patience when you go from raising your own to raising grandchildren • "I even have a schedule on the wall there for them" • I can just take it to God in prayer themselves • Planning their days in the house, allowing family support.

a. "***Undoing previous things";*** **Grandchildren's mental health and behavioral challenges.** The majority of the children being raised by their grandparents experience diverse forms of mental health conditions and behavioral challenges including ADHD,

PTSD, Autism as well as trauma-related behavioral challenges. Most of the grandchildren end up in their grandparents' home due to neglect, incarceration, and/or mental health challenges of their parents. Thus the children experience diverse forms of trauma which leads to diverse forms of behavior and mental health challenges. Jerry (60 years raising two grandchildren) described the challenges this way

> "Another challenge that I wanna speak to is the challenge of undoing previous things. Raising grandkids usually happens when there's a change in parents ability to handle their own children. And so sometimes that leads to impact on the grandkids.. So it has created some residual trauma which has been, you know, we've had couple of different therapists talk to both of these boys regularly. and they've got some diagnoses, including PTSD and for the other one he is significantly hyperactive and both of them are well."

To address these challenges some grandparents have accessed community resources including therapy and counseling. Other grandchildren use medications while some of the grandparents have adopted parenting styles that allow them to undo the things that their grandchildren have learned from their traumatic experiences. Not all the grandparents had access to the services and recourses needed by their grandchildren. Fiona (60 years old raising two granddaughters) shared her struggle:

> "Well like along when you have a child that's on the autism spectrum this child need skills and continue to be taught skills and everything that comes like, because I don't really totally understand everything about autism. I understand very little because you got children that on different ends of the spectrum and then in there you might have some ADHD. And most of the time, when people think of ADHD, they think of the where the kids are bouncing off the walls, and it can't be seated. And they just have a behavioral problem. Well, everyone's not like that at the other end, where someone may be low keyed. You know, they just I don't know. So those things need to be diagnosed and you need to give. They need the tools to be able to put them into place when they're going through and have any struggles and that would be also with the anxiety."

Abby (60 years, raising 3 teenage girls) strongly recommended that when grandchildren are placed with grandparents, the Department of Child Welfare should include all the services that the children need including financial services. This

grandparent was raising her biological grandchildren but was also a foster parent to teenage girls. She attested that when her grandchildren were placed in her home they did not come with all the services they needed. However, when the teenage girls were placed in her home for foster parenting, they came with all the services they needed. Is this more a resource issue? As Abby explained:

> "I don't think that they should put a kid in a home with their grandparent that's behaviors, or can score of 4, 3, or more without giving them the financial resources, because if you don't give them the resources based on that can score you creating problems. Because with that comes the home based therapist, the counselor, the Visitation Supervisor. You need all of those resources to help this grandparents move through this smoothly. And why? Because their grandparents do the system sometimes think that they don't need these things?"

In addition to behavioral and mental health challenges, grandparents also shared about the efforts they are making to help their grandchildren overcome or undo these challenges and teach them new and healthy values that will guide them in life. Below are the words of Jerry (58 years and raising two grandchildren)

> "So the challenge for that, of course, is not only overcoming previous problems created by their rearing or lack of it, but also properly developing their innate abilities, you know, helping them be successful in ways that they're of best equipped" …we do a lot of talking with the boys independently and collectively. trying to help them understand why touching somebody's butt is inappropriate. Why, it's not okay to show your body parts to somebody else even so far as on the bus Why is that inappropriate? Not just? Oh, you can't do that is why"

b. ***"We don't get to do much because, like I said, I'm on a very strict income";*** **Financial challenges.** While not all the grandparents were on a fixed income and struggling financially, some admitted that they were struggling while others were just managing. Fiona (60 years old raising two granddaughters) shared:

> "..so that's why a lot of stuff gets sort of crack. But my finances sometimes they can be tight and we go over our little limits and budgets for the month. But everything's been working out."

Kate has a stage four cancer diagnosis and is currently on disability. Kate (42 years old, raising her teenage son and her granddaughter). Kate is financially responsible for her teenage son and granddaughter and she admitted that they face a lot of financial challenges:

> "We don't get to do much because, like I said, I'm on a very strict income. So going out and doing luxury things isn't anything that we really get to do. If we're lucky I can budget going to McDonald's once a month depending on the month. If it's good, then we might even get to go to Arby's. But that's pretty much the sum of it. We don't. We don't really get to do a whole lot…. I'm trying to adjust to a thousand dollars income because I'm on disability, and that's all the income I get from me and 2 children."

Some of the grandparents responded to their financial challenges by accessing social support programs including food stamps, picking up extra shifts at work to make ends meet, pawning items, and accepting help from church and family members. *Helena* (51 years old who is raising three of her grandchildren) shared her experience in her own words:

> "I was working in medical records, but in order for me to make ends meet I had to pick up shifts working on the unit with the patients…..My schedule shift was from Monday through. I'm sorry, was Tuesday through Saturday was my schedule shift. but then I would pick up on Sundays and Mondays on the unit with the patients."

Kate mentioned that she received some help from family members at the beginning,

> "I had help from other people, you know, getting second hand items and even clothing, which anything else, I'm not picky. So I did get some support with that. And then my mom did help me get things like that together as well."

Another participant, Ivy (60 years old, raising two grandchildren) shared about her grandsons financial supports:

> "The boys are on Medicaid, so they get state. They get state healthcare and we get some support from my mother. She's really good about if they need shoes, or if we need to go buy groceries, and it's in the middle of the week instead of on the payday. We don't get anything from anyone outside the house. No, nothing else. Only their state healthcare which is very, very important amount of help because

> we use that frequently, especially with the oldest. One, who has, you know, had 2 or 3 procedures recently and those things we couldn't have paid for those things."

c. **Difficult relationships with biological parents and family members.**

According to the study participants raising grandchildren sometimes involves negotiating difficult relationships with family members as well as the biological parents. Sometimes there are court orders for grandparents to allow visitation with biological parents. Some of the grandparents shared that sometimes these relationships can be difficult and serve as a source of trauma for the children. In these situations, the grandparents have responded by engaging patience and endurance to accommodate the court orders. The grandparents do their best to allow the biological parents and the other family members including other grandparents to have access to the children despite their challenging relationships. According to the grandparents, dealing with situations like these are not easy and they have to make sure to separate their difficult relationships with these family members from their relationship with their grandchildren even though it's not easy. Fiona (60 years old, raising two grandchildren) passionately shared her experience:

> "I don't think that society I especially don't think the court system understands or even cares because in my situation in a lot of situations. If the court system really understood they would just give me full custody of these kids And have limit, visit very limited visitation with their mother. I know they love their mother, but their mother is hazardous to their health, mental health, physical health, and their total wellbeing So the court does not care because they put these kids back with her for extended period of time And since this is happening last August they are messed up mentally and emotionally."

Another participant, Gianna *(*64 years and raising her adult granddaughter who is 19 years old) also lamented about her adult daughter (her granddaughter's mother) and how she takes advantage of her granddaughter:

> "Her mom kind of uses her. So one of the things I taught [my grandchild's] how to build her credit. So she started out with a Walmart card, and I'm you know, told her about paying it off, and you know, even if it's little bit. And so then she got

> other credit cards. While she built her credit, her mom would always ask to use her credit card, and she just didn't know how to say no or as she made money, her mom would borrow money and So that's how she is actually active in [my grandchild's] life She goes back and forth. My daughter has anger issues, and it's kind of like she gets angry at her. She says mean things. Then she comes back and says nice things. So there's that verbal abuse [granddaughter's]psychiatrist told her that she's actually got some PTSD behind living with my daughter. She still loves her mom But it's not the most healthy relationship."

d. **Ineligibility for support** – Most of the grandparents expressed frustration with ineligibility for support. They attested that due to reasons such as income threshold, the children not being placed through the Child Welfare System and not having an official diagnosis, they have not been able to access much-needed support. Most participants attested that they tried to seek assistance and services, even though they did not qualify for most support and services. Here is how Helena (51 years old, raising three grandchildren) shared:

> "Everywhere that I went I was turned down even the school that I took the kids to. They told me to contact the township out here and township would help me get the kids school uniforms, and when I walked into township and told them my name. I never even got to sit down, she said. You're over income. Thanks for coming and sent me right out the door. Yeah. I had 0 help with my grandkids."

Another participant, Fiona (60 years old, raising two grandchildren) stated that she did not allow her grandchildren to be taken into the system because her grandchildren had already experienced so much trauma and allowing them to be taken by Child Protective Service (CPS) before being placed in her care would have exacerbated the trauma for her grandchildren and she wanted to avoid that. Although she is the primary caregiver for her grandchildren, she receives no support for them because the children were not placed in her care by the child protective service. As Fiona explained:

> "…. so I didn't wait to them for them to be put in the system to call cps and have them take it away, because that would been more trauma and I figured they did through enough trauma. So why should I add trauma. When I look back, everybody like well, if you had just let them get into the system, then you would

> be able to get more benefits and more programs and more assistance and money to help you. But I'm like that. All those things are not worth the trauma they would have to endure, because there's already been things that happened that's traumatic."

e. Housing – Additionally, Helena (51 years old, raising three grandchildren) was experiencing temporary homelessness and to address this situation she went to the state's Housing Authority but was declined assistance because she did not meet the eligibility criteria. She was not eligible for support because her grandchildren were not placed in her home through the court system. As she explained:

> "a difficult time that I've had since the kids have been here, like in March I reached out to the .. Housing Authority to ask for assistance with the kids being here. And I was told if they weren't put there by a court, you're basically on your own. So so that was challenging because I could not get any State assistance to help with the kids, because the court didn't put them here, my daughter did."

At the time of the interview, Helena was temporarily staying with a relative and was concerned about her housing situation.

f. **Lack of social support from family and friends** – Although this was not one of the big challenges among participants, they agreed that their lives would have been difficult without it. Kate, (42 years old, raising her biological son and granddaughter) one of the participants admitted that her life was difficult until recently when one of her aunties decided to help. She had had to cut off relationships with some of her relatives due to family dynamics. As Kate shared:

> "And it sucks very bad because I do not have a support system. And no family that helps at all like friends. I don't know. I have an aunt that just recently started taking my granddaughter since everything happened with my sister, taking off with my granddaughter. I had to pretty much cut all of my family out of my life because they associate with her. and she's not allowed around my kids ever again in life. like she's dead to us like legit... Besides my aunt and her daughter, they've recently started keeping her so that helps give me a break."

On the other hand, several grandparents shared that they have reliable support from friends, family members, and their church and emphasized how essential this support is for every grandfamily. Jerry (58 years, raising two grandchildren) shared:

> "[Social support] is crucial, absolutely, absolutely. We need I think any anybody who is parenting or grandparenting full time needs a support system behind them that they can call, because we need time to just be us as well, and… But we try to find little times a couple of times a month, just to be just us, because we also need to support each other in this endeavor to also parent again."

g. **Managing difficult emotions; mental health, grieving, and anger.**

Participants admitted to mental health challenges such as depression, crying a lot, and anxiety and how they are addressing these challenges. "I actually am a psychiatric nurse, not a nurse practitioner. But I'm a psych nurse, and I also have my own mental illnesses" Gianna (64 years old, raising her adult granddaughter who is 19). Helena, (51 years old, raising three grandchildren) another participant shared her experience and the medication she was given by her doctor. Helena narrated her experience:

> **"**My doctor recently gave me Sembalta to help with a depression. It it helps, I mean, I can tell when I don't have it, because I'm very. I'm more tearful than I usually am. but it helps. I I think I'm pretty level headed because I know what the the end goal is. And that's just to make sure that my grandkids are healthy and happy, and I try to make things as normal for them as I can without their mom."

Other participants expressed diverse self-care strategies such as taking time with their pets, listening to music and books on tape, spending time alone and spending time with their partners, and many others. Lauren, (65 years old, raising one non-biological grandchild) said she spends time with her pet and bowling. Lauren shared:

> "So I get more support from my cat and … and [we] used to do bowling, we used to go to the Bulgar Valley up on Washington Street, and we bowled the deed."

Another participant, Fiona (60 years old, raising two grandchildren) also said,

> "I don't know. Sometimes it's I guess it's different things at different times like, like I was saying, I listen to my books on tape. I like music So I'll just turn

> Pandora on and turn on some jazz. No words. I don't wanna hear no words. Just Jazz."

Although almost all the participants have positive strategies they use in managing their mental health conditions, one of the participants who was struggling severely shared:

> "Not easy. I hold a lot in. I don't. I don't get to express myself. I don't get to like. Nothing is about me. so I have to hold everything in. I don't talk about my condition perse. Things only get talked about when I'm about to freak out. and so I have to deal with every person separately. So I just have to deal with each person's needs, one at a time, as it comes to me so like with my husband. If he has an issue or something or the other. you know. I just have to handle it like work it out, whatever. The same with my son, and the same with my granddaughter, and the same with my mom. …..So I just have to cater to everyone's needs as they. And it's like no one caters back. So it's very overwhelming and ideally, you know. I'm dying, and I don't even know how long I have. So you would think everybody would want to partner up, make everything easier on me. But I feel like, since I've got diagnosed, everyone is put more on me. Wow! So I feel like I have no choice to to try every single day like as hard as I can. no matter how much I hurt no matter how much I feel sick, how much, how much I mentally like beaten. I have to get through every single day, one way or another."

h. **Children's addiction to electronics, the internet, and inappropriate music.** The grandparents, especially those who were raising teenagers, shared their frustration with their grandchildren's addiction to their electronics, the internet, and the type of inappropriate music they listen to these days. The grandparents also talked about inappropriate fashion these days and some different cultures being promoted on social media. Abby (60 years, raising three teenagers) shared:

> "You are shopping in malls, and none of these clothes are age-appropriate. So the designers of the clothes are making clothes for 5 and 7 year olds look like little prostitutes. Then let's talk about the music. The industry is making music, and I tell these girls all the time. Why do you want to listen to somebody talking about calling you up a ho [prostitute], and what you do to him. These are things you do in private, and some of these things you do. Once you have committed and honor God got to a marriage certificate so inappropriate relationships and challenges where these kids are thinking he owns you. Its it's rough 30 years ago things were a lot easier technology is really played a negative role, and the fact that we used to couldn't see a woman's breast on TV never would have the sit, even the sitcoms

> Everybody got a gay person or same sex romance, and it's just too much for these kids to see."

Abby added that to address these challenges they respond by attending parenting classes, trying to enforce values they believe the children need by enforcing disciplinary behaviors at home, and engaging the children in mentorship and leadership development programs. They also make efforts to enforce their value for education in their home for the children to learn the value of education and the need for all the children to go to school at least to the college level. According to Abby:

> "….taking these classes that they offer, some of these racial equity. You need some social, emotional learning…. we have family meetings, and during our family meeting time we're talking about what their goals are because one of the things that we are we send 6 of our eligible kids to college. What are you gonna do? What do you want to do? We have to start working now."

2. What Strategies Are Grandparents Using to Promote Family Well-Being?

a. **"It takes a village to raise a child":** Collaborative parenting. Grandparents acknowledge the fact that it takes a village to raise a child. While this is one of the motivating factors that brought some of the grandparents into raising their grandchildren, it is also a strategy that helps them to raise grandchildren. Some of the grandparents have accepted that because it takes a village to raise a child, they do not have to do everything by themselves. They allow other relatives, friends, and church family to be part of the grandchildren's lives. For some of the grandparents, this helps the development of the grandchildren and it gives them time to have some respite. Some grandparents also include the children in extracurricular activities such as mentorship, leadership training, and art programs to help the grandchildren develop those vital human and social skills for their future. Jerry (58 years old, raising two grandparents) stated:

> "Because at the end of the day we are still parenting. But my perspective on the expanded or extended group of people in our support circle is a little different. I

> see it as a necessity for proper development because of the old adage, It takes a village to raise a child. They can't be isolated or raised in a vacuum And just our little silo of our home because they're gonna get a false idea of what the rest of the world is like. They're not gonna understand how to interact with just anybody if they experience other people. And so the other people around us who also support us and also interact with them are absolutely crucial. For that reason they must experience somebody other than us because we are old...Crucial, absolutely, absolutely. We need I think any anybody who is parenting or grandparenting full time needs a support system behind them that they can call, because we need time to just be us as well."

Another participant expressed how important it was for them to maintain a balance for the children by utilizing diverse resources. Abby the participant said it

> Researcher's question: "So it sounds to me like and correct me if I'm wrong. But you've kind of divided the responsibilities of raising the kids and you do your part but you also let community organizations also, help with what they are set up to do."
>
> Abby: "Yeah then there, I believe in creative arts, we have to have a balance. And so the arts organizations like Eva Dance or Sante. I think that helps kids become well-rounded."

b. "**It's more patience when you go from raising your own to raising the grandchildren."** Grandparents acknowledged that it takes more patience when one takes up the role of raising grandchildren for several reasons. They shared that it is an adjustment for both the grandparents and the grandchildren. They have to adjust to their new life and it takes a lot of patience to transition and get to a place of normalcy. Grandparents have to slow down their lifestyle to accommodate their new life involving the grandchildren. Likewise, the grandchildren have to adjust to the new set of principles in their new home. As Helena (age 51, raising three grandchildren) shared:

> "Absolutely as far as the patience. I had to be patient because it was an adjustment period for all of us. So it's not. I'm always on the go like every moment I'm on the go. I have something to do. But now that I have minors I had to learn to be patient because they can't just get up and go like I was used to getting up and going."

Another grandparent, Lauren (age 65, raising one non-biological granddaughter) admitted that she disciplined her own children differently but now that she is older and raising her grandchildren. She has learned to be more patient and use other forms of discipline:

> "It is more patience when you go from raising your own to raising the grandchildren. That's where my son gets into your softer now. You're more lenient No, I've learned more patience. Instead of reaching out and touching them I've learned to talk learn to communicate learn to ground more…I've learned more patience. Instead of reaching out and touching them I've learned to talk learn to communicate learn to ground more.... It's just. It's totally different raising grandkids than it is raising your own. It's just a different. Maybe Sam's right. Maybe I did just get soft. I mean, honestly, you do. You. You change as you get older, but you learn some patience."

c. "**I even have a schedule on the wall over there for them"**. Planning schedules and maintaining a routine in the house. Almost all the grandparents mentioned to keeping a schedule, routine, or timetable to help maintain order within the household. Some of them showed their timetable posted on the wall during their interviews. They attested to the fact that it helps the children to know what they are expected to do at what time. Helena (age 51, raising three grandchildren) shared:

> "Yeah, so typical day for me up at 4:30, and I work from 6 to 2:30. Sad face. And by the time I'm home at 2:30, the youngest one. he gets off the bus at 4. We prepare dinner. I even have a schedule on the wall over there for them. For the younger two, obviously, what time they do homework, what time they do chores? They even have a TV time over there they have a reading time. Yeah."

Likewise Jerry (age 58, raising two grandchildren) shared:

> "Less now. So then, when they came, because when it started, we were try to figure out what kinds of trauma and what kinds of issues they were struggling with, and where we would be able to comfortably continue our normal routine without further traumatizing them. But since the years [have]gone on they've become very comfortable with just their place here. They're own comfort our consistency. Consistency is probably the biggest thing for them. And so there's a lot less of that initial crisis management and a lot more just routine now. But they're still young boys, and it's still absolutely unmitigated chaos."

d. "**I can just take it to God in prayer…..He's all I got".** Engaging in faith activities such as going to church and praying was also mentioned as a source of strength for some of the grandparents. Some of the grandparents attested to the support they have received from God and church, their faith community, while others talked about prayer being their source of peace when they do not know what to do in times of difficulty.

> "Madison (age 45, raising one grandchild) shared this; I guess, is something that I do have to over overcome but definitely, just to put it as simply as I can just take it to God in prayer and I may cry, or but definitely fine My He is my source of peace. He's all I got. Sometimes. When things are really bad like I'm having to pay either like the other day."

Another participant Claire (age 64, raising two grandchildren*)* said

> "I'd like to say, God, he put us in a position where It's gonna go ahead and retire. You know we're we're debt free. We had to adjust our living a little bit. but we can still go out, you know, for breakfast or lunch after mass on Sunday and treat ourselves here and there, you know. But then you know, we try to pray about everything before we do it, and see what God wants us to do. Additionally, Lauren (age 65, raising a non-biological grandchild) attested: I have to. This is the only. I pray my whole life. My grandma taught me at a young age, even if you can't make it to church. Always people. my kids. Yeah."

3. How Do GRG's Earlier Experiences in Life Influence Their Parenting Experience with Their Grandchildren?

The study participants shared how they draw from the values and strengths they have built over time throughout their own experiences growing up in childhood and during their first experience of parenthood in raising their grandchildren. Some of the grandparents shared how they can relate to the experiences of their grandchildren because their grandparents also raised them. Others shared about family culture and values they learned growing up and, although times have changed with existing generational changes, they also try to teach their grandchildren these same principles, family culture, and values. They also talked about the assets that they built in their lives prior to stepping into

raising their grandchildren that have been a great source of protection for them. Some of these assets include having a strong marriage, a supportive family and friends, a church community, and previous parenting knowledge. Additionally, some of the grandparents still utilize the same programs they attended when they were young for their grandchildren. Below are some of the direct quotes from the research participants. Jerry (age 58, raising two grandchildren) shared:

> "And I'm fortunate that I had a very similar experience growing up because I was surrounded by grandparents, by my mother's parents and my father's parents both. We're active the whole time I was growing up where I went to stay with my grandparents. We di festivals at their cities, and we would spend time with them. We were. We went to see my grandparents a lot, and we had a garden size of a football field. So I learned how to put food up and how to work in a family unit, and how everybody picks up and everybody does. Nobody says, Oh, you need to do that because… Yeah Because what grandkids need again getting back to the idea that they come from a place or a situation rather, that involve some kind of transitional trauma, or some kind of issue that led them to be living with their grandparents. Whatever it was the cure for it involves consistency and routine and people who have a successful, healthy marriage have learned how to do that with both conflict and complement. We aren't just in agreement all the time. We hey? We also have a way of managing what we don't agree about such that it causes. I don't want to say harmony, but resolution compromise. Well, we reach. Yeah, we can compromise easily. Yeah, we reach a state of just balance conflict. So that's caused by having a marriage you've worked through for 30 ish years grandparents who have a good healthy marriage like you were talking about will be better equipped for raising grandkids, for sure".

Additionally, Abby (age 60, raising three teenage girls) shared:

> "So now let me tell you, what we have had is both of us have had the blessing of two-parent households right but hit positive grandparents like we went camping with my grandparents. We carry a tradition right now, and that's going to the 500 mile race into the parade, even though it wasn't will be very few blacks there But my grandfather said, You know, hey you can enjoy the sport of racing and be any Yeah. Actually, I will be but we were always looked at because it wasn't a lot of blacks out there, but we still do it. My grandfather started doing it in 1940 with his kids. And now my kids are enjoying it."

Abby again shared about a program a she participated in which was good for her and now she and her husband also enroll all their children.

> "And so because I love the concept of that program…. And I was in the First class, second class of Center for leadership development their career exploration The program has grown over 40 years Move locations But I we put all our kids right now, I have 2 that are in center for leadership development They have to be there tonight from 6 to 8. So I know about that program because my parents put me in the program and the program is still thriving, and I see it as a positive resource children museum and a lot of programs that come out of there will programs are created in my 35 years of being employed there."

4. How Do Positive Strategies and Cumulative Assets and Values Of Grandparents Protect Their Family from Certain Crises?

According to the RPM protective factors include self-regulatory strengths, interpersonal relationships, and meaning-making factors as shown on Table 4 below. This section begins with the table, discusses the three main functional domains of RMP prior to providing results for question 4.

Table 4. *Three Functional Domains of Protective Factors*

Self-Regulatory Domain	Interpersonal Relationships	Meaning-making Domain
• Tenacity • Resourcefulness • Self-care practices including spending time with their pets, spending alone time or with each other as a couple. • Managing their own mental health and psychological challenges through therapy and medication. • Allowing themselves to grieve and have their moment but not allowing the grieve to overtake them because they know they have to remain strong for their grandchildren.	• Allowing other family members to support and be part of the lives of the grandchildren and appreciating them for their support. • Getting to know the children and tailoring their parenting to help grandchildren undo the traumas they have experienced and learn new values. • Accommodating other family members for the benefit of the children and not even. • Protecting their relationship with the children from toxic relatives. • Following court orders. • Establishing schedules and routines to maintain order in the home.	• Being grateful for their grandchildren, praying for them and being involved in spiritual practices -Faith • Accepting their new life with grandchildren. • Accepting and drawing strength from knowing they must remain strong for their grandchildren. • Having hope in their grandchildren • Accepting the generational difference. • The children are better being with them and growing with family rather than being in the system. • That they are able to impact the children's life positively by teaching them good social values and traditions that have been within the family for generations. • The Grandchildren are their own and they will not have it any other way than to sacrifice for them.

Self-Regulatory Strength of GRG

According to RPM, self-regulatory strengths include components of emotional, cognitive, behavioral, and psychological strengths. Self-regulatory strengths enhance the capacity to have control over one's emotions and to maintain a tenacious mindset and behavior through tough times, which can include grit and hardiness. In this study the participants demonstrate self-regulatory strengths including tenacity and resourcefulness. They also engage in self-care practices including spending time alone, with their pets, and with their spouses. Another way that the grandparents demonstrated self-regulatory strength is managing their own mental and psychological health challenges through therapy and medication. They also allow themselves to grieve (those who have lost their adult children) and "have their moments". A after that they learn to accept their situation and draw strength from knowing they have to remain strong for their grandchildren. Ella (age 55, raising one grandchild) shared her experience this way:

> "I have my, you know, granddaughter who needs her grandparents and we've got to be there mentally, physically, psychologically, for her as well because I mean I can't just be sad all the time. I have my moments, and I think of my son every single day... We, me and my husband, we allow our time cause when you lose a child you never stop grieving. But I cannot let it rule my life. Because that baby needs me. You know she needs what family she's got left, you know and she is worth it. And I love her to bits. And she I just love her little personality."

Interpersonal Relationships

Under the RPM, interpersonal relationship strengths cover personal skills and qualities that preserve relationships with family, friends, and neighbors. This level of strength also covers the context of culture and interaction with the community. The participants in this study stressed the vital role of social support from family, friends, and church groups. The grandparents shared that allowing family members to support and be part of the lives of the grandchildren was important not only to help the grandparents but

was also good for the development of the children. Grandparents shared their appreciation for the support they received. Sometimes, grandparents have to accommodate family members who they have difficult relationships with for the benefit of the children, especially if there is a court order for the children to see and spend time with these relatives. Ella (age 55 raising one grandchild) shared, *"we're trying to work with the other grandparents as much as we can just to keep things civil for right now, because, like I said, they're not too happy that we are actually pursuing adoption."* Additionally, Ivy (age 60 raising 2 grandchildren) shared about how she made efforts to include the grandchildren's mother in events although the mother seemed uninterested. Ivy's and her grandchildren are now desensitized to their mother not being around:

> "They don't ask about her at all. Yeah, the younger one's birthday celebration was just this last Sunday. For scheduling reasons, we just couldn't do it any sooner than that. And I sent an invitation for Mom and the baby to come, and she said, "Well, I'll try to make it". But she didn't, and I didn't make a point of bringing it up to the younger son at all, and he didn't mention it. He didn't. He didn't seem to miss her, so they all, they've both become desensitized to her not being around, and her not calling..."

Some of the grandparents also shared about how they protect grandchildren from toxic relatives and added that it is also vital to get to know their grandchildren and to tailor their parenting in a way that would help the grandchildren undo traumas and learn new values. The grandparents also attested that to maintain order in the home, it helps to establish schedules and routines.

Meaning–Making of GRG

Meaning-making involves the individual's ability to comprehend and describe the experience. This category may include problem-solving skills, faith, and hope. When it comes to faith, the grandparents attested to engaging in prayers and other spiritual activities that have helped in the past and continue to help them and their families. The

grandparents shared that they accept their new life as primary caregivers. They are grateful for their grandchildren, and they pray for them. Grandparents draw strength from knowing they must remain strong and have hope in their grandchildren. According to the grandparents, they know that their grandchildren are better being with them and growing with family rather than being in the system. They are grateful they are able to impact their grandchildren's life positively by teaching them good social values and traditions that have been within the family for generations. The grandchildren are their own and they would not have it any other way than to sacrifice for them. Kate shared:

> "...I've got her that I see every day, and then I have another granddaughter I'm not allowed to see at all. So I would say for me it's definitely bonding, the relationship I get to have with her. I love her happiness when she's happy. I love getting to be there for all of her firsts. I love getting to watch her happy. You know, when she is happy, and I mean the struggle is there and the hardness is there, but I mean I love her, and I would not want her with anyone else besides me if she can't be with her mama."

Results for Question 4

While the issue of how the protective factors grandparents have protected grandfamilies from future crises was not talked about much by the participants, it is vital to note what two of the participants shared during the interview. Madison (age 45 raising one grandchild) mentioned during the interview that her family and the Martin Luther King (MLK) Resource Center have been helpful to her. The interviewer asked if having family supports and having the MLK center protected the family from some crisis. Madison responded that she thinks she probably has been protected from a mental breakdown. This is a quote from the interview: [do you think having your family, the MLK center your daughter has protected you from any crises situations?], "Probably a mental breakdown."

The second participant Ivy (age 60, raising two grandchildren) mentioned during her interview that the grandchildren they are raising were on Medicaid which has been extremely helpful to them. She added that one of the grandchildren has had a number of procedures done and they could not have covered the cost. Ivy shared:

> "The boys are on Medicaid, so they get state. They get state healthcare and we get some support from my mother. She's really good about if they need shoes, or if we need to go buy groceries, and it's in the middle of the week instead of on the payday. We don't get anything from anyone outside the house. No, nothing else. Only their state healthcare which is very, very important amount of help because we use that frequently, especially with the oldest. One, who has, you know, had 2 or 3 procedures recently and those things we couldn't have paid for those things."

Additionally, the participants shared testimonies about some positive changes they have seen with their grandchildren. Due to the care, provision, and safe space that the grandparents are giving to the grandchildren some of the grandparents attested to some positive changes that they were beginning to see in the lives of their grandchildren. Some of the grandparents attested to positive behavioral changes and growth. Here is a quote from one of the participants who said that their grandchildren now feel safe and comfortable in their home and even talked about it in their therapy session.

> "And so the boys still have some residual trauma from that. But they are feeling now more safe, being here than anywhere else that they've ever been. and they share that with their therapist as well, that we've created a safe space where they know nobody's going to harm them. And they're they're not going to be taken away from us."

Other grandparents, Ivy (age 60, raising grandparents) have seen positive behavioral change as well as new growth which they attribute to the new school that the children attend. This is a statement from.

> "Yeah, there's a lot of behavior issues that have kind of resolved themselves over the last year. There's still the younger one was not at all affectionate when he 1st came, and now he's very affectionate and wants to climb up in the lap and and get hugs and wants to sit there and listen to stories. He doesn't. He wants to talk, but he'll tell you stories. He doesn't really want to listen to anybody. He will sit with

> me and ask me a mind-numbingly long series of just sequential questions…….He wants to be in someone's presence, who is attending his thirst for understanding, which is something that we've seen grow in them. One of the changes that we've seen is not just the repair of problems, but also new growth. And so they are developing which I attribute to their current school. They were in a very good school and it's a public school, but it's very well done, and they're developing natural curiosity about everything in the world. Fortunately, I also have natural curiosity about everything in all topics. And so I'm constantly looking into things and seeking out information from experts about just whatever question pops into my mind. And so I relate whatever I find out to them as often as possible, because one of the things they didn't have, we've noticed, is meaningful interaction when they wanted to understand something."

Fiona (age 60, raising two grandchildren) also shared about the positive noticeable change that she has seen with her grandchildren. Now they take more pride in their appearance and a friend even mentioned to her that her grandchildren have come really far since they moved to her place.

> "…. they take more pride in the things they do for themselves their appearance which is great, because before there they didn't even think about their and appearance They just most of the time wore the same clothes date few days, or whatever maybe wasn't washing on a regular basis and well, I would know that, you know. Yeah, definitely And things like that. So they take more pride in their appearance when they step out the door Because I was like this morning is like, I can't move. I'm a zombie. So I was lik I was like, Come here, let me see you what you got on. I said, Okay, I said, Yeah, it looks nice today. That's cute. Okay ….You know. It really makes me feel good, because sometimes I didn't. I didn't think about it like I was doing a farmer's market, and that's when somebody delivered One of the children took me at the farmer's market and I was telling one of my friends who her sister, had her grandkids, and you know, in fact, this is way. Before I got mine, and the struggle she would go through. And I was. I mentioned something to her, she said, girl those kids have come a long way since you first got them you know."

a) Cumulative assets - Another area where grandparents show strength and resilience is by drawing from their cumulative assets. The grandparents in this study expressed certain cumulative assets or advantages that are worth mentioning due to how vital they are to the experience of GRG. These assets include having a strong marriage, previous knowledge from raising their children, family traditions, values, and principles

they have learned growing up. The participants from this study demonstrated diverse ways by which they draw from their own experiences to support and address the challenges associated with raising their grandchildren. For instance, some of them are using programs they participated in growing up with their grandchildren. Others are teaching their grandchildren the values and principles like discipline and consistency which they learned growing up while others are sharing generational fun activities with their grandchildren. In addressing financial challenges, some of the participants are making things work by using previous strategies they used when raising their own children that worked including cooking meals at home and including the grandchildren in the meal preparation rather than eating out. Some of the grandparents who were married talked about how having a healthy marriage bond has been helpful because they have already built strategies for dealing with conflicts and compromise. For instance, Jerry (58 years and raising two grandchildren) shared his experience:

> "…and people who have a successful, healthy marriage have learned how to do that with both conflict and complement. We aren't just in agreement all the time. We hey? We also have a way of managing what we don't agree about such that it causes. I don't want to say harmony, but resolution compromise. Well, we reach. Yeah, we can compromise easily. Yeah, we reach a state of just balance conflict. So that's caused by having a marriage you've worked through for 30 ish years grandparents who have a good healthy marriage like you were talking about will be better equipped for raising grandkids, for sure."

Member Checking Results

Member checking was conducted with 5 participants (Ivy, Jerry, Claire, Daniel, and Madison). Each session was conducted over the phone and lasted between 25-35 minutes. Before the session started the research explain what member checking was adding that it is a process that is meant to enhance the validity and trustworthiness of the data and analysis of the researcher. Therefore, they should feel free to interject with

comments, add ideas, point out anything that was not correct about their experience or even add perspectives that they forgot to share from the time of the interview.

All the five participants agreed with the data and the results of the analysis. They all reemphasized how important social support was for them especially from the immediate family members around you. Madison added that "Immediate support team [is very important] because I don't think I'll be able to do half of the things I'm able to do so far as taking a breather or working like if it wasn't for my mother, sister or my daughter, I don't know where I would be".

Another important point that Ivy noted was how important having a routine is for children and even the mental health of the grandparents as well. She added that "What we didn't know as parents that we now understand better as grandparents is about scheduling and routines being so important to children. Like we have our grandchildren enrolled in different activities on Monday and the same time on Tuesday. Them knowing these routines and like having a bedtime routine really makes if better for them as well as our own mental health because I can almost guarantee that the boys are going to be in bed by this time which makes it easy for my own schedule as well". Terry also added that "routine and predictability reinforces stability and consistency".

When the researcher shared about one of the recommendations of the study, which was that practitioners who work with grandparents should share when they observe positive changes in the lives of the children, Terry agreed and added "Especially when [comments] it is something that is honest and objective from an observer who has analytical mind its very helpful.

CHAPTER 4: DISCUSSION

This study used the resilience portfolio model (RPM) to examine resilience among grandparents raising grandchildren while living in a midwestern state. The goal of the study was to highlight the strengths and resilience of GRG by exploring how they respond to challenges associated with raising grandchildren, the positive strategies they have established that helps to maintain the well-being of their families, how their previous experiences influence their parenting experience, and how all the protective factors protect their families from future crisis situations.

The results show that the participants of this study experience several challenges in raising their grandchildren of caregiving including grandchildren's behavioral challenges, managing their personal mental health challenges, financial challenges, difficult relationships with biological parents and other relatives, ineligibility for social programs, challenges of the negative culture and social media addictions of the youth to the internet (or to digital devices). The grandparents' response to these challenges include medications, therapy, and counseling to address both their personal and their grandchildren's mental health challenges, seeking government assistance and help from family members and friends to address financial and housing challenges, using self-care strategies to ensure that they take care of themselves, obtaining more jobs to address financial challenges, making meals at home rather than going out to makes ends meet and exercising patience to address children's behavior.

Secondly, the results showed that grandparents have established positive strategies in their families that are helpful in maintaining family well-being. These

positive strategies include a) collaborative caregiving, b) practicing patience c) planning schedules and maintaining a routine in the house, and d) engaging in faith activities.

Thirdly, GRG's earlier experiences was shown to have a positive influence in their parenting experience with their grandchildren in diverse ways. The participants showed that they draw from their previous experiences growing up and during their first experience of parenthood in raising their grandchildren. Some of the grandparents are teaching their grandchildren family cultures and generational values they learned growing up. Additionally, cumulative assets such as having a strong marriage, positive family traditions values, and principles learned growing up are also helpful in raising grandchildren and impacting their lives.

Lastly, the results of this study showed that protective factors shelter grandparents and their families from certain types of crises such as psychological breakdown and further financial challenges. Additionally, these protective factors are also yielding positive results in the lives of their grandchildren.

Challenges and Caregiving Stressors and GRG Response

The results of this study show GRG’s resourcefulness, tenacity, and the extent to which they are willing to go to ensure that their grandchildren are cared for and protected. GRG are willing to learn new skills, adopt to change in their routine and lives, forgo their own plans, accommodate family members with whom they have difficult relations to endure that they follow court orders, take up additional jobs to make ends meet, and exercise patience with their grandchildren. This study reveals that grandparents are willing to bear the challenges of caring for their grandchildren and address the challenges as they arise. The resilience and strength of grandparents is shown in their sacrifice,

resourcefulness, tenacity, flexibility in accepting and adoption to change when they face challenges of raising their grandchildren, and how their efforts brings stability and positive changes into the lives of their grandchildren. The results show that the study participants of this study experience several challenges and caregiving stressors including addressing grandchildren's behavioral challenges, managing their personal mental health challenges, financial challenges, difficult relationships with biological parents and other relatives, ineligibility for social programs, dealing with negative culture and social media addictions.

These challenges and caregiving stressors corroborate findings from existing studies (Hsieh et al., 2017; McKenzie et al., 2010; Stein et al., 2014). For instance, Ellis and Simmons (2014) reported from their study that GRG may experience an elevated risk of poverty and other forms of material challenges including food insecurity, medical and daily expenses, and cost of housing. In addition, according to Bailey et al., (2013), GRG receive less governmental aid due to the informal care arrangement outside of the child welfare system. When it comes to GRG's mental health, research has also indicated that GRGs experience depressive symptoms that are within the range of clinical concerns (Bigbee et al. 2011; Whitley et al. 2016). In a longitudinal study involving 335 grandmothers in the United States, Musil et al. (2019) reported that about one-third of the participants were diagnosed with depression at baseline and 82% reported that they were taking medication. The housing difficulties among grandfamilies continue to persist and (Hsieh et al., 2017; Purcell et al., 2014). Studies that have focused on the impact of the corona virus pandemic have reported that the pandemic has elevated preexisting vulnerabilities for grandfamilies (Xu et al., 2021).

The results also indicate that GRGs respond to challenges with diverse protective factors. GRG draw from all three functional domains including self-regulatory strengths, interpersonal relationships, and meaning-making when addressing challenges. One of the major self-regulatory strengths that they all acknowledged was patience. GRGs acknowledged that it takes a lot of patience when with grandchildren. Some of the interpersonal relationships include maintaining a support system and allowing the grandchildren to interact with other members of the family who have an interest in the children's lives despite their difficult relationships with those family members. They also emphasized how important it is to have a support system comprising of family members, friends, and other loved ones not just to support the grandparents but also to enrich the experiences of the grandchildren.

According to the grandparents, the rich experience of grandchildren with others apart from the grandparents helps in their development. Grandparents' resourcefulness is also shown in the way they make efforts to access social services and programs in times of need and how they find ways to make things work despite financial challenges. Some of the grandparents accept support from their churches, and family members, search for items off of Facebook market, and find fun activities and programs that can benefit the children. Thus, it is important to highlight the vital role of interpersonal relationships. Grandparents raising grandchildren do not only need financial support but also relational repair. Life is lived in the context of relationship as demonstrated in this study by the participants acknowledging: "It takes a village to raise a child". Relational resources such as love, care, and support from others are essential and fundamental to life. Grandparents

who lack these resources should be helped to repair broken relationships or helped to build new ones from which both they and their grandchildren could benefit.

When it comes to meaning-making, the ability to provide and care for grandchildren means a lot to grandparents and despite the associated challenges, the participants acknowledged that they would rather take on the challenges than to have their grandchildren in the foster care system. Despite the challenges associated with raising their grandchildren, the grandparents shared how they drew strength from knowing that they have to be strong for their grandchildren.

Although most studies involving grandparents have not explored both challenges and grandparents' responses to those challenges concurrently as in this study, other studies have explored coping strategies of GRG separately (Choi et al., 2016; Taylor et al., 2018). For example, Choi et al., (2016) reported that some grandparents use a problem-focus coping strategy by finding information on respite services to manage stress, mental health counseling for both grandchildren and themselves, and learning new parenting techniques. GRG can also find enjoyment and pleasure in their nurturing role, engagement with their grandchildren, and the ability to provide a stable and loving home for their grandchildren to flourish (Taylor et al., 2018). The findings of this study corroborate the findings of some of the existing studies which focused on examining the coping strategies of GRG.

Strategies That GRG Have Established to Promote Family Well-Being

The results of this study demonstrate the strategies that GRG have established that promote the well-being of their families. These strategies include collaborative parenting, exercising patience, planning schedules, and maintaining a routine at home, and engaging

in faith activities as their source of hope and peace. The collaborative parenting idea came from an African proverb that says “it takes a village to raise a child”. Some of the participants acknowledged that their reason for agreeing to raise their grandchildren is because of this statement. Thus, if the parents are not able to raise their children grandparents will step in to help. However, as demonstrated in this study, other grandparents have also taken this as a strategy to maintain the well-being of their families by building a support system of willing family members and community organizations and programs to help them raise their grandchildren. The positive influence of social support (both informal and formal) on reducing stress in times of adversity has been recognized and reported by several researchers (Geens & Vandenbroeck, 2014; Hong et al., 2011; Vangelisti, 2009). This strategy may help other grandparents who might have the mindset that they have to do everything by themselves not to disappoint their grandchildren.

Most of the grandparents acknowledged that the children they are raising come into their lives when their parents are not able to care for them. Thus, the children may have some traumatic experiences and behavioral challenges that need to be addressed. Grandparents patiently study the children to have a better understanding of their challenges and see how best they can help them to undo some of the behavioral challenges and help them learn healthier behaviors and values for life. Parents raising teenagers especially talked about the generational difference in music, culture, and values. Thus, it takes patience to raise grandchildren because of these generational differences. These results corroborate the results of other researchers (Sampson et al., 2015). Sampson et al. (2015) examined the experiences of GRG and their challenges and

reported that grandparents have considerably more patience now than when they were younger.

Additionally, the participants shared that planning and keeping a schedule helps to establish and maintain a routine in the home, helps to keep things straight around the house, and it helps the children to know what to do at a given time. This helps to maintain order in the home and helps the children to get used to their new routine in their grandparents' home. Another source of great support expressed by grandparents was engaging in faith activities. Some grandparents attested to receiving monetary and other forms of support from their church while for others just their beliefs, and the act of rendering prayers to God has been a source of peace and strength. Although some researchers have reported finding no evidence to support the belief that religion and spirituality foster well-being among grandparents raising grandchildren (Wilmoth et al., 2018), the results of this study corroborate those of existing studies that highlight the vital role of religion as an important coping mechanism for many GRG (Dunfee et al., 2021; Hillman & Anderson, 2019; Neely-Barnes et al., 2010).

How Do GRG's Earlier Experiences in Life Influence Their Parenting Experience with Their Grandchildren?

The results show that GRG's earlier experiences in life influence their parenting experience with their grandchildren in diverse ways. The participants showed that they draw from their previous experiences growing up and during their first experience of parenthood in raising their grandchildren. Some of the grandparents noted that it was easy to slip right back into raising children again since they were not empty nesters for long. Other grandparents are teaching their grandchildren family cultures and

generational values they learned growing up. Additionally, cumulative assets such as having a strong marriage, positive family traditions values, and principles learned growing up. Although all the protective factors shelter grandparents and their families from certain crises, they also yield positive results in the lives of their grandchildren.

How the Positive Strategies and Cumulative Assets and Values of Grandparents Protect Their Family from Certain Crises

According to the four guiding mechanisms, protective factors can help people certain types of adverse events termed prevention pathways (Grych et al., 2015). These prevention pathways include insulation, density (poly-strength), buffering effect, and inoculation (Grych et al., 2015). Although the mechanism of RPM was not explored thoroughly in the study, the results showed the insulating effect of protective factors where Madison (age 45, raising one grandchild) attested that having a support system made up of her family members and her granddaughter in her life has possibly prevented her from having a mental breakdown. Another illustration of the insulating effect of protective factors is seen in the case of Ivy who shared that the government health insurance has been tremendously helpful because they could not have paid for the procedures their grandson needed. Additionally, the participants agreed that raising their own children helped them prepare for raising their grandchildren. This can be attributed to the inoculation mechanism of RPM which means that their previous experiences from raising their own children helped them to prepare for raising their grandchildren.

Inferring from the responses of GRG to the challenges of raising their grandchildren, they draw from all three functional domains of the RPM; self-regulatory strengths, interpersonal relationships, meaning-making and cumulative assets. Self-

regulatory strengths include emotional, cognitive, behavioral, and psychological strengths (Cole et al., 2004) which in this study include patience, self-care activities, tenacity, and resourcefulness. Grandparents raising grandchildren also draw from interpersonal relationships (support systems) and they shared how essential interpersonal relationships are in the lives of GRG. Grandparents draw from meaning-making strengths by demonstrating a lot of problem-solving skills, faith, and hope in the way they respond to the challenges they encounter raising grandchildren. Lastly, grandparents cumulative assets also serve as a protective factor that helps to promote the well-being of grandfamilies.

Expanding the Narrative and giving Grandparents Raising Grandchildren the Recognition They Deserve

GRG initially has been associated with challenges and negative outcomes including decline in physical and mental health, social isolation, financial challenges, and many others (Hayslip et al., 2019). Although these experiences may be true it only presents one sided view of the experience of grandparents neglecting their strengths and positive efforts and changes, they are making in the lives of their grandchildren. This might make it seem that raising grandchildren only comes with struggles which might not paint the right picture in the minds of society, practitioners, and policy makers. Without showing the efforts being made by grandparents, it might seem as though they are just doing nothing and just waiting on support which might perpetuate stigma and stereotypes associated with GRG. Thus, many researchers have stressed the need for strength-based studies with GRG for a more comprehensive understanding of their experience to change the negative narrative concerning their experiences.

The results of this study demonstrates the strengths and efforts of grandparents raising grandchildren. The data indicated that despite the challenges associated with raising grandchildren, GRG are able to hold on and show resilience by positively responding to daily challenges or crises by drawing successfully from their self-regulatory strengths, interpersonal relationships, meaning making, cumulative assets, and other protective factors to maintain daily family function and promote family well-being. More of resilience studies may help to expand our understanding of the experiences of GRG and give them the regcognition they deserve. Further studies focused on resilience may also help to identify additional strengths, skills and factors that promote resilience among grandfamilies to alleviate negative outcomes of stress and loss they face (Dunn & Wamsley, 2018; Hayslip et al., 2019).

Suitability of the RPM for Examining Resilience Among Grandfamilies, Lessons Learned, and Study Recommendations

The RPM is suitable for examining the resilience of GRG. The RPM provided tools for the examination of the types of protective factors GRG have, how those protective factors help them to overcome current and avoid future challenges/crises, and the positive changes GRGs are seeing with their grandchildren. Diverse aspects of the experiences of GRG were examined including the challenges they face, how they respond to challenges, strategies for maintaining family well-being and not just how protective factors protect them from certain types of crises but also improve the lives of their grandchildren over time. The RPM provides a platform to comprehensively examine various aspects of the experiences of grandparents including their self-regulatory strengths, strengths of their support system (formal and informal) systems, meaning-

making, as well as cumulative assets. The results demonstrate that resilience does not mean that GRG have to have overcome all the challenges/crises they were experiencing. There could be some challenges still existing at the same time as positive changes. Despite the various challenges that GRG face including ineligibility for services and support, they are drawing from various co-existing protective factors which allows them to maintain function in their homes and show love, care, and support to their grandchildren. The GRG also testify about positive they observe changes in their grandchildren. Thus, it can be deduced that in the experience of GRG, crises/challenges, protective factors (including the three functional domains of the RPM), and positive changes can all co-exist.

When it comes to the mechanism of the protective factors, this study suggests that protective factors do not only protect GRG from certain types of crisis but also promote well-being in the lives of grandfamilies especially their grandchildren. Although several studies have made attempts to examine resilience among grandparents these studies have contributed to the understanding of grandparents' experience, they present fragmented results (Coon, 2012; Hayslip & Smith, 2013)**.** However, using the RPM this study has been able to examine various aspects of the lives of grandparents and present a more comprehensive picture that captures the hardiness, resourcefulness, decision-making, positive caregiving appraisal, commitment, benefit finding, empowerment, and protective factors such as social support (Dolbin-MacNab et al., 2013; Haylsip et al., 2019; Hayslip & Smith, 2013; Mendoza et al., 2020; Musil et al., 2019; Whitley et al., 2016; Zauszniewski et al., 2013). This makes it easier to see the dualistic (strengths and challenges) nature of the experience of grandparents raising grandchildren. Using the

RPM enabled the examination of resilience of GRG beyond the individual level to include interpersonal relationships, systems/organizational, community, and policy levels that are interconnected on multidimensional levels as recommended by other scholars (Coon, 2012; Hayslip & Smith 2013).

Recommendations for RPM Expansion

The study revealed a vital part of grandparents' experience which is their cumulative assets. These cumulative assets include previous experience of raising children, having a strong marriage, family traditions, values, and principles that they have learned growing up. It is more meaningful to use the term cumulative assets than to try to separate these factors to try to fit them under any of the three functional domains; self-regulatory, interpersonal relationship, and meaning-making. Thus, when working with grandparents raising grandchildren it might be important to include cumulative assets as one of the functional domains. The researchers also realized that although the study results showed cumulative assets in the lives of the study participants there could also be cumulative liabilities which are equally vital to examine when working with grandparents and should be included in the RPM when working with grandparents.

Additionally, although the four mechanisms help to explain adaptation after a crisis which was applicable in the lives and experiences of grandparents, it does not capture the improvement in the lives of the grandchildren that was beginning to show. For instance, due to the help of the grandparents, the grandchildren were beginning to show progress or improvements in their behaviors of the grandchildren which does not fall under any of the four mechanisms of the RPM.

Limitations of This Study

Although this study presents results covering a wide range of areas of resilience among grandparents raising grandchildren, the results are mostly descriptive in nature. Also, RPM adopts two concepts known as density and diversity of strengths. Density suggests that people need more intensity of strengths, while diversity suggests that people need more variety of strengths (also known as poly-strengths) to improve coping in times of adversity (Hamby et al., 2018). To test this concept thoroughly with grandparents, this study should have used a standardized measuring tool or assessed participants perspective on the density and diversity of protective factors they have and how that helps them to overcome challenges. Although the researcher observed that grandparents who reported having more protective factors seem to be doing better than grandparents who did not report having a lot of protective factors, it might not be enough to just report it as an observation. Additionally, the sample for this study was geographically limited to one Midwest state urban area.

Study Implications

The life of grandparents raising grandchildren is characterized by both challenges and rewards, weaknesses and strengths, vulnerabilities and resilience and it is vital to incorporate this in working with grandparents and grandfamilies on all levels including policy, research, and practice work.

Education, Practice Implications, and Recommendations

This study presents results highlighting the strengths and resilience of grandparents raising grandchildren which can be used to educate practitioners who work with grandparents raising grandchildren. The results of this study can enhance the

knowledge and understanding of practitioners about the experiences, needs, and how to support grandparents and their families. Practitioners such as case managers, counselors, and family therapists when conducting assessment should not only focus on finding challenges to help grandparents but should also assess strengths and protective factors to help grandparents strengthens them to promote the well-being of the family. For instance, grandparents could be encouraged to engage in self-care, develop and maintain a schedule to maintain order in the home, and connect with other family members who might be able to contribute to the lives of the grandchildren.

Practitioners can help grandparents build a support system of services, family members, and loved ones who would help GRG to maintain a balance of their caregiving responsibilities and promote the well-being of their families. Practitioners can help grandparents maintain some of the family traditions that were beneficial for the grandparents and help them strategize on how they can incorporate or teach those values to the grandchildren. Practitioners can list challenges and rewards, vulnerabilities and resilience, and weakness and strengths of grandparents and their families and track their progress. Encouraging grandparents about the noticeable positive changes they are seeing with the grandchildren can make them feel encouraged that they are making a difference in the children's lives. Practitioners working with grandparents should help grandparents address difficult family dynamics to help build support systems for grandparents. Grandparents who may have challenging marriages should also be supported to address those issues. A strong healthy marriage helps in providing a safe place for the grandchildren.

One of the challenges revealed by this study is the ineligibility of GRG for support because the children they are raising were not placed in their homes by the Department of Child Services. Advocacy for increased financial support is needed as well as advocacy for support for grandparents whose children were not placed in their homes by the Department of Child Welfare. As in this study, there are a group of grandparents who are raising grandchildren from family arrangements without the involvement of the Department of Child Welfare and providing GRG with resources available to foster parents without the children having to go through protective services would be a game changer.

Lastly, practitioners could be educated on the concept of cumulative assets and liabilities when it comes to the experiences of GRG. With this understanding, practitioners could help grandparents to leverage their cumulative assets while helping them address their cumulative liabilities to protect their families and promote their well-being.

Research Recommendations

This study shows the challenges, the strengths, and positive efforts of the participants (GRG) which provides a more comprehensive understanding of their experience. Although previous studies may have focused on mostly challenges of GRG to promote understanding of their experience for advocacy purposes, however, it only presents one side of the experience of GRG. Understanding the strengths and the positive efforts made by GRG could provide baseline information for both practitioners and policy makers so that their efforts are more targeted to improve the strengths and the efforts of GRG to enhance their wellbeing. Thus, more research is needed to understand

the strengths and positive as well as negative efforts of GRG to have a more comprehensive understanding of their experience.

This study presents one of the preliminary results using the RPM to examine resilience among grandparents. Further studies are still needed to expand literature on RPM studies with GRG and other aging populations. For instance, a quantitative study using the RPM with GRG can lead to generalizable results among grandparents raising grandchildren. Additionally, the results of this study show that protective factors do not only help grandparents overcome certain crises events but also help to improve the lives of their grandchildren. Thus, further studies examining how protective factors improve the lives of grandparents and their grandchildren will enhance our understanding of grandparents' experience which could inform the development of interventions and advocacy work for GRG.

One of the major findings of this study is the concept of cumulative assets and liabilities. Further studies could explore this concept among GRG to expand literature related to the experience of GRG for practice and policy development purposes.

Policy Implications and Recommendations

The results of this study show great strength and resilience from grandparents raising grandchildren drawing from various personal strengths, interpersonal relationships, and meaning-making strengths to address various challenges of raising grandchildren. However, unmet needs persist especially financial challenges and ineligibility for support. Thus, barriers causing ineligibility such as income eligibility requirements should be addressed to enable grandparents to receive the support they need.

Grandparents in the study testified that parenting classes are helpful, thus they should be continued and made more accessible to support grandparents. Grandparent peer support groups could be funded to help grandparents help and support each other. Policy-makers should help to make services including mental health services accessible to informal grandparents and grandfamilies. The health of these relationships can impact the lives of grandparents and their children. As shown in the results some of the grandchildren talked about how negative the presence of the parents in the lives of the children can be at times. Thus, it would be helpful to listen to their voices in the court when decisions are being made that allow parents whose presence negatively impact the grandchildren. Lastly, the study participants of this study shared about how helpful the Medicaid was in their lives. Thus, policy makers are commended for making this health insurance available to grandfamilies and would recommend that this should be extended to all grandfamilies within eligibility guidelines.

Conclusion

The life of grandparents raising grandchildren is dualistic in nature made up of challenges and rewards, resilience and vulnerabilities, weaknesses, and strengths. Although several challenges come with raising grandchildren fulltime, the results of this study demonstrates great strengths and resilience that grandparents bring to the table. They draw from diverse functional domains; self-regulatory factors, cumulative factors, interpersonal relations, and meaning-making to address the challenges and cumulative liabilities they might be experiencing. Their experience may vary depending on the level of protective factors (personal strength, cumulative assets, interpersonal relations, and meaning-making) and stressful factors they face. Grandparents who have more protective

factors may have better chances of overcoming challenges and other adverse events than grandparents who have more stressful factors (challenges and cumulative liabilities). Building a more comprehensive (exploring both their challenges and rewards, resilience and vulnerabilities, and weaknesses and strengths) literature on the experiences of grandparents raising grandchildren strengthens our understanding of grandparents' experiences and puts society at a better place to provide targeted support to enhance not only for their well-being but the well-being of the children in their care and society as a whole.

APPENDICES

Appendix A. Demographic Survey

Demographic Survey

Thank you for your willingness to participate in this study. The goal of this study is to find out how grandparents are able to provide primary care for their grandchildren.

1. What is the number of grandchildren you are raising?

2. What are their ages?

3. How many years have you been a primary caregiver for your grandchildren?

4. What is your gender identity?

- o Female
- o Male
- o Non-binary,
- o Other
- o I prefer not to say

5. What is your racial background?

- o White
- o Black or African American
- o Asian,
- o Hispanic
- o Native American
- o I prefer not to say
- o Other

6. What is your highest level of education?

- o High school
- o Bachelor's degree
- o Master's degree
- o Doctorate degree

7. What is your current marital status?

- o Single
- o Married
- o Divorced
- o Widowed
- o Domestic Partnership

8. **What is your level of income?**

- o Low
- o Average
- o Above average

9. What is your gender?

7**. What is your current employment status?**

- o Full-time
- o Part-time
- o Volunteer
- o Self-employed
- o Retired
- o Unable to work
- o Other.....

Appendix B. GRG Resilience Interview Guide

This interview guide is developed based on the Resilience Portfolio Model to gain an understanding of the resilience of grandparents raising grandchildren based on self-regulatory behaviors, interpersonal relationships, and meaning-making at the family, community, organization, and policy levels.

After the completion of the interview guide and the demographic survey, the semi-structured interview will begin with exploring the item that participants bring to the interview that represents their experience as primary caregivers. This will help build a rapport while gaining an understanding of participants' caregiving experience through their description and discussion about the item.

1. Item-related questions:
    - What is this item you brought? Or what do you call this item? (This is important because it will help to know if there is a customized name the participant has given to the item other than the general name.
    - How does this item represent your experience as GRG?
    - What makes this item important to you or your family?

Umbrella Questions

2. Summarize what they said about the item (you mentioned this or this about the item) can you tell me what are the positives about being a primary caregiver?
3. Tell me about your experience as a GRG? What are the positives? The negatives?
4. What are you most proud of about your family as GRG?
5. What are some of your challenges as a GRG?
    a. How do you calm down when things get stressful?
6. Where do you find support as a GRG?
   Explore family and community support.
7. What has helped you the most in your difficult times?
8. What are some programs, services, or policies that have helped you in your experience as a GRG (services, policies, tax credit child incentives)?
   What makes it challenging to access services? (If applicable)
9. What is the one thing that you think society, providers, and policy makers do not understand about the experience of grandparents raising grandchildren?
10. What difficulties did COVID-19 bring to your family?
11. What was most helpful during and after the pandemic?
12. How do you think society views grandparents raising grandchildren?
13. Do you think being a grandparents raising grandchildren gives you any form of protection that you probably would have had if they were not with you?
14. How do the services you receive protect you from other crisis situations?
15. What are some of the crisis situations you have experienced, and how did you overcome them? Do you think you are better equipped now to handle other crisis situations that might come up?
16. Do you think raising your own children prepares you for raising grandchildren
17. Would you say raising your grandchildren keeps you young, current with technology, updates in society and other current affairs,
18. Would you say receiving services reduces the financial/behavioral challenges you are facing as a family?

Closing questions

1. What are your hopes for your grandchildren?
2. What are your recommendations for new GRGs?
3. What are your recommendations for providers and policymakers?

Possible probing questions

19. Tell me about what makes your experience the most difficult.
20. What makes your experience joyful?
21. Tell me about what makes your experience easier.
22. Has anything surprised you about this experience?
23. How have you grown or changed as a result of parenting your grandchildren

Appendix C. Informed Consent

INDIANA UNIVERSITY STUDY INFORMATION FOR RESEARCH

IRB Study 21085: A QUALITATIVE EXAMINATION OF RESILIENCE AMONG GRANDPARENTS RAISING GRANDCHILDREN USING THE RESILIENCE PORTFOLIO MODEL

Thank you for your willingness to participate in this study about the experiences of grandparents raising grandchildren. The aim of this study is to learn what makes grandparents' experiences difficult, how they respond to challenging situations, and what makes their experiences easier. You were selected to be part of this study because you self-identified as a grandparent raising a grandchild(ren) as a primary caregiver in Indiana. This study is conducted by Dr. Susana Mariscal who is the PI and Gifty Ashirifi (Co-Student PI) at the IUPUI School of Social Work.

WHAT WILL HAPPEN DURING THE STUDY?

If you agree to be in the study, you will do the following things:

- You will be asked to participate in a 45–90-minute audio-recorded interview in-person or online on Zoom/Phone.
- You will be asked to bring an item (this could be a picture, painting, or any small object) that represents your experience as a grandparent raising grandchildren (you will be asked to share about the item and how the item represents your experience as a grandparent raising grandchildren). You can bring the item itself or a picture of it. Please refrain from bringing family pictures as an item representing their experience.
- Your consent will be requested to publish a picture of the item you bring in the final manuscript and publication. If you decline your consent to include the picture of your item in the final manuscript and publication, then the picture will be excluded.
- We would also have a follow-up interview for member checking lasting 20-30 minutes. "

WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?

While participating in the study, there is a risk that you may feel uncomfortable answering some of the questions. If this happens, they can tell the researcher that you feel uncomfortable or that you do not want to answer a particular question. You may also opt out of the study at any time.

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Personal information may be disclosed if required by law. All the audio recordings made will only be accessed by the research team and used for educational purposes only. The recordings will be destroyed after the research is complete. Participants will be asked to refrain from bringing family photos as items that represent their experience. A digital copy of the item you bring will be taken and stored on a password-encrypted laptop for the research. Again, your consent will be requested to include the photo in the final manuscript and publication. Photos without participants' consent will be excluded from the final manuscript and publication. All unused photos will be destroyed after the study.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?

We don't expect you to receive any benefit from taking part in this study, but we hope to learn things that will help grandfamilies in the future.

HOW WILL MY INFORMATION BE PROTECTED?
Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Please refrain from bringing family photos as items that represent their experience. A digital copy of the item you bring will be taken and stored on a password-encrypted laptop for the research. Again, your consent will be requested to include a picture of your item in the final manuscript and publication. Pictures that were denied consent will be excluded from the final manuscript and publication. All unused photos will be destroyed after the study. All the audio recordings made will only be accessed by the research team and used for educational purposes only. The recordings will be destroyed after the research is complete.

VOLUNTARY PARTICIPATION:
Participation in this study is voluntary. You are free to decide not to participate in this study. Your decision not to participate will not affect your relationship with the Indiana University School of Social Work. If you decide to participate, you are free to skip answering any question or to withdraw from participation at any time without penalty. You, at any time, can withdraw from this research study. Any identifiable research information obtained as part of this study prior to the date that you withdrew consent will continue to be used and disclosed by the investigators for the purposes described above.

REQUEST FOR USING PICTURE IN THE FINAL MANUSCRIPT AND PUBLICATION
Do you agree that a picture of the item you brought that represents your experience as a caregiver be used in the final manuscript and publication?
Yes / No

WILL I BE PAID FOR PARTICIPATION?
You will receive a $10 gift card as compensation for the valuable time spent on the interview.

WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?
For questions about the study, contact the Principal Investigator Dr. Susana Mariscal at sumari@iu.edu or the student researcher, Gifty Dede Ashirifi at xxx-xxx-xxxx and gideashi@iu.edu. For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at xxx-xxx-xxxx or at irb@iu.edu.

Appendix D. Research recruitment flyer

Research Participants Needed

Are you a grandparent, granduncle, grandaunt, or great-grandparent providing care for a grandchild or grandchildren?

We would to love hear from you.

About The Study

Please share your experience with us in a research study. We want to learn about;

1. What makes your experience easier.
2. What makes it challenging.
3. How you respond to difficult situations.

We will have a **45- 90-minute interview** to learn about the realities of your experience. We believe that this knowledge could help to develop more effective Intervention programs that will empower and promote resilience among grandfamilies.

You will receive a $10 thank-you gift card for your participation.

Contact

Please contact Gifty Ashirifi at ***gideashi@iu.edu*** *OR* ***937-212-8601*** to learn more.

Appendix E. Email to the Director of the Kinship Caregiver Programs in Indianapolis.

Dear Sir/Madam,

My name is Gifty Ashirifi, and I am a PhD student at Indian University-Purdue University Indianapolis (IUPUI). I am conducting a research focused on learning about the experiences of informal grandchildren raising grandchildren who are 60 years and above. I am particularly interested in learning about what makes their experience easier, what makes it difficult, and how they respond to difficult situations.

Other kinship caregivers such as aunties, uncles, and great-grandparents who are raising grandchildren without the presence of the children's parents are also eligible.
I would appreciate your support in forwarding this survey to your contacts of grandparents who you think might be interested. My goal is to interview approximately 17 grandparents. The interviews are expected to last about 45 to 90 minutes, and they can be either on the phone, zoom, or face-to-face based on the participant's preference and convenience.

I look forward to hearing from you soon.

Sincerely,
Gifty Dede Ashirifi
Indiana University-Purdue University Indianapolis (IUPUI) School of Social Work

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CURRICULUM VITAE
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EDUCATION

Ph.D., Social Work, *Indiana University,* Indiana -USA, August 2025

Dissertation: A Qualitative Examination of Resilience Among Grandparents Raising Grandchildren Using the Resilience Portfolio Model *(Chair; Dr. Margaret Adamek)*

Master of Arts in Social Work, *Miami University*, Ohio – USA, 2018

Specialization: Older Adults and Aging

Master of Gerontological Studies, *Miami University*, Ohio – USA, 2016

Bachelor of Arts *University of Ghana*, Accra – Ghana, 2009

Sociology major; Information Studies minor

RESEARCH INTERESTS

Using a productive aging lens to examine and theorize the experiences of older adults, especially grandparents raising grandchildren, African older immigrants living in the United States, and age-related policies in Sub-Saharan Africa. Non-profit organizations, program evaluation, and international social work.

CERTIFICATES

- Tele behavioral Practice Basics for Social Work Educators and Clinicians Responding to COVID-19

- Understanding Dementia 2018 Massive Open Online Course (MOOC), Wicking Dementia Research & Education Center, University of Tasmania.

TEACHING EXPERIENCE

- Graduate SWK-D509 Practice: Organizations, Communities and Societies. (Assigned for Spring 2024, 2 sessions).

- Graduate SWK-D506 Introduction to Social Work Profession. (Fall 2023, 116 students, online, 6 sessions).

- Graduate - SWK-S 623 Practice Evaluation. (Fall 2020, Spring 2021, 15 students online, 3 sessions).

- Graduate - SWK-D502 Research I (Fall 2020, 16 students, online 1 session).

PUBLICATIONS

Mariscal, E. S., Victor, B. G., Elliot, J., Smith, J., **Ashirifi, G.,** & Commodore-Mensah, M. (2023). Community-and systems-level factors that contribute to foster care entry: Perspectives from child-serving professionals. *Journal of Public Child Welfare*, 1-24. HTTPS://10.1080/15548732.2023.2224771

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BOOK CHAPTERS

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Manuscripts in Preparation

Ashirifi D.G., *Promoting healthy interactions and resilience among Grandfamilies: A qualitative study.*

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Teshome, A., **Ashirifi D. G.,** Adeniji D., & Adamek, M., *Retirement Phobia in Sub-Saharan Africa*

PRESENTATIONS

Adeniji, D., & **Ashirifi D. G.** (2024). *Intergenerational Socialization: A Protective Factor Against Social Isolation and Loneliness.* Society for Social Work and Research (SSWR) 2024 Annual Conference Abstract Notification (Poster Accepted). Washington, DC.

Ashirifi, D. G., Adeniji D., Teshome A., & Adamek, M. (2023). *Defining old age in Sub-Saharan Africa: The perspectives of African Scholars and professionals*. Gerontological Society of America (GSA), Tampa, FL.

Adeniji D., Teshome, A., **Ashirifi D. G.,** & Adamek, M. (2023). *Ageism in Sub-Saharan Africa: Professional's Perspectives*. Gerontological Society of America (GSA), Tampa, FL.

Adeniji, D., & **Ashirifi, D. G.,** (2022). *I Have to Cope with It: The Voices of Older African Immigrants Experiencing Social Isolation & Loneliness in the US.* Gerontological Society of America Annual Meeting. Indianapolis, IN.

Adeniji, D., **Ashirifi, G.,** & Adamek, M. (2022). *Nobody Knows Me Here: Loneliness among Older African Immigrants.* Gerontological Society of America Annual Meeting. Indianapolis, IN

Mariscal, S., Kelly, J., Chandler, C., Weaver, T., **Ashirifi, G.,** Smith, J., Houston, A., Victor, B. (2022). *Fostering family resilience and protective factors for child maltreatment and fatality prevention through community collaborations.* 2022 Annual Indiana Association of Resources and Child Advocacy Conference. Indianapolis, IN

Chase, K., Smith, J., **Ashirifi, G**., & Mariscal, S. (2021). *Child fatality review and family resource center: A comprehensive community-based approach to identifying, targeting, and preventing child fatalities in Indiana*. 2021 Labor of Love Summit, Indianapolis, IN

Ashirifi, G.D., Imburgia T., & Pierce, B. (2021). *Family Case Managers Perspective on Unmet*

Needs Among Kinship Caregivers. 25th Annual Conference of the Society for Social Work and Research (SSWR) January 19-22, 2021. Virtual Conference.

McCarthy, K., **& Ashirifi, G. D.** (2020). The Role of Feedback in Online Social Work Education. *Council on Social Work Education* (CSWE) *2020 Annual Program Meeting (APM).* Virtual Conference.

Ashirifi, G.D. (2020)**.** Reciprocity and Kinship Family Relationships. Doctoral Scholar Speaker Series, *Indiana University School of Social Work.* Indianapolis, IN.

Ashirifi, G. D., & Harris K. (2019). *Resource Information Gab Among Kinship Caregivers.* National Association of Social Workers (NASW) Ohio Chapter 2019 Research Poster Symposium. Columbus, OH.

Harris, K., **Ashirifi, G. D.,** & Shields, K. (2019). *Grandparents Raising Grandchildren; A Focus*

Group Perspective on Supportive Programs. Poster presentation at the 2019 Ohio Association of Gerontology and Education (OAGE) Oxford, OH.

Ashirifi, G. D. (2019). *How do Grandparents Raising Grandchildren Find Resources?* Indiana University School of Social Work 23rd PhD Symposium. Indianapolis, IN.

Ashirifi, G. D. & Harris, K. (2018) *Promoting health interaction among Grandfamilies.* National Association of Social Workers (NASW) Ohio Chapter 2018 Research Poster Symposium. Columbus, OH.

Ashirifi, G. D. & Harris, K. (2017). *Grandparents and grandchildren relationship*. Poster presentation at the Graduate Research Forum at Miami University, Oxford, OH.

PROFESSIONAL RESEARCH EXPERIENCE

- Teaching Assistant, Indiana University Purdue University Indianapolis (IUPUI) Aug. 2023 – May. 2024).
  Developed and delivered courses in social work at the graduate level including foundational and advanced level courses. Provided academic and career advice to students, including guidance on coursework, internships, and research opportunities.
  Mentored and advised graduate and undergraduate students on research projects.

Graduate Research Assistant, School of Social Work, *Indiana University, Indianapolis (IUI) (2018- 2023)*

- Strengthening Indiana Families Project (SIF), Dr. Susana Mariscal

  I was part of the Indiana University School of Social Work Research team that collaborated with FIREFLY to design, implement, and evaluate the Strengthening Indiana Families (SIF) program. SIF is a five-year project funded by the federal FIREFLY Children and Family Alliance, Administration for Children and Families, through its Community Collaborations initiative. Indiana University School of Social Work researchers and staff continue to oversee the SIF project.

- Racial Justice Research Project, (2021 -2023) Dr. Eric Kyere
  Project Coordinator for a multi-member research team focused on exploring the contextual factors (e.g., family, school, and community) that nurture coping, adaptive, and potentially transformative capacities of transnational youth in navigating the racialized society at the intersection of immigration.

- Indiana Kinship Navigator Pilot Program Evaluation, (2019-2020) Dr. Barbara Pierce
  Coordinated the design and implementation of the kinship navigator program evaluation in Indiana.

Graduate Research Assistant, Family Science and Social Work Department, *Miami University* (2016 - 2018)

The Ohio Long-Term Care Research Project, Adult Guardianship in Ohio: Innovative Practices Project.

- Conducted focus group discussions, thematic analysis, and developed manuscripts and reports for presentations under the supervision of Dr. Amy Roberts.

Graduate Research Assistant, Sociology and Gerontology Department, *Miami University* (2014 - 2016)

- Conducted a global search on Gerontology and Geriatrics Education, Association of Gerontology in Higher Education (AGHE).

PROFESSIONAL EXPERIENCE

- Intern, The Alzheimer's Association Greater Cincinnati Chapter. Aug – May 2018
- Intern, The Knolls of Oxford (*Continuing Care Retirement Community*). Jan-May 2017
- Intern, The Watermark at Logan Square (*Continuing Care Retirement Community.* May-Aug. 2015
- Program Assistant, International Needs Ghana (INGH) Mar. 2011-Jun. 2014
- Administrative Assistant, United Nations Population Fund (UNFPA) Aug. 2009-Aug. 2010

JOURNAL PEER REVIEWER

- Peer Reviewer, *Journal for Aging and Mental Health, 2023 - Ongoing*
- Peer Reviewer, *The Gerontologist*, 2023
- Peer Reviewer, *Journal of International Education Studies, The Canadian Center of Science and Education*. 2023- Ongoing
- Peer Reviewer, *Journal of Gerontological Social Work*, 2021-Ongoing
- Peer Reviewer, *IGI Global,* 2020- ongoing
- Peer Reviewer, *Advances in Social Work*, 2020- Ongoing

VOLUNTEER ENGAGEMENT

- Social Work PhD Students Committee Representative 2019-2020
- Music Director – Miami University Threshold Choir, TCMU 2015 -2018
- Opening Minds through Arts, OMA *(An intergenerational abstract art program for people with dementia).* 2014 -2015
- International Needs Ghana (*Non-profit organization focused on protecting vulnerable women and children).* 2010 -2011

AWARDS

Indiana University Purdue University Indianapolis (IUPUI) (2023) Travel Fellowship for Council on Social Work Education (CSWE), Annual Program Meeting. $2500

Indiana University Purdue University Indianapolis (IUPUI) (2023) Travel Fellowship for Society of Social Work & Research Conference. $1000

Indiana University Purdue University Indianapolis (IUPUI) (2022) Travel Fellowship for Council of Social Work Education Conference. $1000

Recipient of the Southern Regional Education Board (SREB) State Doctoral Scholars 2019-2022 Travel Award. $3500

National Association of Social Work (NASW) Ohio Chapter 2018 Research Poster Symposium. Graduate Winner- Research. Ashirifi G., & Harris, K.

Fred C. Whitcomb Scholarship (2018). Agency: Miami University, Department of Family Science and Social Work. $1,000.

Jane & Dessie Rees Scholarship (2018). Agency: Miami University, Department of Family Science and Social Work. $1,000.

Graduate Student Travel Award. (2017). Agency: Purdue University, Midwest Graduate and Professional School Summit. $350.00.

FSW General Scholarship Award (2016). Agency: Miami University, Department of Family Science and Social Work. $4,000.