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Trauma, attachment, and family therapy with grandfamilies: A model for treatment

Deena D. Strong *, Roy A. Bean, Leslie L. Feinauer

Marriage and Family Therapy Program, School of Family Life, Brigham Young University, United States

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ABSTRACT

Population estimates indicate that approximately 1.5 million children are in grandparent-headed households without any parents present. This type of grandfamily is often created when biological parents are unable or unwilling to care for their children. Trauma is often experienced as a precursor to, or a consequence of, the biological parents' inability or unwillingness to care for their children. The well-being of both grandparent and grandchild may be affected in grandfamilies. A treatment model is presented that integrates trauma, attachment, and family systems theories and proposes that healing is facilitated through the emerging attachment between the grandparent and grandchild.

1. Introduction

The 2008 Current Population Survey has identified approximately 9% of all children (6.6 million) living in the United States as living in a household that includes a grandparent. Of these children, 23% (1.5 million) had no parent present in the household (Edwards, 2009). These grandchildren and grandparents are often referred to as "custodial grandchildren" and "custodial grandparents," while their family structure is referred to as a "grandfamily" (Hayslip & Kaminski, 2006). Although grandfamilies are created for a variety of reasons, this article focuses on grandfamilies which have been created when biological parents are unable or unwilling to care for their children, with some type of traumatic event or crisis as a common causal factor associated with this parental inability or unwillingness. The trauma, experienced at almost any level of magnitude, impacts both grandparents and grandchildren developmentally, influencing physical and emotional health and compromising the child's ability to trust his or her parents and other attachment figures. These primary relationships, when disrupted, add further clinical complications given that "the ability of children to recover from traumatic experiences is influenced by the quality of their attachments" (Busch & Lieberman, 2007, p. 139). Consequently, it is important to acknowledge the effects of trauma and to use an integrated model of attachment and family systems theories when treating the grandchild(ren) and the custodial grandparent(s), given their unique family structure.

The current literature relating to intervention with these families has included supporting custodial grandparents through access to community resources (e.g. Hayslip & Shore, 2000; Whitley, White, Kelley, & Yorke, 1999), parent training (e.g. Cox, 2000), and support groups (Strom & Strom, 2000). Literature specifically relating to supporting custodial grandchildren has been scant with most coming from school-based interventions (e.g. Edwards & Daire, 2006; Edwards & Sweeney, 2007). Grandparent and grandchild relational-based treatments are sorely lacking for this population. This paper builds on previous grandfamily literature, especially that which addresses attachment theory (Connor, 2006; Dolbin-MacNab, 2005; Edwards & Sweeney, 2007; Poehlmann, 2003), and presents a model which acknowledges the effects of trauma on the entire family system and proposes that the healing of all parties (adults and children) occurs as a function of the bi-directional attachment between grandchild and grandparent(s).

Grandfamilies are a viable family constellation as diverse as the reasons for which they are formed and the individuals comprising them. Many grandparents and grandchildren are resilient and resourceful and their difficulty in adjusting to the grandfamily custodial arrangement can be considered minimal. However, some grandfamilies may require, and can benefit from, clinical intervention. The purpose of this paper is to increase therapist knowledge for providing clinical services to grandfamilies with young children formed in consequence of nuclear family trauma and/or abuse. Accordingly, basic information regarding grandfamilies will be presented along with a discussion of the impact of trauma and grandfamily formation on the grandchild(ren) and grandparent(s). An attachment-based model of family therapy is introduced and discussed with particular attention to how family therapy can be used to facilitate attachment healing.

* Corresponding author. Department of Marriage and Family Therapy, 274 TLRB, Brigham Young University, Provo, UT 84602, United States. Tel.: +1 (801) 422 3888.
E-mail address: deenastrong@hotmail.com (D.D. Strong).

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2. Therapist knowledge regarding grandfamilies

In the past, when a grandparent assumed the role of caregiver to dependent children it was as the result of a life event, such as death, divorce, or abandonment. Although these events still figure prominently in the assumption of caregiving by grandparents, there are several additional reasons, including parental drug dependence (Casper & Bryson, 1998; Hayslip & Kaminski, 2005a; Heywood, 1999; McGowen, Ladd, & Strom, 2006; Pinson-Millburn, Fabian, Scholssberg, & Pyle, 1996; Ross & Aday, 2006). In this circumstance, not only are the grandparents dealing with the issues of having a child who is abusing drugs, but they are also faced with raising a grandchild who may be suffering serious developmental problems as a result of a parents' drug use (Pinson-Millburn et al., 1996).

Another common reason for the increase in grandparent-headed households is the decrease in two-parent households, from more than 86% in 1950 to about 70% of family constellations in the mid-1990s (Harden, Clark, & Maguire, 1997). The third leading factor associated with the increase in grandfamilies is abuse and neglect of grandchildren perpetrated by one or both parents (Hayslip & Kaminski, 2005a; McGowen et al., 2006; Pinson-Millburn et al., 1996). Closely related are the number of children who are placed with grandparents because of domestic violence and the associated risk for the children as witnesses to, or potential victims of, the violence (McGowen et al., 2006). Other reasons include the death, incarceration, or military service of a parent and mental health conditions of parents, which compromise their ability to take care of their children (McGowen et al., 2006; Ross & Aday, 2006). These reasons, while not exhaustive, are the most common explanations for grandparents taking on the role of custodial grandparenting.

2.1. Trauma and grandchildren

A traumatic stressor for a child has been defined as, "direct experience, witnessing, or confrontation with an event or events that involve actual or threatened death or serious injury to the child or others, or a threat to the psychological or physical integrity of the child or others" (Zero to Three, 2005, p. 19). Given the aforementioned common antecedents to the formation of a grandfamily, it is important to assess for the impact of trauma experienced by the grandchild and the effects of removal from the nuclear family.

Research on the developmental impact of being raised by a custodial grandparent has been minimal. In fact, most of the studies on grandfamilies have focused on the effects of the grandchild's behavior, the requisite caregiving responsibilities, and accompanying stresses on the grandparent (Hayslip & Kaminski, 2006). After an extensive search, only five studies (Dolbin-MacNab, 2005; Goodman, 2007; Keller & Stricker, 2003; Leder, Grinstead, Jensen, & Bond, 2003; Solomon & Marx, 1995) were found that focused on outcomes in grandchildren being raised by a custodial grandparent. Because so few studies have used a distinct grandfamily sample, it becomes necessary to integrate research and information from related topics such as children who receive grandparental care (e.g., Fergusson, Maughan, & Golding, 2008) and children in kinship foster care placements (e.g., Billing, Ehrle, & Kortenkamp, 2002; Dubowitz et al., 1994; Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993) to highlight possible issues facing grandfamilies.

2.1.1. Physical development

Studies examining the physical well-being of children in grandfamilies and kinship care have produced mixed results. Comparing the health of children living in grandparent-headed families with that of children living in families with one or two biological parents, Solomon and Marx (1995) found that children in grandfamilies appeared to be healthier than children raised in the other family types. In contrast, a descriptive study by Silverstein and Vehvilainen (2000) found 35% of custodial grandparents reporting that at least one of the grandchildren in their care had health problems. Asthma and chronic ear infections were reported as the most common health problems encountered.

Studies of children in kinship care suggest that children in grandfamilies may have an increased risk for poor physical health outcomes. Dubowitz et al. (1994) reviewed the medical records of 407 children in kinship care who came in for clinical assessment and concluded that, "compared to American children in general, children in kinship care appear to have many more health problems" (p. 94). For example, 7% more children in their sample failed hearing screenings than those in a national sample. They also found the rate of anemia and asthma to be higher than comparison children in national estimates. Billing et al. (2002) found 14% of children living in kinship care to have a limiting condition and 7% were reported in fair or poor physical health. This is compared to 8% and 4% respectively of children living with a parent.

2.1.2. Emotional development

With regard to emotional development, studies have similarly yielded conflicting results. Solomon and Marx (1995) report that children raised solely by grandparents have fewer behavioral problems in school than children living with only one biological parent, whether single or remarried. However, in their sample of 346 children in kinship care, Dubowitz et al. (1993) found that 42% of boys and 28% of girls had behavioral problem scores in the clinical range, compared with an expected 10% in the general population. In a subsequent study of 524 children in kinship care, Dubowitz et al. (1994) reported that 26% of the children exhibited severe behavioral problems.

Other studies concluded that children in kinship care, including custodial grandchildren, are at increased risk for emotional problems and behavioral disorders (Billing et al, 2002; Leder et al, 2003) including attention deficit disorders, posttraumatic stress disorder, depression, and other psychiatric disorders such as developmental delays and anxiety disorders (Fergusson et al., 2008; Pinson-Millburn et al., 1996). Common behavioral problems for children in grandfamilies include excessive clinging, sleeping problems, eating problems, regressed behaviors, and limit-testing behaviors (Toledo & Brown, 1995).

Contextualizing and/or influencing emotional development for children are the circumstances surrounding the necessity of placement with a grandparent. In fact, the circumstances precipitating a child's placement in a grandfamily can intensify the degree to which a child's emotional development is impacted. For example, sexual abuse victimization (by a parent) is more complicating and stigmatizing for the child than having to be placed in a grandparent's care because one's mother was pregnant as a teen. Another contextual issue is whether the parent(s) are deceased, because children may be experiencing grief and bereavement issues or shame and guilt, depending on the cause of death. Most children seek comfort and solace from attachment figures (i.e., parents) to facilitate the grieving process. In the case of custodial grandchildren, they may not have a stable or reliable attachment figure from whom they can seek comfort. In some instances, the placement in a grandparent's care is also accompanied by a geographical re-location, thereby removing children from their familiar support network of friends, neighbors, and teachers Complicating the grandparent's ability to support a grandchild may be the grandparent's own grief relative to the circumstances that necessitated the grandchild's placement. Furthermore, if a grandparent is not physically or emotionally available, the grandchild may feel alone in grief and harbor feelings of sadness, anger, guilt, regret, or anxiety (Hayslip & Kaminski, 2006; Pinson-Millburn et al., 1996).

2.1.3. Intellectual development

Because school performance figures prominently in the development of children, custodial grandchildren's school experience and risk