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Julian Montoro-Rodriguez, Ph.D.
University of North Carolina at Charlotte

Bert Hayslip, Jr., Ph.D. University of North Texas

Jennifer Ramsey, Ph.D.
University of North Carolina at Charlotte

Jane L. Jooste, Ph.D. Lewisville, Texas Independent School District

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### Rationale and Theoretical Grounding

- Focused on Grandparents' Strengths to Counteract caregiving Stress
- Selection, Optimization, Compensation (SOC) Framework (Baltes & Baltes, 1990; Baltes & Freund, 1995)
- Setting Goals Cognitive Strategy (Setting Personal Goals for Goal-Directed Actions)
- Solution Oriented Family Counseling Approach (Ratner, George & Iverson 2012; Froerer et al., 2018)



### Selection, Optimization, and Compensation Embedded in an Action-Theoretical Framework

(Baltes, Baltes, Freund, & Lang, 1995)

Selection (goals and preferences)	Optimization (goal-relevant means)	Compensation (means and resources for counteracting loss and decline in goal-relevant means)
Elective selection Specification of goals Goal system (hierarchy) Contextualization of goals Goal commitment	Attentional focus Seizing the right moment Persistence Acquiring new skills and resources Practice of skills Effort and energy	Substitution of means Use of external aids and help of others Use of therapeutic intervention Acquiring new skills and resources Activation of unused skills and resources Increased effort and energy
Loss-based selection  Focusing on most important goal or goals Reconstruction of goal hierarchy Adaptation of standards Search for new goals	Time allocation  Modeling successful others	Increased time allocation  Modeling successful others who compensate Neglect of optimizing other means



### Selection

### Target Strategies

#### Elective

- 1. I concentrate all my energy on a few things.
- 2. I always focus on the one most important goal at a given time.
- When I think about what I want in life, I commit myself to one or two important goals.

#### Loss based

- When things don't go as well as before, I choose one or two important goals.
- 2. When I can't do something important the way I did before, I look for a new goal.
- 3. When I can't do something as well as I used to, I think about what exactly is important to me.

### **Distractor Strategies**

I divide my energy among many things.

I am always working on several goals at once.

Even when I really consider what I want in life, I wait and see what happens instead of committing myself to just one or two particular goals.

When things don't go as well as before, I still try to keep all my goals.

When I can't do something important the way I did before, I distribute my time and energy among many other things.

When I can't do something as well as I used to, I wait and see what comes.



How do goals affect well-being?
Personal goals are positively related to well-being. Successful development implies that individuals succeed in progression towards their goals or reaching desire states (Baltes & Carstensen, 1996).
How to achieve desire developmental outcomes?  ☐ Goal Selection ☐ Initiation of goal-related actions
Investment of goal-related resources



### **Goal Setting Attainment**

I have a copy of the goals you set for yourself during the last session we met. Let us review what they were and then discuss whether you accomplished each goal and also whether you are satisfied with your effort at accomplishing each goal.

	GOAL #1  Briefly restate the goal	GOAL #2  Briefly restate the goal	GOAL #3  Briefly restate the goal
	Check one box	Check one box	Check one box
Did you accomplish your goal?	(1) Not at all (2) Not very well (3) Somewhat (4) Mostly (5) Completely	(1) Not at all (2) Not very well (3) Somewhat (4) Mostly (5) Completely	(1) Not at all (2) Not very well (3) Somewhat (4) Mostly (5) Completely
	Check one box	Check one box	Check one box
How satisfied are you with your effort?	(1) Not at all satisfied (2) Not very satisfied (3) Somewhat satisfied (4) Quite satisfied (5) Very satisfied	(1) Not at all satisfied (2) Not very satisfied (3) Somewhat satisfied (4) Quite satisfied (5) Very satisfied	(1) Not at all satisfied (2) Not very satisfied (3) Somewhat satisfied (4) Quite satisfied (5) Very satisfied

### **Solution Oriented Family Counseling Approach**

#### **IDEAL SCENARIO**:

Let's suppose that an instant miracle solution reveals itself to you, and your grandparenting worries disappeared while you were sleeping

#### When you wake up next day:

- What would be the first thing that you would notice?
- How would things be different?
- How would it be that you would say it is getting better?...

In answering these questions, each of you needs to identify a specific set of behaviors, thoughts and feelings that will take care of the problems, and develop concrete and behavioral goals for you to work.

#### Goals should be:

- Important for you
- Small and obtainable
- Concrete, specific and behaviorally oriented...

### <u>Identify (3) specific goals</u> aimed to improve your:

- Well-being
- Positive relations with your grandchild and family
- Familiarity with community resources



### PROGRAM DESIGN AND PROTOCOLS

- Based on a previous pilot program (Montoro-Rodriguez & Hayslip, 2019) we <u>designed a 6-week session SOC-based intervention</u> emphasizing the setting and the revision of personally meaningful goals, and the implementation of strategies designed to reach these goals in light of identified barriers.
- Content sessions centered on improving grandparents' parental practices and the quality of the relationship with grandchildren, learning new way of effectively communicating one's needs, and being able to seek help and plan for the future.
- Topics were discussed in the context of being solution-focused rather than being problem-focused.



### PROGRAM DESIGN AND PROTOCOLS

- Grandparents (n = 49) were randomly assigned to a solution-focused goal setting intervention (TG) or to a waiting list control group (WLC).
- ❖ Each grandparent completed a pretest, 1-week posttest, and 1-month posttest battery of measures assessing constructs relevant to well-being, SOC-related constructs, grandchild relationship quality/parenting, and needs for information, services, and help.



- Grandparents participated in the program in small groups led by facilitators. Meetings were held in community settings.
- After the control group completed the 1 week posttest, they were provided with the same 6-session solution-focused program (TG) and reassessed 1 week and at 1 month after the program completion.

		EXPERI	MENTAL	DESIGN		
Treatment TG	Pretest T1	Sessions 1-6	Posttest T2	Posttest T3		
Control WLC	Pretest T0		Pretest T1	Sessions 1-6	Posttest T2	Posttest T3

This strategy allowed us to evaluate the efficacy of the goal-setting program and provided us the opportunity to replicate such effects in evaluating the impact of the program on WLC grandparents.

### **RESULTS**

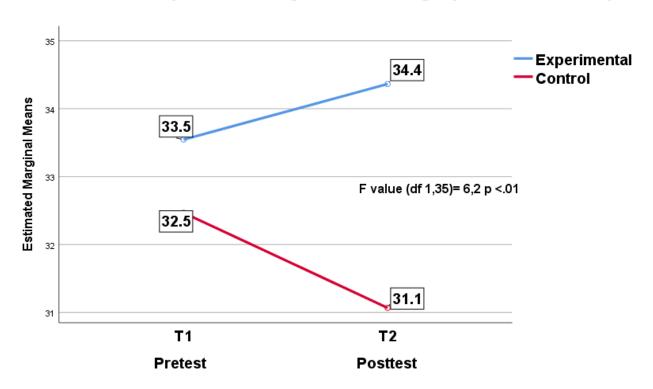
- Analyses consisted of a series of 2 (group) by occasion (pre-posttest) repeated measures ANOVAs for each major dependent variable (DV) as well as one-way (group) ANCOVAS, using the pretest as a covariate.
- Repeated measures ANOVAs evaluated withingroup changes where appropriate (Ns with complete data ranged from 15 to 22/group).



**Parental Efficacy Scale** (Bachicha, 1997): 9-items asking grandparents to what extent they are good at parenting and dealing with their grandchildren (alpha = 0.89 in this sample).

ANCOVA (p < .01) adjusted Ms TG = 34.36, WLC = 31.07. F value (df 1,34) = 6.2, p<.01. ANOVA G x T (p < .08) – increases at T2 for TG, declines for WLC

#### Parental Efficacy Estimated Marginal Means Change by Occasion and Group

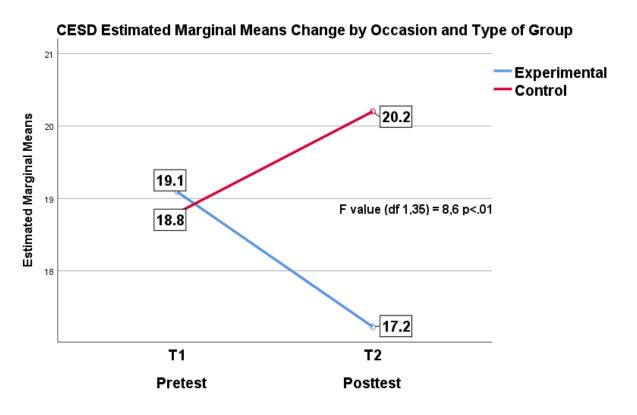




**CESD Depression Scale** (Radloff,1977). It includes 10-items using a 4-point scale asking participants how many days they felt symptoms of depression (alpha = 0.79 in the present sample).

ANCOVA (p < .01) adjusted Ms TG = 17.2 and WLC = 20.2. F value (df 1,35) = 8.6, p<.01.

ANOVA G x T (p < .01) – increases at T2 for WLC and declines over time for TG.

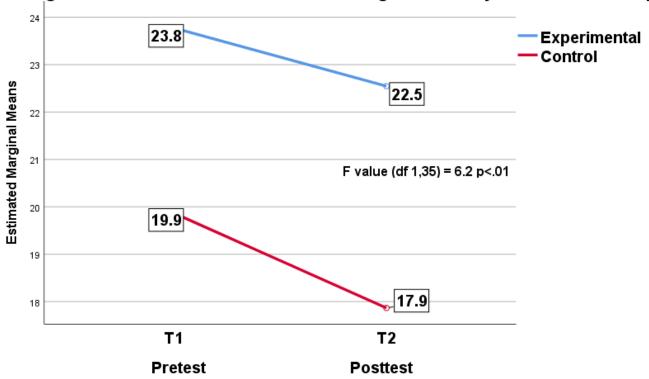




**Negative Affect NPAFF** (Thomas et al, 2000). It includes 10-items using a 4-point scale asking participants about the quality of their relationship with their grandchildren (alpha = 0.75 in the present sample).

ANCOVA (p < .01), TG = 22.5, WLC = 17.9. F value (df 1,34) = 6.2, p<.01.

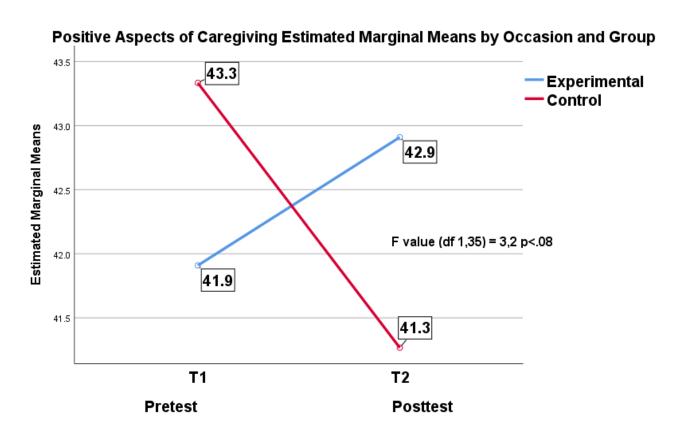






**Positive Aspects of Caregiving PAC** (Tarlow et al., 2004). It includes 9 items using a 5-point scale asking participants about their positive feelings in their role of custodial grandparents (alpha = 0.88 in the present sample).

GLM Repeated Measures (p < .08), TG = 42.9, and WLC = 41.3. F value (df 1,35) = 3.2, p<.08.



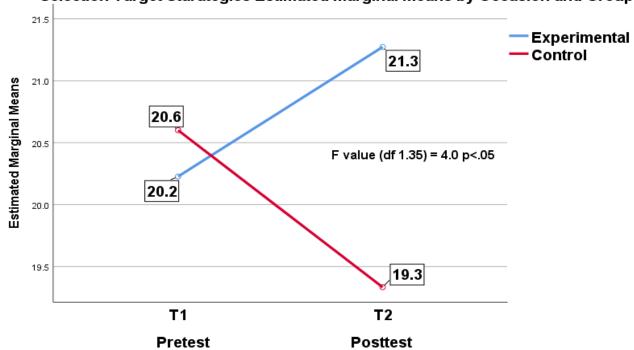


**SOC Selective Target Strategies** (Baltes & Baltes, 1990). It includes 6 items using a 4-point scale asking participants about their target strategies used to achieve their goals (alpha = 0.68 in the present sample).

GLM Repeated Measures (p < .05), TG = 21.3, and WLC = 19.3. F value (df 1,35) = 4.0, p<.05.

ANCOVA (p < .05), TG = 21.3, and WLC = 19.3. F value (df 1,34) = 4.1, p<.05.

#### Selection Target Starategies Estimated Marginal Means by Occasion and Group



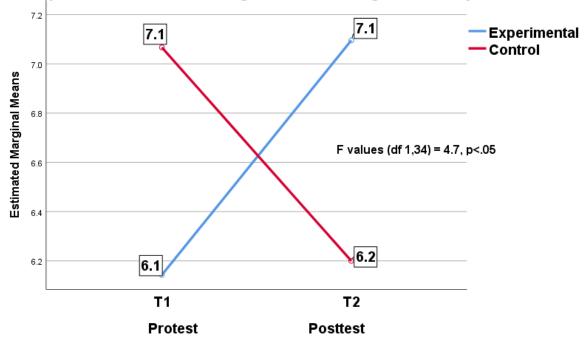


**SOC Optimization Distractor Strategies** (Baltes & Baltes, 1990). It includes 3 items using a 4-point scale asking participants about their optimization distractor strategies used to achieve their goals (alpha = 0.49 in the sample)

GLM Repeated Measures (p < .05), TG = 7.1, and WLC = 6.2. F value (df 1,34) = 4.0, p<.05.

ANCOVA (p < .05), TG = 7.1, and WLC = 6.2. F value (df 1,33) = 2.4, p<.07.

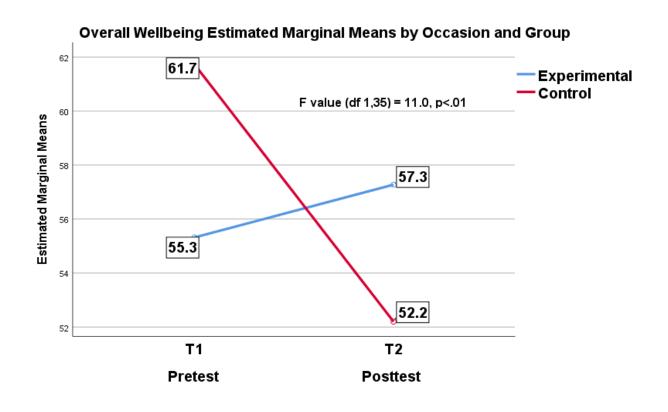
#### SOC Optimization Distractor Strategies Estimated Marginal Means by occasion and Group





**Overall Well-being Index**. A measure of well-being was created with 7 items using a 4-point scale asking participants about their satisfaction with life, optimism about the future and positive thinking (alpha = 0.79 in the sample)

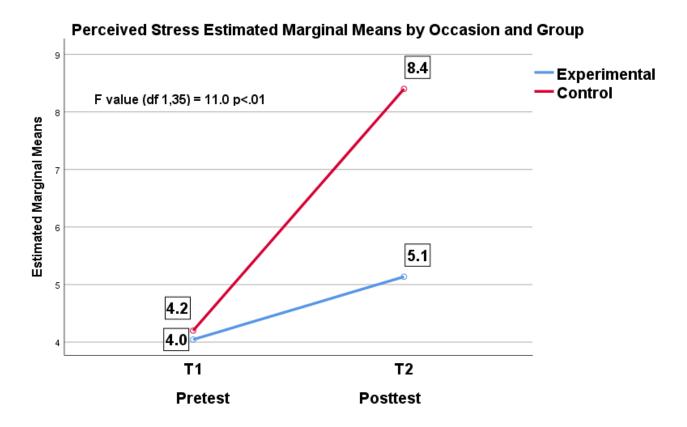
GLM Repeated Measures (p < .05), TG = 57.3, and WLC = 52.2. F value (df 1,35) = 11.0, p<.01. ANCOVA (p < .01), TG = 57.3, and WLC = 52.2. F value (df 1,34) = 11.4, p<.01.





**Perceived Stress**. Single item asking participants how would they rate their level of stress in a scale from 1 to 10.

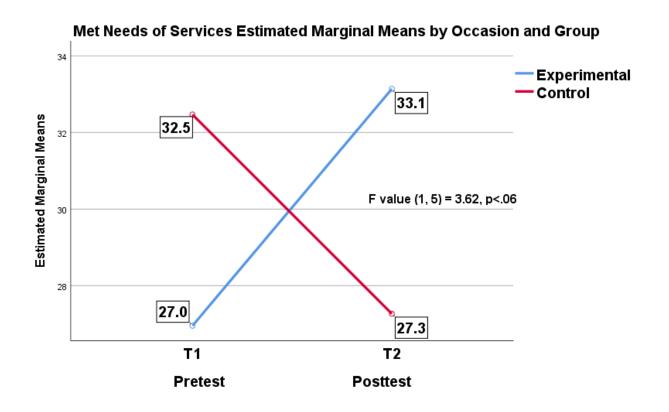
GLM Repeated Measures (p < .01), TG = 8.4, and WLC = 5.1. F value (df 1,35) = 11.0, p<.01. ANCOVA (p < .01), TG = 8.4, and WLC = 5.1. F value (df 1,34) = 52.4, p<.01.





**Needs of Services Index.** An index of 10 items about community services (Carr, Gray & Hayslip, 2012) using a 4-point scale and asking participants to indicate if their need to use those services are met (alpha = 0.90 in the sample).

GLM Repeated Measures (p < .06), TG = 33.1, and WLC = 27.3. F value (df 1,35) = 3.6, p<.06. ANCOVA (p < .10), TG = 33.1, and WLC = 27.3. F value (df 1,34) = 2.0, p<.10.





### **Follow-up and Replication Results**

At follow-up for the <u>Treatment group</u> , Negative Affect scores declined (p < .05), $20.4 \text{ vs } 18.5$
Effects were maintained for:
☐ Parental efficacy
☐ SOC-Targeted Selection
☐ Well-being
☐ Self-rated Stress
□ Needs met
<b>Training Effects Replication</b> (n = 11) for <u>Waiting List Control group</u> all trended positively (ns) for parental efficacy, positive aspects of caregiving, and SOC-selection.
☐ Well-being (p < .05) 52.42 vs 67.75
☐ Self-rated stress (p < .01) 8.66 vs 3.11



### **Conclusions and Implications**

SOC-based solution focused interventions are effective in impacting a number of indicators of psychosocial functioning
Such effects are maintained at follow-up and to an extent, replicated with the provision of training to the WLC group
These pilot data reflect the importance of understanding grandparent caregiving in proactive, solution-focused framework
Relatively small group/sample sizes, lack of statistical power, attrition at follow-up are limitations
We have yet to analyze within-session data speaking to well-being, caregiver stress, adequacy of social support, SOC strategy selection and optimization, extent of solution-focused thinking, goal-setting efficacy, and connect such data to measured outcomes

### **Disclosure**

We have no commercial relationships to disclose

### **Acknowledgement**

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