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Empowering Grand-Families Through Occupation: An Occupational Therapy Intervention Program for Grandchildren and Custodial Grandparents

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Empowering Grand-Families Through Occupation: An Occupational Therapy Intervention

Program for Grandchildren and Custodial Grandparents

by

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A Scholarly Project

Submitted to the Occupational Therapy Department of the

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In partial fulfillment of the requirements

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This scholarly project, submitted by, Gabrielle Wavra and Macie Romsdal in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Date

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Department: Occupational Therapy

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ABSTRACT

The purpose of this scholarly project was to create a program for occupational therapists to use with custodial grandparents and their grandchildren. The number of grandparents becoming primary caregivers to grandchildren continues to increase, and more than 5.7 million grandchildren in the United States were living with and being provided for by grandparents in 2014 (U.S. Census Bureau, 2014). Although there are benefits to being placed in grandparent care, there are also challenges. Some of the challenges custodial grandparents face are health concerns, financial resources, and changes in social supports and occupational roles (Marken & Howard, 2014). Grandchildren may have obstacles with physical and mental health, behaviors, life roles, and educational barriers, due to traumatic or adverse life events that resulted in being placed in grandparent care (Marken & Howard, 2014).

A literature review was conducted to determine some of the factors that may cause grandchildren to be placed in grandparent care as well as identify the needs of custodial grandparents and their grandchildren. The authors utilized research articles, textbooks, and the American Occupational Therapy Association. The Canadian Model of Occupational Performance and Engagement (CMOP-E) was used to guide the development of this program.

Empowering Grand-Families Through Occupation: An Occupational Therapy Intervention Program for Grandchildren and Custodial Grandparents, was created to open the door for occupational therapists to address needs with custodial grandparents and their grandchildren. Occupational therapists are skilled in addressing both physical and psychosocial aspects as well as any concerns with the person, environment, or occupation. This program was developed to empower grandparents and grandchildren as a family unit and address concerns with

occupational performance. Based on the literature review, occupational therapists do not have a clear role with this population. Therefore, this program will be beneficial to guide occupational therapists thought process and intervention approaches with this population.

Chapter I

Introduction

Grandparents becoming primary caregivers to their grandchildren is an ever-growing phenomena that is occurring in the United States. In 2009, more than 2.7 million grandparents were found to be responsible for providing the basic needs of food, shelter, and clothing for one or more grandchildren (Marken & Howard, 2014). Fourteen percent of African American children are raised by grandparents, 12 percent of Latino children, 14 percent of Asian American or Native American children, and 7 percent of white children (Ellis & Simmons, 2014). This unique family dynamic is becoming more common due to a variety of factors which include death of a parent, divorce, parental substance abuse, mental illness, incarceration, and child abuse and neglect (Crowther, Huang, & Allen, 2015; Peterson, 2017; Smith & Palmieri, 2007). Grandparent headed households are family units composed of grandparents and grandchildren living together. In this family unit the grandparents assume primary responsibility and care for all of the needs of the child(ren). This family dynamic creates unique occupational needs as there are at least two generational gaps between groups. Due to these generational gaps, there are many obstacles that grandparent-headed families endure when compared to nuclear families, which are defined as families with a mother, father and children (Merriam-Webster, 2020). For example, children living with their grandparents are often removed from their previous home environment due to a lack of safety (Dodwell, 2005). Therefore, children may experience specific behavioral and emotional needs as a result from earlier life trauma (Marken & Howard, 2014). If grandchildren had physical or behavioral problems, caregiver burden of grandparents increased (Leder, Grinstead, & Torres, 2007). Another area of the child's life that is impacted includes their education. Children who are placed under the care of their grandparents have been

found to be at risk for academic failure as the trauma and adverse events may impact the child's focus in school (Peterson, 2017). Grandparents have also reported difficulty with assisting their grandchildren with school work due to the many changes in education that have occurred since they were once in school (Cox, 2007). As grandparents work to meet all of the occupational needs for their grandchildren, grandparents have cited that raising grandchildren caused a strain on their health, financial resources, and occupational roles (Marken & Howard, 2014).

Grandparents who began raising their grandchildren at midlife found that their own personal quests, such as focusing on their health or reaching retirement goals, are being paused by new child-rearing responsibilities (Holman, 2001). Overall, these unique obstacles of both the grandparents and grandchildren create an opportunity for occupational therapists to design and implement resources and programs to assist in meeting their occupational needs. Occupational therapists are equipped with the knowledge and skills to help bridge the generational gaps in kinship families and empower these families with tools to aid in the transition into a multigenerational family unit.

The purpose of this project is to provide a program for occupational therapists to use while working with kinship families to meet the unique needs of both the grandparents and grandchildren. The creation of our program was guided by the Canadian Model of Occupational Performance and Engagement (CMOP-E). The CMOP-E views occupation as a bridge between the person and environment and includes self-care, productivity, and leisure while also considering spirituality and environmental components (Turpin & Iwama, 2011). The emphasis on use of occupation to bridge the person and environment is why the CMOP-E was chosen to guide this product as the goal is to enable both the grandparents and grandchildren through occupation to overall increase their personal satisfaction and occupational performance. The

intent of this program is to provide an evidenced-based tool for occupational therapists to use when working with kinship families to address the specific occupational needs these family constellations face.

This grandparent-grandchild group intervention program will include interventions to address defining roles of grandparents and grandchildren, physical and mental health maintenance, coping skills, educational barriers, empowerment and motivation, and leisure activities. The interventions were chosen based on the occupational needs of grandparents and grandchildren presented in the literature review in chapter II. The following chapters will help the reader gain a better understanding of the intent of the program and showcase the guide. Chapter II contains findings from an extensive literature review that was conducted to create this program. Chapter III examines the development of this program plan while using the CMOP-E as a guide while choosing and creating interventions. . Chapter IV contains the program product design intended for occupational therapists to use with kinship family groups. Chapter V includes the product conclusion, limitations and further recommendations for the program guide.

Chapter II

Review of Literature

Introduction

Millions of children with traumatic experiences are currently living in grandparent-headed households. Custodial grandparents account for living with and providing for more than 5.7 million grandchildren (U.S. Census Bureau, 2014). Grandparent caregivers typically assume care for young grandchildren and raise them into adolescence; although, 35% of the children that are in the care of their grandparents are between ages 12 and 17 (Association of American Retired Persons [AARP], 2012). Placement with grandparents may be a result of many factors such as: parental substance abuse, mental illness, incarceration, child abuse and neglect, homelessness, teenage pregnancy, death, illness, divorce, or HIV-AIDS (Crowther, Huang, & Allen, 2015; Peterson, 2017; Smith & Palmieri, 2007). Custodial grandparents are represented in all socioeconomic levels, geographic regions, and cultures (Collins, 2011; Fuller-Thomson & Minkler, 2000). However, the highest rate of grandparent caregivers live near or below the poverty line and are female (Fuller-Thomson, Minkler, & Driver, 1997; Hayslip & Kaminiski, 2005; Simmons & Dye, 2003).

Grandparent Life Changes

In the United States, grandparent headed households (GHH) are found to be one of the fastest growing family constellations. In 2012, it was found that 7 million grandparents live with at least one grandchild (Hatcher, 2018). This is a dramatic 4.5 million increase from 2005, when it was found that 2.5 million grandparents had assumed primary caregiver responsibility for their grandchildren (Dodwell, 2005). The increase in grandparents gaining custody of their grandchildren has been due to a variety of reasons including teen pregnancy, death of a

grandchild's parent, increasing number of incarcerated childbearing women, and increased use of addictive substances among young women (Dodwell, 2005). Dodwell (2005) interviewed 104 grandmothers and 80% of the participants cited drug use by the parent as the primary reason they had assumed caregiver roles of the grandchild. Regardless of the reasoning behind grandparents becoming primary caregivers to their grandchildren, there are many benefits and obstacles that affect grandparent's during this transition.

Benefits

Grandparents who have become primary caregivers to grandchildren have had the opportunity to keep a close relationship with their grandchildren. Grandparents reported they value being able to keep their grandchildren involved in their biological family unit in order to learn about their traditions and culture, instead of losing this opportunity by being placed in state care (Hatcher, 2018). In regards to caregiver health, a study by Dodwell (2005) found that 79% of grandmothers reported that they had no change in their health and 11% reported that their health was better since caring for their grandchild. Similarly, a study conducted by Ludwig, Hattjar, Russel and Winston (2007) also showed that grandparents' health improved as they assumed a more active lifestyle out of concern for the children's health. Other positive aspects of caregiving include an increase in grandparent self-esteem as the relationship with their grandchildren brought them love and joy. In contrast to the many benefits that grandparents gain from becoming primary caregivers to their grandchildren, it is also important to recognize and address the many obstacles that they face during this life transition.

Obstacles

Custodial grandparents have taken responsibility for their grandchildren who are at least two generations younger than them (Leder, Grinstead, & Torres, 2007). This may create many

obstacles for custodial grandparents as they work to meet the needs of their grandchildren, while simultaneously taking care of their own personal needs. These obstacles often lead to the custodial grandparents neglecting their own needs, which can create many obstacles to their health, financial resources, social supports and occupational roles when they decide to become sole caregivers of their grandchildren (Marken & Howard, 2014).

Physical and mental health.

In the older adult population, about 80% have at least one chronic disease, which typically includes heart disease, stroke, cancer and diabetes (National Council on Aging, 2018). Although an increase in chronic health problems is associated with age and not necessarily related to caregiving, it is still important to consider as this population is continually assuming caregiver roles of children who are often two generations younger. There has been research supporting an increase in grandparent health after assuming the primary caregiver role, however research has also shown more health problems reported by caregiving grandparents when compared with non-caregiving grandparents. For example, Fuller-Thomson and Minkler (2001) found that when comparing 173 custodial grandparents with 3,304 non-custodial grandparents, that custodial grandparents had more limitations in activities of daily living. These limitations are due to delay or failure to seek healthcare because of the time, financial constraints, and fear of losing their grandchild(ren) (Fuller-Thomson & Minkler, 2001). Other important health factors to consider are preexisting conditions i.e. illness or disease of the grandparent(s). Forty-five percent of grandmothers reported a problem or illness, such as hypertension, heart disease, diabetes, asthma, arthritis and/or cancer which impacted their ability to care for their grandchild (Dodwell, 2005). Marken & Howard (2014) found grandfathers' perception of general physical health was poorer than grandmothers' and in contrast, grandmothers' mental health was poorer

than grandfathers' mental health. Additionally, Ludwig, et al. (2007) found mental health problems, mainly depression and anxiety, were associated with caregiving responsibilities when children moved into grandparents' homes. It was common for grandparents to express shame and guilt over the losses associated with the parent of the grandchild, which affects their overall mental health. Overall, good physical and mental health status is necessary to meet the daily demands of raising a child, while poor health undermines a grandparent's ability to meet the needs of the grandchild(ren). Other factors that add to custodial grandparent stresses include the financial burdens that occur when providing for grandchildren.

Financial stress.

It is expected for grandparent headed households (GHH) to have an increase in financial need due to taking on the responsibility of caring for grandchildren. However, evidence showed that GHH often had a greater likelihood of poverty, limited resources, and lack of food security (Hatcher, 2018). In the United States, 600,000 custodial grandparents have income below the poverty level (U.S. Census, 2012). Grandparents who live on fixed incomes find the expense of caring for one or more grandchildren as a major financial challenge (Marken & Howard, 2014). Grandparents who turn to state and federal funding options often find their options are limited. Children who live informally with kin are not eligible for the same financial resources provided for children in formal kinship care (Marken & Howard, 2014). Temporary Assistance for Needy Families (TANF) is a financial plan that can distribute funds to this population. It is found that less than 12% of kinship families receive any assistance from TANF, although nearly 100% of children in such families are eligible (Marken & Howard, 2014). These grandparents may be reluctant to ask for help, lack awareness of programs or lack legal status as a kin caregiver (Marken & Howard, 2014). For these reasons, it is often found that grandparents miss

opportunities to receive assistance from other programs such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid and Children's Health Insurance Program (CHIP) (Annie E. Casey Foundation, 2012). The support a family can receive for these plans is dependent upon state policy and how well agencies connect with caregivers to educate them about these programs. Financial and social support programs can help grandparents transition into their new role as becoming custodial grandparents.

Life role crisis.

Prior to becoming custodial grandparents, these adults were often planning for or beginning retirement as they transition into the later stages of adult life. Retirement is an opportunity for older adults to engage in new leisure and social activities, however these experiences can be interrupted by changes in health or personal circumstances (Marken & Howard, 2014). Unlike other retirees, custodial grandparents may experience fewer opportunities to engage in previous leisure activities given their new responsibility as a caregiver. The disruption in life roles experienced by custodial grandparents can increase levels of stress. For grandparents who begin raising their grandchildren at midlife find that their own transitions and personal quests are being paused by new child-rearing responsibilities (Holman, 2001). One grandparent, in a study by Holman (2001) stated-, "I feel so bad sometimes because I need to do something for myself, although I can't because these children need me" (p. 22). When considering Erickson's life development model, custodial grandparents are in a crisis between transitioning to the integrity versus despair stage, while simultaneously re-entering the state of generativity versus stagnation as they parent a second generation (Holman, 2001). This crisis involves changes in many life roles and responsibilities and impact custodial grandparents' daily occupations.

Occupational deprivation.

As custodial grandparents adjust to their new normal of becoming primary caregivers to their grandchildren, it is expected their daily occupations are going to change to meet the needs of their grandchildren. Marken and Howard (2014) found changes in grandparent occupations included more energy devoted to responsibilities at home and less energy given towards leisure activity due to the grandchildren requiring much more attention in the areas of meal preparation, grocery shopping, laundry, and cleaning to establish a stable environment. Mark and Howard (2014) also found grandparents replaced leisure activities with less demanding activities upon the time period of caretaking for grandchildren. Ludwig et al. (2007) studied how caregiving affects the occupational lives of grandmothers who are primary caregivers in multigenerational homes compared to grandmothers who are less involved in caregiving to grandchildren. Ludwig et al. (2007) found that a major threat to grandmothers' well-being was caused by the extent of disruption in meaningful occupations resulting from time spent on childcare responsibilities. Specifically, Ludwig et al. (2007) concluded that the disruption in grandmother's meaningful occupations lead to grandmothers' experiencing feelings of social isolation from family and friends. As it is apparent that custodial grandparents experience many obstacles in their new roles as primary caregivers to their grandchildren, occupational therapists are equipped with the skills needed to help promote balance in their occupational roles.

Grandchild Life Changes

Approximately 5.7 million grandchildren are being cared for by grandparents in the United States and that number continues to grow (U.S. Census Bureau, 2014). Grandparent-headed households can positively and negatively impact the child due to adverse events

experienced early in life such as parental substance abuse, mental illness, incarceration, child abuse and neglect, homelessness, teenage pregnancy, death, illness, divorce, or HIV-AIDS (Crowther, Huang, & Allen, 2015; Peterson, 2017; Smith & Palmieri, 2007). These events may lead to mental, emotional, or behavioral health issues, educational barriers, and life role crises; however, there are also benefits of staying in the care of family.

Benefits

Children placed in grandparent care benefit from more stability and less disruption, less placement moves, ongoing connection between children and other family members, continuity of family identity and ties, more culturally appropriate placement experiences, and existing attachment relationships (Cuddeback, 2004). Grandparents serve as role models and provide nurturance and support, as well as communicate with the grandchild about the future, feelings, and relationships (Hayslip, Fruhauf, & Doblin-MacNab, 2017). Although there are many benefits, there are also many obstacles or challenges that arise when children are placed with their grandparents.

Obstacles

Mental health, emotional, and behavioral issues.

Removing children from their biological parents may result in physical, psychosocial, and developmental issues, especially for the children who have had traumatic experiences (Merryman, Mezei, Bush, & Weinstein, 2012; Thurber, Scanlin, Scheuler, & Henderson, 2007). Children who are exposed to trauma are at a greater risk for exhibiting behavioral and personality disorders during adolescence and young adulthood and are also more prone to suffering psychosocial and health related issues later in life (Björkenstam, Björkenstam, Jablonska, & Kosidou, 2018; Leve et al., 2012).

Custodial grandparents report higher levels of behavioral and emotional disturbances in grandchildren compared with the overall population of children in the U.S. (Smith & Palmieri, 2007). Behavioral and emotional disturbances in grandchildren may result from predicaments among parents or the challenges grandparents face as caregivers (Smith & Palmieri, 2007). Psychopathology among the grandchildren may be impacted by exposure to prenatal toxins, early childhood trauma, limited interaction with parents, family conflict, uncertainty about the future, and societal stigma (Hayslip, Shore, Henderson, & Lambert, 1998; Szinovacz, 1998). Behavioral issues may arise in children due to the grandparents wanting to sustain the grandparent role, therefore, not much discipline may happen (Peterson, Scott, Ombayo, Davis, & Sullivan, 2019).

Educational barriers.

Studies have shown that school-aged children who are placed with grandparents are at risk for academic failure including cognitive and emotional delays, repeating or at risk for repeating a grade, poor grades, and behavioral issues that impact school performance (Dannison & Smith, 2003; Gerard, Landry-Meyer, & Roe, 2006; Harris, 2013). The trauma and adverse events grandchildren experience may impact the child's ability to focus in school (Peterson, 2017). These children are at high risk for falling behind or even dropping out of school if early and consistent interventions are not provided to this population in the school setting (Peterson, 2017; Whitley & Kelley, 2007).

Dubowitz and Sawyer (1994) sought to examine teachers, caseworkers, and caregivers concerns regarding grandchildren's academic performance and behaviors. The poorest behaviors rated by teachers were study habits, attention concentration skills, general classroom and school

behavior, and motivation to learn. Peterson et al. (2019) looked at similarities and differences in teachers' biggest concerns about students who reside in grandparent-headed households.

Common themes of the study were emotional and social development, academic assistance and performance, lack of parental support and involvement, and discipline and behavior issues. The students experience low motivation, depression, decreased accountability for behavior, and uncomfortability discussing family due to not having a typical family situation.

Life role crisis.

Grandchildren who reside with grandparents may experience loss of his or her role as a child due to the loss of his or her biological parents (Edwards, 2003). Being neglected or abandoned by parents may create a feeling of loss or rejection and the child may also develop an attachment disorder (Dubowitz & Sawyer, 1994). In addition, children may feel uncomfortable in class when talking about family matters because their families are not like the typical family (Peterson et al., 2019). These children may have had to assume roles usually taken on by adults in their previous living situations, which limits their ability to engage in age and developmentally appropriate activities (Peterson et al., 2019).

Overview of Current Services

As grandparents transition into the role of primary caregivers for their grandchildren, it is important that grandparents have the resources and information needed to help assist with this transition. It is common for custodial grandparents to work with a social worker to ensure that all of the grandparents and grandchildren's needs are being met. Social workers must be knowledgeable about resources and services that can assist the grandparents to successfully meet their goals. These resources include state and federal financial programs such as SNAP, CHIP &

TANF, support groups that are offered, as well as specific school resources that can assist the children with their academic needs. When working with custodial grandparents, it is common that social workers will be working on a team with other disciplines to meet the needs of the grandparents and children. Other disciplines may include a case worker, teachers, lawyers, and rehabilitation specialists, such as occupational therapists. Social workers can act as an important liaison between the grandparent and the multiple resources used to ensure that the family is recognized and accepted (Cox, 2007). It is also important to distinguish the differences in roles between social workers and occupational therapists when working with kinship families. Social workers specifically are going to work with custodial grandparents to frame issues, develop agendas and identify and contact persons in power to assist with those issues to ensure that all of their needs are being met (Cox, 2007). Occupational therapists who are working with kinship families have the skills to create interventions to help these families find success in their daily occupations. Interventions for this population may include, but are not limited to, addressing areas such as physical and mental health, life roles and routines, educational barriers, emotional regulation, coping skills, technology assistance, and communication skills. Currently, there is a lack of available programs for occupational therapists to utilize when addressing the unique needs of both the custodial grandparent and the grandchild. This creates the opportunity for occupational therapists to create custom-tailored programs to meet the needs of this growing population.

Role of Occupational Therapy in Kinship Care

Occupational therapists have the opportunity to take on a unique role in regards to custodial grandparents and their grandchildren. The American Occupational Therapy Association

(AOTA) has minimal information on custodial grandparents and the challenges that occur between grandparents and their grandchildren. However, there were general and state-specific fact sheets as resources for grandparents raising grandchildren as well as assistance options, resources, and census data. It is necessary for occupational therapists to create resources tailored toward unique situations of kinship families to help maximize their independence in occupations for all parties. Occupational therapists are equipped with the knowledge and skills needed to bridge the generational gaps apparent in kinship families, as well as empower these families with tools to aid the transition into a multigenerational family unit. It is necessary to create programs, unique for this population, because the complex background of the child(ren) makes them a vulnerable population with specific needs. For example, children who experienced trauma and adverse life events such as child abuse and neglect, substance use, mental illness, incarceration, homelessness, death, and divorce may lead to current or future mental health, emotional, behavioral, educational, and life role issues (Crowther, Huang, & Allen, 2015; Peterson, 2017; Smith & Palmieri, 2007). The experiences these children have may impact multiple areas of occupation including social participation, education, play/leisure, sleep, and instrumental activities of daily living. These children often feel uncomfortable sharing and talking about family with their peers because their family is not like the typical family and may misbehave due to a lack of discipline in their previous living situation or with grandparents (Peterson et al., 2019). Children raised by grandparents may experience depression from the guilt of feeling that they are responsible for mishaps with their parents. When grandchildren are placed with grandparents, grandparents may experience physical and mental health declines, financial stress, life role crisis, and occupational deprivation. Grandparents often struggle with the dilemma of meeting complex needs of their grandchild while also meeting their own personal needs. Support

groups and educational programs have been shown to be effective in developing parenting skills, coping abilities, and community involvement of grandparent caregivers (Cox, 2007). Overall, occupational therapists are equipped with the skills and knowledge to address the multiple obstacles that kinship families often endure. A specific skill set that qualifies occupational therapists to work with this unique population includes the skill of choosing and incorporating theory to assist and guide assessment and intervention processes. Occupational therapists can utilize theoretical knowledge while working with kinship families to effectively meet the unique occupational needs of the grandparent and grandchild. Specifically for this program, the Canadian Model of Occupational Performance and Engagement was chosen to guide the occupational therapists working with kinship families.

Canadian Model of Occupational Performance and Engagement

The Canadian Model of Occupational Performance and Engagement (CMOP-E) is a guide to assist occupational therapists to look at the relationship between the person, environment, and occupation (Turpin & Iwama, 2011). The person components include cognitive, affective, and physical with spirituality at the center (Turpin & Iwama, 2011). Spirituality is defined as “a pervasive life force, source of will and self-determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment” (Canadian Association of Occupational Therapists, 1997, p. 183). The environmental components consist of cultural, institutional, physical, and social (Turpin & Iwama, 2011). The model places importance on addressing social change such as social inequalities and occupational disparities (Townsend & Polatajko, 2007, p.155). The model views

occupation as a bridge between the person and the environment and includes self-care, productivity, and leisure (Turpin & Iwama, 2011).

The CMOP-E aligns with the Canadian Occupational Performance Measure (COPM) assessment tool which breaks occupational performance into self-care, productivity, and leisure; however, it does not include the emphasis on occupational engagement because it has not been revised recently (CAOT, 1997). Therapists using the CMOP-E place emphasis on enabling occupation through the use of gaps in COPM performance and satisfaction scores, which may include advocating for barriers in socio-cultural environments (Law et al., 2005; Townsend & Polatajko, 2007). Strategies that can be used in therapy include establishing or restoring an ability or skill, teaching strategies to offset performance difficulties, and environmental adaptation (AOTA, 2014).

The grandparents and grandchildren qualify as the person component, and the occupational environment is the cultural, institutional, physical, and social environments including but not limited to the home, school, work peers, family, friends, and values and beliefs of the family. The occupations of the grandparents and grandchildren may include ADLs, IADLs, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2014). The interaction between the grandparents and grandchildren, the changes in environment, and the changing roles in occupations, influences occupational performance of both the grandparent and grandchild. The goal with this population is to assess occupational performance and personal satisfaction to enable grandparents and grandchildren through occupation.

Program Overview

A grandparent-grandchild group intervention program was created as a result of this

literature review. The intended population is children ages 10 to 14 years old, which are approximately fourth to eighth graders, and their grandparent caregivers. The program will be conducted by occupational therapists who are employed at local pediatric outpatient clinics. The program will consist of six sessions held twice a month and run for 90 minutes each and will occur three times a year. Part of the session will consist of working with the grandparents and grandchildren separately, followed by a large group intervention to finish the session. The participants will have a choice in which sessions they want to attend depending on the session topics and their perceived need. The program is intended to enhance occupational performance of custodial grandparents and their grandchildren in their new living arrangements. The therapists will address defining roles, physical and mental health maintenance, coping skills, education, empowerment and motivation, and leisure activities.

Chapter III

METHODOLOGY

The U.S. Census Bureau reported more than 5.7 million children in the United States were under the care of custodial grandparents in 2014 (U.S. Census Bureau, 2014). Multiple sources stress the factors that lead to displaced grandchildren along with the impact this has on grandchildren and their custodial grandparents. The authors of the scholarly project became interested in the topic after seeing the gap in services for grandchildren and their grandparent caregivers and wanting to gain an understanding of the role occupational therapy has in these situations. After reviewing the literature, the authors of this scholarly project found the needs of these populations aligns with the scope of occupational therapy. The needs of these populations sparked the authors interest in advocating for the role occupational therapists could have in

displaced grandchildren, specifically with grandparents, and the programs that could be provided.

The authors of the project have compiled both quantitative and qualitative research data that were critiqued using guidelines provided by the University of North Dakota Department of Occupational Therapy. The literature review was conducted to assess the needs and challenges of grandchildren and their custodial grandparents as well as occupational therapy's potential role with these individuals. Search engines used to conduct this research include CINAHL Complete, PubMed, EBSCO, AOTA, and Google Scholar. Terms used when completing this research include "grandchildren AND custodial grandparents," "custodial grandparents AND challenges," "custodial grandparents AND benefits," "occupational therapy AND kinship families," "occupational therapy AND custodial grandparents," and "occupational therapy AND grandchildren."

Throughout the literature review process, the authors met periodically with Bobbi Carrlson, their advisor, for further consultation. The information obtained from the research was analyzed and organized into sections in the literature review including background information, grandparent life changes, grandchild life changes, an overview of current services, the role of occupational therapy in kinship care, and the theoretical framework to guide program development. Following this analysis, the sections were further broken down into benefits and obstacles with four obstacles listed for grandparents and three obstacles listed for grandchildren.

Several practice models were considered to guide this product including Occupational Adaptation, Dynamic Systems Theory, and the Canadian Model of Occupational Performance and Engagement. After analyzing the literature, the Canadian Model of Occupational

Performance and Engagement (CMOP-E) model was chosen to guide the development of this product. This product was designed as an occupation-based, evidence-based program to assist grandparents ,who have assumed guardianship of their grandchildren, and grandchildren who have been displaced with their grandparents.

The product includes six sessions which are guided by Cole’s Seven Steps by Marilyn B. Cole (2012). The steps were designed to lead groups in mental health settings with the goal of enabling participation of group members (Cole, 2012). The seven steps include introduction, activity, sharing, processing, generalizing, application, and summary (Cole, 2012). The first step, introduction, is when the therapist introduces the purpose of the session, expectations of the group members, outline of the session, and warm-up activity (Cole, 2012). Next is the activity, which is when the therapist introduces the activity the group members will complete during the session (Cole, 2012). The sharing step is when group members are invited to share their work or experience of the activity with the other group members (Cole, 2012). The next step is processing, which allows group members to express how they feel and think critically about the activity (Cole, 2012). The fifth step is generalizing and the group members are encouraged to share common themes and patterns that have emerged during discussions (Cole, 2012). During the sixth step, application, the therapist helps the group understand how they can apply what they have learned to their everyday lives (Cole, 2012). The seventh and last step is the summary where the therapist or group members summarize the most important points from the group session (Cole, 2012). The summary usually includes the sessions goals, content, and process of the group (Cole, 2012).

Chapter IV

Product

Millions of children are living in grandparent-headed households because of parental substance abuse, mental illness, incarceration, child abuse and neglect, homelessness, teenage pregnancy, death, illness, divorce, HIV-AIDs, and various other reasons (U.S. Census Bureau, 2014; Crowther, Huang, & Allen, 2015; Peterson, 2017; Smith & Palmieri, 2007). Although there are many benefits to keeping the child in kinship care, traumatic experiences for the child and/or grandparent may cause many challenges in grandparent-headed households. As the number of children living with grandparents continues to rise, so does a need for intervention to address the complex needs of both entities.

The purpose of this group intervention program is to provide grandchildren and their custodial grandparents with strategies and skills that can be used to meet unmet needs. The program will address defining roles, physical and mental health maintenance, coping skills, education, empowerment and motivation, and leisure activities. An occupational therapist will lead the program while using an occupation-based theoretical foundation to guide evidence-based interventions. The CMOP-E will be used as a guide to assist occupational therapists to look at the relationship between the person, environment, and occupation in grand-families with the use of strategies such as establishing or restoring an ability or skill, teaching strategies to offset performance difficulties, and environmental adaptations (Turpin & Iwama, 2011; AOTA, 2014)

EMPOWERING GRAND-FAMILIES THROUGH OCCUPATION: AN OCCUPATIONAL THERAPY INTERVENTION PROGRAM FOR GRANDCHILDREN AND CUSTODIAL GRANDPARENTS

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INTRODUCTION & PURPOSE:

Grandparents becoming primary caregivers to their grandchildren is an ever-growing population that requires a multitude of life changes for both children and their grandparents. In 2012, it was found that 7 million grandparents live with at least one grandchild (Hatcher, 2018). As custodial grandparents often are at least two generations older than their grandchildren, this generational gap creates many obstacles for custodial grandparents as they work to meet the needs of their grandchildren, while simultaneously taking care of their own personal needs. This leads to custodial grandparents neglecting their own needs, which can create many obstacles to their health, financial resources, social supports and occupational roles when they decide to take become sole caregivers of their grandchildren (Hatcher, 2018). Grandchildren are also impacted by the changes in their environment and occupational roles as they transition to live with their grandparents. For example, children living with their grandparents are often removed from their previous home due to a lack of safety, which can lead to specific behavioral and emotional needs as a result from earlier life trauma (Marken & Howard, 2014). Overall, the unique family dynamic of grand-families requires a multitude of life changes that impact various occupational roles of both the grandchildren and the grandparents.

Empowering Grand-Families Through Occupation: An Occupational Therapy Intervention Program for Grandchildren and Custodial Grandparents was created to empower grandparents and grandchildren with skills and strategies to strengthen their family dynamics to meet each family members unique needs. This comprehensive program consists of six evidence-based and occupation-based interventions to enable grand-families as they transition to becoming a fully supportive family unit. Throughout the group sessions, members will be educated on topics such as defining roles, physical and mental health maintenance, coping skills, education, empowerment and motivation, and lastly leisure activities. By the end of the six group sessions, members will be educated on a variety of supportive tools to enable grand-families to successfully meet the needs of each family member.

INFORMATION FOR THE OCCUPATIONAL THERAPIST

Occupational Therapist Role:

- To lead and facilitate group discussion.
- To educate group members on the following topics: defining roles, physical and mental health maintenance, coping skills, education, empowerment and motivation, and lastly leisure activities.
- To enable members to successfully reach goals of each of the six sessions.
- To utilize therapeutic reasoning skills to empower both grandparents and grandchildren to learn and apply knowledge from sessions into their family setting.
- To apply the concepts of the Canadian Model of Occupational Performance and Engagement (CMOP-E) throughout each session.

Timing and Facilitation of Groups:

This program will be conducted by occupational therapists who are employed at local pediatric outpatient clinics. Interventions were created for grandparents with grandchildren who are between the ages of 10 to 14 years old. The program will consist of six sessions held twice a month and lasting 90 minutes per session. Session topics include: defining roles, physical and mental health maintenance, coping skills, education, empowerment and motivation, and leisure. Each session will be conducted in a manner that will consist of working with grandparents and grandchildren separately, followed by a large group intervention to conclude each session.

OVERARCHING OBJECTIVES:

Overarching Objective #1: Group members will identify and implement strategies as an individual and within his/her family to ease occupational performance and routines.

Overarching Objective #2: Group members will improve communication with family members within their daily lives.

Overarching Objective #3: Group members will report feelings of empowerment within their family role by the end of the program.

CANADIAN MODEL OF OCCUPATIONAL PERFORMANCE AND ENGAGEMENT

The Canadian Model of Occupational Performance and Engagement (CMOP-E) was used while creating this group protocol to guide interventions. This model is used by occupational therapists to engage a person in aspects of daily living, including self-care, productivity, and leisure (Townsend and Polatajko, 2007).

Three main components of CMOP-E:

- Person:
 - Center part of a person is their spirituality
 - Components of their spirituality include affective, physical and cognitive abilities.
- Occupation:
 - Performed by the person in the environment
 - Three domains include self-care, productivity, and leisure.
- Environment
 - Physical, social, cultural and institutional environment of the client.
- Interaction between the person, environment and occupation results in occupational performance.
- When clients choose to perform their meaningful occupations in their environment they are practicing occupational engagement.

(Townsend and Polatajko, 2007)

Application to Grand-families:

- Occupation affects health and well-being.
 - As previous stated, grand-families have unique occupational needs as grandparents are often two generations older than their grandchildren. Therefore, both generations will have unique self-care, productivity, and leisure needs. Satisfaction in these occupations is essential to overall well-being.
- Occupations require structure to enable independence and success.
 - Grand-families endure a huge learning curve as they adapt to create new family habits, routines and values. Establishing these habits and routines helps to produce structured engagement to meet the needs of all family members.
- Occupations bring meaning to life.
 - As grand-families are united under unique circumstances, this has provided the opportunity to enhance their sense of unity and hope to their lives.

CMOP-E THERAPEUTIC ENABLEMENT SKILLS

- **Adapt:** Enablement skill referring to a role of change in adapting occupations (Turpin et al., p. 127).
- **Advocate:** Enablement skill referring to raising awareness towards problems and prompting a need for these issues to be addressed (Turpin et al., p. 127).
- **Coach:** Enablement skill referring to encouraging clients to utilize their motivation towards engagement in desired occupations (Turpin et al., p. 127).
- **Collaborate:** Enablement skill involving working with people rather than doing things for or to them (Turpin et al., p. 127).
- **Consult:** Enablement skill requiring the OT to gather and synthesize information to give advice, make recommendations, and advocate for change (Turpin et al., p. 128).
- **Coordinate:** Enablement skill referring to coordinating information, people services and organizations (Turpin et al., p. 128).
- **Design/build:** Enablement skill referring to OT's building assistive technology or orthotics and using these skills to adapt environments and build programs and services (Turpin et al., p. 128).
- **Educate:** Enablement skill linked to understanding, teaching, learning principles and educational philosophy (Turpin et al., p. 128).
- **Engage:** Enablement skill focused on enabling occupation and an engagement of valued social roles (Turpin et al., p. 129).
- **Specialize:** Enablement skill referring to the specialized skills OT's develop. It is seen as many different skills that assist in the competency role in enabling occupation (Turpin et al., p. 129).

STRUCTURE OF COLE'S SEVEN STEPS GROUP SESSIONS

1. **Introduction:** start group on time, welcoming the group, introducing purpose and objectives of the session, stating the expectations, briefly outlining the session, and warm-up activity
2. **Activity:** meeting goals and objectives, grading activity to meet needs of group members, and being a confident leader
3. **Sharing:** invite group members to share their work or experience of the activity with other group members, ask for volunteers, and take notes for generalizing section
4. **Processing:** invite group members to express how they feel and think critically about the activity, and verbal and nonverbal aspects of the group
5. **Generalizing:** articulate common themes and patterns that have emerged during the session, acknowledge both verbal and nonverbal aspects of the group
6. **Application:** encourage understanding of how group members can apply what they have learned to their everyday lives, elaborate the significance of the session
7. **Summary:** reiterate objectives, answer outstanding questions, summarize the session, thank group members for participating, end the group on time

(Cole, 2012)

EVALUATION MEASURES

Canadian Occupational Performance Measure

The Canadian Occupational Performance Measure (COPM) is an assessment that correlates with the CMOP-E and the purpose is to gain perspectives of the grandparent(s) and grandchild(ren). Administration of the COPM assessment will take place at the first and sixth sessions as a pre- and post-test. The COPM will be used to guide grandparents and grandchildren's priorities for program sessions. The assessment tool uses a semi-structured interview to gain insight on three components including self-care, productivity, and leisure. The goal of the assessment is to gain insight on the individual's identified problem areas in his or her daily life, the importance of these problems to the individual, and the individual's satisfaction with current performance (Pollock, 1993).

Goal Attainment Scaling:

Goal attainment scaling is a method of scoring the extent to which clients individual goals are achieved in the course of intervention (Turner-Stokes, 2009). Each patient has their own outcome measure, but this is scored in a standardized way as to allow the therapist to assess if personal goals were met from the interventions. Formal assessment of goal attainment at the point of outcome assessment can provide an accurate indication of success in relation to the intended goals of treatment, both on the part of the patient and the clinician (Turner-Stokes, 2009). The application of Goal Attainment Scaling also offers the opportunity of a single interval measure with which to assess response to intervention. **Only grandparents will each create goals based on this scale and assess their ability to meet these goals during session six.**

NAME: _____

MY FAMILY GOALS

Prioritize up to three life areas where you would like to make improvements on. (Complete this during session #1). After you have completed the six sessions of the program, you will re-assess each goal and whether you did or did not meet this goal after the intervention sessions.

Example:

Start Date of Goals: 01/01/2021

Goal #1: I want learn coping skills to help my grandchild deal with life stressors.

Goal #2: I want to improve my time management skills to prioritize enough time to engage in a leisure activity each week while still meeting the needs of my grandchild.

Goal #3: I want to learn skills to help improve my ability to help my grandchild with their schoolwork.

Start Date of Goals: _____

Goal #1: _____

Goal #2: _____

Goal #3: _____

Review goals made from session one and circle the number that best aligns with your satisfaction in meeting your goal.

End Date Review of Goals: _____

Goal #1:

-2	-1	0	1+	2+
Much less than expected outcome	Less than expected outcome	Expected outcome after intervention	Greater than expected outcome	Much greater than expected outcome

Goal #2:

-2	-1	0	1+	2+
Much less than expected outcome	Less than expected outcome	Expected outcome after intervention	Greater than expected outcome	Much greater than expected outcome

Goal #3:

-2	-1	0	1+	2+
Much less than expected outcome	Less than expected outcome	Expected outcome after intervention	Greater than expected outcome	Much greater than expected outcome

SESSION DESCRIPTIONS

Session I: Defining Roles

Session Description: This session grandparent(s) and grandchild(ren) will identify important, meaningful areas of their day which provide purpose and motivation through the use of a weekly planner chart. Once completed, grandparents and grandchildren will discuss and implement changes to their routines to enable more opportunities for each family member to meet all of their needs and encourage balance of all desired occupations. This will allow for open communication between the grandparent and grandchild to address role differences in each occupation and provide the chance to communicate needs to enable a stronger family dynamic.

Session II: Physical and Mental Health Maintenance

Session Description: This session grandparent(s) and grandchild(ren) will identify why it is important to maintain their physical and mental health. Participants will engage in the physical activity of yoga and reflect on their stress levels before and after the exercises to examine on how the activity impacted their overall emotions. Grandparents will be educated on health statistics that reflect the custodial grandparent population. Once completed, grandparents and grandchildren will engage in a physical and mental health jeopardy game to promote discussion about this topic. This session will allow for open communication between the grandparent and grandchild to address new ways to enhance their physical and mental health together to overall improve their family dynamics.

Session III: Coping Skills

Session Description: This session grandparents(s) and grandchild(ren) will identify things they can and cannot control in life and learn healthy coping skills to help deal with stress. Grand-families will be educated on coping skills that are tailored to both populations of grandparents and grandchild(ren). Grand-families will engage in a variety of activities that will educate them on various coping skills and reflect on how to apply these coping skills in their daily life to help cope with stress.

Session IV: Education

Session Description: Grandparent(s) and grandchild(ren) will determine educational barriers experienced in their daily lives by using the session worksheet. Once barriers are identified, group members will brainstorm a strategy to overcome barriers individually and collaborate with grandparent or grandchild to determine a strategy to use as a pair to overcome barriers and increase occupational performance. The session will allow for open communication and collaboration between grandparent and grandchild to decrease stress in the home environment.

Session V: Leisure Activities and Self-Care

Session Description: Grandparent(s) and grandchild(ren) will determine leisure activities they enjoy individually and with each other. Following identification of leisure activities, group

members will collaborate with their partners on a leisure activity they would like to try together. Following discussion, group members will identify plans to carry out leisure activities 2-3 times per week using the weekly planner worksheets from session one. The activities will engage group members in communication, collaboration, and problem solving to improve the relationships between family members and facilitate open communication.

Session VI: Empowerment and Motivation

Session Description: Grandparent(s) and grandchild(ren) will plan, create, and organize a support group page on Facebook for group members. Group members will develop rules and expectations as well as discuss what the group can be used for and when. The therapist will facilitate the start of the group and group members will begin to take the lead. The session will include a thorough discussion among group members. The activity will empower and motivate group members to maintain and further develop skills learned throughout the program and create a sense of inclusion for this population.

SESSION 1: DEFINING ROLES

Session Description: This session grandparent(s) and grandchild(ren) will identify important, meaningful areas of their day which provide purpose and motivation through the use of a weekly planner chart. Once completed, grandparents and grandchildren will discuss and implement changes to their routines to enable more opportunities for each family member to meet all of their needs and encourage balance of all desired occupations. This will allow for open communication between the grandparent and grandchild to address role differences in each occupation and provide the chance to communicate needs to enable a stronger family dynamic.

Enablement Skills: Adapt, Educate, Engage, Consult, Advocate, Design/build

Materials Needed: Writing utensils, session worksheet (how do you spend your time)

Group Membership: 6-8 grandparent/grandchild pairs

Objective 1: By the end of the session, group members will determine personal roles in their family units by using the session worksheet.

Objective 2: By the end of the session, group members will identify 1-2 challenges and 1-2 benefits in their current roles.

Objective 3: By the end of the session, group members will identify one way to help their family member complete a personal role.

INTRODUCTION

Role of the facilitator: Introduce yourself to the group including your name, title, the name of the session, as well as a brief explanation of the program.

- **Group Expectations**
 - Invite group members to create a list of expectations for the group to follow throughout the program sessions.
- **Warm-up**
 - Have each member state their name
 - Empowerment video
 - https://www.youtube.com/watch?v=4mY4JfRm_pg
 - If video does not work, show video from YouTube relating to grandparent caregivers and insight.
 - Have each member share a relatable point in the video
- **Session Outline**
 - The session will last approximately 90 minutes
 - Administration of the weekly planner
 - Activity
 - Reflect on activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session

- **Questions**

ACTIVITY

Role of the facilitator: Have group members split into two different areas to complete the worksheet. Worksheet lay-out is the same, although answers will vary based on age, roles, etc.

- Group 1: Adults
 - First: hand out the completed weekly planner example for adults (form 1-A) and discuss each area of the chart. Discuss highlighted areas, and areas where the adult wants to change/improve
 - Second: hand out a blank weekly planner (Form 1-B) and prompt each adult to fill in the schedule with their role duties.
 - Third: hand out highlighters to each adult. Explain how this chart is going to be used to discuss with the child possible changes in roles so that BOTH the child and grandparents needs are being met.
 - 1 color will be for essential activities that only the adult can complete (financial management, work)
 - 1 color will be for areas that are possible for the child to complete (meal preparation, care of animals, house cleaning)
 - 1 color will be to highlight adult leisure roles (quiet time, time to garden/attend a club, etc). If there is not time in chart assist with opportunity of finding time once per week
- Group 2: Grandchildren
 - First: hand out the completed weekly planner example for children (form 1-C) and discuss each area.
 - Second: hand out a blank weekly planner sheet (form 1-D) and have the child complete their weekly planner and provide assistance as needed
 - Third: have child write down examples of what they would like to change in weekly plan (cannot change school/doctor appointments, etc) (example: add time to spend with friends, engage in a sport, etc)
 - Fourth: Discuss the role of at home responsibilities with children and have them write down what is expected of them at home (clean rooms, taking trash out)

SHARING

Role of the facilitator: Have group members pair up with their grandparent/grandchild and another grandparent/grandchild pair to share their worksheet and discuss the following questions:

- How are your roles similar or different since you have assumed different roles?
- What roles would you like to take on?
- Prompt discussion for explaining highlighted areas of grandparent sheet and desired roles they would appreciate the child to complete and desired roles the child wishes to change in their lives.
- Have groups choose 1 role where the grandparent can help the child meet a need they would like to fulfill and 1 role where the child can help the grandparent meet a need.

- Invite the group members to share their answers to the worksheet or questions with the group.
- Make notes on responses for the generalizing step of the session.

PROCESSING

Role of the facilitator: Have the group members process their feelings associated with their roles before and after their change in family dynamics:

- What things in your environment are allowing you to perform these roles?
- What things in your environment are preventing you from performing these roles?
- What aspects of you as a person allow you to perform these roles?
- What aspects of you as a person prevent you from performing these roles?
- How do your occupations impact these roles?
- Make notes on responses for the generalizing step of the session.

GENERALIZING

Role of the facilitator: The therapist will review the groups responses to the activity and will sum them up with a few general principles derived from the group. (if activity has gone as expected, this will closely resemble the original goals of the session). An important clue to generalizing is reading the group's energy and matching their energy in your responses to stimulate spontaneous conversation.

- Questions for the therapist to consider while summarizing group discussion principles
 - What were the common elements of the grandparent and grandchild roles?
 - What commonalities were shared between participants?

APPLICATION

Role of the facilitator: The therapist will verbalize the meaning or significance of the activity and prompt the group members to share how they are going to apply this information at home.

- Verbalize, "Well, now that we know how important it is for us to determine and communicate our roles in our family unit to help each other, how are you going to continue to help your grandparents/grandchildren to be able to complete their valued roles after you leave this session?"
 - *The answer for this will be different from every individual*

SUMMARY

Role of the facilitator:

- Restate the main points from the sharing, processing, generalizing, and application portions, and ask the group members for three takeaways.
- Restate the group objectives
 - **Objective 1:** By the end of the session, group members will determine personal roles in their family units by using the session worksheet.
 - **Objective 2:** By the end of the session, group members will identify 1-2 challenges and 1-2 benefits in their current roles.
 - **Objective 3:** By the end of the session, group members will identify one way to help their family member complete a personal role.
- Ask if there are any questions & thank everyone for participating

ADULT WEEKLY PLANNER EXAMPLE (Form 1-A)

Green = essential activities only the adult can complete

Blue = areas both the child and adult can complete

Pink = quiet time or leisure activity for adult

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 AM	Make Breakfast/ get ready for the day/pack bags	Make Breakfast/ get ready for the day/pack bags	Make Breakfast/ get ready for the day/pack bags	Make Breakfast/ get ready for the day/pack bags	Make Breakfast /get ready for the day/pack bags		
7 AM							
8 AM	START WORK	START WORK	START WORK	START WORK	START WORK		
9 AM						Make Breakfast	Make breakfast
10 AM							Church
11 AM							
12 PM						Make Lunch	Make Lunch
1 PM						Miscellane ous	Miscellane ous
2 PM						Miscellane ous	Miscellane ous
3 PM						Miscellane ous	Miscellane ous

4 PM						Miscellaneous	Miscellaneous
5 PM	END	END	END	END	END		
6 PM	Make Supper	Pick up from practice	Make Supper	Pick up from practice	Make Supper	Supper	Supper
7 PM	Help with homework	Supper	Help with homework	Supper	BINGO Night		
8 PM	Household maintenance	Household maintenance/help with homework		Household maintenance/help with homework			
9 PM	Quiet time/get ready for bed	Quiet time/get ready for bed	Quiet time/get ready for bed	Quiet time/get ready for bed	Quiet time/get ready for bed		
10 PM	Sleep						
11 PM							
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							

5 AM							
------	--	--	--	--	--	--	--

Self-Care:

Sleep:

Meal Preparation:

possibly have assistance with supper 1x per week.

Household maintenance:

possibly have assistance 1 evening with trash and laundry.

Care of others (pets/children):

Possibly have assistance to feed the dog at night.

Work:

Leisure:

Other:

ADULT WEEKLY PLANNER (Form 1-B)

Green = essential activities only the adult can complete

Blue = areas both the child and adult can complete

Pink = quiet time or leisure activity for adult

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							

9 PM							
10 PM							
11 PM							
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							
5 AM							

Self-Care:

Sleep:

Meal Preparation:

Household maintenance:

Care of others (pets/children):

Work:

Leisure:

Other:

CHILD WEEKLY PLANNER EXAMPLE (Form 1-C)

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 AM							
7 AM	Get ready for school	Get ready for school	Get ready for school	Get ready for school	Get ready for school		
8 AM	School	School	School	School	School		
9 AM						breakfast	breakfast
10 AM							church
11 AM							
12 PM						lunch	lunch
1 PM							
2 PM						Hangout with friends	
3 PM	END	END	END	END	END		
4 PM		Soccer Practice	Hangout with friends	Supper Practice	Hangout with friends		
5 PM							Homework
6 PM	Supper		Supper		Supper		
7 PM	homework	Supper	Homework	Supper			

8 PM		homework		homework			
9 PM	Get ready for bed	Get ready for bed	Get ready for bed	Get ready for bed			
10 PM					Get ready for bed		
11 PM							
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							
5 AM							

Questions to answer:

- If you could change anything to your schedule, what would you change?
 - I would like to make more time to hang out with friends and take guitar lessons.
- What are your current weekly responsibilities at home?
 - I make myself breakfast and do the dishes after supper.

CHILD WEEKLY PLANNER (Form 1-D)

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							

11 PM							
12 AM							
1 AM							
2 AM							
3 AM							
4 AM							
5 AM							

Questions to answer:

- If you could change anything to your schedule, what would you change?
-
- What are your current weekly responsibilities at home?
-

SESSION II: PHYSICAL AND MENTAL HEALTH MAINTENANCE

Session Description: This session grandparent(s) and grandchild(ren) will identify why it is important to maintain their physical and mental health. Participants will engage in the physical activity of yoga and reflect on their stress levels before and after the exercises to examine on how the activity impacted their overall emotions. Grandparents will be educated on health statistics that reflect the custodial grandparent population. Once completed, grandparents and grandchildren will engage in a physical and mental health jeopardy game to promote discussion about this topic. This session will allow for open communication between the grandparent and grandchild to address new ways to enhance their physical and mental health together to overall improve their family dynamics.

Enablement Skills: Educate, Coach, & Engage

Materials Needed: Worksheets 2A/B/C/D, writing utensils, markers, paper, slow music and speaker, yoga mats, bingo markers, candy (prize)

Group Membership: 6-8 grandparent/grandchild pairs

Objective 1: Group members will be educated on the importance of maintaining good physical and mental health for their age group.

Objective 2: Group members will rate their stress levels the 1-10 before and after the yoga exercise activities.

Objective 3: Group members will choose 1 strategy to implement daily to promote positive physical and mental health.

Objective 4: Group members will engage in physical/mental health bingo activity.

INTRODUCTION

Role of the facilitator: Introduce yourself to the group including your name, title, name of the session and a brief explanation of the program.

- **Group Expectations:** reiterate previously made group expectations from session 1
- **Warm-up**
 - Prompt the grandparent/grandchild duo to write down as many physical activities they can in 60 seconds.
 - Next, prompt the grandparent/grandchild duo to write down as many mental health activities they can in 60 seconds.
 - Have groups share some of the activities they thought of and explain the importance of engaging in these activities has on their overall health.
- **Session Outline**
 - Split the groups to have the grandchildren in one group and grandparents in another group. Complete the yoga activity and health worksheets separately as information will pertain differently to each age group. After those activities,

prompt members to return together to one group to engage in the bingo activity and then reflect on the session.

- **Questions**

ACTIVITY

Role of the facilitator:

Adult Physical/Mental Health Group

Therapist: “Today we are going to take about 15 minutes to move our bodies and focus on the importance of maintaining our physical health. We are going to engage in a yoga sequence and reflect on how it felt to move our bodies and take time to focus on our health. After this activity we will talk more about why it is important to engage in health promoting activities each day.”

- Ask group members to rate their stress level before engaging in yoga sequence. Follow worksheet 2-A for the Adults. Should take 15 minutes to complete.
- Prompt members to engage in yoga activity as they are able. Offer modifications to poses to complete while sitting or standing. Utilize Form 2-A Yoga Sequence Activity under the adult section
- Post yoga activity ask members to rate their stress levels. Be mindful if levels went down after activity.
- Hand out form 2-B Adult Physical and Mental Health Fact Sheet
 - Go through each statistic and reflect with the group about their thoughts and feelings in regard to these statistics.

Child Physical/Mental Health Group

Therapist: “Today we are going to engage in a yoga activity! Has anyone ever done yoga? These exercises are supposed to be a fun way to move your body”

- Hand out yoga mats to each child and prompt them to sit in a circle.
- Have members state their stress level before engaging in yoga sequence.
- Turn on the music softly and go through the yoga sequence on form 2-A Yoga Sequence under Child Sequence. (15 minutes)
- Post yoga activity have members state their stress level and be mindful if levels went down after the activity.
- Hand out form 2-C How Can I Take Care of Myself Worksheet
 - Have children name off ways to maintain their physical health and mental health. Prompt children to draw pictures that promote positive lifestyle activities, foods, etc. Provide assistance as needed to each child.

- **Bring both groups together and engage in BINGO activity**

SHARING:

Role of the facilitator: Have the group members pair back up with their grandparent/grandchild group to discuss the following questions:

- What were some of your favorite poses from the yoga activity?
- How did you feel after engaging in the exercises? Did your stress levels go down?
- How did your body feel after engaging in the exercises?
- What was something you learned about physical health?

- What did you enjoy about the BINGO activity?

PROCESSING:

Role of the facilitator: Have group members process their feelings about the activities they engaged in today and how they relate to their physical and mental health.

- How can implementing exercise/movement into your day help you to improve your physical health?
- How can you implement healthier foods into your meals to reach your nutritional goals?
- Why is it important to take care of your mental health?
- How do you feel when you are able to engage in healthy activities?
- How can improving your physical and mental health impact your family life?

GENERALIZING:

Role of the facilitator: The therapist will review the group's answers and will sum them up with a few general principles derived from the group. (if the group went as expected, this will closely resemble the original session goals.)

- What were the common things shared about how to promote physical health in your lives?
- What were the common things shared about how to promote positive mental health?

APPLICATION:

Role of the facilitator: The therapist will restate the meaning of the activities and prompt group members to share how they will implement the information at home.

- What movement activities can you do this week on your own to promote your health?
- What movement activities can you do this week together with your family members?
- What activities can you do this week to promote your mental health?



SUMMARY:

Role of the facilitator: Restate the main points from the sharing, processing, generalizing and application portions and ask the group members for 3 takeaways.

- Restate the group objectives
- Ask if there are any questions. Thank everyone for participating.

2-A Yoga Sequence Sheet

Adult Sequence:

Part 1: Starting Sequence (stretching)	Part 2: Movement Sequence
<p>Complete while seated:</p> <ul style="list-style-type: none"> • Close your eyes, hands to heart center (prayer pose) and take 5 breathes following the sequence (Inhale 4 seconds, hold 4 seconds, exhale 4 sequences). Last two exhales prompt participants to make pretend to blow out a birthday candle with breathing. • Neck Rolls 10X • Shoulder shrugs 10X each direction • Hands above head and lean to right and left sides. • Alternating Cross Body Arm Stretch • Trunk Twists on both sides • Seated Cat/Cow 3X • Seated hip stretch (rest ankle on opposite knee) • Ankle rolls 10X each direction 	<p>Stand (if able):</p> <ul style="list-style-type: none"> • Mountain Pose 2X: Raise hands above head while inhaling, exhale bring hands down. • Bicep Curls 10X • Behind the head triceps: 10X • Shoulder horizontal abduction 10X • Warrior 1 pose: hold for 10-15 seconds. (reminders to focus on breathing) <div style="text-align: center;">  </div> <ul style="list-style-type: none"> • Warrior 2 pose: hold for 10-15 seconds (reminders to focus on breathing) <div style="text-align: center;">  </div> <ul style="list-style-type: none"> • Return to mountain pose <ul style="list-style-type: none"> ○ Repeat warriors on both sides. • 10 squats (to where feels comfortable). • Calf Raises 10X • Return to prayer pose and repeat beginning breathing sequence. <ul style="list-style-type: none"> ○ Close your eyes, hands to heart center (prayer pose) and take 5 breathes following the sequence (Inhale 4 seconds, hold 4 seconds, exhale 4 sequences). Last two exhales prompt participants to make pretend to blow out a birthday candle with breathing.

Child Sequence:

BEGINNER YOGA ROUTINE

yogarove.com

Hold each pose for 5 breaths. Repeat steps 1-14 on the other side before moving to step 15.

1 Cat-Cow 2 Down Dog 3 Standing Forward Fold 4 Standing Backbend

5 Mountain 6 Warrior II 7 Triangle 8 Side Angle

9 Chair 10 Standing Fold 11 Plank 12 Chaturanga 13 Cobra

14 Down Dog 15 Pigeon 16 Seated Forward Fold 17 Savasana

2-B Adult Physical & Mental Health Fact Sheet

Why is it important to engage in exercise as older adults?

- 80% of older adults have at least one chronic disease. These include heart disease, stroke, cancer, and diabetes. (National Council on Aging, 2018).
 - Although an increase in chronic health problems is associated with age and not necessarily related to caregiving, it is important to consider custodial grandparents roles and their personal health as they are often taking care of children who are at least two generations younger.
 - There has been research supporting an increase in grandparent health after assuming the primary caregiver role, however research has also shown more health problems reported by caregiving grandparents when compared with non-caregiving grandparents.

Statistics about physical and mental health and custodial grandparents:

- Fuller-Thomson and Minkler (2001) found that custodial grandparents had more limitations in activities of daily living than non-custodial grandparents.
 - These limitations were due to a delay or failure to seek healthcare because of time, financial constraints, and fear of losing their grandchild(ren).
- 45% of grandmothers reported a problem or illness, such as hypertension, heart disease, diabetes, asthma, arthritis and/or cancer which impacted their ability to care for their grandchildren (Dodwell, 2005).
- Marken & Howard (2014) found grandfathers' perception of general physical health was poorer than grandmothers' and in contrast, grandmothers' mental health was poorer than grandfathers' mental health.

Let's not be another statistic!

- **Taking time focus on maintaining healthy routines that promote good physical and mental health with not only allow you to feel better, but will allow you to take better care of your grandchildren.**

References

- Dowdell, E. B. (2005). GRANDMOTHER CAREGIVER REACTIONS TO caring for high-risk grandchildren "I could write a book!". *Journal of Gerontological Nursing*, 31(6), 31–37. doi: 10.3928/0098-9134-20050601-09
- Fuller-Thomson, E., & Minkler, M. (2000). African American grandparents raising grandchildren: A national profile of demographic and health characteristics. *Health & Social Work*, 25, 109-118.
- Marken, D.M. & Howard, J.B. (2014). Grandparents raising grandchildren: The influence of a late-life transition on occupational engagement. *Physical & Occupational Therapy In Geriatrics*, 32, 4(381-396). <https://doi.org/10.3109/02703181.2014.965376>

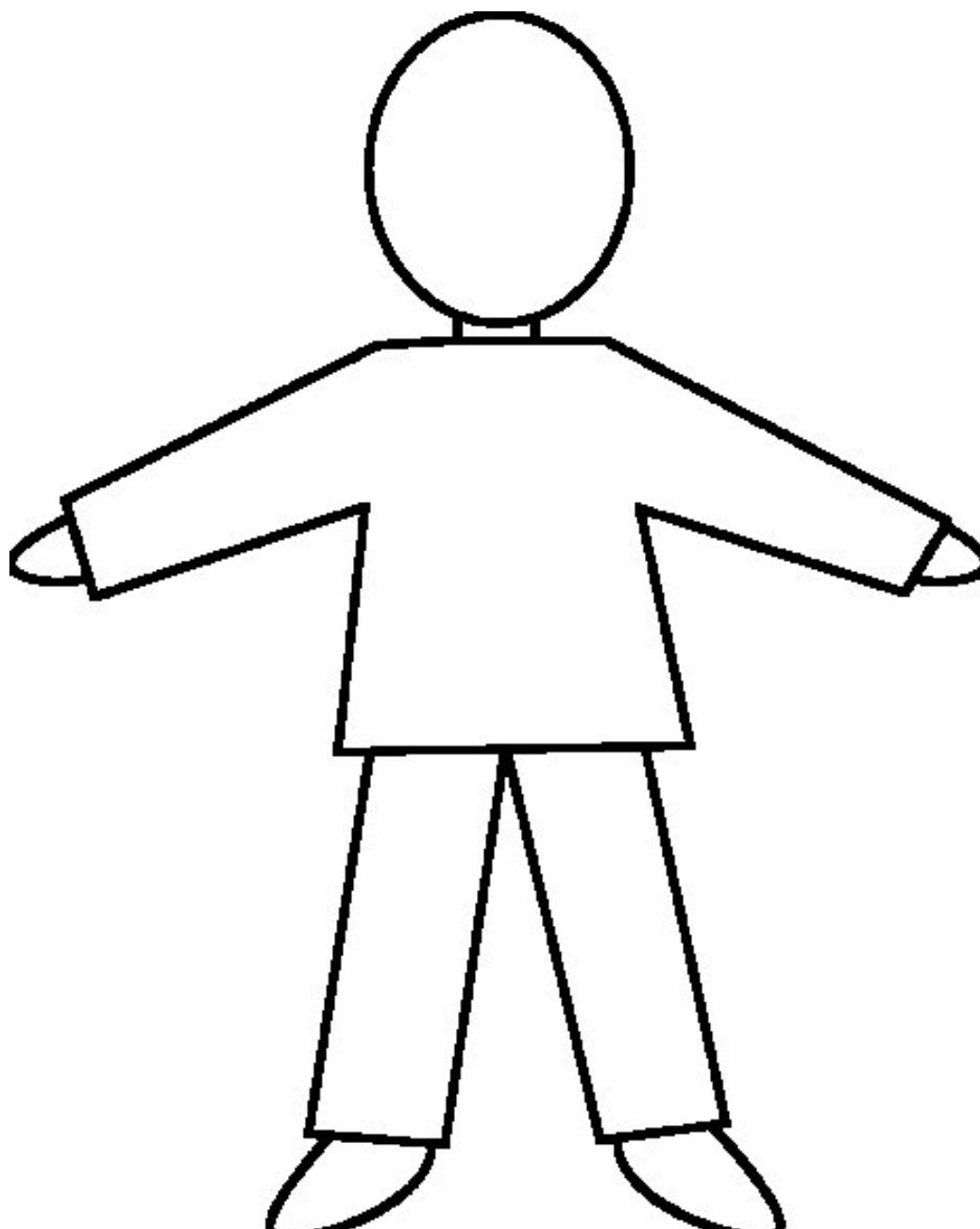
2-C How Can I Take Care of Myself?

To feel healthy **physically** my body needs _____.

To feel healthy **mentally** by mind needs _____.

Things that I can do **to feel healthy** include _____.

Things that I can do **to be happy** include _____.



2-D Physical & Mental Health BINGO

B (#1-10)	I (#11-20)	N (#21-30)	G (#31-40)	O (#41-50)
_____ Name 2 activities that can be done outside.	_____ Name two reasons why it is important to eat healthy.	_____ Name an exercise that can be done without any equipment.	_____ What is your favorite board game?	_____ Name one thing you can do to improve your mental health.
_____ Name a self-care activity that makes you feel good.	_____ Name an outdoor activity you can do in the summer and in the winter to get exercise.	_____ Name a person you can ask for help from when you need it.	_____ Name an activity you can do to promote positive self-care.	_____ What are two things you can do so you can get better quality sleep?
_____ Name one positive thing you have done today.	_____ What chore do you like to do that brings you satisfaction?	FREE SPACE 	_____ Name the last book that you read.	_____ What is one activity you can do with your family to promote your health?
_____ What is one healthy meal you can make this week?	_____ Name one thing you can do to improve your physical health.	_____ What is an exercise activity you can do with a friend?	_____ Name two things you are grateful for.	_____ Compliment someone in the room
_____ Name one friend you can reach out to if you are feeling stressed.	_____ Choose one! Vegetables or fruit? What is your favorite?	_____ Choose one! Journaling or writing self-affirmations.	_____ Choose one! Reading or taking a bath.	_____ Choose one! Go for a walk or a bike ride.

SESSION III: COPING SKILLS

Session Description: This session grandparents(s) and grandchild(ren) will identify things that they can and cannot control in life and learn healthy coping skills to help deal with stress. Grand-families will be educated on coping skills that are tailored to both populations of grandparents and grandchild(ren). Grand-families will engage in a variety of activities that will educate them on various coping skills and reflect on how to apply these coping skills in their daily life to help cope with stress.

Enablement Skills: Adapt, Collaborate, Consult, Design/build, Educate, Engage

Materials Needed: 3-A, B,C Activity worksheets, paper, and writing utensils. Grounding group materials (optical illusion pictures, 2 candles, essential oils, sandpaper, soft sponges, slime, 1 lemon, mint gum, marshmallows, hot water, cocoa & tea packets).

Group Membership: 6-8 grandparent/grandchild pairs

Objective 1: Group members will each fill out the control worksheet identifying things that are in their control and out of their control.

Objective 2: Group members will each rate their stress level on a scale of 1-10 before and after the coping skills activity.

Objective 3: Group members will be educated on 4 different coping skills to deal with stress.

Objective 4: Group members will each choose 1 coping skill they will implement in the next week to deal with stress.

INTRODUCTION

Role of the facilitator: Introduce yourself to the group including your name, title, name of the session and a brief explanation of the program.

- **Group Expectations:** reiterate previously made group expectations from session 1
- **Warm-up:**
 - **Therapist:** Share the example of the filled out control worksheet (3-A). Prompt members to write on the inside of the hand things that they can control such as their behaviors/thoughts/words/reactions. Prompt the members to write things they cannot control on the outside of their hand such as, parents choices/divorce/weather/friends behaviors/etc. (5 minutes)
 - **Therapist:** Discussion - Explain to the members if something is in their hands they are in control of it. A concrete example includes if they are holding a gum wrapper they can choose to toss it on the floor or in the garbage. If something isn't in their hands they are not in control of it or what happens. (if the gum wrapper is in the hand of someone else).
 - Explain that today you are going to talk about how to cope with the stressful situations that we are able to control and ones we are not able to control. During the activity the members will learn multiple coping

mechanisms that they can use to control their thoughts and deal with stressful situations. At the end of the session you will return to your control worksheet and reflect.

- Ask members to rate their stress level 1-10. This will be asked again at the end of the activity to reflect.
- **Session Outline**
 - Split the groups to have the grandchildren in one group, and grandparents in another group. Both groups will complete the same 4 coping skill exercises
- **Questions**

ACTIVITY

Role of the facilitator: Split the groups to have the grandchildren in one group, and grandparents in another group. Complete the 5 coping skill activities with each group. Both groups will complete the same 5 coping skill exercises.

- **Coping Skill 1: Progressive Muscle Relaxation (6-7 minutes) **Worksheet 3-B****
 - Therapist: “Have you ever had an aching pain or uncomfortable feeling in your stomach when you are anxious or stressed? When you have anxiety/stress in your life, one of the ways your body responds is with muscle tension. Progressive muscle relaxation is a method to help relieve that tensions.”
 - “In progressive muscle relaxation, you tense a group of muscles as you breathe in, and you relax them as you breathe out. You work on your muscle groups in a certain order.”
 - “When your body is physically relaxed, you cannot feel anxious. Practicing progressive muscle relaxation for a few weeks will help you get better at this skill, and in time you will be able to use this method to relieve stress.”
 - Prompt members to find a comfortable place to rest whether lying on the floor or sitting in a chair. Members will close their eyes. If available, you can play soft music in the background. Give each individual the 3-B Progressive Muscle Relaxation sheet to keep.
 - Use the 3-B Progressive Muscle Relaxation sheet to lead the group in the exercise.
- **Coping Skill 2: Grounding Skills (5 minutes)**
 - Therapist: Our senses can be very important in tricking our brain to return back to a calm state.
 - See: look at pictures of optical illusions
 - Smell: smell strong oils, candles, cinnamon,
 - Touch: touch different textures (sandpaper, soft cloth, yarn, slime) rub hands together, rub bottoms of feet on floor
 - Hear: Put on headphones and listen to waves/white noise/soft music
 - Taste: lemon slices, big marshmallows, chew 3 pieces of gum at once, hot cocoa/tea
 - At the end of each sense category ask probing questions:
 - What does the ____ taste like? What are you hearing? Tell me about the feel of the slime? Etc.

- **Coping Skill 3: Self-Statement Affirmations (5 minutes) Worksheet 3-C**
 - What can you say to help yourself make you feel better? Create an affirmation statement. These statements will include 3 strong “I am” sentences and 3 strong “I can control” sentences.
 - “I am _____. I am _____. I am _____.”
 - “I can control _____. I can control _____. I can control _____.”
 - In the handout have examples of words to fill in the blanks.
 - Have each individual share their positive affirmations and describe why they chose those words.
- **Coping Skill 4: Physical vs. Relaxation Activities (6 minutes)**
 - Prompt each group to name as many physical activities they can think of to help cope with stress. (90 seconds)
 - Prompt each group to name as many relaxing activities they can think of to help cope with stress. (90 seconds)
 - Have each member share 1 physical and 1 relaxing activity they prefer to use to use when stressed.

SHARING:

Role of the facilitator: Have group members pair back up with their grandparent/grandchild group to discuss the following questions.

- What are some of your favorite activities from today?
- Can you rate your stress level 1-10 (after doing these activities?) *Reflect on your feelings compared to how you felt prior to these activities.
- What are some of the examples you wrote down from the warm-up that are things in your life you cannot control?
- What are some of the examples you wrote down from the warm-up that you can control?

PROCESSING:

Role of the facilitator: Have group members process how to implement coping mechanisms to handle things they can and cannot control.

- What emotions do you feel after implementing these coping mechanisms?
- What coping mechanisms help you to feel calm?
- How will these coping mechanisms help you in comparison to things you can and cannot control in your life?

GENERALIZING:

Role of the facilitator: The therapist will review the group's answers and will sum them up with a few general principles derived from the group. (if the group went as expected, this will closely resemble the original session goals.)

- What were the common themes shown today?

APPLICATION:

Role of the facilitator: The therapist will verbalize the meaning of activity and prompt group members to share how they will implement the information at home.

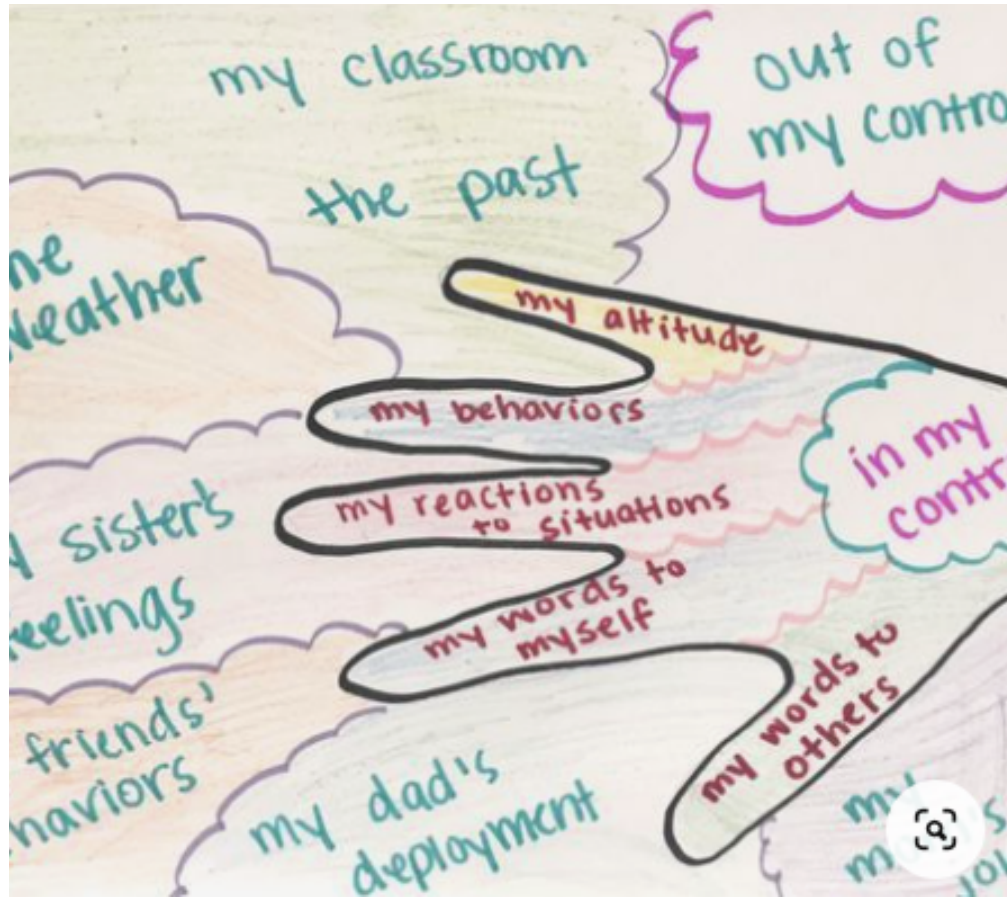
- What coping mechanism can you implement to handle your feelings about things you cannot control? Can control?
- How often are you going to implement your chosen coping mechanism?

SUMMARY:

Role of the facilitator: Restate the main points from the sharing, processing, generalizing and application portions and ask the group members for 3 takeaways.

- Restate the group objectives
- Ask if there are any questions. Thank everyone for participating.

3-A Control Worksheet Example



3-B Progressive Muscle Relaxation

Follow this sequence for each muscle group:

- Breathe in, and tense the first muscle group (hard but not to the point of pain or cramping) for 4 to 10 seconds.
- Breathe out, and suddenly and completely relax the muscle group (do not relax it gradually).
- Relax for 10 to 20 seconds before you work on the next muscle group. Notice the difference between how the muscles feel when they are tense and how they feel when they are relaxed.
- When you are finished with all of the muscle groups, count backward from 5 to 1 to bring your focus back to the present.

Muscle Groups:

- Hands: Clench Them.
- Wrists and Forearms: Extend them, bend your hands back at the wrist.
- Biceps/upper arms: clench hands into a fist, bend your arms at the elbows, flex your biceps.
- Shoulders: Shrug them (towards ears).
- Forehead: Wrinkle it into a deep frown.
- Eyes/nose: Close eyes as tight as you can
- Cheeks & Jaws: Smile as wide as you can.
- Around the mouth: press lips tightly
- Back of the neck: Press back of head against floor/chair
- Front of neck: Touch chin to chest
- Chest: take a deep breath and hold (4-10 seconds)
- Stomach: Suck in
- Hips: Squeeze hips/buttocks
- Thighs: Clench them
- Lower legs: Point toes toward face and away

3-C Self Affirmation Sheet

“I am _____.”

“I am _____.”

“I am _____.”

“I can control _____.”

“I can control _____.”

“I can control _____.”

Examples for I am:

Accepted, amazing, beautiful, brilliant, bubbly, calm, clean, composed, courageous, creative, distinguished, divine, dazzling, encouraging, energetic, fabulous, fair, flourishing, fortunate, free, friendly, fun, funny, generous, genuine, giving, good, great, happy, healing, healthy, honest, honorable, independent, innovative, intelligent, kind, lucky, motivating, nurturing, okay, optimistic, open, positive, proud, protective, respected, skilled, spiritual, terrific, trusting, truthful, valued, worthy.

Examples for I can control:

1. My attitude
2. My beliefs
3. My choices
4. Who you surround yourself with
5. My Hobbies
6. How I treat others
7. How I treat myself
8. What I wear
9. What motivates me
10. My values
11. How many times I smile
12. Your level of honesty
13. How well I prepare
14. How often I say thank you
15. When you ask for help
16. The commitments I keep and cancel (both are OK)
17. How I clear my head
18. How I cope
19. How many times I decide to try again after I fall.

SESSION IV: MEETING EDUCATIONAL NEEDS

Session Description: Grandparent(s) and grandchild(ren) will determine educational barriers experienced in their daily lives by using the session worksheet. Once barriers are identified, group members will brainstorm a strategy to overcome barriers individually and collaborate with grandparent or grandchild to determine a strategy to use as a pair to overcome barriers and increase occupational performance. The session will allow for open communication and collaboration between grandparent and grandchild to decrease stress in the home environment.

Enablement Skills: Adapt, Advocate, Coach, Collaborate, Educate, Engage

Materials Needed: paper, writing utensils, session worksheets

Group Membership: 6-8 grandparent/grandchild pairs

Objective 1: By the end of the session, group members will determine current educational barriers experienced by using the session worksheet.

Objective 2: By the end of the session, group members will identify 2 strategies they are able to implement to improve communication and productivity regarding school tasks.

Objective 3: By the end of the group, group members will report successful implementation of a strategy to improve occupational performance in school.

INTRODUCTION

Role of the facilitator: Introduce yourself to the group including your name, title, name of the session and a brief explanation of the session.

- **Group Expectations**
 - Reiterate group expectations from previous session.
 - Discuss feelings following the previous session and make changes as needed.
- **Warm-up**
 - Collaborate with the group to list potential occupational barriers currently experienced regarding school (may include technology, communication with teachers, variations from when grandparents went to school, etc.)
- **Session Outline**
 - The session will last approximately 90 minutes
 - Administration of session worksheets
 - Activity
 - Reflect on activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

ACTIVITY

Role of the facilitator: Form 4-A *Current Educational Strengths and Challenges*: instruct the group members to complete this session worksheet individually. The group members will answer

the questions on the worksheet individually. After completing the worksheet, each grandparent/grandchild pair will discuss the worksheet together and choose two strategies they could implement (1 individually and 1 as a pair) from form 4-B given to them by the therapist or develop their own strategy to implement.

SHARING:

Role of the facilitator: Have each group pair share challenges they are experiencing in regard to education and the strategies or tools they have chosen to use to face these challenges.

- Questions to ask:
 - What factors of the physical environment are supporting/hindering your performance?
 - What factors of the social environment support/hinder your performance?
- Make notes on responses given for the generalizing portion of the session.

PROCESSING:

Role of the facilitator: Encourage each group member to process their feelings throughout the activity:

- Why do you think the strategies you chose to implement will work for you?
- How do you feel these strategies will assist you in your daily lives?
- Make notes on responses given for the generalizing portion of the session.

GENERALIZING:

Role of the facilitator: Make notes on common challenges/barriers experienced by group members relating to education.

- Questions to consider:
 - What was similar among grandparents and grandchildren?
 - What was different between grandparents and grandchildren?
 - Could you relate to what other group members were saying?
- Have group members summarize 3 main takeaways of the session.

APPLICATION:

Role of the facilitator: Discuss how the activity relates to their daily lives and how they could use what they have learned at home and in school.

SUMMARY:

Role of the facilitator: Restate the main points from the sharing, processing, generalizing and application portions and ask the group members for 3 takeaways.

- Restate the group objectives
- Ask if there are any questions and thank everyone for participating.

4-A Current Educational Strengths and Challenges

1. As a grandparent/grandchild, what are two challenges you experience in regard to school or education?

2. What are two things related to school that you believe are going well right now?

3. What tools and strategies (if any) do you use right now to overcome educational barriers?

4-B Strategy and Tool Ideas

Individually

1. Hold a meeting with school teacher to discuss necessary accommodations
 - a. Possible accommodations may include a quiet space to take exams or work on homework, extra time to finish tests or homework,
2. Get a tutor to assist with homework or learning how to assist the child at their current stage of education

Together

1. Whiteboard on fridge or other visible area with weekly school deadlines visible to both grandparent and grandchild

Example format:

Week of _____ : Deadlines						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Upcoming Assignments						

Things I may need help with:

2. Weekly meetings with grandparent/grandchild to discuss deadlines, weekly activities, etc.
3. Create a support group for grandchildren and their custodial grandparents, either in person or virtually, to discuss experiences, strategies, and resources that can be used

SESSION V: LEISURE ACTIVITIES

Session Description: Grandparent(s) and grandchild(ren) will determine leisure activities they enjoy individually and with each other. Following identification of leisure activities, group members will collaborate with their partners on a leisure activity they would like to try together. Following discussion, group members will identify plans to carry out leisure activities 2-3 times per week using the weekly planner worksheets from session one. The activities will engage group members in communication, collaboration, and problem solving to improve the relationships between family members and facilitate open communication.

Enablement Skills: Adapt, Advocate Collaborate, Engage

Materials Needed: session worksheets, pencils, paper

Group Membership: 6-8 grandparent/grandchild pairs

Objective 1: By the end of the session, group members will determine 3 leisure activities they enjoy individually.

Objective 2: By the end of the session, group members will determine 3 leisure activities they enjoy with others.

Objective 3: By the end of the session, group members will compare leisure activities with their grandparent/grandchild pair and determine an activity they can complete together.

Objective 4: By the end of the session, group members will identify a plan to carry out chosen leisure activity 2-3 times per week.

INTRODUCTION

Role of the facilitator: Introduce yourself to the group including your name, title, name of the session and a brief explanation of the session.

- **Group Expectations**
 - Reiterate group expectations from previous session.
 - Discuss feelings following the previous session and make changes as needed.
- **Warm-up**
 - Ask everyone to share one leisure activity they participated in during the last week
- **Session Outline**
 - The session will last approximately 90 minutes
 - Administration of session worksheets
 - Activity
 - Reflect on activity
 - Discuss application of skills to real life setting
 - Assign homework and wrap up session
- **Questions**

ACTIVITY

Role of the facilitator:

- Part 1: Give each group member the leisure activity list (form 5-A). Instruct group members to look over the list and decide on three leisure activities they could participate in individually. Then, ask grandparent/grandchild pairs to determine three leisure activities they could like to participate in together.
- Part 2: Ask group members to take out weekly planner worksheets from session one (forms 1-A through 1-D). Ask grandparent/grandchild pairs to discuss 2 times during the week that would work to do a leisure activity together. Have each individual determine at least one time during the week when he/she could complete an individual leisure activity.

SHARING:

Role of the facilitator: Have each group member share the following:

- A leisure activity they plan to take part in individually
- A leisure activity they plan to take part in with their partner
- Make notes on responses given for the generalizing portion of the session.

PROCESSING:

Role of the facilitator: Encourage each group member to process their feelings throughout the activity:

- How do you feel that including these leisure activities throughout your week will help you manage your overall health and wellbeing?
- What could you do if you don't have time for a leisure activity that week? (i.e. choose an activity that doesn't take as much time, prioritize weekly activities and make time, etc.)
- Make notes on responses given for the generalizing portion of the session.

GENERALIZING:

Role of the facilitator: Make notes on the benefits of incorporating leisure activities into weekly routines and some leisure activity ideas discussed.

- Questions to consider:
 - What were some similar activity ideas among grandparents?
 - What were some similar activity ideas among grandchildren?
- Have group members summarize 3 main takeaways of the session.

APPLICATION:

Role of the facilitator: Discuss how the activity relates to mental and physical health, coping skills, and educational performance.

SUMMARY:

Role of the facilitator: Restate the main points from the sharing, processing, generalizing and application portions and ask the group members for 3 takeaways.

- Restate the group objectives
- Ask if there are any questions. Thank everyone for participating.

5-A Leisure Activity Ideas

Individually

- Self-care
 - Take a bath
 - Paint your nails
 - Face mask
 - Workout
- Relaxing
 - Read a book
 - Journal
- Leisure
 - Draw
 - Go for a bike ride

With Family Member

- Self-care
 - Paint each other's nails
 - Do face masks together
 - Workout together
- Relaxing
 - Read book and discuss
 - Watch a movie
 - Do a craft
 - Go camping
- Leisure
 - Go swimming
 - Go for a walk/bike ride
 - Cook/bake
 - Plant a garden
 - Play a game or cards
 - Do an activity you enjoy or want to try together

SESSION VI: EMPOWERMENT AND MOTIVATION

Session Description: Grandparent(s) and grandchild(ren) will plan, create, and organize a support group page on Facebook for group members. Group members will develop rules and expectations as well as discuss what the group can be used for and when. The therapist will facilitate the start of the group and group members will begin to take the lead. The session will include a thorough discussion among group members. The activity will empower and motivate group members to maintain and further develop skills learned throughout the program and create a sense of inclusion for this population.

Enablement Skills: Adapt, Advocate, Coach, Collaborate, Consult, Design/Build, Engage, Specialize

Materials Needed: Computers, iPads, phones

Group Membership: 6-8 grandparent/grandchild pairs (group members can invite others if given permission by the group members)

Objective 1: By the end of the session, group members will create a Facebook support group that can be after the conclusion of the group sessions.

Objective 2: By the end of the session, group members will verbalize understanding of support group rules and expectations.

Objective 3: By the end of the session, group members will determine schedule and topics for discussion on Facebook support group.

INTRODUCTION

Role of the facilitator: Introduce yourself to the group including your name, title, name of the session and a brief explanation of the program.

- **Group Expectations**
 - Reiterate group expectations from previous session.
 - Discuss feelings following the previous session and make changes as needed.
- **Warm-up:** Show empowering video
- **Session Outline**
 - The session will last approximately 90 minutes
 - Video
 - Activity
 - Reflect on activity and concerns
 - Discuss application to daily life
 - Closure
- **Questions**

ACTIVITY

Role of the facilitator: Facilitate the creation of a Facebook support group among members.

- Things to include/address:
 - Group members
 - Public group or private group?
 - Frequency of discussion or open discussion?
 - Do the members want virtual meetings?
 - Rules/expectations of the group
 - Will someone facilitate or will therapist be included?
- Therapist or group member can make the initial post including the points discussed.

SHARING:

Role of the facilitator: Encourage group members to answer the following questions:

- What challenge could you see yourself discussing with the Facebook support group?
- When is the best time for you for Facebook discussions or meetings?
- Make notes on responses given for the generalizing portion of the session.

PROCESSING:

Role of the facilitator: Encourage group members to process feelings:

- Why do you feel this support group will be beneficial for you?
- Do you feel there are any challenges or downfalls of creating this support group?
- Make notes on responses given for the generalizing portion of the session.

GENERALIZING:

Role of the facilitator: Using the notes taken from the activity, sharing, and processing portions of the session, summarize the key points of today's group.

- Ask the group to talk about similarities and differences talked about between group members throughout the entire program.

APPLICATION:

Role of the facilitator: Discuss how activities from the program can be used in the future and how they can manage and use new skills in daily life.

SUMMARY:

Role of the facilitator: Restate the main points from the sharing, processing, generalizing and application portions and ask the group members for 3 takeaways from the program.

- Encourage group member to share useful resources to the Facebook support group.
- Restate the group objectives and topics for discussion on Facebook support group.
- Ask if there are any questions. Thank everyone for participating.
- Closure of group. Say goodbyes.

Chapter V

Summary

The term “custodial grandparent” is becoming a common trend in the United States and is used to describe a grandparent who has assumed the responsibility as primary caregiver to their grandchild(ren) (U.S. Census Bureau, 2014). This transition into a new family dynamic often heightens stressors for both parties – grandparent and grandchild. Grandparents who take on the role of primary caregiver for their grandchildren may develop concerns with their physical and mental health, finances, and occupational roles (Marken & Howard, 2014). Grandchildren may have experienced traumatic or adverse events leading them to be legally living under their grandparents care. These events may have impacts on education, life roles, and mental, emotional, and behavioral health.

The purpose of the scholarly project, *Empowering Grand-Families Through Occupation: An Occupational Therapy Intervention Program for Grandchildren and Custodial Grandchildren* was to create a program for occupational therapists to utilize to empower grandparents and grandchildren with skills and strategies to strengthen their family dynamics to meet each family members’ unique needs. An extensive literature review was conducted to determine the impact of custodial grandparents on both the grandparent and grandchild and the role occupational therapy has in treating this population. Although not specifically stated in the literature, occupational therapy has a significant role with this population. The areas of occupational concern with grand-families noted in literature includes concerns with physical and mental health maintenance, educational barriers, leisure exploration, behavioral issues, financial stresses, life role crises, and occupational deprivation among the grandparent and grandchild population.

The authors created *Empowering Grand-Families Through Occupation: An Occupational Therapy Intervention Program for Grandchildren and Custodial Grandparents* to define the role of occupational therapy with this population and address the concerns found in the literature. The group protocol is intended to be implemented with custodial grandparents and their grandchildren between the ages of 10 and 14 in an outpatient pediatric clinic setting. Based on the areas of need for this population determined from the literature review, the authors created six educational sessions to address the following topics: defining roles, physical and mental health, coping skills, educational needs, leisure activities, and empowerment and motivation. The product is guided by the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Turpin & Iwama, 2011). The CMOP-E model will be used to focus on empowering custodial grandparents and their grandchildren by looking at the person, environment, and occupation to enhance occupational performance as individuals and as a family unit. The role of the occupational therapist is defined in the group protocol to assist them in guiding group members to achieve session objectives and overarching goals. The occupational therapist is to use his/her clinical judgment to adapt or alter the protocol as needed to meet the needs of group members.

Limitations

The group protocol has a wide variety of benefits; however, there are some limitations. The group protocol has not been implemented yet; therefore, it is difficult to determine how effective and beneficial it is for group members. It is important for the lead therapist to be flexible and willing to adapt the sessions to meet the specific needs of the group. Another limitation is the limited age range of the grandchildren involved in the group. The age range was limited for the group protocol based on the greatest need in the literature as well as to narrow

down the specific occupational needs of the targeted population. As more research is completed, there may be an increased need for other age groups to participate.

Recommendations for Future Action

As previously stated, this group protocol has not yet been implemented in a setting, it is recommended to be utilized in an outpatient pediatric clinic setting with grandparents and grandchildren. There is also potential for this scholarly project to be utilized in alliance with another scholarly project that intends to implement this program as an independent study. Future occupational therapy students are welcome to implement this scholarly project with the intended population of grandparents and grandchildren. Following implementation, actions should be taken to address feedback from participants and taken into consideration to make changes to benefit the program prior to re-implementation. Feedback will specifically be obtained from the goal attainment scale that participants will complete at the end of the program. The goal attainment scale asks objective questions to address and measure if participants met their personal goals throughout knowledge gained throughout the program.

Conclusion

As the rates of grandparents becoming primary caregivers to their grandchildren continue to rise in the United States, this population will continue to need custom-tailored resources to assist the individual needs of both the grandparents and grandchildren as they transition into living together as a strong, cohesive family unit. The authors anticipate this program will produce positive outcomes in providing client-centered interventions to address the unique occupational needs of custodial grandparents and grandchildren. Within this program, there are limitations as this group protocol has not yet been implemented, although there are also numerous strengths. This program includes evidenced-based interventions that are client-

centered based on the needs of each family. This program also includes the opportunity to obtain objective feedback from participants to make appropriate changes to the protocol to increase its effectiveness. Overall, it is important for occupational therapists to utilize this group protocol to empower grand-families with the skills needed to support the needs of both the grandparents and grandchildren.

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