
CHAPTER 2

From Shock to Joy— and Everything in Between

Laurie stood in her living room sobbing. At age fifty-four, she was in a tailspin: a few days ago, she had received custody of her twin three-year-old grandsons, and her life changed from calm to chaotic. This afternoon, while Laurie was attending to David, Danny had discovered and eaten an entire box of cookies, after which he threw up all over the carpet. Laurie cleaned up the mess while Danny was now happily banging a wooden spoon on pots and pans on the kitchen floor. David was napping, having fallen asleep after a temper tantrum because Laurie had no idea where his favorite “blankie” was. Now, during a calm moment, Laurie asked herself how she, a single parent, could hope to handle two active boys.

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Laurie’s story may sound familiar. Your life, as you knew it, is not completely over, but it’s drastically different now that you have a grandfamily. For many grandparents in this role, becoming a parent again was a jaw-dropping shock; for others, it might have seemed inevitable because of their adult children’s parenting problems, whether due to substance use, incarceration, child neglect, or something else.

Either way, your life may suddenly feel like an emotional battleground—especially when you’re new to the role. Over time, you will adjust to this “new normal,” but new feelings

emerge as the children grow up and as you age too. So let's talk about identifying and dealing with these emotions and when to seek help from others.

Notice Your Feelings: Some Common Emotions

Grandparents describe a dizzying range of feelings as they take on the role of parenting again, sometimes decades after raising their own children. With so many stressors at the same time, they may feel many emotions. Relief, for the children's sake, but also shock and role confusion as their own lives are upended. Over time, they may feel not only depression, loneliness, and isolation but also periods of great joy and satisfaction. Anger and resentment, often at the adult children's inability to parent. And likely anxiety, grief, perhaps guilt. How will you handle it all? Let's hear from some grandparents who have been there.

Relief: The Child Is Finally Safe

You may have been worrying and mentally wringing your hands over potentially dangerous (or certainly dangerous) situations that your grandchild has been facing, such as being alone with parents who are abusing alcohol or other drugs or who are mentally ill and untreated and therefore unpredictable. Despite the challenges of forming a grandfamily, many people report experiencing profound relief when a grandchild comes to live with them, because now they know the child is safe.

Some of the respondents to the Adesman Grandfamily Study expressed relief at securing custody:

- "I saved two children from lives of hell."
- "I sleep at night now, knowing that she is cared for and loved!"
- "She was out in the streets with her mother, a meth addict. Now she is safe."

- “He would have been seriously injured or killed in his parents’ care.”
- “A child should never have to live in a car.”

Shock: You’re a Parent Again

Surprise! For many grandparents, shock is an initial response to becoming a parent again. These grandparents didn’t realize that as parents their adult children were inadequate or worse: abusive, neglectful, or dangerous. Maybe the birth parents lived far away or didn’t visit for a variety of reasons. Perhaps they discouraged the grandparents from visiting them, knowing that if the grandparents *had* entered the home, they’d have been shocked by the chaotic environment and the dirty child and called them on it. Some grandparents say that when they later saw the birth parents’ home conditions, it was like a scene from the television show *Hoarders* with filth and debris everywhere, rotting food, and even animal excrement from confined pets. This situation would appall anyone. But even if your grandchild came from a safer setting, the swiftness of the transfer can be a shock to your system.

Depression: When Your Spirit Feels Drained

Some research studies show that depressive symptoms are more likely for parenting grandparents than for “traditional” grandparents, who can spoil the children and send them home. However, depression doesn’t necessarily come with the role. It simply occurs at a higher rate; for example, one large study showed that custodial grandparents were nearly twice as likely to have depressive symptoms as were traditional grandparents.¹ But the researchers also found some good news: the situation often improves over time. After acting as parents for five or more years, grandparents were significantly less likely to be depressed

than those who were newer to the role. Why? The researchers speculated that as the crisis recedes and routines become more settled, the stress eases for everyone. And, as children grow from infant to toddler to school-age, the job of caring for them gradually becomes less demanding.

The researchers also found that grandparents who were in good health were less likely to be depressed,² which makes sense—health and exercise build our resilience and well-being.

One risk factor for depression: parenting a child with developmental disorders or chronic medical conditions. Even when the caregiver is fully and lovingly committed, children with special needs require more assistance than other children and may need multiple therapies, which can be taxing on families. It's a more challenging parenting experience, perhaps with milestones fewer and further between. In a study of seventy-four Latino grandparents (average age sixty-three), researcher Denise Burnette found them more subject to depression when raising a child with special needs. Other risk factors were the poor health of the caregiver and higher levels of life stressors, such as the death of a family member, the loss of a close friend, or the end of a job.³

Loneliness and Isolation

Many parenting grandparents report feeling like they're the only individuals who are in this situation, and this perception could lead to feelings of loneliness and isolation. In the Adesman Grandfamily Study, most of the grandparents (69 percent) said they strongly or somewhat agreed with this statement: "I am less able to socialize with friends because I am raising my grandchild."

Parenting your grandchildren limits your free time, and sometimes your former friends and relatives don't want to deal

with a crying baby or an active small child. Here's how researchers Deborah Sampson and Katherine Hertlein described the situation in their 2015 article in *Grandfamilies: The Contemporary Journal of Research, Practice and Policy*:

Custodial grandparents can also become isolated from their peers due to caregiving responsibilities. Such responsibilities may put them out of step with their peer group. The social isolation that grandparents experience may make management of their physical and emotional issues more difficult.⁴

Reach Out to Young Parents—and to Old Friends

Ever since Doreen began raising her three grandchildren, she has been unable to see her friends as often as she'd like—and she doesn't feel as comfortable with them anymore, either. Most are in their late forties, like Doreen, but many are empty-nesters. She also feels she has nothing in common with younger parents who are the age of her own adult children—or younger. So Doreen feels isolated, not fully belonging to either circle.

Some younger parents may become your friends, while others may not. And sometimes older friends drift away, whether you're raising a grandfamily or not. In both circles, you may need to make extra effort to find people you truly connect with. Here are a few suggestions for Doreen and others in similar situations.

Find Common Ground with Younger Parents

You may need to take the initiative, because younger parents may feel initially reticent around a person their mom's age. And in public places, they're likely to be absorbed with their smartphones or other devices too; that trend is becoming

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more and more noticeable. But when they take a breather, consider these suggestions, whether you're at a birthday party, the local playground, or even in the pediatrician's waiting room.

Say something nice about their child. Who isn't pleased by that? If you know the child even slightly, use what you know—you could say she's a fast runner at the T-ball games. If you don't know the child, you could notice that he's polite or shares his toys well, or wow, he's only four and he's tying his own shoelaces. You can add that the parent is obviously doing a great job. This gives other parents the opportunity to be proud of their children and feel good about themselves. It's hard to not respond when someone compliments your children.

Compliment the parent. Doreen and another mom, Lisa, took their children to the same playground and often saw each other there. One day, Doreen told Lisa that she'd noticed how carefully Lisa listened to her daughter, Kira—she admired that. Lisa thanked her and added that she hadn't been close to her own parents, so she'd decided to really get to know her daughter. Doreen said, "You're doing a great job! I can tell that you really communicate." She might go on to ask Lisa, "Did you grow up around here?" and let the conversation evolve from there.

Think of some icebreaker topics. Movies, YouTube videos, online games—now more than ever, kids share these media experiences. You could mention that you and your grandchild recently saw a movie and wonder what others think about it. Wendy, age forty-five, started a lively conversation with a roomful of parents in the dentist's waiting room about a popular Minecraft YouTube video series. Some of the parents couldn't understand the appeal, while others thought the videos were humorous. The conversation became so

engaging that some of the parents, including Wendy, decided to meet for coffee later.

Homework can be a good topic. How do other parents structure homework time? What do they think of the school's approach to teaching math? If you're struggling to help with homework, you're not alone. You may learn some helpful hints by bringing up this topic casually with other parents—maybe during a basketball game or at a birthday party.

Listen to what younger parents say. Yes, you're more experienced than they are. But rather than rushing in to share your own stories, listen to them. They may have just the perspective you need. Draw them out; avoid being dismissive or judgmental. For example, if the younger parent responds to your positive comment about her energetic child by saying, "She's high energy all right! Sometimes she makes me crazy!" avoid giving a lecture on ADHD or saying she's lucky the child isn't disabled. Instead, you can laugh at her comment and empathize, perhaps adding something like, "Yes, it can be hard to keep up!" or even "How do you calm her down at bedtime? I have trouble with that myself."

Connecting with Your Same-Age Peers

If you're raising a toddler, then potty training and bedtime rituals are interesting topics for you—but not so much for your same-age friends. So, when you have a chance to see your older friends, it's okay to talk about some grandfamily topics, but hey, now's your chance for a break! Listen to what they're discussing. Books, TV shows, neighborhood issues, fitness, gossip? Listen, learn, and speak up. If you're sixty something, your friends might be talking about retirement decisions and health issues too. As with your new, younger friends, use positive (but sincere) comments to reconnect with your older friends.

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You can also ask about their adult children and respond supportively. Be noncommittal about your own adult children if they are having serious problems. Your friends don't need to know that Samantha is on probation for eighteen months for using drugs. Instead, simply say that she has some issues. Use your judgment. You may want to confide in close, trustworthy friends who seem concerned about what you are dealing with and want to offer support. Even then, be careful to not overshare.

Call your old friends occasionally to check in. They may miss you and be very happy to hear from you. But show them that you're interested in topics other than raising children!

Joy in Raising Your Grandchild

Of course, there are many positive emotions associated with parenting your grandchildren. Relief is one of the already discussed positive emotions, but here are a few more related to the joys of parenting:

The love you and your grandchild feel for each other. Parenting is an opportunity to give and receive an enormous amount of love and affection. Depending on how old the children are when they come to you and their past experiences, it may take time to develop a bond. But when it does, it's a wonderful feeling. "There are lots of hugs and kisses, tickles, and playtime. It's also fun going to the park and doing things together," said one grandparent in the Adesman Grandfamily Study. Another explained it this way: "Watching him blossom from a shy little boy who wouldn't look at anybody into an outgoing social butterfly has been a joy for us." And another remarked, "Seeing this heartbroken child start to laugh and enjoy life again has been wonderful."

The joy of seeing your grandchild achieve new milestones. The radiant face of a child upon learning how to ride a bike or how to swim is one of life's great pleasures. Later, it might be seeing the child learn to play a musical instrument or score points on the soccer field that will fill your heart with joy. "Look at me, look at me!" is often heard, and don't worry, Grandma or Grandpa (or both) *are* watching. Exceptional talent is not required. What matters is that the child is mastering skills that previously were too difficult and you share that joy with your grandchild.

The fun you enjoy together. Children enjoy life much of the time, and they can be wonderful companions. "When we started parenting our granddaughter, at first I was surprised by how much fun we have together," said a grandfather. "She marvels at things that most of us take for granted. Beautiful flowers, the sunset, a rainbow—it's all special to her, and it makes me realize that these really *are* wonderful aspects of life we can enjoy together."

When Being a "Beast" Is a Good Thing

On the soccer field sidelines, Stacy was cheering for her ten-year-old grandson Brian. It was a close game, and Brian was getting a workout. The man standing next to her suddenly turned and said, "Your boy is a *beast* on the field!" This did *not* sound good to Stacy, but as she looked at the dad's smiling face and his welcoming and open posture, she realized being a beast is a good thing. This wasn't an insult—it was a great compliment. So Stacy said, "You're right! He is a total beast!" and the two of them high-fived. (Soccer parents do a lot of high-fiving.) And Stacy made sure to tell Brian about the compliment later.

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Slang words (“slanguage”) is constantly changing. If someone makes a comment and you wonder if it’s good or bad, you may be able to read the meaning from the person’s face and/or the context, as Stacy did. Of course, you can always ask what he means—perhaps joking about the new vocabulary you’re learning. For example, “chill” means relaxed, while “sick” is excellent. Don’t worry about being totally up to date on it.

Stressing Out: Can You Really Handle Parenting?

Stress is common among parenting grandparents, particularly in the first year or so as the situation evolves and your routines change. Sure, you’ve been a parent before, but now you’re in new territory. It’ll take time to work out how you adapt. Like Laurie with her mischievous three-year-olds, we wonder, *Can I handle this job? Am I truly up to the task?*

In the Adesman Grandfamily Study, grandparents were asked to what extent they agreed with this statement: “I am generally able to cope with the daily stressors of parenting my grandchildren.” Three-quarters of them—76 percent—agreed, either strongly or somewhat, that they could generally cope. Approximately 12 percent were neutral; 10 percent somewhat disagreed; and 1 percent strongly disagreed. (Figures are rounded to the nearest percentage point.)

Clearly, for a minority of respondents, the stress is hard to handle. And, as noted earlier, this study group was self-selected, skewing toward people in comfortable circumstances. A more representative group might have fewer resources for coping with stress.

Some researchers have found that perceived stress is heaviest

in the early years of parenting one's grandchildren.⁵ When the child or children first arrive, nobody really knows what to expect, making for some difficult times ahead. So it's a very good time to get help from support groups and others on how to proceed from here on out. Although times may be difficult later on as the children grow up, in later years the needs and demands of older kids may be more predictable, grandparents will be more likely to have set schedules in place, and the children will have learned what's expected of them.

Not only do younger children need more care, but younger (non-retired) adults can feel stretched pretty thin. Adding parenting to their already busy lives can feel like too much. In a smaller study of custodial grandparents—92 percent of them grandmothers—the researchers found that younger grandparents, closer to age fifty, were more likely to be stressed out than older ones, and a lack of support also increased stress levels.⁶ Other researchers, too, have found that parenting grandparents who are younger face more stress. The reasons are unknown but may be related to the demands of a full-time job, other children still in the home, possible loss of income, increased expenses, and the adverse impact on the grandparents' social life because young children require more supervision.

Anger and Resentment: Why Can't the Birth Parents Raise Their Own Kids?

Often grandparents feel angry and resentful that they “have to” take over parenting their grandchildren. They may feel like they have earned their retirement, and *how dare their adult children do such a poor job of parenting that someone else must take over!* They often believed their parenting days were over or should be. And now they think it isn't “fair” they must spend years, sometimes the rest of their lives, being hands-on parents again.

It's also true that sometimes the children have special needs stemming from prenatal exposure to alcohol and other drugs or from abuse and neglect they experienced after they were born. The children may need special education services, counseling, behavioral therapy, and other types of services that require a great deal of time, and these issues make the parenting job even more difficult. Grandparents may feel outraged, knowing these issues were inflicted on the children by their substance-using adult children.

Other people in the grandparents' lives may feel resentful too. Sometimes other adult children resent that Mom and Dad don't spend much time with *their* children. Of course, Mom and Dad would love to be "regular" grandparents—but they are raising one or more children as the primary parents—and may no longer have the time or money to be the storybook indulgent grandparents.

Needless Guilt

Many grandparents report experiencing feelings of guilt over how their adult children have turned out, whether the problem is drug or alcohol use, criminal behavior, or other dangerous habits that have prevented them from being good parents. But unless you were criminally abusive or neglectful to your children as kids—and if you were, you probably wouldn't be parenting the grandchildren—then your adult child's parenting problems are not your fault.

Also in the guilt domain is the feeling that parenting grandparents should now try to "help" their adult children by paying their bills for rent and utilities or bailing them out of jail for the third time. Though well-intentioned, this thinking may be counterproductive, because if you are always saving your adult

children, they will never grow up. It also takes time and energy away from parenting your grandchild.

Anxiety and Worry about the Future

Anxiety and worry are common—probably even universal—feelings among parenting grandparents. If you're older or have health problems, you may worry about your capacity to provide for the long haul. If you don't have permanent custody, you might worry about that. And you may be anxious about the long-term effects of past abuse and neglect on your grandchildren.

These worries are normal. This job is demanding, and you need support. Grief, shock, and a massive lifestyle adjustment that may also seem ambiguous—who wouldn't be anxious in your position? So first, an invitation: even if you've never sought professional help for anxiety or any other persistent mood problems, please consider it now. It doesn't reflect poorly on you. Quite the opposite—it takes wisdom and self-knowledge to realize you need more support. Consider support groups too; resources are found in appendix 1.

Meanwhile, let's look at some of the most common worries and how we can help ease them in practical terms.

WORRY ABOUT FUTURE INCAPACITY OR DEATH

Grandparents may wonder whether they can expect to parent their grandchildren to adulthood. "My biggest worry is that we won't be alive long enough for when she can be on her own," one grandparent said, adding, "I will be seventy-five when he is twenty years old." In the Adesman Grandfamily Study, 72 percent of respondents strongly or somewhat agreed that "I worry about who will care for my grandchild if I am not able to." To allay such fears, it's a good idea to create a backup plan for who will raise the child if you can't—and make sure that

person agrees to it. This kind of information can be included in your will. See chapter 7 for more discussion of legal issues.

WORRY ABOUT PAYING FOR EVERYTHING THE CHILD NEEDS

Grandparents may be anxious about meeting the child's financial needs, now and in the future. Joining the soccer team costs money, birthday gifts for parties must be bought, and many other expenses are involved in raising a child. Some grandparents might even feel compelled to draw down on their retirement funds now, rather than using them later—but resist that instinct until you've researched the issue. Read more about money matters in chapter 8.

WORRIES OVER CUSTODY ISSUES IN THE FUTURE

Another worry is that the parent may demand the child back at some future date. “They’ve left, but I still worry about them returning and kidnapping him,” said one respondent to the Adesman Grandfamily Study. That’s a valid fear when the grandparents lack any form of legal custody of the child, such as legal guardianship or temporary custody granted by the courts. You can ease your mind by learning your options and taking appropriate action. Read more about custodial arrangements in chapter 7.

CONCERNS ABOUT THE FUTURE IMPACT OF PAST ABUSE AND NEGLECT

Grandparents may worry about the continuing effects of past abuse and neglect on the child, wondering whether the child can ever fully recover from this early damage. “He has abandonment issues and I can’t leave him with others for very long,” said one grandmother. “He also suffers from nightmares and sleepwalking, and it’s a constant worry for us.”

Money Can Be Tight Sometimes

Nine-year-old Ashley and her best friend, Brianna, had an idea one Saturday afternoon while they were riding bikes. They both wanted to see the latest Disney movie at the multiplex. Why not today? They just needed Ashley's Grandpa Bill to take them there and maybe sit a few rows away.

But when she asked him, Bill told Ashley, "I'm sorry, sweetie. We just can't afford the movies this week—it costs almost ten dollars a ticket."

Ashley's face fell. Then she flushed and clenched her teeth. "I hate you, Grandpa! You ruin everything," she said, bursting into tears and running off to her room.

Ouch! In fact, Bill would have enjoyed taking the girls to the movies. But he was low on cash right now, or, as he sometimes put it, "There's too much month at the end of the money." Bill was close to retirement age, and he used his credit card only if absolutely necessary. *Was this one of those absolutely necessary times?* he wondered. Back when he was raising Ashley's mom, a trip to the movies was a big treat—you didn't just go on a whim. *Have times changed that much?* Bill asked himself.

Suddenly, Ashley reappeared. "I'm sorry, Grandpa," she said. "It's okay. It's not your fault. Can we play dress-up instead? Can I show Brianna the clothes in that old trunk in the attic?" Bill said sure, and a newly excited Ashley clapped her hands. She loved trying on the old grown-up clothes in the trunk and knew Brianna would like it too.

To help ease your worries, it's a very good idea to join a local support group or an online support group of grandparents raising grandchildren. You can compare notes with others and often find solutions that had never occurred to you before. Keep in mind, however, that state laws vary, and you should not assume that a situation in Utah could be resolved in the same way as it was in Vermont. More advice: ask for help from others. Some grandparents complain that many people say they will help, but these same people disappear when you need them. In that case, seek out others, such as people in your religious organization, clubs, or your other affiliations. Also, be sure to make some "me" time for you, whether what you really need is a long, relaxing bath or a brisk walk by yourself. Don't feel like you are chained to the children 24/7. Support may be hard to find sometimes, but it's often out there.

An Olympic Athlete Raised by Her Grandparents

Gymnast Simone Biles, who won four Olympic gold medals in 2016, was raised by her grandparents. Born to a drug-addicted and alcoholic mother and put in foster care at age two, she was placed with her biological grandfather and his second wife, who later adopted both Simone and her younger sister. She calls them Mom and Dad, and they have always strongly encouraged her in her athletic pursuits. Biles was home-schooled from age thirteen and is a high school graduate.⁷ When she appeared on *Dancing with the Stars* in 2017, she honored her parents for their sustained love and encouragement, saying, "My parents saved me. . . . There's nothing I could say to them to thank them enough. Even though there's no right words, maybe dance will say it for me."⁸

Grief

It's sad to think that your grandchild has suffered because of your adult child's actions and, from another perspective, it's sad that your adult child won't see what you're seeing: a child's first steps, first day of kindergarten, and other important milestones.

How do caretaking grandparents experience grief and loss? That was the focus of a small study in Australia. Researchers studied thirty-four grandparents caring for forty-five grandchildren, most of whom had been placed with them by social services because of parental substance use or addiction, mental health disorder, or both. The grandparents expressed feelings of grief and loss related to conflict with the birth parents, legal battles, social isolation, and other issues. They were also grieving about the background circumstances. Some said that even before their grandchild was placed with them, just observing the child's attempts to adjust to a troubled home life caused them significant grief.⁹

Grandparents might also grieve over giving up cherished retirement plans. "We always planned to move to Florida when we retired," said a grandmother. "Now that is all on hold because of our grandchild."

Role Confusion: Am I a "Regular" Grandparent Now?

Many grandparents say they enjoyed their past role of a "normal" grandparent, someone who said yes to nearly everything, from an extra cookie to a spontaneous trip to the zoo. Yet this is not a role you can maintain when you step up to take on the role of parenthood all over again. "I miss being the fun grandma. I'm the one doling out homework, chores, and responsibilities," said a grandparent. Another added, "I have to be the disciplinarian. I can't spoil them and send them home to their parents."

“Aren’t You Too Old for This?”

Many people will be curious about why you are constantly with the child. Are you raising the child yourself? One simple answer is, “Yes, I am.” But the questioning is unlikely to stop there. There may be a range of follow-up questions, from amusing to annoying, that can be tough to answer. This chart offers you a few suggestions.

Comments You Might Hear—and How You Might Respond

Comment	What a Grandparent May Think	What a Grandparent Could Say Instead
“It must keep you so young, raising a child again!”	Yes, tell that to my arthritic knees and my aching back.	“It’s a challenge, but I do my best.”
“You must be a saint! I’d never want to be a parent again.”	I really didn’t want to either, but my son’s heroin addiction made it an urgent priority.	“Many people step up to do what’s needed, and I am one of them.”
“Why aren’t his parents raising him?”	Why don’t you mind your own business?	“That’s a private matter.”
“Who’s going to raise her if you die before she’s grown up?”	Are you really asking me this question?	“We have a plan for that.”
“Maybe his parents will straighten out and take over the parenting again.”	Sure, when pigs fly.	“We’ve adopted Joey, so we are now his parents.”
“Do you take him to basketball practice and do all that other stuff?”	What do you think we do, read AARP magazines to him and play shuffleboard?	“Yes, we do. And we cheer as loud as the other parents.”

“I could never do what you do.”	I’m not entirely sure how I am doing it!	“Sure, you could, if it were your grandchild.”
“Does she miss her mother?”	That question is so out of line.	“I imagine so.”
“Why don’t you adopt him?”	We would if we could.	“Maybe someday we will.”
“Does it feel weird to be your age and raising a child again?”	It feels sad, stressful, and often very joyous.	“It feels like we’re doing the right thing.”
“If you die, will his parents get him back again?”	Considering their history of child abuse and drug addiction, I’d say no.	“It’s hard to tell.”

Dealing with Your Own Emotions

A little sadness, loneliness, or anxiety is common, but sometimes sadness escalates to depression, and nervous anxiety can increase to an anxiety disorder. These are important conditions you need to cope with. Whether your grandchildren understand what you are feeling—and they probably won’t—they will likely be affected negatively by your chronic emotional struggles. For this reason and many others, it’s important to get help with overwhelming emotions, because when you feel better, you’ll also be a better parent.

Do I Need Help? Some Signs

You might think people would just know if they needed professional help from a psychiatrist, psychologist, or other mental

health provider: they'd feel some urgency about their mental health. But sometimes people *don't* know because they're so entrenched in their current situation. They might feel helpless and hopeless, but they are nonetheless functioning and may not realize how far they have slipped. Sometimes they have felt that way for so long that it seems normal. In the Adesman Grandfamily Study, about a third of respondents (30 percent) said they strongly agreed or somewhat agreed that they would like to receive counseling services. In addition, 28 percent said they were currently receiving counseling services.

Let's look at some of the behaviors and symptoms that indicate a visit to the doctor, and perhaps a counselor, is in order: excessive fatigue, obsessive worrying, changes in eating or sleeping habits, and irritability.

FATIGUE OR SIGNIFICANT LOSS OF ENERGY

Do you feel extremely tired or even exhausted just about every day? That's a sign that you're overdoing things and you need to regroup. Check your priorities. For example, is it necessary or even possible to keep a perfectly tidy home when you have a curious toddler running about? What other household or volunteer tasks could you eliminate? If you cut back on some of your commitments and the severe fatigue does not abate, be sure to see your doctor. And please strongly consider joining a support group for grandparents. The sense of camaraderie can be a real energy boost. If you can't get out, then join an online group (see appendix 1 for some resources).

OBSESSIVE WORRYING

Some grandparents find they cannot concentrate during the day because they are so anxious, and they cannot sleep at night either. Either way, obsessive worrying is a debilitating symptom

that can signal depression, anxiety, or other disorders. You need to seek help, and the first step is to your physician to verify that you don't have any serious illnesses. If your daytime or nighttime symptoms suggest depression, anxiety, or both—which is common—your doctor may wish to prescribe a low dosage of an antidepressant or antianxiety medication. (Always insist on starting at a low dose.) It can take several weeks to gain the full effect, so be patient.

Unfortunately, when we hear about these medications, some of us automatically think, *I'll never take those! They're for crazy people, and I'm not that bad off.* The fact is, antidepressant and antianxiety medications are widely used, and many people lead much richer, more manageable lives because of them. The stigma is slowly fading, which is a good thing. Just as a person with diabetes needs medicine, people with depression and/or anxiety find they function much better with the help of these drugs.

EMOTIONAL DISTRESS, ESPECIALLY AT NIGHT

Some new grandparents, generally grandmothers, say they cry themselves to sleep each night, upset about their adult children as well as their grandchildren and unsettled about the future. When it's severe, this fear and distress can signal depression, anxiety, or other disorders. Ask your doctor for help, and again, rule out a medical problem before considering a psychological problem. It's best to make sure you're not experiencing symptoms of menopause, thyroid disease, or another medical issue. Some doctors may be a little quick with the prescription pad for treatment of emotional problems, so keep in mind that counseling or therapy is often helpful, and there are other non-pharmaceutical means to help elevate a depressed mood, such as exercise, which naturally boosts mood for many people.

A healthy diet, daily meditation, and satisfying social contacts can all help with these symptoms in many cases.

If you do seek therapy or counseling, welcome to the club! It can be highly effective in helping you overcome the issues discussed in this section, as can joining a grandparent support group, either in person or online. There's a lot to be gained through the sharing of information and opinions from people in such a group. Knowledge is power! You may be worrying over something minor. Or it could be a valid worry, and others will have suggestions on ways to overcome the problem. See appendix 1 for group resources.

EATING TOO MUCH OR TOO LITTLE

Have your eating habits changed? If you've lost or gained more than 5 percent of your weight without trying to, you may be depressed. Consult with your physician to make sure you don't have a health problem that causes weight loss or gain, such as a thyroid disease. If you are depressed, the doctor may recommend a low dosage of an antidepressant or suggest other strategies.

SLEEPING TOO MUCH OR TOO LITTLE

It's hard to sleep too much when you are parenting a small child, but if you sleep all day while the child is in school, that's a problem. It's more likely for parenting grandparents to sleep too little—perhaps because of nighttime worry. Either way, if your sleep habits are unhealthy, consult with your physician, checking first for medical problems, then for mental health issues such as depression. Again, antidepressants or lifestyle changes can be a big help.

Beyond Resentment: “I Chose This Life”

An activist and advocate for grandfamilies, the late Kathy Reynolds founded the popular Facebook group GrandsPlace —Grandparents Raising Grandchildren. She spoke about a feeling common among grandparents at this transitional time:

Resentment is a natural expected stage we all go through in parenting grandchildren. Most of us never planned to spend our older years changing diapers, joining carpools, and watching *Paw Patrol*. We spend our time, our energy, and our money fulfilling someone else’s responsibilities. We think that the bios are out there having the time of their lives while we do all the work. We hate the things our wee ones have been through. Yes, some days, resentment is a mild word. . . .

What helped me get past the resentment stage was realizing that I chose this life. I was presented with a mandatory choice where I didn’t like any of the options, but I did choose to parent Dani. I could have ignored the problem and let nature take its course. That was unacceptable. I could have let CPS [child protective services] do its thing and allowed my grandchild to go to foster care. That too was unacceptable. My last option, the one I chose, was to take Dani home and parent her myself. It was to make a lifelong commitment to another child. I chose that option because it was the only one that fit my needs. I needed to know that this child was cherished and given the best chance at a good life. We often say, “But I had no choice.” The truth is I had a choice and I made it.

LOSING YOUR TEMPER OVER EVERYDAY IRRITATIONS

Everyone gets angry occasionally, but if you are getting distraught over minor mishaps, like yet another cup of spilled juice, you may have a problem with depression, anxiety, or another issue. Again, consult with your doctor to rule out medical problems before you consider if you may have a psychological problem.

What Kind of Help Is Available?

You might be surprised by the variety of help at hand—not only from mental health professionals but also from a thriving number of local and national support groups, both in person and online.

Support Groups

Support groups can help you get through the bumpy times of parenting. Parenting grandparents can find local, regional, and even national support groups in the United States, Canada, and other countries worldwide. There are groups available online too: find them by using simple search terms such as “grandparents raising grandchildren support group.” Local groups can provide information about additional resources and financial support in your area. For example, you may have thought that you had to pay all the medical expenses for your grandchild and not known about child-only Medicaid, which considers only the income and assets of the child. You might also be eligible for reduced fees for child care.

You’ll find some support groups listed in appendix 1, but do your own search, too, to find the latest groups. (You may also wish to check the AARP’s website, which offers many resources for grandfamilies.) One caveat: Sometimes support groups can become complaint sessions that focus on the adult children’s problems, rather than discussing how situations can improve. A

little complaining is normal, but if 50 percent or more of the time is spent on deriding the adult children, this is usually not a helpful group. How do you know if a group is right for you? Attend some meetings or read its online discussions to see if you learn new information and can feel supported by the members.

Working with Mental Health Professionals

If you are struggling with depression, anxiety, or another psychological issue, sometimes it's best to consult a mental health professional and consider counseling or therapy. You don't have to have a diagnosed problem to benefit greatly from at least a few sessions. In fact, most people who seek such help simply have life problems that are temporary and don't constitute a mental illness. Instead they're just people going through difficult times, people who are sometimes called the "worried well." Any of these professionals may refer to you as a "patient" or a "client." Either way, you have lots of company. We all have problems from time to time, and being a custodial grandparent is a tall order. Take all the help you can get.

So, should you choose to see a psychiatrist, psychologist, therapist, or social worker? Let's look at the factors to consider.

THE PSYCHIATRIST

A psychiatrist is a medical doctor who specializes in mental health issues, and, as such, can prescribe medications. A psychiatrist will listen to your problems, assess what you say, and make a diagnosis, if appropriate. The psychiatrist may recommend that you see a therapist for counseling, prescribe a medication, or both.

Of course, any medical doctor, as well as nurse practitioners and physician assistants, may prescribe medication, and you may not have to see a psychiatrist to receive a prescription for an

antidepressant or other psychiatric drug. Still, psychiatrists are the professionals most knowledgeable about these medications.

You can also see a psychiatrist for treatment with medication and periodic follow-ups for prescription renewals and adjustments, while also seeing another mental health professional for “talk therapy.” Keep in mind that today, psychiatric consultation is often covered by insurance companies, in contrast to years ago when it was rarely covered. That change is largely thanks to state and federal mental health parity laws passed in 2008 and thereafter.

THE PSYCHOLOGIST

The psychologist is not a medical doctor but does have a doctorate (PhD or PsyD) in psychology. When you see a psychologist, the first step is to undergo an assessment so a diagnosis can be made. After that, the psychologist will focus primarily on a therapeutic treatment plan. You may also be referred to a psychiatrist for medication. (Note: After additional training, psychologists may prescribe medications in some states: Idaho, Illinois, Iowa, Louisiana, and New Mexico.)¹⁰ Many psychological problems will either improve or resolve within ten to twelve sessions of what is often called talk therapy.

What happens in this type of therapy? Many psychologists use a practical approach called cognitive-behavioral therapy (CBT). It is based on the idea that we all engage in “self-talk”—messages we tell ourselves in our mind, perhaps judging ourselves harshly or jumping to negative conclusions. With CBT, a psychologist helps you become more aware of this self-talk and then create more rational or positive thoughts to counter the irrational, negative ones. Having looked at your own cognitive process, you can then adjust your response—your behavior—

Grandparents Can Have Adjustment Disorders Too

Grandfamilies are often formed in crisis. And for some grandparents, the shock and high drama of taking on the care of one or more children to raise may trigger what is called an adjustment disorder, such as post-traumatic stress disorder (PTSD) or acute stress disorder. In some cases, an adult child has died, compounding the stress. But even if not, this is a stressful, accident-prone time for many of us. One grandmother reported that a week after the state gave her an infant granddaughter to raise, her own father was in a terrible traffic accident, dying a few weeks later. Such cascading troubles can make the adjustment especially traumatic.

Adjustment disorders can be accompanied by depression, anxiety, or both. Symptoms of an acute adjustment disorder occur within three months of the main stressful event and may include the following:

- severe distress that appears to be disproportionate to current events
- major difficulty and impairment at work, home, and in other environments
- symptoms that are different from normal symptoms of a bereavement or major loss.¹¹

People with adjustment disorders should be treated with therapy by a mental health professional. If the symptoms last for more than six months, the condition is considered chronic.

accordingly. This approach is also helpful in challenging common false assumptions. For example, when life is difficult, it may seem “unfair.” *It’s usually easier than this—what happened? No fair!* But life isn’t fair or unfair—it’s just life. So focus on what you can control: your choices. Sometimes you will make mistakes, and other times the choices work out well. Most people find that they can improve their choices by making their thought processes more conscious—and psychologists can be a great help with this.

Many forms of health insurance cover psychotherapy but not all. Check your insurance card to see if you have psychological care, which may be listed separately from medical care. The headings may include words such as “psychological,” “mental health,” or “behavioral.” You may even have a separate insurance card for mental health issues. If you are still not sure, call your health insurance company.

THE SOCIAL WORKER OR OTHER THERAPIST

A social worker who counsels people usually has a master’s degree in social work (MSW), while other therapists may have a master’s degree in psychology or counseling. In general, these therapists are practical problem-solvers. They often look at your ongoing struggles as problems they can advise you about or identify other resources to help you. The social worker or other therapist is generally focused on the here and now rather than looking at your long-past issues or what may happen years from now.

Some therapists specialize in marriage and family issues; others specialize in helping children. You’ll find other specialties, too, such as addiction counseling. Keep these resources in mind as you continue your life journey.

A Painful Choice

Family dynamics shift, sometimes painfully. Professional help might help you find new solutions. But even if it doesn't, it can help everyone feel better about "how things are." Here's Lena's story.

Lena was in her forties when she started caring for her grandsons, ages three and five. The boys' mother, Melissa, was seriously ill. After several hospital stays, it was clear her disease was incurable. Lena did all she could to help her daughter, finally taking the boys into her own home.

Just a year earlier, Lena, a widow, had remarried. She'd met her new husband, Paul, while hiking, and they'd enjoyed an active life with lots of sports, bike treks, and weekend backpacking trips. But all that stopped now that they had youngsters under their roof. *It's a no-brainer*, thought Lena. She'd make that sacrifice, and she assumed the same for Paul. With Melissa a single mom and no other relatives nearby, it seemed like the obvious path.

Shortly before her death, Melissa begged her mother to raise the boys. She agreed, they put the plan in writing, and when Melissa died, Lena became their guardian. Paul went along with it, albeit reluctantly. For a few months, he helped with the boys and got away for a solo hike occasionally. But one day, Paul told Lena that he had to face his true feelings. He didn't want to raise a family for the next fifteen years—it's not what he'd planned when he married Lena. He said she should either find another home for the boys, or he was leaving. He was sorry, but "that's how things are."

Lena was shocked. After she'd recovered a bit, she convinced Paul to see a marriage counselor with her. But after several sessions, they were at an impasse. Lena's strongest feeling was clear: no one was going to come between her and

continued

her promise to Melissa, not even Paul. Still, both were glad they'd discussed their priorities and come to closure, with the counselor's help. She and Paul started divorce proceedings, and when they parted, they wished each other well.

How to Find Help

After you've chosen to seek help from a psychiatrist, psychologist, social worker, or other type of therapist, how do you start? There are various ways, but first, a caution: you may not like the first person you contact. Yes, these are trained professionals, but it's also a matter of having the right chemistry. And you may not immediately find that chemistry, even if friends have told you that a particular therapist is wonderful, talented, and the greatest thing since sliced bread. If you don't find the right person your first time out, don't condemn all mental health professionals as incompetent. Just keep looking; another therapist could be very helpful to you.

ASK FOR REFERRALS AND RECOMMENDATIONS

Some good options for recommendations are your primary care doctor, trusted friends, local support groups, and your health insurance company.

Ask your primary care doctor. Your family care doctor or internist may be well aware of the best local mental health counselors, or your doctor may wish to check in with colleagues for recommendations before getting back to you. Not all primary care doctors are aware of such professionals in your area, so it's best to also consider referrals from other sources.

Ask trustworthy friends. Friends who know you and your situation may be able to give you names of mental health professionals to consider. Ask your friends what they particularly like about the person who is recommended.

Ask local support groups for recommendations. Grandparents in your area who are also raising their grandchildren may know the names of good mental health professionals. Moreover, they're likely to be sympathetic, helpful, and positive. To find local support groups, see appendix 1 or ask online groups to point you to resources.

Find referrals from your health insurance company. If your insurer provides coverage for a given mental health professional, then this person meets its standards for credentials and licensing, and at least part of your costs will be covered. Remember, though, that any professional's training and experience may or may not be sufficient for your needs.

DO SOME ONLINE RESEARCH

Most credentialed health care professionals are listed online—if not through health insurance networks, then through hospitals or other health care organizations. Take advantage of these online descriptions. After you have some referrals, it's wise to look them up online to find out more. If gender is important to you, you can verify if they are male or female. Check their areas of expertise, if listed. Often you will learn where they were trained and when they graduated. If you want a therapist with many years of experience, then don't consider someone who earned an MD or PhD only a couple of years ago. But do keep in mind that although newer therapists may lack experience, they may be more knowledgeable about the latest treatments and therapies.

Grandparents Seeking Professional Help

How often do custodial grandparents seek help with personal problems? A study in 1999 suggested that the children in their care have a lot to do with it. The researchers compared three groups:

- “traditional” (non-parenting) grandparents
- custodial grandparents whose grandchildren were considered “normal” behaviorally
- custodial grandparents with children regarded as “problematic” behaviorally

The children in the last group—those with the problem behaviors—were about twice as likely as the other children to have oppositional defiant disorder or hyperactivity. (Read more on those diagnoses in chapter 9.) They were also at greater risk for such issues as depression, trouble with the law, and learning difficulties.

The grandparents in each group were asked whether they had ever sought help for a personal problem. How did they answer?

- Of the traditional grandparents, 27 percent said yes.
- Of the custodial grandparents dealing with normal behaviors, 50 percent said yes.
- Of the custodial grandparents dealing with problem behaviors, 57 percent said yes.¹²

What’s the lesson? Being a parent can be a tough job when you’re a grandparent—but more of us are seeking help when we need it and realizing that asking for help when we need it is a positive step.

Caveat: You may see “patient ratings” of physicians and other professionals on the internet, but these can be unreliable. Average doctors may owe their five-star ratings to the fact that they have lots of open appointment times and they are able to quickly see and help people with minor problems. But truly wonderful doctors may have long wait times and long-term patients who tend not to give reviews at all.

Tip: Be a patient patient. If you need help from a mental health professional—or think that you might but you’re not sure—take the initiative to seek out someone. Be persistent in getting an appointment. After you see the person, don’t expect same-day results. This is not a quick fix. Be patient and listen to what the expert tells you. Does it seem to make sense? If so, use the recommendations and see if your depression, anxiety, or other symptoms slowly ease up.



