The impact of a goal-setting intervention with custodial grandmothers: A demonstration project

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Research Article

The Impact of a Goal-Setting Intervention with Custodial Grandmothers: A Demonstration Project

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Abstract

The increasing number of grandparents raising grandchildren underscores the need to provide assistance to grandparent caregivers in terms of training them not only to refresh intergenerationally relevant skills, but also in developing appropriate and effective strategies associated with the setting of personally meaningful goals for themselves. The purpose of this paper is to evaluate the effectiveness of a socio-cognitive pilot demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization and Compensation (Freund & Baltes, 1998). Sixteen grandmothers raising a grandchild under the age of 18 without the assistance of that child's parent participated in 4-individual weekly sessions with a facilitator. Results indicate that an intervention designed to support custodial grandparents using the constructs embodied by the Selection, Optimization and Compensation model is a promising strategy to ameliorate negative outcomes (e.g., stress, anxiety), and initiate changes in the grandmother –grandchild relationship.

Keywords: grandparenting; successful aging; goal setting; mental health; psycho-educational intervention

One of the most important and impactful of the new developments in the grandfamilies literature over the past decade has been the reformulation of custodial grandparenting in terms of grandparents' *strengths* (Hayslip, Fruhauf, & Dolbin-MacNab, 2017). This perspective emphasizes qualities such as grandparent resilience (Hayslip et al., 2013; Hayslip & Smith, 2013), defined as positive adaptation and positive outcomes despite adversity (Masten, 2001), and resourcefulness (Zauszniewski, Musil, & Au, 2014), wherein such qualities can counteract the negative effects of stressors on grandparents' physical and mental health. Because resilience skills can be taught (see Hayslip et al., 2017), interventions designed to promote resilience, including enhancing protective factors (e.g., social support, better health management; see

Bigbee, Boegh, Prengaman, & Shaklee, 2011) and reducing risk factors (e.g., social isolation), may be fruitful avenues for promoting grandparent well-being.

That custodial grandparents are resilient is underscored by the family trauma they have faced and the variety and intensity of their stressful experiences (Lee & Blitz, 2014). This is important in that some custodial grandparents are facing multiple challenges (e.g., high rates of poverty and disability, raising multiple grandchildren, caring for others), with minimal resources, in raising their grandchildren (Fuller-Thomson, 2005; Kopera-Frye, 2009). Many grandparents raising their grandchildren do feel overwhelmed by the many challenges they face in their new roles as parents to their grandchildren. They also might feel challenged by their limited ability to set priorities and define meaningful short-term and long-term goals for themselves.

The present study explores the effectiveness of a socio-cognitive pilot demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization, and Compensation (Baltes, 1997; Baltes & Baltes, 1990; Freund & Baltes, 1998) as a conceptual framework.

Interventions with Custodial Grandparents

As there is limited research on the effectiveness of interventions with grandparent caregivers, additional work is needed bearing on the effectiveness of interventions/services for custodial grandparents, especially work that is grounded in theory (see Hayslip & Fruhauf, 2019; Kirby, 2015; Smith, Hayslip, Montoro-Rodriguez, & Streider, 2018; Smith, Hayslip, Streider, Greenberg, & Montoro-Rodriguez, 2016; Smith, Hayslip, Hancock, Merchant, Montoro-Rodriguez, & Streider, 2018; Tang, Jang, & Copeland, 2015). Some work has adopted a process approach to studying grandfamilies, where, utilizing the Stress Process Model (Pearlin, Mullan, Semple, & Skaff, 1990) and the Family Stress Model (FSM) (Conger, et al., 2002), Smith and colleagues (2015) utilized structural equation modeling to examine the direct and indirect effects of coping on grandmother's psychological distress, parenting behavior, and grandchildren's internalizing and externalizing behavior problems. Additionally, relying on the FSM as a framework (see Smith et al., 2016)), Smith, Hayslip, Montoro-Rodriguez, and Streider (2018) found both parenting skills and cognitive-behavioral interventions to positively impact grandmothers.

Several published intervention studies with custodial grandparents examined the efficacy of support groups, empowerment training, educational programs, or health promotion interventions (e.g., Brintnall-Peterson, Poehlmann, Morgan, & Shafer, 2009; Collins, 2011; Cox, 2008; Kelley, Whitley, & Sipe, 2007; Kelley, Whitley, & Campos, 2013; Kicklighter et al., 2007). While in many cases, these interventions were efficacious, in other cases, social contact comparison groups and/or definitive outcome measures were lacking, undermining confidence in their efficacy (McLaughlin, Ryder, and Taylor, 2017). However, the work of Smith, Hayslip, Montoro-Rodreiguez, and Streider (2018), which is grounded in theory and uses random assignment to treatment and control groups, found that a parenting skills program and a stress and coping program were superior to a non-skill-based control (social support) group in positively impacting custodial grandmother well-being and related grandchild emotional/behavioral outcomes.

Unfortunately, no published work to date has examined the long-term impact of interventions on grandfamilies, though Zauszniewski, Musil, Burant, Standling, and Au (2014) found resourcefulness training (RT) to be effective over 18 weeks relative to several control groups (see also Zauszniewski & Musil, 2014; Zauszniewski et al., 2014). Similar effects were

found for an online form of RT (Musil, Zauszniewski, Burant, Toly, & Warner, 2015). In light of the present study's focus on goal-setting and communications skills building, it is important to observe that some work does suggest the potential for personal growth via a variety of interventions targeting grandparent caregivers. For example, Whitley, Kelley, and Campos (2013) found reliable increases over time in empowerment, family resources, and family support among grandmothers enrolled in a case-management-based intervention program designed to improve the personal attributes and coping skills of such persons (Project Healthy Grandparents). Additionally, Zauszniewski et al. (2014) found ample evidence supporting the fidelity (i.e., understanding and implementation of taught content, impact on resourcefulness) of resourcefulness training (RT), where grandparents with multiple forms of RT improved over time relative to those without RT. Hayslip (2003) found among randomly assigned grandparent caregivers to psychosocial training/education versus a control condition that personal, role-related, and parentally relevant constructs improved, while sensitizing such persons to issues over which they had little control, e.g., a lack of resources, isolation from others, and difficulties with school personnel and service providers.

Selection, Optimization, and Compensation Theory as it Applies to Grandfamilies

In light of the paucity of intervention studies with grandparent caregivers that are theory-based, critically relevant to the present study is *goal-setting*, a central tenet of the Selection, Optimization, and Compensation (SOC) model of aging (Baltes & Baltes, 1990; Freund & Baltes, 1998), wherein goal-setting as an intervention with grandfamilies can be empowering in nature (Cox, 2008). In the context of the potential benefits of goal-setting, because of the limitations imposed on them by either illness or psychosocial isolation from other grandparents and/or other health care/service providers, custodial grandparents may lack the *opportunity* to learn how to make informed decisions and choices, seek help from others, or consider planning for a successful future. Their lack of feedback about their *ability* to make daily life decisions and long-term life plans may affect their health, happiness, and well-being

According to SOC Theory, individuals can maintain and increase functional capacity by selecting goals to counteract losses or to engage in new objectives (selection), along with investing in goal-directed means (optimization) and using compensatory or substitutive means whenever necessary (compensation). Relevant to the present study, the SOC model clearly suggests that developing a set of *hierarchical personal goals* and engaging in *goal-directed actions and means* will ameliorate the negative impact of stressful demands of raising a grandchild and improve grandparents' well-being and quality of life.

Consistent as well with the present study is the fact that the SOC model also incorporates sociocultural expectations and contextual factors (e.g., resources such as *social support*) that set the boundaries within which individuals formulate their goals and the means by which to pursue and attain them. Social support has emerged as crucial to enabling grandparents to overcome the negative effects of stressful experiences and traumatic events associated with the caregiving role (Dolbin-MacNab, Roberto, & Finney, 2013; Strozier, 2012). Since custodial grandparents are in need of medical, social, or psychological services and may lack the skills to *assertively and proactively ask for information and support* from others (Carr, Gray, & Hayslip, 2012), interventions targeting skills enabling grandparents to proactively access information and support are clearly needed.

Goal-setting, accessing social support, and being able to communicate effectively one's needs are central constructs framing the present study. These concepts are consistent with the

SOC theory wherein selection, optimization, and compensation strategies may enable grandparent caregivers to cope with the gains and losses that often accompany raising a grandchild. For grandparents confronted with multiple demands of raising a grandchild, *selection* may allow them to focus on those aspects of caregiving and parenting that are important for their family situation and guide them to assess and prioritize their needs in the context of current life circumstances. Thus, setting priorities enables caregivers to identify valued goals that are personally beneficial to them (Baltes & Carstensen, 1999). *Optimization* facilitates grandparents' identification of strategies (e.g. learning to communicate one's needs to others) that will enable them to use their personal and social resources in a more efficient manner to achieve valued goals, improve well-being, and enhance the quality of a relationship with a grandchild. Goal-setting strategies enable grandparents to *compensate* for those aspects of raising a grandchild that are beyond their control (i.e., limitations of poor health, being able to change others' expectations and views about them as parental failures, being isolated from others, and being victimized and discriminated against by age peers, school personnel, and service providers) (see Hayslip et al., 2017). Goal-setting also capacitates grandparents to function more adaptively and bring about needed social support from others (see Hayslip et al., 2013; Hayslip & Kaminski, 2005; Park & Greenberg, 2007). Significantly, Lund et al. (2014) have applied the SOC model in developing interventions to help family caregivers of persons with dementia assess their abilities and circumstances, become aware of their challenges and efforts, and/or encourage them to seek help to improve their satisfaction with and use of their respite time.

The Present Study

The goal of this pilot study is to explore the effectiveness of a socio-cognitive demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization, and Compensation (Freund & Baltes, 1998, 2007). This demonstration project also targets improvements in the quality of the relationship between grandmothers and grandchildren by refreshing and enhancing grandmothers' communication skills and strategies to ask for help and receive support from others. In this study, we individually trained grandmothers to select and set goals that are both meaningful and achievable to them. In addition, we taught grandmothers effective communications skills key to getting help and support from others.

Method

Sample

Sixteen grandmothers raising a grandchild under the age of 18 without the assistance of that child's parent were recruited from the community through public announcements about the project, newsletters, church bulletins, and personal contacts with church personnel and local service providers. Two of the 16 reported that the adult child co-resided with them, though the grandparent was principally responsible for the child. Each grandmother received a prepaid gift card for her participation in the project. Participants were predominantly African American ($n = 10$) and Caucasian ($n = 6$), and in their late 50s (M = 59, SD = 5.4, range = 52-69). They all were at least high school educated, with eight having at least some college. Half of the sample felt that their health did not interfere with their caregiving ability. They were on average raising two grandchildren for a variety of reasons related to family dysfunction or parental absence (e.g., parent substance abuse or child abuse/abandonment or neglect by parent). The average length of time participants had been raising their grandchildren was 6.7 years (SD = 4.4, Range = 1 to 14).

A minority of grandmothers reported having legal "guardianship" ($n = 6$) or legal custody ($n = 4$) to care for the grandchild. Only six grandmothers indicated that they were working part-time and most ($n = 9$) reported that their household income was less than adequate.

Study Design and Measures

After obtaining approval from the Institutional Review Board governing the ethical treatment of research volunteers, we collected data from each participant. It included: 1) data from grandmothers at pre- and post-program occasions targeting well-being and caregiving (see below); 2) data on a session-by-session basis focusing on levels of stress and goal-setting/attainment; and 3) data on program satisfaction and suggestions to improve the intervention at the conclusion of the program. Consistent with our goal of utilizing SOC Theory to enhance grandmothers' functioning, we used quantitative standardized assessments targeting grandmothers' personal, relational, and caregiving-related well-being. We used a variety of measures in light of the exploratory nature of the study, stressing not only grandmothers' well-being but also multiple aspects of caregiving. Most of these measures have been used in existing grandfamily intervention research (see above) in that grandparent well-being and grandchild relationship quality have been the foci in such studies. In contrast, no such work has explicitly focused on goal-setting (i.e., selection as per SOC theory), especially in examining grandparent's perceptions of their experience with setting meaningful goals on a session-by-session basis. In addition, though we did not explicitly measure aspects of communication per se, the development and enhancement of communication skills to improve seeking help from others (i.e., optimization) was a central tenet of the present study, which we capture using measures of caregiver well-being, social support, and caregiver self-efficacy/satisfaction with caregiving.

Graduate students in social work, gerontology, and psychology collected the data on the study measures in a 35-40-minute face-to-face interview with each grandmother. Interviewers were blind to the study's design and purpose.

Satisfaction with Caregiving was assessed using the Revised Caregiving Satisfaction Scale (Lawton, Moss, Hoffman, & Perkinson, 2000). The scale was composed of eight items evaluating positive aspects related to caring for the grandchild, such as how "often do you feel that you really enjoy being with your grandchild." Items used a five-point response scale ranging from "never" to "always." Higher scores indexed greater caregiving satisfaction. The alpha coefficient for the scale was 0.77 in the present sample.

Caregiver Strain. We used a 20-item multidimensional measure of caregiver strain adapted from the Caregiving Appraisal Scale (CAS) (Lawton, Kleban, Moss, Rovine, & Glicksman, 1989). Items described the appraisal of the impact of caregiving on the use of one's time, satisfaction with life, physical health, relationships with others, and emotional health. Items used a five-point scale (from "never" to "nearly always") regarding the extent to frequency of each statement. Higher scores indexed greater strain. The alpha coefficient for this scale was 0.93 in the present sample.

Caregiver Self-Reported Depression was assessed with the 20-item CES-D scale (Radloff, 1977). For each item, participants endorsed the response indicating how many days they felt a particular way in the past week on a four-point scale (from "never" to "5-7 days"). Higher scores indexed greater depression, and the alpha coefficient for this scale was 0.93 in the

present sample.

Positive Aspects of Caregiving were evaluated with a nine-item positive aspects of caregiving (PAC) measure (Tarlow et al., 2004). The PAC assessed the caregiver's positive role appraisals in the context of the caregiving experience, such as feeling appreciated, feeling useful, and finding meaning. Scores for each item used a four-point scale (from "never" to "5-7 days per week") with higher scores indicating more positive caregiving appraisal. The alpha coefficient for this scale was 0.91 in the present sample.

Positive Affect (PAFF) reflecting the quality of the relationship with the targeted grandchild was assessed with an 11-item measure derived from the Bengtson Affective Solidarity scale (Bengtson & Schrader, 1982). The PAFF measured the perceived quality of the relationship with one's grandchild, that is, the degree to which grandparents feel trust, fairness, respect, affection, and understanding between themselves and their grandchild. Items used a five-point scale (from "none" to "a great amount"). Higher scores indexed greater relationship quality; the alpha coefficient for this scale was 0.90 in the present sample.

Social Support was assessed with a 37-item multidimensional measure of social support indexing contact with friends and family; emotional, tangible, and informational help and support from others; satisfaction with such support; negative interactions with others; and future anticipated support. We created an overall index of social support based upon items aggregated across the above dimensions for the present study based upon the work of Krause (1999). Participants reported their level of support for the last week using a four-point scale ranging from "not at all" to "always." Higher scores indexed greater overall social support; the alpha coefficient for this scale was 0.93 in the present sample.

Grandparent Positive Affect measured both the positive and negative emotions exhibited by an individual. For purposes of the present study stressing positive outcomes, we included only positive affect as evaluated by the Positive and Negative Affect Scale (PANAS)(Watson, Clark, & Tellegen 1988). Examples of positive affective states were proud, strong, active, and alert, measured in a five-point response scale ranging from "not at all" to "a great deal," Higher scores reflected greater positive affect; the alpha coefficient was 0.90 in the present sample.

Anxiety was assessed with the short form of the Overall Anxiety Severity and Impairment Scale (OASIS) (Campbell-Sills et al., 2009). For each of five questions, low values indicated no anxiety, and high values indicated constant anxiety within the last week. Items use a five-point response scale ranging from "not at all" to "a great deal." The alpha coefficient for this scale was 0.85 in the present sample.

Caregiver Self-Efficacy referred to the caregiver's ability to manage their performance as caregivers. The Revised Scale for Caregiving Self-Efficacy (Steffen, McKibbin, Zeiss, Gallagher-Thompson, & Bandura, 2002) was used to measure the grandparents' ability in obtaining respite, managing their negative thoughts, and responding to disruptive grandchild' behaviors. Each one of the 15 items was rated in a scale from (0) "cannot do" to (10) "certain can do." Five items measured obtaining respite and indicated how confident the caregiver was in asking a friend/family member to stay with the grandchild when needed. Five items about

managing upsetting thoughts asked the caregivers if they think about unpleasant aspects of caring for the grandchild or if they worry about future problems. Another five items assessed responses to challenging behaviors by the grandchild and included items about the caregiver's ability to deal with complaining and/or demanding attention by the grandchild. Higher scores indicated higher level of each dimension of self-efficacy; the overall alpha coefficient for this scale was 0.90; alpha coefficients for the respite, negative thoughts, and grandchild behavior subscales were 0.95, 0.94, and 0.89 respectively in the present sample.

Proactive Beliefs about Caring for the Grandchild, created for the present study, were assessed with a 25-item index of positive beliefs regarding one's ability to care for the grandchild. Participants indicated their agreement with statements related to positive parenting, engaging in pleasant activities with their grandchild, seeking support from family and community services, and using positive coping strategies. Items used a three-point scale (ranging from "disagree" to "agree"). High values on the 25-item index indicated the grandmothers' more positive disposition toward holding proactive beliefs about caring for their grandchildren. The alpha coefficient for this measure was 0.93 in the present sample.

The Goal-Setting and Communications Skills Program
Each grandmother participated in an individualized four-session program held at her home, where each session lasted a maximum of two hours over a four-week time frame. Sixteen grandmothers completed all four sessions, while three only completed two sessions, wherein the latter were not included in the present study's findings.

The first and second authors trained facilitators, who were master's level students in social work, gerontology, and psychology, to deliver each session in the context of individual facilitator-grandmother interactions over the four-week program utilizing a carefully put-together written script, which individual facilitators followed closely in implementing the program. Each facilitator's efforts in faithfully doing so were reviewed and reinforced between sessions to ensure program fidelity. A given facilitator worked with a specific grandmother throughout the four sessions, and data collected via an individual interview format, both pre- and post-program, were conducted by a separate individual trained by the first and second authors.

The emphasis in Session 1 and throughout the following three sessions, as per SOC theory, was on the *selection of valued goals*, where grandmothers could select a maximum of three short-term goals they wanted to achieve, and where the clear majority (15) of grandmothers selected two or three goals. These goals transcended personal, social, and relationship-oriented aspects of caregiving, e.g., arranging for travel to get a grandchild medical care, socializing with friends, organizing one's day so that one could have some "me time" apart from caregiving, exercising, getting a massage, traveling, attending meetings at school, attending an art class, and participating in school projects.

In Session 1, facilitators individually worked with grandmothers in understanding the goal of lessening the impact of stress on one's well-being and introduced the idea of identifying and using effective strategies to overcome stress, increase support, and seek help from others by setting goals. When grandmothers were asked why it was important to them to accomplish these goals, they responded in a variety of ways reflective of their desire to be personally happier and healthier, to be able to connect with friends, to improve their relationships with grandchildren, and to lessen isolation and become more involved in the community. Grandmothers were also asked what obstacles might hinder the attainment of these goals (e.g. time, monetary constraints,

caregiving demands) and discussed with the facilitator ways of overcoming such obstacles. In addition, grandmothers rated and discussed the degree to which several types of support were available to them, the extent to which/why they were or were not satisfied with such support, and ways they might increase the support they needed as well as enhance their satisfaction with social support. Nine of 16 indicated they were at least somewhat satisfied with such support, and 12 of 16 indicated that they thought they should increase the amount of support available to them. Impediments to doing this (e.g. cost, feeling isolated, feeling helpless in dealing with rejection, lacking childcare respite and informational resources) were reported.

Session 2 involved a review and discussion with the facilitator of the grandmothers' earlier selected goals and their rating of the extent to which they accomplished these goals over the previous week, as well as the extent to which they were satisfied with their efforts in achieving their goals. Facilitators also introduced the possibility of revising the grandmothers' goals to make them more attainable. Session 2 also focused on the grandmother's communication/help-seeking skills as a strategy to help goal achievement (optimization), with emphasis on the distinctions between passive, aggressive, and assertive communication styles. The objective discussed with each grandmother was to develop a plan to enhance the use of *assertive* communication (to include a discussion of caregivers' Bill of Rights) in a situation where it was necessary to get needed support and information from others. This communication style emphasizes aspects of interacting with others such as making the use of "I" statements, problem-solving, reaching compromises, and mutual understanding.

Session 3 focused on optimization, i.e., help-seeking and accessing social support, where grandmothers discussed their difficulties in asking for help, creating a list of tasks to do, and learning to ask for help in doing them. Rights of grandmothers caring for their grandchildren were also presented and discussed. As in the previous sessions, the facilitators reviewed the grandmothers' earlier selected goals, their rating of the extent to which they had accomplished their goals over the previous week, and their rating of their satisfaction with efforts in achieving their selected goals. They again discussed the possibility of helping the grandmother to revise and/or propose immediate, realistic, and achievable goals.

Session 4 focused on aspects of both selection and optimization. It included setting goals, revision of such goals, planning for the future in light of one's goals, needs for support, the impact of one's work and retirement plans, and what might happen to the grandchild/who would care for the grandchild in the event of the grandmother's incapacitation, illness, or death. Facilitators discussed how to "plan for the future" in terms of a way to identify problems, prioritize them, gather information, set realistic goals, and evaluate the success of a plan in preparing for what the future might hold. As before, grandmothers discussed and rated their level of stress, support, and satisfaction with it as well as what they had done to attain the goals they had set for themselves (and perhaps modified).

Throughout the four sessions, facilitators stressed the importance of selecting goals that were valued and potentially achievable and the development of strategies to reach these goals, enabling grandmothers to better cope with the demands imposed upon them via caregiving. This program provided parallel emphasis on the essential tenets of *selection*, optimization, and *compensation*, characteristic of the SOC model of successful aging (Baltes & Baltes, 1990).

Consistent with the above emphases, throughout the four sessions, there was a one-on-one discussion of goal-setting, effective communication, social support, and ways of effectively getting such support as well as being proactive in getting help and solving problems. At the program's end, all grandmothers received a resource guide detailing local services available to

them as well as information about how to access these services. Finally, grandmothers also evaluated the program's worth for them (see Table 3) and offered suggestions about how the program might be improved.

Results

Data Analysis Plan

To explore session-by-session changes and aspects of goal-setting we conducted a series of paired t-tests. Similarly, paired t-tests assessed pre-post program change. Given the extensive number of statistical comparisons conducted and the smallness of the sample, *Bonferroni* corrections were computed post hoc to set the alpha level for a given set of comparisons at .05 separately for the session-by session comparisons (alpha = .006) and for the pre-post program findings (alpha = .002). We also present descriptive statistics regarding the perceived value of the program.

Overall Program Impact

We report findings for all data in Tables 1-3. Findings that are statistically significant (p <.05) via paired-samples t-tests are indicated. Session-specific data on the goal-setting and attainment strategies indicated no statistically significant changes overall by Session 4 (see Table 1). While findings for goal attainment confidence were unchanged, they remained generally positive in nature over sessions. However, goal attainment estimates of success, satisfaction with such efforts, and the helpfulness of goal-setting in getting social support all evidenced slight declines over three sessions. Grandmothers did report lessened stress as a function of goal-setting and the development of assertiveness training in asking for social support and help from others. Except for the helpfulness of goal-setting indicating a statistically significant decline over sessions as per the nonparametric Friedman test ($X^2 = 7.95$, $p < .01$), all of these trends were statistically nonsignificant.

Based on pre- and post-demonstration program data (where post-program measures were collected within two weeks of the program's end), findings indicated that, as a function of their participation (see Table 2), grandmothers reported less stress (t (15) = 2.77, $p < .014$), and less anxiety (t (15) = 2.87, $p < .013$). However, they also reported reduced positive affect regarding their relationship with the grandchild (t (15) = 2.49, $p < .028$), and a decline in their beliefs about their ability to proactively improve the relationship with their grandchildren (t (15) = 2.13, $p <$ .049). While each of these findings is on its own statistically significant, *Bonferroni* corrections rendered them not significant.

Additionally, data from pre- and post-program assessment indicated that although non-statistically significant, several aspects of program efficacy were trending in a positive direction, such as improvement in the physical strain and social relationships of grandmothers, less negative thinking, and fewer negative interactions with others (see Table 2). There was also some evidence of increases in satisfaction with social support and greater confidence in the likelihood of attainment of the goals they had set for themselves.

Table 1
Average by Session Program Changes (N=16)

Variables	Session 1	Session 2	Session 3	Session 4	Sig.
<u>SESSION Measures</u>	**Mean** (SD)	**Mean** (SD)	**Mean** (SD)	**Mean** (SD)	
Self-Rated Caregiver Stress (1-10)	**6.06 (1.3)**	**5.63 (1.7)**	**4.69 (2.1)**	**4.56 (2.0)**	*p < .05*
Overall Support Satisfaction (1-5)	3.19 (.90)	3.34 (1.0)	3.35 (.92)	3.37 (1.1)	
Confidence Goal 1 Attainment (1-5)	2.63 (.50)	2.69 (.60)	2.38 (.55)	2.50 (.51)	
Goal 1 Attainment Success (1-5)	-	3.56 (1.2)	3.13 (1.7)	2.94 (1.4)	
Goal 1 Satisfaction (1-5)	-	3.81 (1.5)	3.63 (1.4)	3.19 (1.5)	
Goal Helpfulness (1-5)	-	**3.38 (.61)**	**3.25 (.77)**	**2.63 (.91)**	*p < .05*

Table 2
Pre--Post-Program Changes (N=16)

Variables	Time 1	Time 2	Sig.
	Mean (SD)	**Mean (SD)**	
CES-Depression (0-60)	23.18 (8.6)	23.46 (7.5)	
OASIS-Anxiety (0-20)	**7.18 (5.1)**	**6.07 (4.5)**	*p < .05*
Satisfaction with Caregiving (0-32)	26.93 (4.9)	25.84 (3.9)	
Positive Aspects Caregiving (0-27)	21.18 (6.8)	20.15 (6.9)	
Positive Affect (PAFF) (0-40)	**36.43 (7.3)**	**32.53 (7.8)**	*p < .05*
Caregiver Strain with:			
Time Dependency (0-20)	9.43 (4.6)	9.46 (4.4)	
Life Development (0-20)	8.62 (5.7)	8.61 (3.7)	
Physical Health (0-16)	6.25 (4.0)	5.46 (2.9)	
Social Relationships (0-20)	7.00 (2.5)	7.69 (3.3)	
Social Support			
Friends Contact (0-9)	3.50 (1.9)	2.61 (1.3)	
Kin Contact (0-9)	3.87 (1.8)	3.07 (1.4)	
Emotional Support (0-12)	6.56 (3.2)	6.46 (2.3)	
Tangible Support (0-12)	2.81 (2.3)	2.84 (2.1)	
Information Support (0-9)	3.62 (2.3)	3.23 (2.1)	

Proactive Beliefs **about Caring for GC** (0-75)	**63.21 (12.0)**	**58.77 (15.1)**	*p* < .05
PANAS-Positive Affect (GP) (0-40)	31.6 (8.5)	29.0 (7.2)	
Negative Interactions (0-12)	6.06 (3.2)	5.69 (2.3)	
Caregiver Self-Efficacy:			
Obtaining Respite (0-50)	34.06 (15.3)	29.61 (17.0)	
Turn Off Negative Thoughts (0-50)	33.43 (15.1)	36.92 (13.0)	
Responding to CG Behaviors (0-50)	34.06 (10.6)	26.58 (13.0)	

Note: Time 1 = Pre-program Baseline; Time 2 = Post (1-2 weeks)-program

Relationships between Goal-Setting and Grandmother Attributes and Program Outcomes

Relevant to the salience of selection as per SOC theory as reflected in goal-setting per se, pre-program depression was negatively associated ($r = -.53$, $p < .03$) with greater Session 2 self-rated helpfulness of goal-setting to enhance social support. In addition, greater Session 2 goal-setting helpfulness was also related to less pre-program caregiver strain ($r = -.52$, $p < .03$); greater Session 2 helpfulness was associated with more pre-program social support ($r = .52$, $p < .04$) and less pre-program anxiety ($r = -. 71$, $p < .01$). These findings suggested some grandmothers were initially more likely to rate themselves as having goal-setting success, i.e., those who were less depressed initially had more social support and were less strained regarding caregiving, but all found goal-setting more helpful.

Importantly, while the relationship between Session 2 goal-setting helpfulness and post-program depression was less strong, but still substantial ($r = -.48$, $p < .09$), this finding indicated that perceived helpfulness of goal-setting did predict less depression. Session 3 satisfaction with one's efforts at goal-setting predicted greater satisfaction with caregiving post-program ($r = .54$, $p = .05$) as well as less anxiety post-program ($r = -.65$, $p < .01$). Session 3 satisfaction with goal-setting efforts predicted higher proactive beliefs about caregiving post program ($r = .71$, $p < .01$) as well as greater positive affect post program ($r = .55$, $p < .05$).

In contrast, Session 4 satisfaction with one's efforts in goal-setting was associated with greater post-program depression ($r = .49$, $p < .09$), and in Session 4, less self-rated likelihood of goal accomplishment was associated with more anxiety ($r = .67$, $p < .01$). These findings reflected the frustration grandmothers experienced in implementing their goals.

Rated Program Satisfaction

Finally, post-program estimates of program satisfaction (see Table 3) among grandmothers and their overall perception of the program's content and worth were very positive ($M = 3.81$). On a four-point scale (where 4 is very positive), grandmothers reported high levels of satisfaction with the amount of help received in the program ($M = 3.44$), as well as with their ability to better plan their needs ($M = 3.38$) and better manage effectible family problems ($M = 3.25$). They also indicated that they were very satisfied with the setting/attaining goals process to improve their needs for support ($M = 3.38$), better use of their communication skills ($M = 3.56$), and with the content of the program ($M = 3.56$).

Table 3
Program Satisfaction (N=16)

_____

	Mean	SD
Amount of help received in the program	3.44	.62
Help you to better plan your needs	3.38	.71
Assist you to deal more effectible with family problems	3.25	.77
How confident you can set goals to improve the amount of help you need	3.38	.61
Help to improve your communication skills	3.56	.62
How helpful you find the content of the program	3.56	.72
How likely you will use what you learned in the program	3.63	.80
Overall how would you rate your experience in the program	3.81	.40

_____

Note: Scale: 1 (Not at all) to 4 (Most positive)

Discussion

The present study explored the effectiveness of a socio-cognitive pilot demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization, and Compensation (Freund & Baltes, 1998) as a conceptual framework.

The results of this demonstration pilot study indicate that an intervention designed to support grandparents raising grandchildren in terms of grandparents' strengths using the constructs embodied by the Selection, Optimization, and Compensation (SOC) model may be a promising strategy to ameliorate negative outcomes of caregiving grandmothers (e.g., stress, anxiety) and to initiate changes in the grandmother-grandchild relationship. The trend toward improvement of grandparents' mental health (i.e., depression, anxiety) indicates that individually facilitated approaches to helping caregivers in the context of innovative theory-based strategies may have a positive impact on caregivers' ability to manage their relationship with their grandchildren. This result may be so to the extent that grandparent mental health and positive parenting strategies are related in producing positive dyadic outcomes (see Smith & Dolbin-MacNab, 2013; Smith, Palmieri, Hancock, & Richardson, 2008).

Additionally, as many of the session-specific indicators of goal-setting success predicted post-program grandmother depression, caregiver strain, caregiving satisfaction, and anxiety, these findings suggest that selecting goals and devising strategies to meet such goals may be beneficial for grandparent caregivers. At the same time, some pre- and post-program data, as well as correlational findings, indicate that efforts at goal implementation may have frustrated many grandmothers, suggesting that this component of the program deserves greater emphasis in the future.

These data however also suggest that such improvements in grandchild relationship quality may be negatively impacted by goal-setting. It may be that relationship quality and associated grandchild behaviors may have been undermined by changes in the grandmothers' behavior borne of her more positive emotional well-being and the very act of setting new goals for themselves (e.g. greater efforts at self-care, improving one's communication skills with others), disrupting everyday routines and interactions with the grandchild (see Table 1). Certainly, the energy they formerly invested into dealing with the demands of caregiving and managing a grandchild's behavior may have been redirected toward self-care.

It thus seems important to separate personal mental health benefits and relationship-related outcomes in studying the impact of goal-setting and communication skills enhancement in grandmother caregivers, wherein improvements in one are not paralleled by improvements in the latter. More effort may be required not just to set but also to implement goals that benefit oneself *and* one's relationships with a grandchild. This mixed picture of program effects is paralleled by earlier research investigating the impact of a randomized assignment to treatment versus control conditions in a psychoeducational intervention study where grandparent psychosocial functioning was positively impacted, yet participants were sensitized to factors over which they had little control (e.g. others' expectations of them, discrimination by service providers or school personnel) (Hayslip, 2003). These dual outcomes thus require future research in the context of the potential benefits to grandmothers personally versus their relationship with a grandchild in terms of goal-setting and communications skills.

It may be that the nature of the goal-setting process, as well as the nature of the goals themselves (e.g., being unrealistic or better seen as long-term in nature), may have disrupted grandmother-grandchild relationships in this sample, resulting in decreased stability/predictability and the introduction of new routines/time constraints for the grandchild. Consequently, lessened stress as a function of goal-setting may come at the cost of restructuring one's relationship with a grandchild, to which many grandchildren might react negatively. Consistent with this interpretation is the finding that grandmothers' proactive beliefs about their caregiving abilities lessened over time, suggesting that such changes may sensitize grandmothers to the limits of their own proactivity.

These findings argue for a more comprehensive understanding of empowerment via goal-setting in light of the potential impact of grandparent-grandchild dynamics (see Cox, 2008). We interpret this pattern of findings as requiring a greater emphasis on goal implementation, setting more realistic goals, differentiating short term versus long- term goals, and assigning goals for one's self versus those for a grandchild, stressing the relational context in which any program designed to impact grandfamilies should be understood.

Not only might grandmothers feel more frustrated with the relative lack of success they experienced in implementing the goals they had set for themselves, it might also be the case that grandmothers were not fully invested in the goal-setting process, undermining their success in implementing them. A greater emphasis on both goal-setting and goal implementation in the context of a program of greater duration may be key to yielding findings reflecting success in goal-setting. Our findings, despite the positive personal impact on grandmothers, therefore, suggest that goal implementation was not successful for some grandmothers and that estimates of goal-setting parameters over three sessions need to be examined over a longer time frame. In this respect, many of the goals set here revolved around respite, self-improvement, and reducing isolation; these likely take time to implement and are subject to a variety of barriers that need to be identified and overcome. Having success in implementing set goals may further one's faith in the fact that such goals are indeed important and achievable. This finding underscores the priority assigned to manage the demands of caregiving via *goal-setting* and the importance of *goal implementation* in reaching caregiving-related and personal well-being goals.

Limitations of the Present Study and Implications for Future Research

This demonstration pilot project was limited in important design and sample aspects that may have hampered its full potential to observe benefits of the multiple components of the SOC-based program (e.g., the small size of the current sample hampering generalization and

undermining statistical power, the lack of a comparison group, the lack of a long-term follow-up). Yet, this study produced important information and knowledge that may be valuable in learning how to better utilize the strengths of grandparents to address the challenges of providing care to their grandchildren.

In understanding and interpreting these findings the following influences thus bear on the strength and value of the programmatic effects found here: 1) the small size of the sample ($N = 16$) influencing the statistical power of our analyses; 2) the number of statistical tests performed in concert with the small sample rendered findings as relative weak statistically (as per *Bonferonni* corrections) that would otherwise have been deemed as statistically significant (p < .05); 3) the selective nature of the sample which was somewhat biased in terms of socioeconomic status, level of education, and ethnicity, hampering the generalizability of findings; 4) given the nature of this demonstration project, we lacked a control group against which to compare the intervention; and 5) only immediate post program findings are available.

Ultimately, these concerns merit further work to document more effectively the impact of a goal-setting/communication skills-based intervention that *also* emphasizes more strongly the implementation of one's goals. Such an effort would serve to empower grandmothers in light of the many challenges they face in tending to their own well-being and in productively raising their grandchildren. A promising avenue for future research would place a greater focus on goal implementation with an additional emphasis on the identification of barriers in concert with a longer program required to achieve these outcomes. Goal-setting may be but one avenue toward grandparent empowerment, complemented by the acquisition of skills to improve communication, stress management, and child behavior management *as well as* goal implementation as a means of empowering custodial grandmothers. Nevertheless, the emphasis on goal-setting per se, though it likely parallels notions of grandparent empowerment (Cox, 2008) in the context of SOC theory, is unique to the present demonstration project, in contrast to the above-reviewed grandfamily intervention literature.

The increasing number of grandparents raising grandchildren demands our attention and underscores the need to provide assistance to grandparent caregivers in terms of training them not only to refresh intergenerational skills (communication styles, positive parenting), but also to develop appropriate and effective strategies associated with the setting of personally meaningful goals for themselves (see also Hayslip & Fruhauf, 2019). The SOC theory guided approach of this intervention addressed the latter by focusing on grandparents' needs and prioritizing their areas of improvement to proceed with the development of specific goal-setting and goal attainment strategies that are appropriate for each priority of the grandparent. In doing so, grandparents can improve their ability to plan and anticipate actions that are conducive to enhance their relationship with a grandchild as well as being able to better access support from others and/or to communicate effectively with professionals and family members.

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