

Mental Health Interventions for Adolescents Raised by Grandparents

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Background and Significance of the Research

Adolescents raised by their grandparents due to parental incarceration or substance use face unique mental health challenges. Research indicates that these adolescents are at an increased risk for emotional distress, behavioral difficulties, and academic struggles, often stemming from early childhood trauma and instability (Edwards, 2006; Smith & Palmieri, 2007). Grandparent caregivers, while offering stability, frequently encounter financial burdens, legal challenges, and mental health stressors that impact their ability to provide adequate support (Baldock, 2007; Taylor et al., 2016). This intersection of challenges presents a pressing need for intervention strategies, particularly in the areas of school-based mental health support, community resources, and structured therapeutic approaches such as Acceptance and Commitment Therapy (ACT) (Faulhaber et al., 2020).

This issue is deeply personal to me, having counseled adolescents in a residential substance abuse treatment program and witnessed firsthand the struggles faced by those raised by their grandparents. Many adolescents experienced a noticeable disconnect with their caregivers, often due to generational gaps, differing communication styles, and limited mental health resources. This realization led me to pursue research aimed at developing targeted mental health interventions to better support this vulnerable population.

Problem Statements

According to the U.S. Census Bureau (2022), over 2.7 million grandparents are primary caregivers for grandchildren under the age of 18 in the United States, with a significant portion

assuming this role due to parental incarceration or substance use. Despite this increasing prevalence of grandparent-led households, adolescents raised in these environments continue to experience elevated rates of emotional distress, behavioral challenges, and limited access to mental health support.

Grandparent caregivers often face systemic barriers such as financial strain, lack of legal custody, and limited access to supportive services, which further hinder their ability to meet the mental health needs of their grandchildren. Current intervention strategies are insufficiently tailored to the complex and unique dynamics of these families, resulting in a significant service gap that places both caregivers and adolescents at greater risk.

Purpose of the Study

The purpose of this study is to examine how being raised by grandparents due to parental incarceration and/or substance use impacts the mental health of adolescents aged 11–17 in Southeast Missouri, using a mixed-methods explanatory sequential design.

Literature Review

Search Strategy

Sources for this review were gathered through Google Scholar, EBSCOhost, PubMed, and AI-based search tools such as Elicit and Research Rabbit. Key search terms included "custodial grandparents," "adolescent mental health outcomes," "grandparent caregiver burdens," and "coping strategies in adolescents." A comprehensive analysis of peer-reviewed literature was conducted.

Behavioral and Educational Outcomes

Adolescents raised by grandparents exhibit higher rates of emotional and behavioral challenges than their peers in traditional parental households. Teachers frequently report externalizing (e.g., aggression, hyperactivity) and internalizing (e.g., anxiety, depression) behaviors among these students, often requiring increased intervention. Smith and Palmieri (2007) confirmed that boys raised in grandparent-led households exhibit more severe behavioral issues, suggesting that gender may play a role in coping mechanisms and adjustment difficulties.

Academic performance is another critical concern. Xu et al. (2022) conducted a mixed-methods systematic review highlighting that children in grandparent-led households perform worse in school compared to their peers, primarily due to instability, trauma, and lack of parental support. Additionally, Montoro-Rodriguez et al. (2012) found that custodial grandchildren frequently utilize school-based mental health services, indicating a growing reliance on educational institutions for emotional and psychological support.

Systemic Challenges and Policy Implications

Despite the growing number of grandparent-led households, systemic barriers prevent these families from receiving adequate support. Xu et al. (2022) identified gaps in policy regarding financial and mental health assistance. Baldock (2007) emphasized that many grandparent caregivers lack formal custody rights, making it difficult to enroll children in school, obtain medical care, or apply for financial aid. Montoro-Rodriguez et al. (2012) found that 37% of custodial grandchildren access community-based mental health services, but many families experience barriers such as cost, stigma, and lack of awareness about available programs.

Coping Strategies and Resilience

Despite significant challenges, many grandparent caregivers develop resilience and coping mechanisms to navigate their responsibilities. Taylor et al. (2016) explored the "tough love" approach adopted by custodial grandparents, noting that strict discipline, structured routines, and emotional support play a crucial role in stabilizing at-risk adolescents.

Community-based support programs that encourage mentorship, peer connection, and mental health awareness have been shown to increase resilience and positive adaptation among custodial grandchildren.

Grandparent Caregiver Burdens

Grandparent caregivers face significant financial, emotional, and legal burdens, often without adequate support systems. Baldock (2007) found that grandparents frequently experience financial strain due to limited employment opportunities, fixed incomes, and additional caregiving costs. Montoro-Rodriguez et al. (2012) noted that grandparents without legal custody face difficulties enrolling children in school, accessing healthcare, and securing financial assistance. These burdens highlight the need for legal and social policy reforms that prioritize financial assistance, legal support, and mental health resources for grandparent caregivers.

Conclusion & Research Gap

The existing literature establishes that adolescents raised by grandparents face significant behavioral, educational, and emotional challenges, while grandparent caregivers encounter financial, legal, and emotional burdens. Despite the growing number of grandparent-led households, policies and interventions remain insufficient. A notable gap in the literature is the

effectiveness of structured mental health interventions for both custodial grandparents and grandchildren. Additionally, the role of technology in expanding access to mental health services (e.g., telehealth programs for grandfamilies) remains understudied.

Methodology

Method and Rationale

This study will use an Explanatory Sequential Mixed Methods Design, collecting quantitative data first to identify patterns in mental health outcomes among adolescents, followed by qualitative interviews to explore the underlying causes and lived experiences related to those patterns.

Research Questions

- How does being raised by grandparents due to parental incarceration and/or substance use impact the mental health and well-being of adolescents aged 11–17 in Southeast Missouri?
- What supports do these adolescents identify as most helpful in coping with their unique family circumstances?

Theoretical Framework

This study is grounded in Phenomenology, which emphasizes understanding individuals' lived experiences as a way to interpret meaning and behavior in context (van Manen, 1990). This framework is appropriate for exploring how adolescents interpret and navigate their experiences of being raised by grandparents in the absence of parental figures.

Additionally, Resilience Theory serves as a lens for understanding how adolescents in grandparent-led households develop adaptive coping strategies despite significant adversity. Resilience Theory emphasizes the dynamic process by which individuals draw on internal and external resources to maintain psychological well-being in the face of risk factors (Masten, 2001).

By combining these two frameworks, the study is positioned to examine both the personal, subjective narratives of adolescents and the protective factors that support their mental health and development.

Variables/Concepts

- Quantitative Variables: SDQ mental health scores, demographic factors (age, gender, custody status).
- Qualitative Concepts: Themes related to resilience, emotional coping strategies, and support systems.

Population and Sample

The study will target adolescents aged 11–17 in Southeast Missouri raised by grandparents due to parental incarceration and/or substance use. Recruitment will occur through school counselors, juvenile services, and community organizations. Participants will complete a demographics form (including living arrangement details) along with the SDQ (Strengths and Difficulties Questionnaire). .

Data Collection

- Quantitative: SDQ and a demographics survey.
- Qualitative: Semi-structured interviews based on patterns identified from quantitative analysis.

Ethical Considerations

Ethical approval for this study will be obtained through the University's Institutional Review Board (IRB). Participation will be entirely voluntary, and informed consent will be secured from the grandparent caregiver, along with assent from the adolescent participant.

Confidentiality will be strictly maintained throughout the research process. Personal identifiers will be removed from all data, and participants will be assigned pseudonyms for reporting purposes. Data will be stored on encrypted, password-protected devices accessible only to the research team.

Given that recruitment will occur through school counselors and juvenile support programs, special attention will be paid to safeguarding participant privacy. Coordination with these entities will include training on appropriate referral processes and confidentiality protocols to prevent the unintended disclosure of student or family circumstances.

Participants will be informed of their right to withdraw from the study at any time without penalty. Additionally, given the sensitive nature of topics related to family structure and mental health, participants will be provided with local mental health resources and support contacts in the event that participation triggers emotional distress.

Data Analysis Plan

- **Quantitative Analysis:** Descriptive statistics will be used to summarize participant demographics and mental health scores. Correlation analysis (e.g., Pearson's r) will be conducted to explore relationships between mental health outcomes and variables such as age, gender, and custody status. Analyses will be conducted using SPSS or Microsoft Excel.
- **Qualitative Analysis:** Interview transcripts will be analyzed using thematic analysis, following the six-phase approach outlined by Braun and Clarke (2006). This process includes familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. NVivo software will be used to assist with data organization and coding; manual coding will be used if necessary.

Timeline

Table 1. Project Timeline

<u>Month</u>	<u>Task</u>
1	IRB Approval and Recruitment
2	Quantitative Data Collection
3	Quantitative Data Analysis
4	Develop Interview Questions
5	Conduct Interviews
6	Qualitative Data Analysis
7	Final Report Writing

Conclusion

Adolescents raised by grandparents due to parental incarceration and/or substance use face heightened risks of emotional and behavioral challenges. Despite the growing prevalence of grandfamilies, current interventions are insufficiently tailored to their unique needs. This study proposes a mixed-methods explanatory sequential design to examine these adolescents' mental health outcomes and lived experiences, aiming to develop better-targeted mental health supports and interventions.

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