

# African American Grandmothers Raising Grandchildren: Results of an Intervention to Reduce Caregiver Psychological Distress

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# Faculty Disclosure

- Susan J. Kelley, RN, PhD, FAAN
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# Goal and Objectives

- Goal
  - Describe effective approaches to improving well-being of grandmothers raising children
- Objectives
  - Discuss international phenomenon
  - Describe intervention to decrease distress
  - Discuss results of interdisciplinary intervention to decrease distress
  - Describe which demographic groups benefit most from the intervention

# Global Phenomenon

- Africa
  - HIV/AIDS
  - Orphans Vulnerable Children (OVCs)
- Eastern Europe
  - Labor migration, alcohol abuse
- China
  - “Left behind children”
- United States
  - Substance abuse, neglect



# Literature

- Increased depression/stress
- Chronic health problems
- Social isolation
- Inadequate resources
- Dealing with traumatized children/  
behavior problems

# Method

- Design
  - Longitudinal, one year
  - Pre and post-test
  - Convenience sampling



# Procedure

- On-going research study
- Participants recruited from community
- IRB approval and informed consent
- Data collected in home prior to intervention

# Sample

- 549 caregiving grandmothers
- Parent-absent households: 100%
- African American: 100%
- Predominantly low income
- Participant mean age: 56.27 years
- One-third > 60 years



# Sample (cont'd)

- Mean number children raised:
  - 2.47 (range 1-8)
- Mean length time children in care:
  - 5.2 years (range < 1 to 16 years)
- Mean age grandchild:
  - 8.26 years (range four months to 18 years)
  - One-third (31.1%)  $\leq$  5 years old

# Intervention

- Interdisciplinary home/community-based
- Home visitation by RNs
- Social worker case management
- Support groups/parenting classes
- Early intervention
- Legal service referrals
- One year in duration

# Outcome Measure

- Brief Symptom Inventory (BSI)\*
  - 53 item, self-report measure of distress
  - 9 primary symptom dimensions
  - Global Severity Index (GSI) summary measure of distress

\*Derogatis, 1983

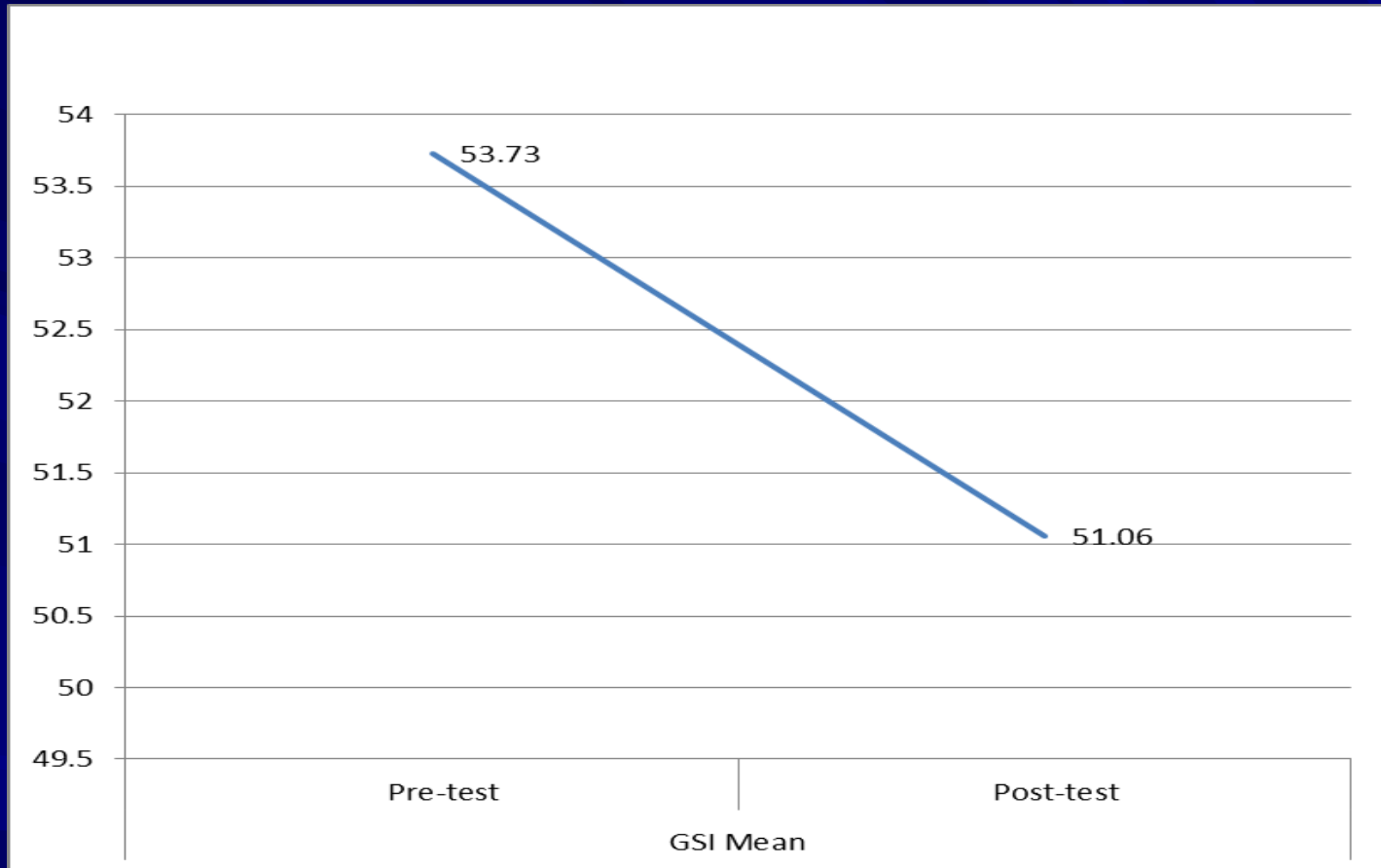
# Analyses

- Descriptive statistics
- Paired t-tests
- Repeated measures analysis of variance (RM-ANOVA)
- Scheffé post hoc tests

# Results

	Pretest Mean Score	Post-test Mean Score	F value	<i>p</i>
General Severity Index (GSI)	53.73 (10.93)	51.06 (10.59)	34.56	.000

# Overall GSI Change Over Time\*



\* $p < .001$



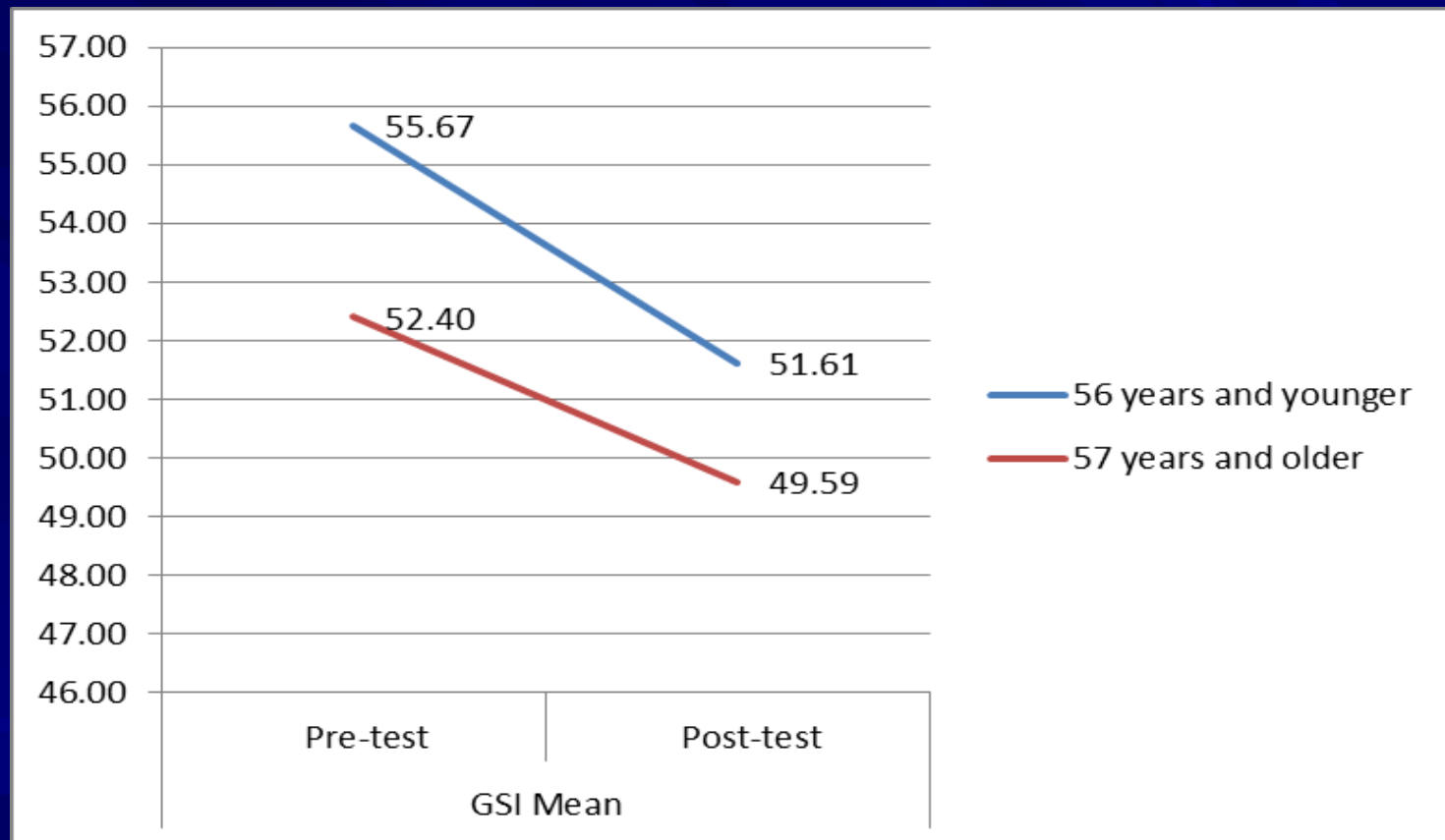
# Subscale Scores

Subscales	Pretest Mean Score	Post-test Mean Score	t score	<i>p</i>
Somatization	55.67	54.36	-2.91	.004
Interpersonal Sensitivity	50.43	47.82	-6.25	.000
Depression	52.12	49.38	-6.86	.000
Anxiety	49.40	46.96	-5.25	.000
Hostility	50.53	48.82	-3.65	.000

# Subscale Scores (cont'd)

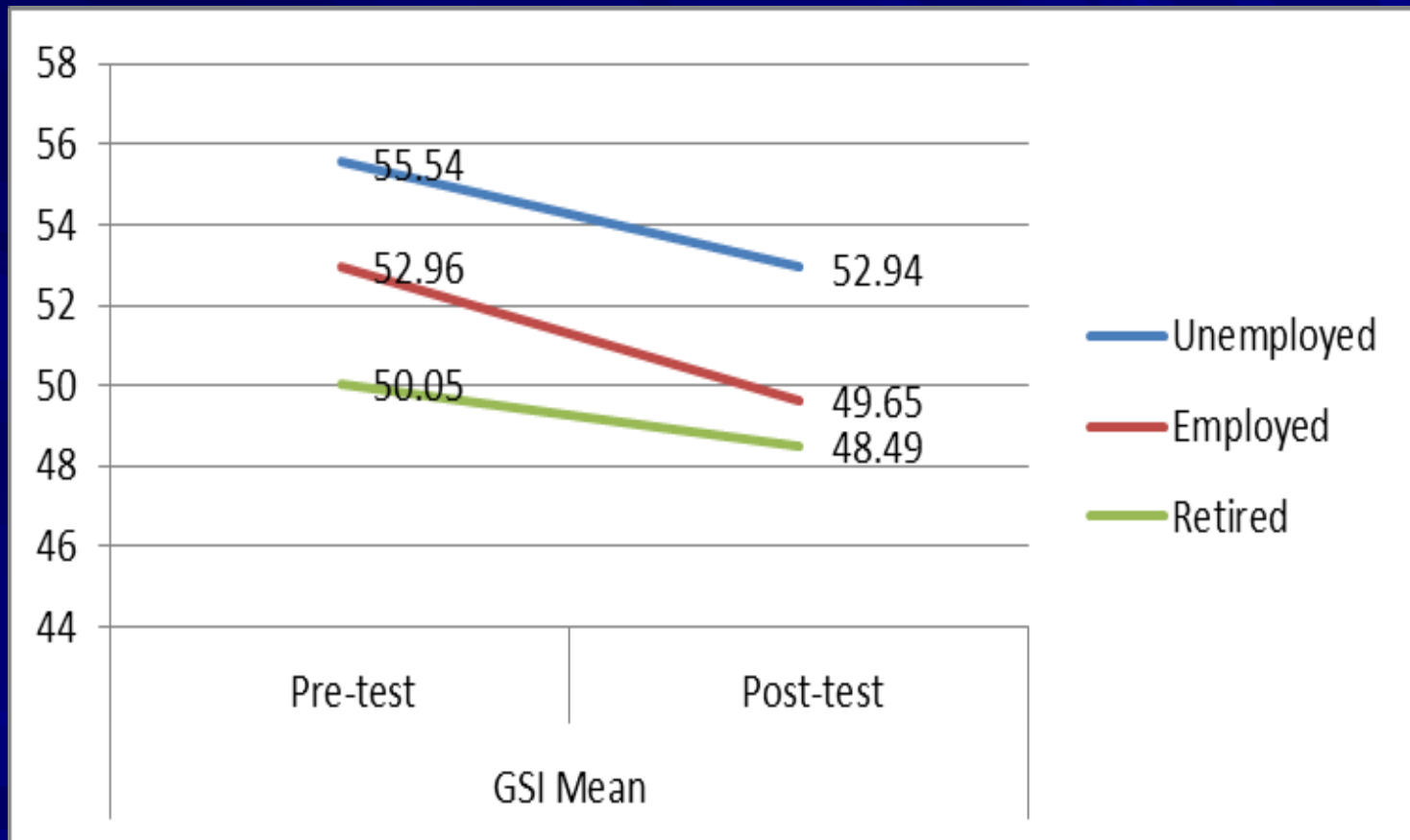
Subscales	Pretest Mean Score	Post-test Mean Score	t score	<i>p</i>
Obsessive-compulsive	53.37	51.46	-4.15	.000
Phobic anxiety	52.09	50.46	-3.34	.000
Paranoid ideation	56.46	54.29	-4.91	.000
Psychoticism	54.36	52.73	-3.65	.000

# GSI Changes Over Time By Age Group



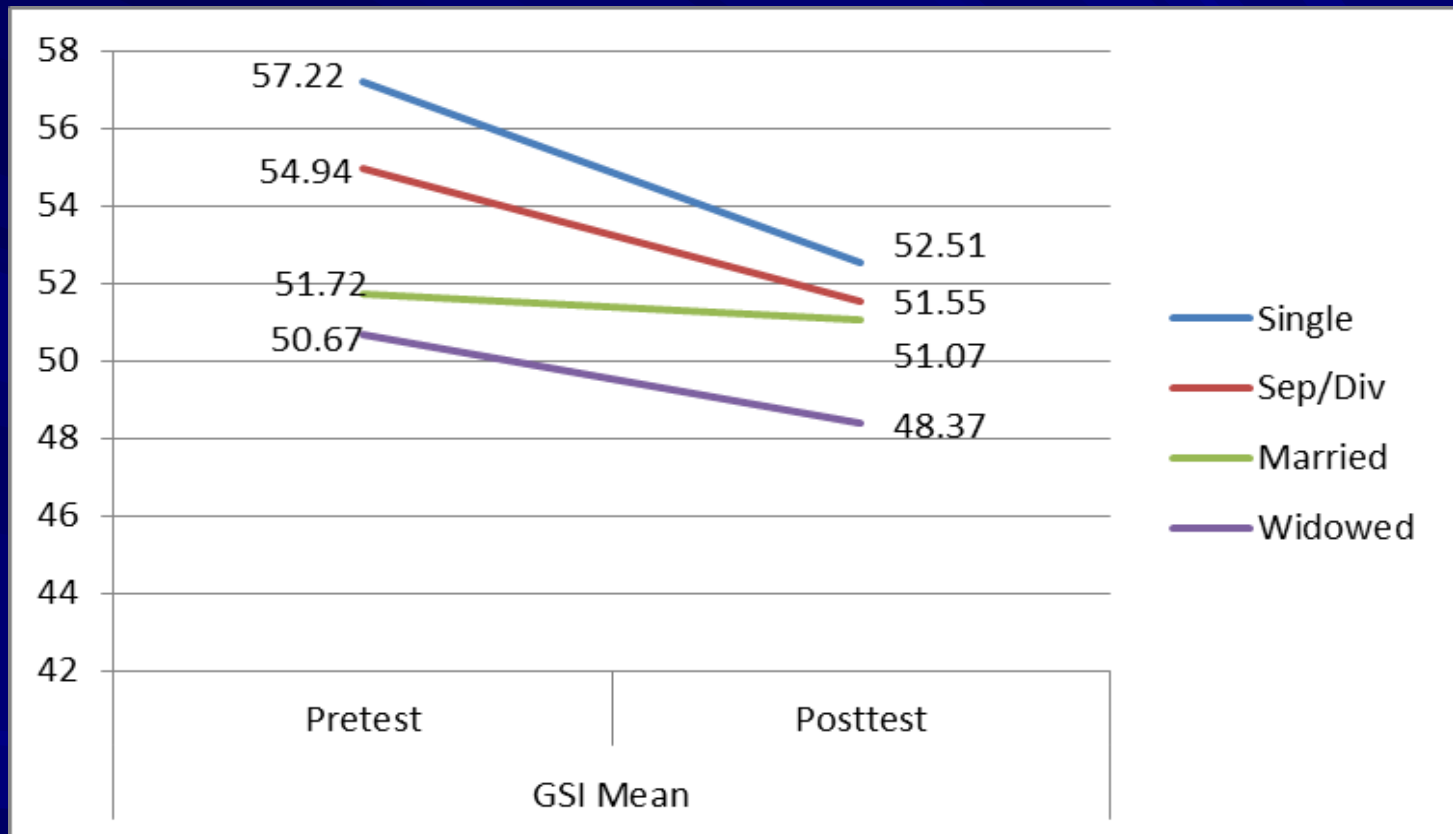
- Both groups decreased,  $p < .001$
- Younger age group greatest decrease,  $p < .001$

# GSI Changes Over Time By Employment Group



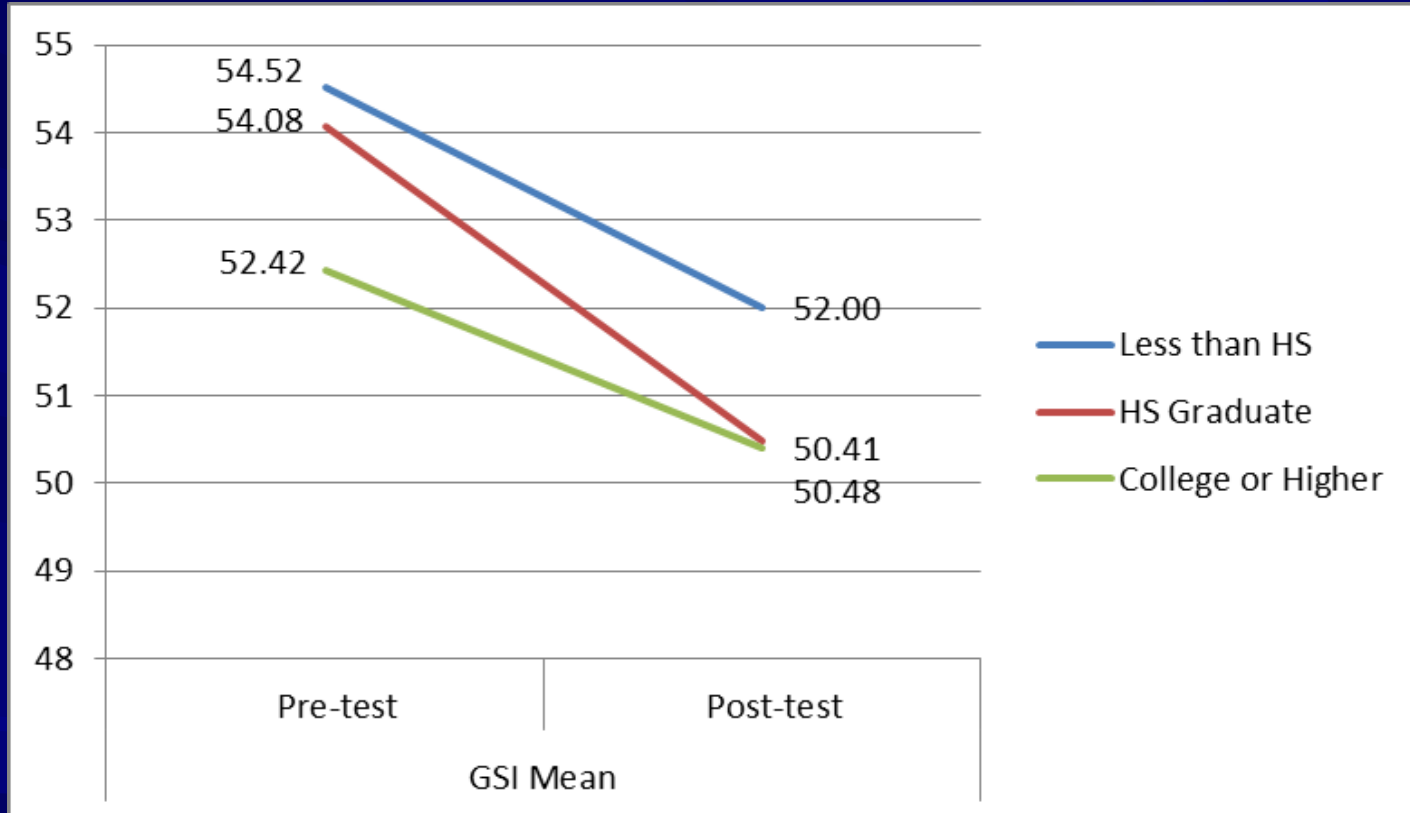
- All groups decreased over time,  $p < .001$
- Employed group greatest decrease,  $p < .01$

# GSI Changes Over Time By Marital Status



- Single, Sep./Div., Widowed groups decreased,  $p < .001$
- Married group, NS
- Single group greatest decrease,  $p < .01$

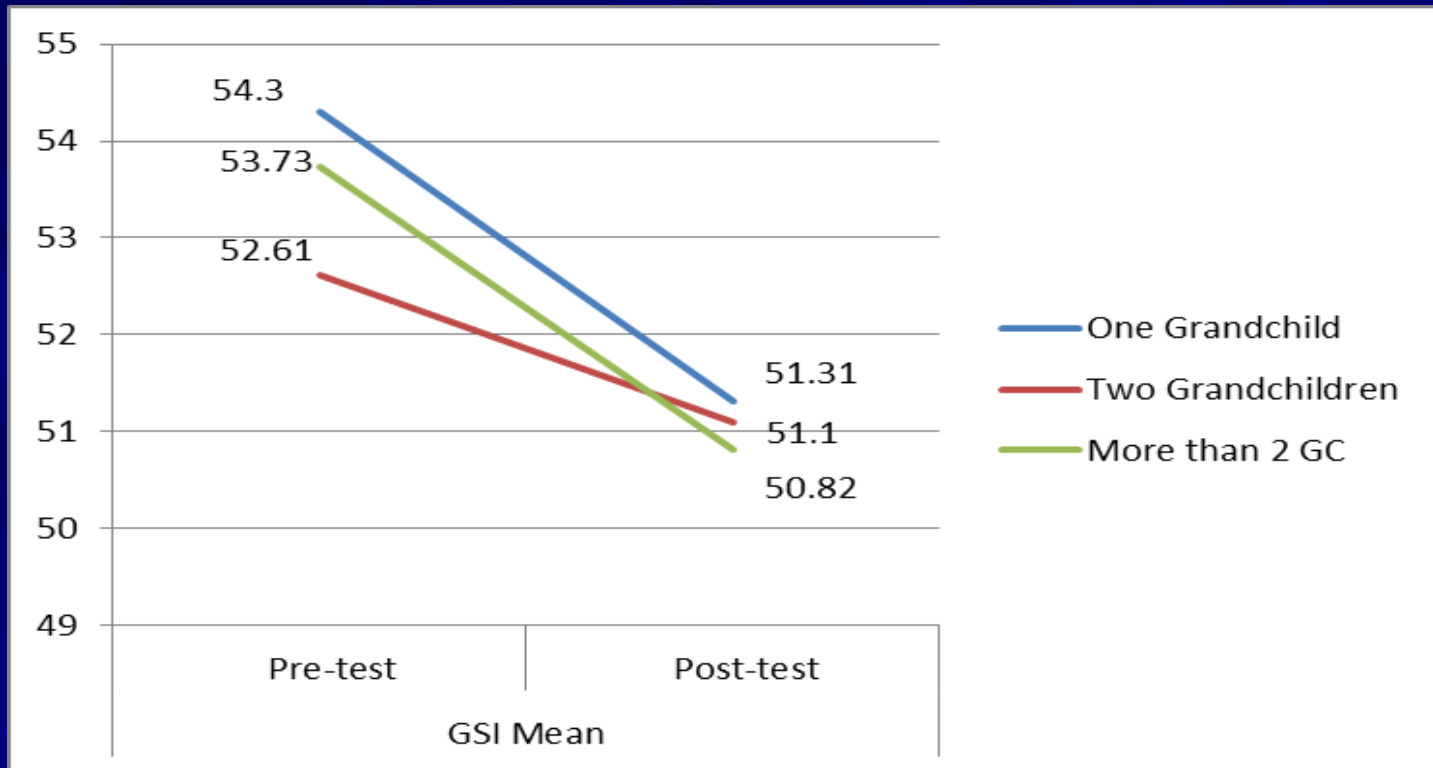
# GSI Changes Over Time By Education Group



- All groups decreased over time,  $p < .001$
- Greatest impact on HS graduate,  $p < .001$



# GSI Changes Over Time By Number of Grandchildren



- All groups decreased over time,  $p < .001$
- No significant differences in change among groups

# Conclusions

- Overall psychological distress levels decreased after the intervention
- All subscale scores improved
- Psychological distress post intervention most likely to improve if:
  - Younger ( $\leq 56$  years old)
  - Employed
  - Single, separated/divorced, widowed

# Discussion

- Improved distress could be result of intervention, time, or other factors
- If intervention, could be attributed to:
  - Improved social support
  - Improved access to resources
  - Improved physical health indicators
  - Referrals for behavioral health issues

# Limitations

- Non-experimental design, lack of randomized control group
- Sample homogeneity: race, SES, location
- Reliance on self-report

# Practice and Policy Implications

- Interdisciplinary interventions needed:
  - Improve psychological well-being
  - Increase access to resources and support
- Public policy needed to improve benefits to custodial grandparents

# Project Healthy Grandparents

[www.gsu.edu/phg](http://www.gsu.edu/phg)

