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The Family Journal 1999; 7; 367
DOI: 10.1177/1066480799074007

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Custodial Grandparents and Their Grandchildren

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Grandparents raising grandchildren in the absence of the grandchildren's biological parents are responsible for the emotional, social, and financial wellbeing of 1.35 million children in the United States (Woodworth, 1996). These custodial grandparents, while providing their grandchildren with a sense of continuity, stability, and security (O'Reilly & Morrison, 1993), often do so at serious emotional, physical, and financial cost to themselves (Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996). The prevalence and population of grandparents raising grandchildren and identified problem- and treatment-focus areas for them are described through a review of the literature. Research into specific treatment modalities for these family constellations is significantly lacking. Narrative family therapy is suggested as a viable clinical intervention for this group.

When one thinks of grandparents, he or she may be reminded of the oft-heard childhood chant, “over the river and through the woods, to grandmother’s house we go.” Written more than 100 years ago, the song heralds Thanksgiving and anticipates the celebratory gathering of a family at the home of a patriarch. There is no celebration in the crack/cocaine epidemic, or in parental abuse of and addiction to other substances, in the HIV/AIDS epidemic, teenage pregnancy, parental incarceration, child abuse, abandonment, or neglect. It is these concerns that have changed the meaning of the words, perhaps making the lyrics incomprehensible to over one million school children. Five percent of all school-aged children (Fuller-Thomson, Minkler, & Driver, 1997; Minkler, Driver, Roe, & Bedeian, 1993) do not visit in the home of their grandmother or grandfather. Instead, they wake up there, they leave for school from there, and it is there they return at the end of their day. Grandmother or grandfather’s house is where these children live. “Over the river and through the woods” does not speak to their reality.

Reality for 10% of American grandparents (Fuller-Thomson et al., 1997) is that they are raising their grandchildren in the absence of the parents. Grandparents raising their grandchildren in the absence of the parent(s) have been

identified by several terms. Ehrle and Day (1994) describe the family constellation as “puervitic.” Other descriptors include “grandparent caregivers,” “off-time grandparents,” “custodial grandparents,” and “skipped-generation” parenting (Fuller-Thomson et al.). For the purpose of this article, these individuals will be called *grandparents raising grandchildren* and *custodial grandparents*. The “custodial” label is used to describe those grandparents who have legal custody and those who do not, speaking equally to physical custody and legal custody.

According to Pinson-Millburn and colleagues (1996), these grandparents, in “time-disordered” roles, are faced with multiple problems, including “their own declining health, the incapacity of their children, and the possibility that their grandchildren could also be disabled or dysfunctional” (p. 548). Rather than going forward in their careers or preparing for retirement and leisure time, these grandparents have a sense of “moving backward” (Roe, Minkler, & Barnwell, 1994, p. 298). Custodial grandparenting has been associated with declines in physical and emotional health, depression, decreased satisfaction with the grandparenting role, social isolation, and “severe economic” hardship (Pinson-Millburn et al.). Custodial grandparents are expected to “juggle work responsibilities, smaller incomes, and a household not geared to child care” (Pinson-Millburn et al., p. 548). Social service-systems supports are lacking, and the federal government has presented them with a paradox: presidential accolades for the care they provide at such a great expense followed by the Welfare Reform Act.

Minkler and colleagues (1993) suggest that the children being raised by their grandparents are “some of the nation’s most vulnerable children” (p. 810); yet the literature, while providing a litany of possible problems for these children, offers scant research into treatment. The professional community of family counselors is presented with a challenge to improve the psychological wellbeing and quality of life for custodial grandparents and their grandchildren in the absence of research about appropriate, efficacious interventions.

Grandparent-headed households are a small but burgeoning group whose "problem saturated" (White & Epston, 1990) stories are based within a cultural, social, economic, and political context. By empowering families to externalize their problems and reauthor their lives through the use of narrative therapy, family counselors may help to solidly enhance the quality of life for these families and improve the psychological well-being of the individuals within them.

REVIEW OF LITERATURE

Custodial Grandparenting

Grandparenting, although experienced by 75% of all older Americans (Robertson, 1995), has been "relatively neglected until recently" (Smith, 1995, p. 91) as a topic of research, and research about grandparenting seems to have focused on grandparenting in the traditional sense (O'Reilly & Morrison, 1993), using grandparents who are maintaining a home separate from that of their children and grandchildren as subjects. Custodial grandparents are a minority within the greater group of grandparents as a whole, and the available literature reflects this "minority subset" status (Fuller-Thomson et al., 1997).

An initial review of the literature about custodial grandparents provides extensive demographic information, primarily synthesized from U.S. Census Reports and self-reports to the American Association of Retired Persons (AARP). Problems specific to grandparents raising their grandchildren are identified in the literature, but there are very few published studies of interventions to ameliorate the problems. It is only recently that custodial grandparents have "become the subject of systematic investigation" (Ehrle & Day, 1994, p. 68). Fuller-Thomson and colleagues (1997) note that "much of the research to date has been based on small nonrandom samples in particular geographic areas" and that the findings "cannot be generalized to the growing population of custodial grandparents" (p. 406).

Prevalence of grandparent-headed households. From 1980 to 1990, U.S. Census Reports have shown a 44% increase in households in which grandparents are raising their grandchildren (Fuller-Thomson et al., 1997; Minkler et al., 1993; Pinson-Millburn et al., 1996), and U. S. Census data from 1994 reveal a 27% increase from 1993 data (Woodworth, 1996). Two types of grandparent-headed households have been identified: those in which three generations are represented (at least one parent present in the home), and those in which only two generations, the grandparents and the grandchildren, are represented. It is estimated that 2.4 million children in the United States are being raised in homes in which the grandparent(s), the parent(s), and the child(ren) are present. Another 1.35 million children, in 841,000 households, are being raised in grandparent-headed families in which the

parent is not present. Woodworth (1996) notes that it is reasonable to assume that this figure may be considerably higher. When the biological parent is transient, an occasional visitor in the home, chemically dependent, or causes disruption or makes threats, the grandparents may not admit to the Census Bureau that the parent is, in fact, absent. Grandparents may under-report out of fear of parental or system reprisal.

The prevalence of grandparents raising their grandchildren is pronounced in African American families. 1990 Census Bureau information indicates that more than 12% of African American children are being raised by their grandparents, compared to an estimated 6% of Hispanic children and 4% of White children (as cited in Pinson-Millburn et al., 1996 and Roe et al., 1994). In inner-city African American communities, it is estimated that up to 50% of the children may be in the care of their grandparents (Roe et al.). This is a dramatic increase in prevalence since the 1980s, and Roe and colleagues state that the relatively high proportion of African American children living with grandparents reflects, in part, a continuing pattern of coresidence and shared caregiving within the African American extended family.

The crack epidemic, however, is one of the central forces driving the dramatic increase in the prevalence of such caregiving since the 1980s. More often than not, when a parent's life is ravaged or ended by involvement in crack cocaine, caregiving for the children is assumed by the grandmother (Roe et al., 1994, p. 282). Another factor increasing the prevalence of grandparent caregivers is that the majority of children orphaned by AIDS are or will be taken care of by a grandparent. Minkler and colleagues (1993) stated that health planners estimated that AIDS would orphan 20,000 children in New York City alone by 1995. The Orphan Project of New York City estimates that by the year 2000, over 100,000 adolescents' and children's mothers will die from AIDS (Woodworth, 1996).

Demographics of the population. Custodial grandparenting cuts across gender, class, and ethnic lines, although single women, African Americans, and people with low incomes are disproportionately represented. Women, recently bereaved persons, and African Americans have twice the odds of becoming a custodial grandparent (Fuller-Thomson et al., 1997).

Woodworth (1996), whose data come from self-reports to the AARP, describes the average age of the custodial grandparent as being 55 years, with a range from 30 years to older than 70 years; two-thirds of this group are married. Fuller-Thomson and colleagues' (1997) research, however, shows that the mean age of custodial grandparents in 1993 was 59.4 years, and that 54% of custodial grandparents are married. Both studies concur that women are far more likely to be the primary caregiver in the custodial families.

Woodworth (1996) also notes that there is a 50-50 split between custodial grandparents who are working and those who are not. Many of those people on fixed incomes are working to make ends meet. The median income for custodial grandparents is variously reported as \$22,176 (Fuller-Thomson et al., 1997) and \$18,000 (Pinson-Millburn et al., 1996). Forty percent of the custodial grandparents have incomes less than \$20,000; 41% have incomes between \$20,000 to \$40,000; and 20% have incomes in excess of \$40,000 (Woodworth).

Nearly one-half of custodial grandparents report raising elementary-age (5-11 years) school children, 11% report raising a child under the age of two, 18% report raising preschoolers, and another 22% report raising adolescents aged 12 and older (Woodworth, 1996). Fuller-Thomson and colleagues (1997) reported that approximately 44% of the children were under the age of 1 year, 28% were 1 to 4 years, 16% were 5 to 10 years, and 12% were 11 or older. Almost 17% of custodial grandparents provide care for their grandchildren for less than 1 year, 26.8% provide care for 1 to 2 years, 15.4% provide care for 5 to 10 years, and 12.4% provide care for 10 or more years (Fuller-Thomson et al.).

Reasons for and patterns of assumptive caregiving. The reasons for grandparents assuming the primary caregiving responsibility for their grandchildren are very complex and there are overlapping causative factors. For example, a biological parent's chemical dependency may result in the neglect or abuse of the child. Fuller-Thomson and colleagues (1997) cited "substance abuse, teen pregnancy, AIDS, incarceration, emotional problems, and parental death" (p. 406) as factors contributing to the assumption of caregiving. Woodworth (1996) noted that when asked why they are raising their grandchildren, 44% of grandparents contacting the AARP Grandparent Information Center responded that the parent or parents have a severe or significant substance abuse problem. Their adult children (the parents of the grandchildren) are lost to drugs or alcohol, or often both. If the grandparents cite a specific drug being used by the parents, it is most frequently cocaine (crack or powder). Other reasons for raising their grandchildren as reported by grandparents include child abuse, neglect, or abandonment (28%), teenage pregnancy or the parents' inability to handle the children (11%), death of the parent (5%), parental unemployment (4%), parental divorce (4%), and other reasons (including incarceration or HIV/AIDS) (4%) (pp. 625-626).

Pinson-Millburn and colleagues (1996) cite Woodworth's (1996) reasons with accompanying percentages, but provide additional discussion about the increase in drug use, particularly crack-cocaine, which, along with a "parallel decrease in funding of treatment programs" has "created a catch-22" (p. 548). They also label poverty as both a cause and an effect of custodial grandparenting. In their exclusion of "terminal illness, discrimination based on race or ethnicity, irreversible

disability, and the poverty that may result from unemployment or illiteracy" (p. 549) as factors, they state that the creation of these new families has taken place because of circumstances that make it impossible for the parents to assume or continue the expected parenting roles. These circumstances have inevitably been followed by consequences transforming this family unit and its members (p. 549). Regardless of the specific reasons provided, custodial caregivers assume their role as a result of the underfunctioning of one or both parents, the abandonment by one or both parents, or a combination of the two (Jones & Kennedy, 1996). The majority (71%) of custodial grandparents believe their primary caregiving role is permanent, 11% of the grandparents believe their custodial arrangement is temporary, and 17% are unsure of the status of the duration of their role (Woodworth, 1996).

Three patterns of the assumption of caregiving have been identified by Roe and colleagues (1994) in their study of grandmothers raising grandchildren as a result of the biological parent's crack cocaine abuse or dependency. In the "sudden assumption" of caregiving, the grandmother has little forewarning, and full caregiving responsibilities happen quickly. In each of the cases studied by the authors, grandmothers who experienced sudden assumption felt that "the events and circumstances of her own life were suddenly and definitively beyond her control" (p. 291). With "negotiated assumption" of caregiving, discussion and arrangements are made with the grandmother prior to her assuming the primary caregiving responsibilities. There is often contact with the biological parent, usually a daughter, who may "practice" parenting in the grandmother's home. The goal of negotiated assumption is to "assist in the transformation of the [grandchildren's] circumstances, with family reunification assumed" (p. 293). These grandmothers report having some positive sense of control and influence over their destinies. The most common pattern of assumption of caregiving is "inevitable assumption." Although an increasing concern for the welfare of the grandchildren is prevalent, a "trigger event" in which the grandchildren's health or safety are jeopardized usually immediately precedes inevitable assumption. Although reporting disillusionment with both the biological parent's behaviors and social service systems' inability or unwillingness to intervene, the grandmothers report feeling empowered knowing that they could "save the children" (p. 298). This particular pattern of assumption of caregiving usually results in permanent care of the grandchildren.

Identified problems and treatment focus areas. A multiplicity of social, physical, emotional, financial, and legal problems experienced by custodial grandparents is cited in the literature (e.g., Fuller-Thomson et al., 1997; Jones & Kennedy, 1996; Kennedy & Keeney, 1987; Robertson, 1995; Vardi & Buchholz, 1994; Woodworth, 1996). The identified problems of custodial grandparents are as complex and

interwoven as the reasons for their having assumed the primary caregiving of their grandchildren. Social problems include isolation and alienation from people their own age and from "traditional" parents who are a generation younger. For grandparents who were active or socialized within a community of friends, opportunities to do so as a custodial grandparent are now limited by babysitters and bedtimes. The traditional parents, although sharing many of the same concerns about parenting as the custodial grandparent, are younger and unlikely to view the custodial grandparent as a peer. Even networking with these young parents to locate quality daycare and babysitters may be difficult (Ehrle & Day, 1994; Woodworth, 1996).

Custodial grandparenting can bring with it financial burdens of increased educational, medical, dental, housing, food, and clothing expenses. For those custodial grandparents who are able to work, they now have the additional and often substantial financial responsibility of daycare and babysitters. Many grandparents are on fixed incomes, and 26% have incomes below the poverty level (Fuller-Thomson et al., 1997). Some of the custodial grandparents receive food stamps and Aid to Families with Dependent Children. A paradox provided by the federal government is that in 1 year, custodial grandparents were verbally honored by the President of the United States for the care they provide to their grandchildren, and in the next year, funding for aid was contingent on going to work within 2 years of receiving aid, with a maximum lifetime payout limit of 5 years.

Legal problems include those encountered by grandparents who have physical custody of their grandchildren, but do not have legal custody. Enrolling a child in school, daycare, and sports activities in the absence of legal custody can be difficult and frustrating, as can obtaining routine medical and dental care. Many custodial grandparents are not financially able to incur substantial legal fees required to obtain custody. Others do not wish to prove in a court that their child is an unfit parent, while still others fear what their child might do if confronted with custody papers (Ehrle & Day, 1994).

Ehrle and Day (1994) state that "in many instances the emotional well-being of the grandparents may be in jeopardy" due to stress incurred in the raising of the grandchildren (p. 68). Custodial grandparents express feelings of personal loss, which include loss of their freedom, loss of their child, and loss of their peer group. They may be anxious about the emotional scars of the children they are expected to raise or the effects of the children's exposure to drugs. They may also feel hostility and rage toward the parent of the grandchildren they are raising. These feelings are combined with their own sense of guilt and questions about their ability to parent. Custodial grandparents also experience "observable declines" in their health, yet they downplay their health problems so that they may appear "up to task" (Pinson-Millburn et al., 1996).

Reported treatment for custodial grandparents. Much of the literature describes or suggests community-based support groups (Minkler et al., 1993) for custodial grandparents. Although referrals to support groups are routinely requested and reportedly beneficial to the grandparents (Woodworth, 1996), they are often short lived and poorly attended. Even those groups affiliated with a social or mental health agency are inadequately funded and cannot provide much-needed childcare services or transportation. Minkler and colleagues highlight custodial grandparents' "increased physical, emotional and economic vulnerability" (p. 807), yet state that 75% of community "intervention" or programming is solely or primarily support groups.

Kennedy and Keeney (1987) describe group therapy provided to assist grandparents raising emotionally disturbed grandchildren. They identified the resolution of anger toward the child's parent(s) as the major therapeutic task of the participants. Issues addressed during the working phase of the group included emotional demands, anxiety about the future, parental manipulation, repressed anger and guilt, and the grandparents' suppression and denial of their own needs.

Vardi and Buchholz (1994), who found little in the literature about group intervention for custodial grandparents, describe the group work of eight inner-city grandmothers and two cotherapists who participated in 12 months of group therapy. They used a psychoanalytic approach because of their theoretical orientation and literature stating that it is successful for group work. The most important change observed was an increase in the participants' self-esteem, in their evolution from feeling like failed parents to viewing themselves as "experienced helpers."

O'Reilly and Morrison (1993) "found few articles addressing the clinical needs of grandparents in treatment" (p. 148). They reviewed 12 cases of custodial grandparents receiving treatment from a suburban child guidance clinic and identified a need for the grandparents to resolve their anger at their own children. Other issues identified included grandparents' concern about the emotional needs and challenges presented in raising grandchildren who are emotionally scarred by abandonment, neglect, or abuse. A "multi-modal and intergenerational approach" to treatment is suggested (p. 147).

Jones and Kennedy (1996) describe Project GUIDE (Grandparents United: Intergenerational Developmental Education) in Detroit. The purpose of the project is to reduce custodial-grandparent stress and enhance the "self-esteem of intergenerational families" (p. 638). Clinical interventions include counseling and reducing social isolation. Counseling services were sought because of custodial grandparents' "anger, guilt, and hostility toward their children and because of the situation they were now forced to deal with as parenting grandparents" (p. 642). Bratton, Ray, and Moffit (1998) use a

case study to describe Filial/Family Play Therapy (FFPT) as a unique intervention for custodial grandparents to increase and foster healthy grandparent-grandchild relationships.

Although not specific to custodial grandparenting, Stallings, Dunham, Gatz, Baker, and Bengtson (1997) describe the relationship between life events and psychological well-being. Results of their study indicated that an older person's affect was mostly predicted, not so much by the desirability or undesirability of a significant life event, but more on whether the event was expected or unexpected. It is possible that these results could be generalizable to grandparents experiencing "sudden assumption" of a caregiving role.

Identified and Possible Treatment Issues for Grandchildren

Issues for the grandchildren are as complex as the issues for the grandparents, although some common themes are present in the literature. Of a primary concern is the grandchildren's "adjustment reactions to parental loss" (Ehrle & Day, 1994, p. 68). Describing grandchildren being raised by their grandparents as "children at risk," Pinson-Millburn et al. (1996) provide a listing of potential problems specific to the factors that contributed to the grandparents' assumption of caregiving (p. 550). The factors cited include parental abuse of drugs and alcohol, parental incarceration, abuse and neglect of the children, and the death of the parent(s) as a result of AIDS, accidents, or other illnesses. Depending on the contributing factor, the children may experience neurological disorders and developmental delays; feelings of loss, shame, guilt, and isolation; emotional or psychiatric symptoms of depression, anxiety, or posttraumatic stress disorder; and they may be "victims of social stereotyping on the part of school or other agency or social service personnel" (p. 550). Lappin and Buchanan (1991) note that these children are frequently depressed, have undiagnosed neurological problems, and experience "anticipatory loss and abandonment" (as cited in O'Reilly and Morrison, 1993, p. 150). Pinson-Millburn and colleagues (1996) suggest treatment interventions for the children such as providing support groups, individual or group counseling, and training programs addressing life skills and/or problem-solving skills (p. 552).

NARRATIVE FAMILY THERAPY

Developed for use primarily with families, narrative therapy as a family intervention for custodial grandparents and their grandchildren is not reported in the literature. Assuming that people enter therapy because of a "problem saturated description" of their family life (White & Epston, 1990, p. 39), the goal of narrative therapy is to empower the family to externalize the problem(s) and reauthor the family's story, ascribing new meanings so that it is no longer problem saturated.

White and Epston (1990) state that externalizing the problem(s) is helpful in that it

1. decreases unproductive conflict between persons, including those disputes over who is responsible for the problem;
2. undermines the sense of failure that has developed for many persons in response to the continuing existence of the problem despite their attempts to resolve it;
3. paves the way for persons to cooperate with each other, to unite in a struggle against the problem, and to escape its influence in their lives and relationships;
4. opens up new possibilities for persons to take actions to retrieve their lives and relationships from the problem and its influence;
5. frees persons to take a lighter, more effective, and less stressed approach to "deadly serious" problems; and
6. presents options for dialogue, rather than monologue about the problem. (pp. 39-40)

Laube and Trefz (1994) believe that the "use of a narrative framework . . . makes the therapy process understandable and accessible to the participants." Curative factors cited by them include externalizing the problem, deconstructing, and identifying unique outcomes. Clare and Grant (1994) used narrative therapy in their group work with women with developmental disabilities, underscoring Laube and Trefz's assertion that the narrative therapy process is understandable and accessible. The therapy process need not overwhelm custodial grandparents already overwhelmed by their life circumstances. Additionally, based on the work of Clare and Grant, it may be that narrative is especially appropriate for custodial grandparent families where the grandchildren are experiencing developmental delays.

SUMMARY AND CONCLUSIONS

Custodial grandparents and their grandchildren are well described in the literature. For the most part, we know how many there are, how old they are, and how much money they make. We are aware of the social, economic, cultural, political, financial, physical, and emotional problems with which they are confronted. We know that grandparents presenting with problems are usually referred to support groups which are often unsustainable due to lack of funding, child care, and the provision of transportation (Minkler et al., 1993; Woodworth, 1996).

What we do not know is what meaning the grandparents and grandchildren make of their lives. We do not know what methods family counselors currently use to enhance the quality of life and well-being of these individuals. It is likely that family counselors are, in fact, using narrative therapy with their custodial grandparent-headed families. It is also likely that they are using other successful therapies, but until their work is reported in the literature, it is impossible to know how

best to work with these families as they struggle with the contexts of their lives.

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