

Liberty University John W. Rawlings School of Divinity

The Rural Church as Community Support for Grandparents Raising Their Grandchildren

A Thesis Project Submitted to
the Faculty of Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

By

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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A growing trend in rural communities located in the Southern Appalachian Mountains, as well as across much of the United States, is the significant increase in the number of grandparents that are being forced to accept the responsibility of raising their grandchildren due to a crisis within the family structure. The US Census Bureau cited in 2016 that over 2.5 million grandparents are helping with the responsibility of raising their grandchildren, and that 7.8 million children live in homes owned by their grandparents. This accounts for almost 10% of all children nationally. There is a current ministry need for churches in these remote settings to apply biblical principles to address the spiritual, physical, legal, emotional, and education needs of these unique family situations. This study seeks to show the effectiveness of churches that develop such ministries that seek to target support programming for grandparents raising their grandchildren.

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Abbreviations

CRBG	<i>Children Raised by Grandparents</i>
DMIN	<i>Doctor of Ministry</i>
LUSOD	<i>Liberty University School of Divinity</i>
GRG	<i>Grandparents Raising Grandchildren</i>
RC	<i>Rural Church(es)</i>
RCBC	<i>Rebels Creek Baptist Church</i>
RCADS-P	<i>Revised Children's Anxiety and Depression Scale – Parent Version</i>
SDQ	<i>Strengths and Difficulties Questionnaire</i>

Chapter 1

Introduction

There is a significant role intended by God for a grandparent in the life of their grandchild. In Exodus 10:1-2, “The LORD said to Moses, “Go in to Pharaoh, for I have hardened his heart ... that I may show these signs of mine among them and that you may tell in the hearing of your son and your grandson...” This command implied that all three generations were to live communally and spiritually as one unit. Furthermore, the Apostle Paul lauded the faith of his young ministry apprentice, Timothy, in his second epistle to him. He added that this faith “first dwelt in your grandmother Lois and your mother Eunice...” (II Timothy 1:5, ESV). Later in II Timothy 3:15, he implies that these ladies were responsible for teaching Timothy from the sacred writings “since childhood”. Therefore, a grandparent has a vital role in the spiritual development of their grandchildren.

However, issues presented in this introductory chapter will show that a rising number of grandparents are being asked to carry the parental responsibilities for their grandchildren. Furthermore, information will be presented that shows that the Christian Church is ill-prepared to provide the community with spiritually-based instruction to help prepare these grandparents for the difficult task of raising their grandchildren.

In the introduction to Chapter One, a brief discussion of the problem of grandparents raising their grandchildren will be presented within the context of ministry at Rebels Creek Baptist Church. Following this contextual history, the problem statement will be clearly set forth with a section devoted to supporting the purpose for addressing this issue in the Rebels Creek community at this time. The project proposal being set forth to address the issue will be

analyzed with the researcher's basic assumptions and definitions of key terminology within the project being provided. Next, the boundaries of the thesis project will be given through a discussion of the project's delimitations and limitations within the given ministerial context. Finally, a comprehensive thesis statement will be put forth as a possible solution to the problem of grandparents being the primary caregivers for their grandchildren.

Ministry Context

Mitchell County

Rebels Creek Baptist Church has a 105-year history in the mountains of Western North Carolina. The church is most closely situated to the communities of Kona and Bandana in Mitchell County, NC and is equidistant (approximately 10 miles) to the three larger towns (approximately 2-3,000 people) of Burnsville, Spruce Pine, and Bakersville, NC. The population demographics of Mitchell and Yancey Counties (the church sits 1 mile past the border of the two counties) is decidedly an aging community (Median Age = 47 (NC Avg = 38)) that is experiencing a slow but steady decline in overall population over the past ten years (- 4% growth).¹ Over 35% of residents in Mitchell County are aged 65 or older, with RCBC closely mirroring that number at 38%.²

Rebels Creek Baptist Church

Historical Ministry Context

Shane Cassida began serving Rebels Creek Baptist Church in September 2015 as a pulpit-supply minister. The church had been without a pastor for more than six months prior to

¹ "U.S. Census Bureau Quickfacts: Mitchell County, North Carolina", US Census Bureau Quickfacts, Last modified 2020, <https://www.census.gov/quickfacts/mitchellcountynorthcarolina>.

² Ibid.

Cassida coming to the church. A contentious vote to elect a permanent pastor had been held three weeks before my first Sunday at RCBC. The outcome of the vote to not move forward with the pastoral candidate had caused a major rift within the Pulpit Committee and the congregation at large. Furthermore, a secondary issue had developed within the Deacon Board over the misuse of the Church Facebook account by one of the deacons.

When Cassida arrived in September 2015, the church's average Sunday worship attendance was hovering in the upper 30s to low 40s, and the Sunday School attendance was in the mid-teens. The sanctuary was outfitted with sixty year-old movie-theater seating that limited the attendees to a max of 80. At one point in the early 2000s, Sunday worship attendance had fallen to the low teens and the church contemplated closing its doors. However, three successful pastoral stints from seasoned veteran ministers in the area were able to lead the congregation into a period of spiritual renewal that brought it to 2015. The loss of a permanent pastor and the significant congregational rift which arose from the pastoral search process mentioned earlier halted all growth prospects, taking the church backwards both spiritually and physically.

After two weeks of filling the vacancy of the pulpit, the Pulpit Committee asked if Cassida would consider coming to the church as the Interim Pastor. Cassida and his family began serving in that role in November 2015. Five months later, Rev. Cassida agreed to pursue the permanent pastorate at RCBC, to which he was unanimously elected in April 2016.

Rebels Creek has made many significant changes to the church building, community programming and worship services since 2015. The church remodeled the inside of the sanctuary to add cushioned pews throughout. A large LCD multimedia projector and screen were installed in the sanctuary as well. These additions have drastically changed the worship

service on Sunday morning and the Wednesday evening service to engage the congregation in more direct biblical instruction.

Furthermore, the evangelistic and charitable outreach of the church has grown exponentially with a wood/heating oil ministry, an elder care ministry, and several annual community events aimed at our children and youth in the area. By and large, these evangelistic outreach efforts have been successful in terms of having a temporary impact on the individuals being served, providing momentary relief of a noticeable external problem. However, these projects often lack a sustained connection to those involved and therefore do not lead to a lasting impact on the church or those being served.

In particular, the elder care ministry has focused solely on serving the ministry needs of residents in nursing homes approximate to our church. Four times per year, RCBC conducts its Wednesday Night services at the Mitchell House, an 80-bed residential facility for adults needing substantial medical and physical care. This facility is located in Spruce Pine, about 10 miles from the church. RCBC also focuses its efforts in the wood and heating oil ministry on elderly widows in the community living on a fixed income. While these efforts are worthy of our time and resources, the ministries themselves are not building any long-term connections relationally inclusive to the church body. Furthermore, those efforts are all responsive to the immediate needs of these individuals; however, the church lacks programming that seeks to spiritually develop or disciple elders in our community in a proactive manner. As shown above, the service ministry work to the elders is indicative of this trend. Our elder population are provided with little in terms of developing them in their relational roles as spouses, parents, or especially for this project's consideration, as grandparents.

Current Ministry Context

Overall, the demographic numbers of the church have shown little movement over the past year. After a period of initial growth in the first two years of ministry, Sunday School and Worship attendance have plateaued at 25 and 65 respectively on average. There are positive indicators of enhanced spiritual growth of individual members that have attended spiritual counseling over an extended period the previous two years. However, evidence of wide-spread spiritual renewal on the part of the majority of the congregation is not evident. A renewed sense of energy in the church over the past six months can be attributed to the beginning of a construction project to build a fellowship hall-community center adjacent to the church. The church is choosing to not go into debt for the project so they are building it as funding is available within their normal giving. Special capital fund raising events were held at the initial outset of the project to kickstart the construction. The current timeline of the project based on current giving will see the building completed in Summer 2021.

Problem Presented

Of note, a growing trend in the community is the significant increase in the number of grandparents that are being forced to accept the responsibility of raising their grandchildren due to a crisis within the family structure. The US Census Bureau cited in 2016 that over 2.5 million grandparents are helping with the responsibility of raising their grandchildren, and that 7.8 million children live in homes owned by their grandparents.³ This accounts for almost 10% of all children nationally. For historical context, the US Census Bureau reported in 1970 that only

³ Lydia Anderson, "The Opioid Prescribing Rate And Grandparents Raising Grandchildren: State And County Level Analysis," US Census Bureau, 2019.

3% of children lived in homes maintained by their grandparents.⁴ By 2012, that number had doubled to 6% nationally.⁵ In North Carolina, 2016 population estimates show that nearly 8% of all children (younger than 18 years old) live with grandparents as the primary caregiver, just slightly below the national average.⁶

Mitchell County, NC's rate of children living with grandparents is particularly low at 2%, six percentage points below the state average. This statistic is surprisingly low in light of the fact that in 2018, Mitchell County had the second highest rate of children in Department of Social Service custody out of 100 North Carolina counties (almost 42 children per 1000).⁷ This troubling statistic is almost entirely due to the effects of the opioid crisis on the region, with the county having the 3rd highest rate of opiate prescription possession in the state according to a DEA Database Report.⁸ The high rate of children being removed from the biological homes coupled with the low rate of grandparents living with their grandchildren is indeed a puzzling phenomenon.

Sadly, the Christian Church in this region, including Rebels Creek Baptist Church, has remained very silent on this issue. Regionally, there are no churches currently providing a ministry program to help grandparents deal with the issues of raising their grandchildren in 2020.

⁴ Renee R. Ellis & Tavia Simmons, "Coresident Grandparents and their Grandchildren: 2012," US Census Bureau, 2014.

⁵ Renee R. Ellis & Tavia Simmons, "Coresident Grandparents and their Grandchildren: 2012," US Census Bureau, 2014.

⁶ Jess Stafford, "NC in Focus: Grandparents Living with Grandchildren," Carolina Demography, accessed March 22, 2020, <https://www.ncdemography.org/2018/07/26/nc-in-focus-grandparents-living-with-their-grandchildren/>.

⁷ "Roadmap of Need," The Public School Forum and the North Carolina Center for Afterschool Programs, accessed March 22, 2020, <https://www.ncforum.org/2019-roadmap-of-need/>.

⁸ "Where The Pain Pills Went," *The Washington Post*, accessed February 23, 2020, <https://www.washingtonpost.com/graphics/2019/investigations/dea-pain-pill-database/>.

More specifically, the problem is that currently Rebels Creek Baptist Church lacks a ministry outreach to grandparents in the community that are raising their grandchildren due to a family crisis. This lack of a response in Mitchell County on first glance may seem to be due to the fact that our percentage of grandparents raising grandchildren is slightly lower than the state average. However, with a more in-depth analysis of the data and further inquiry, a different conclusion may occur.

It is proposed that there are two reasons for the low percentage of grandparents raising grandchildren in Mitchell County. These observations come from extensive work in the region over the past 24 years in the realms of public education and the pastoral ministry. First, grandparents feel an inordinate amount of shame for the actions of their adult children. That shame leads them to attempt to invest their energy and resources in “fixing” their adult children in hopes that this will in turn help the lives of their grandchildren. However, the obstacles facing the recovery efforts of the adult children, including generational poverty, generational addiction, a sustained lack of regional opportunities, and overall poor academic attainment are often simply too difficult to overcome. Yet, these grandparents continue to pour their time, money, and effort into this recovery, refusing to give up on their child.

Second, many of these Mitchell County grandparents report they are simply unprepared and unable to provide the parenting skills needed to raise their grandchildren in 2020. The task is daunting to say the least. Around the United States, grandparent led homes languish due to limited financial resources and a lack of technological prowess in a world requiring such skills.⁹ The fast pace of the 21st Century life and the exponential changes that occur in society are incredible hurdles for aging grandparents. Mitchell County grandparents have reported to me

⁹ “NCDHHS Demographic Presentation,” Files.Nc.Gov, Last modified 2020, <https://files.nc.gov/ncdhhs/documents/files/State%20demographic%20slides%202018.pdf>.

that the cost of raising their grandchildren is prohibitive as they are already economically endangered due to the fixed incomes that most of these grandparents live on. Furthermore, due to the increased age of the overall population of Mitchell County residents, many of these grandparents do not believe they are able to meet the physical demands of raising grandchildren. Simply, the grandparents would rather see their grandchildren raised in a foster home with no family connections than attempt and fail to parent their grandchildren with subpar skills.

Purpose Statement

Families with children living in grandparent led homes typically struggle financially. Typically, a third of these grandparent led homes are living below the poverty line and over half of the homes are forced to accept some type of government assistance.¹⁰ These grandparents also struggle to deal with the unique issues of raising children in the 21st Century. Advanced technology skills are now required by caregivers in helping children with their academic homework. Furthermore, many of the behavioral issues that arise with young adolescents derive from their use of smartphone devices that access the Internet. Many of these grandparents report frustration in attempting to keep up with their grandchildren's footprint in the digital world. Finally, these grandparent-led homes have the difficult task of attempting to co-parent with birth parents that attempt to re-establish some level of authority in their children's lives. GRGs experience numerous obstacles in their efforts due to a lack of understanding of the child and family legal system and government assistance programs.

These stresses for GRGs typically lead to a more rapid mental and physical health decline than other grandparents who are not primarily responsible for the caregiving of a grandchild.

¹⁰ "NCDHHS Demographic Presentation," Files.Nc.Gov, Last modified 2020, <https://files.nc.gov/ncdhhs/documents/files/State%20demographic%20slides%202018.pdf>.

Therefore, the purpose of this Doctorate of Ministry (DMin) study is to help RCBC create a program to educate, support, and mentor parents and grandparents in the community. The development of this program for GRGs would be two-fold. One, the community currently lacks a comprehensive program of a spiritual nature to address the issues faced by GRGs. The lack of a Christian influence to address an issue impacting our community so negatively is alarming to say the least. Two, the development of programming for GRGs would allow RCBC to develop a ministry with a relational component in its overall makeup. This relational aspect would serve to forge a relationship that would have the possibility for sustained growth for RCBC in both physical and spiritual terms.

Basic Assumptions

The racial demographic makeup of Mitchell County, NC is decidedly skewed towards being heavily represented with white Caucasian individuals of Western European descent (91.8%) with almost no cultural or racial diversity.¹¹ Therefore, it is my assumption that any data collected will be reflective of the Caucasian culture specific to rural regions of the southern Appalachian Mountains.

Furthermore, this same demographic detail lends itself to the presupposition that many of these grandparents in Mitchell County have a similar theological and familial ethic when approaching this issue. The strong representation of Evangelical and Mainline Protestant churches in the area give the county a decidedly Protestant adherence rate of 70.3%.¹² The

¹¹ "U.S. Census Bureau Quickfacts: Mitchell County, North Carolina", US Census Bureau Quickfacts, Last modified 2020, <https://www.census.gov/quickfacts/mitchellcountynorthcarolina>.

¹² "Mitchell County, NC Membership Report", The Association of Religious Data Archives, Last modified 2010, <http://www.thearda.com/rcms2010/rcms2010.asp?U=37121&T=county&Y=2010&S=Name>

doctrines of mercy and grace, which are highlighted in Protestant beliefs, would lead congregants who were parents of adult children that have participated in risky life behaviors, thus endangering their own children, to be more forgiving and accepting of additional opportunities to make amends of their damaging decisions.

Also, a common cultural ethic of Mitchell County would be multigenerational households either living together or within close proximity of one another. This fact lends itself to the presupposition that parents will have a strong sense of loyalty to their adult children in hopes that they can turn their life circumstances around. Because of these cultural tendencies, it is assumed that it would be with great reluctance before these parents would take part in a process that would remove their grandchildren from the care of their adult child. This may be further reasoning for the fact that Mitchell County has an overall lower rate of grandparents raising their grandchildren than the state average as mentioned earlier.

Mitchell County currently has an overall poverty rate of 18%, 2% higher than the state average.¹³ Furthermore, children under age 18 are living below the poverty line in Mitchell County at a rate of almost 29%, some 3% higher than the state average.¹⁴ These facts coupled with a median household income that is considerably lower than the median family income (\$39,658 vs. \$51,302) lead to the assumption that many homes in Mitchell County have multiple generations living together to pool economic resources.

A final assumption is that members of the Rebels Creek Baptist Church congregation that are grandparents actively involved in raising their grandchildren and like-situated members of the surrounding community that do not attend RCBC will be willing to agree to participate in the

¹³ Toe River Health District, Mitchell County Community Health Assessment, 2018, 18.

¹⁴ Ibid., 19.

thesis project. Furthermore, they will agree to participate in the project, abiding by the privacy terms set forth in the research methodology.

Definitions

There are a couple of distinctions that must be made within this study. The term “grandparents raising their grandchildren” (GRG) is indicative of family situations where the grandparent is the primary caregiver for a dependent grandchild. These family situations may include the parent of the child living in the same home or it may skip that generation with only the grandparent and grandchild living together. For the purposes of this study, a distinction will be made for those situations in which a grandparent is merely living in the home with their adult child and grandchildren but are not primarily responsible for the care of the child.

Furthermore, the term “grandparents” will be extended in this study to be potentially any adult family member from within the immediate family. This is to include immediate aunts, uncles, siblings, and even great-grandparents. To encapsulate the generational differences that are intricately woven into the original problem the study addresses, the adult family member must be at least 15 years older than the minor for which they are serving as the primary caregiver.

Limitations

As noted above, the sample of grandparents participating in the thesis study will be highly representative of only the Caucasian population of the southern Appalachian Mountains. Almost six percent of the population of Mitchell County is ethnically Hispanic or Latin. However, previous ministry efforts to effectively reach that population by RCBC have failed due

to the language barrier. Currently, only one member of the church has limited Spanish-speaking skills, so garnering participation from this portion of the Mitchell County demographic appears doubtful.

A further limiting factor is due to the geographic isolation of Mitchell County in general and RCBC in specific. The Rebels Creek Community, like most communities in Mitchell County, is located in proximity to a small mountain stream that connects to the much larger South Toe River. These small streams carve small communities into the valleys between adjoining mountain-tops. This isolation creates imaginary boundaries of inconvenience that seem to prevent individuals from other parts of Mitchell and Yancey County from easily accessing the ministries of the church. Therefore, it is likely that participants will be clustered within the close vicinity of the church.

A final limiting factor for the study will be the willingness of adult grandparents to voluntarily participate in a study that asks them to admit need and vulnerability. A classic characteristic of southern Appalachian culture is the fierce independence and pride of its residents. Participation in this study could be viewed by potential participants as working against this characteristic. Furthermore, participation in this study could also be difficult for these adult grandparents because it could be viewed as publically exposing of disturbing family details. It is imperative to ensure participants that the details of their family experiences will be kept in confidence by the researcher and other participants.

Delimitations

The most obvious delimitation for the thesis project will be inviting participants that fit the primary description of grandparents who are the primary caregivers for their grandchildren.

However, for the purposes of this study, participants will not be limited to just grandparents. Within the Rebels Creek Community and in the surrounding Mitchell County area, many other older adult family members (aunts, uncles, older siblings, etc.) have taken over the primary care responsibilities for children in their immediate family. In an effort to ensure a large enough sample size for the research project, these family situations will be included as long as there is at least a 15 year gap between the adult caregiver and the child being raised.

Another delimitation for the project is that invited participants would be from Mitchell County, NC. However, families from neighboring Yancey County will be invited to take part in the study as well. RCBC is located within two miles of the boundary between Mitchell and Yancey County. Several members of the church live and work in Yancey County as well. Statistically, Yancey County is demographically very similar to Mitchell; therefore, the assumptions mentioned earlier should still apply in general.

Thesis Statement

Given the current context of RCBC and the greater Mitchell County community, it is imperative that a lasting relational ministry be developed that will impact the GRGs in the area. The crisis that exists if left untreated will have potentially devastating effects on the community. First, the elder generation of grandparents are suffering observable impacts on their financial, physical, psychological, and spiritual well-being. Not responding to their needs risks lowering the positive life outcomes that this generation often bring to a community. Second, the children in this crisis are already victims that have been traumatized by the disruption of their custodial homes. If the church community fails to respond to these needs, the negative community impact due to a prolonged delinquency by these children into adulthood will cause devastating economic

and cultural outcomes that may cripple the community permanently. Finally, RCBC must remain a vital member of the Body of Christ that shines a light into the darkness and provides salt to a tasteless world. Failure to respond to this crisis serves to question the future viability of the church in the community for generations to come. Therefore, if Rebels Creek Baptist Church creates a program to educate, support, and mentor grandparents that are the primary caregivers for their grandchildren, then these families may report an overall increased mental, physical, and spiritual wellness.

Chapter 2

Conceptual Framework

In this chapter, a thorough analysis of current literature on the thesis topic will be provided. Initially, literature will be examined that provides evidence of the dramatic demographic shift that has taken place over the past seventy years in rural America and subsequently in Christian churches located in those affected regions. Next, a review of current information on rural churches employing strategies of becoming community-based service hubs will be examined. This will be followed by a collection of sources focused on the growing concerns around the issue of grandparents being forced into the role of caregivers for their grandchildren across the country. Finally, an extensive analysis of the unique needs that arise from grandparents raising their grandchildren will be presented.

Following the Review of Literature, the theological foundations of grandparents raising their grandchildren will be analyzed to provide support for the work within the study. This will include foundational doctrinal passages from both the Old and New Testament which establish the biblical expectation regarding grandparents becoming the primary caregivers for their grandchildren. These passages will then be supported by specific examples across the biblical text highlighting the implementation of the doctrine surrounding grandparents raising their grandchildren.

The chapter will conclude with an exploration of the stress-coping framework model upon which the study will primarily be based upon. The study will give a brief overview of the developmental history and purpose of the stress-coping framework in the latter half of the 20th

Century. Finally, the study will present how the stress-coping framework will be utilized with the GRGs participating in the action research.

Literature Review

The Issue of Rural Church Decline

The decline of the rural church in America has ultimately coincided with the demographic shift in the population centers of the United States. In 1950, 36% of Americans lived in rural areas of the country. In 2016, the number of rural residents had fallen to 19.3%.¹⁵ Hoeft et al (2013) report that over half of all American churches are located in small towns or rural sections of the nation.¹⁶ The majority of these churches have managed to survive due to the fact that they are integral parts of their communities, having woven themselves into the fabric of rural life. However, the loss of a sustainable population has led to churches that are financially and demographically weak.¹⁷

A fact that accompanies the loss of financial resources for a rural church is that the church faces the inability to provide adequate services for those that remain in the local church. Some of the loss in programmatic services can be attributed to the fact that churches simply cannot afford the financial burden of supplying personnel and resources to support the gamut of needs presented by a diverse membership. Voas presents research that shows that rural churches hold a much deeper institutional tie to their communities due to the embedded traditions of the

¹⁵ "New Census Data Show Differences Between Urban and Rural Populations," The United States Census Bureau, Last modified 2020, <https://www.census.gov/newsroom/press-releases/2016/cb16-210.html>.

¹⁶ Jeanne Hoeft, Shannon Jung and Joretta Marshall, *Practicing Care In Rural Congregations And Communities* (Minneapolis: Augsburg Fortress, 2013), 1.

¹⁷ David Voas, "Intentionality, Numerical Growth and the Rural Church," *Rural Theology* 15, no. 1 (2017): 10.

institutional church, a principle that is valued in rural societies.¹⁸ However, he goes on to add that despite these strong ties, the rural church continues to decline due to the impending demographic and economics shifts in American society. Woods describes this change as particularly impactful to rural America due to the pace of the economic shift, where technological advances are pushing jobs into suburban and metropolitan areas.¹⁹

Steinberg notes that these demographic changes have also altered the roles of individuals that continue to live in rural areas. In particular, grandparents face a changing role in rural societies that generally increases their level of responsibility.²⁰ Grandparents continue to live in the areas in which they raised their families and completed their career's work. Younger generations generally move away from these areas to find employment and cultural engagement in larger areas. Younger individuals that do remain behind typically do so due to their inability to escape rural settings for a myriad of reasons, most of which involve some level of dysfunction.²¹

Rural churches have attempted to combat the issue of a population decline due to the shifting away of the younger member demographic in a number of ways. Lowe reports that many rural congregations sought to consolidate across denominational lines in an effort to increase membership and available resources. In doing so, rural churches hope to be able to offer a wider array of ministries that will entice younger congregants to stay. While initially

¹⁸ Voas, "Intentionality, Numerical Growth and the Rural Church," 2.

¹⁹ Michael Woods, *Rural Geography: Processes, Responses and Experiences in Rural Restructuring* (London: Sage Publications, 2011).

²⁰ Shirley Steinberg, *Rural Transformation and Newfoundland and Labrador Diaspora : Grandparents, Grandparenting, Community and School Relations* (Rotterdam: Sense Publishers, 2013).

²¹ Steinberg, *Rural Transformation*, 125.

increasing overall church efficiency, these efforts actually seem to push congregants away as traditional ties to congregations were severed within the community.²²

Other methods employed by rural churches attempting to stop the loss of younger congregants included the adoption of progressive ministry models; however, once again, traditionalists within the community fought these changes, a characteristic typical of inhabitants from rural communities with strong ties to their church home.²³ Rather than keep younger congregants from moving, many congregations reported a loss of support from older members that had traditionally supported the efforts of the church.²⁴ Stanley encourages churches, especially those stuck in a “status quo” mode to reassess models of ministry for relevancy to the needs of the congregants.²⁵

The Issue of Rural Churches as Community Support Hubs

Other rural churches have sought an alternative method to remain relevant in the loss of members and overall resources by developing ministries that serve the entire community’s needs. Woods says that rural institutions which employ “community approaches” see multi-dimensional effects for their efforts due to the “independent and co-constitutive” nature of these communities.²⁶ Therefore, churches that employ community-based ministry approaches are able to make impacts in several different settings within struggling rural areas. Lowe alludes to the

²² Kevin Lowe, *Baptized with the Soil: Christian Agrarians and the Crusade for Rural America* (New York: Oxford University Press. Oxford Scholarship Online, 2015), 23.

²³ Andy Stanley, *Deep & Wide: Creating Churches Unchurched People Love to Attend* (Grand Rapids, MI: Zondervan, 2016), chap.13.

²⁴ Voas, "Intentionality, Numerical Growth and the Rural Church," 2-3.

²⁵ Stanley, *Deep & Wide*, chap. 13.

²⁶ Woods, *Rural Geography*, 91.

fact that churches have traditionally filled the role of rural community hub since the foundations of the country.²⁷ The local school in rural settings has attempted to compete for the role of community hub during the last century according to Hoeft et al.²⁸ The forfeiting of this position is due to passivity within the rural church and has further led to its decline. It is essential that the church regain this role in order to have lasting impact within these settings.²⁹ Dreher advocates that Christians in particular should strive for community renewal through work within the family and local church units.³⁰

Samra goes so far as to say that it is impossible for a community to fully mature outside of the spiritual growth found within the gathered assembly of the church. He provides evidence from the work of the Apostle Paul in the 1st Century to show the effects of community-based ministry on the surrounding region.³¹ Hoeft et al note that community-based services in rural settings do not necessarily have to even be provided by highly-trained individuals in order to be effective. This is due to those services being provided by individuals living in close proximity to the need as is the case in rural settings, thereby leveraging close-knit community relationships.³² However, both Choi et al and Voas remark that churches must utilize intentionality and deliberate planning in order for these services to be of benefit to those in need and the church's

²⁷ Lowe, *Baptized with the Soil*, 10.

²⁸ Hoeft et al., *Practicing Care In Rural Congregations And Communities*, 48.

²⁹ Rod Dreher, *The Benedict Option: a Strategy for Christians in a Post-Christian Nation* (New York: Sentinel, 2018), 124.

³⁰ Ibid., 123.

³¹ James Samra, *Being Conformed to Christ in Community* (London: T and T Clark, 2008).

³² Hoeft et al., *Practicing Care In Rural Congregations And Communities*, 56.

overall growth.^{33 34} Finally, rural churches that target children and families in particular through community-based programming are able to build generational bridges that tend to serve the viability of the church in the longer term according to Mynors.³⁵

The Issue of Grandparents Raising Grandchildren

As noted earlier, rural areas of the United States have seen a dramatic increase in the number of grandparents becoming the primary caregivers of their grandchildren in the past 20 years. Currently, one in ten children (7.8 million total) live in a home with at least one grandparent present which constitutes a 64 percent increase in the last two decades. However, grandparents stepping into this role of caregiver is certainly not a new phenomenon. The nation as a whole has celebrated intergenerational families across its history, especially in working class families where single-parent homes were often more prevalent.³⁶ Steinberg attributes this most recent increase in grandparent caregiving to the fact that generations are living together simultaneously longer. This is owed to grandparents in general are younger as a whole and are living longer than previous generations.³⁷

A small percentage of grandparents raising grandchildren (GRGs) do so out of a sense of owed responsibility and duty reports Steinberg.³⁸ However, the vast majority are forced into this

³³ Moon Choi, Ginny Sprang, and Jessica G. Eslinger, "Grandparents Raising Grandchildren: A Synthetic Review and Theoretical Model for Interventions," *Family & Community Health* 39, no. 2 (2016): 124.

³⁴ Voas, "Intentionality, Numerical Growth and the Rural Church," 3.

³⁵ Jim Mynors, "Cherishing the Fragile Rural Church." *Rural Theology*. 17, no.2 (2019): 114.

³⁶ Sylvie deToledo and Deborah Edler Brown, *Grandparents as Parents, Second Edition: A Survival Guide for Raising a Second Family*, (New York: Guilford Publications, 2013).

³⁷ Steinberg, *Rural Transformation*, 129.

³⁸ Steinberg, *Rural Transformation*, 142.

role due to some type of family crisis.³⁹ These crises typically include child abuse, child neglect, mental illness, and incarceration or death of a parent to name just a few. However, deToledo and Brown estimate that substance abuse of alcohol and drugs accounts for more than 80% of all grandparent led homes.⁴⁰ Traditionally, these situations are also accompanied with grandchildren carrying additional traumas from domestic violence within the parental home. Choi et al estimate that 72% of grandparents are raising a child with at least one Level 1 trauma exposure.⁴¹ This level of trauma is delineated by the adverse effects exhibited on the victim(s). These adverse effects include but are not limited to the following: an inability to cope with normal life stressors, develop trusting relationships, manage daily cognitive tasks, damage to neurobiological functions, and an overall decline in general health and well-being.⁴²

The Needs of Grandparents Raising Grandchildren

Most often, due to the factors that led to the need for the grandparents to become the primary caregivers of their grandchildren, GRGs have a unique need set that is multi-faceted in nature. Compared to non-kin foster parents, GRGs are most likely to be single, less educated, in poorer health, and in financial distress.⁴³ Overall, the needs of GRGs can be structured into four basic categories: parenting skills for children dealing with psychological and physical traumas,

³⁹ Bethany L. Letiecq, Sandra J. Bailey, and Fonda Porterfield, "We Have No Rights, We Get No Help: The Legal and Policy Dilemmas Facing Grandparent Caregivers," *Journal of Family Issues* 29, no. 8 (2008): 1001.

⁴⁰ deToledo and Brown, *Grandparents as Parents*, 13.

⁴¹ Choi et al, "Grandparents Raising Grandchildren," 123.

⁴² "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," U.S. Department of Health and Human Services, Last modified 2014, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

⁴³ Letiecq et al., "We Have No Rights," 1001.

instruction in the Child and Family Legal systems, instruction in 21st Century, technology-based education models, and instruction in their own physical and psychological care.

Development of Parenting Skills for Psychological and Physical Traumas

Lee and Blitz noted that CRBGs reported more somatic complaints and experienced more issues with anxiety, depression, socialization, and physical aggression than children being raised by their parents.⁴⁴⁴⁵ Bownes adds that the behavioral, cognitive, and emotional needs are so complex for these children that specialized interventions are necessary.⁴⁶ However, most often grandparents lack the skills to deal with these trauma-induced behaviors which then may lead to chronic conflict between the grandparent and the grandchild.⁴⁷ The stress being carried by the grandparent only further exacerbates their inability to be able to adequately deal with the unique needs of children that have lived through these types of family crises.⁴⁸ Harnett et al and Leder et al report that grandparents must develop these new parenting interventions in order to avoid adding the additional stress of chronic conflict with the child.⁴⁹

Bownes further notes that the change in previously established roles is a difficult barrier for both the child and grandparent. The crisis in the grandparent's acceptance of a parenting role

⁴⁴ Youjung Lee and Lisa V. Blitz. "We're GRAND: A Qualitative Design and Development Pilot Project Addressing the Needs and Strengths of Grandparents Raising Grandchildren." *Child & Family Social Work* 21, no. 4 (2016): 381-390.

⁴⁵ Choi et al., "Grandparents Raising Grandchildren," 122.

⁴⁶ Elizabeth M. Bownes. "Custodial Knowledge and Legal Perception among Grandparents Raising their Grandchildren." Order No. 13811821, The University of Alabama, 2019. In PROQUESTMS ProQuest Dissertations & Theses Global, <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/2284210907?accountid=12085>.

⁴⁷ Sharon Leder, Linda Nicholson Grinstead, and Elisa Torres, "Grandparents Raising Grandchildren: Stressors, Social Support, and Health Outcomes." *Journal of Family Nursing* 13, no. 3 (2007): 333-352.

⁴⁸ Paul H Harnett, Sharon Dawe, and Melissa Russell, "An Investigation of the Needs of Grandparents Who Are Raising Grandchildren." *Child & Family Social Work* 19, no. 4 (November 2014): 411-420.

⁴⁹ Leder et al., "Grandparents Raising Grandchildren," 334.

coupled with the loss of their traditional role is a source of contention that harms the child's emotional adjustment initially.⁵⁰⁵¹ Choi et al go so far as to propose that these new roles have the potential to permanently harm the child's emotional closeness to their grandparent.⁵² In fact, they also report that a cycle of further misbehavior and acting out could be induced by such role changes.

Instruction in Child and Family Legal Systems

In general, GRGs lack the knowledge of the basic legal structures of custodial agreements. This lack of knowledge impacts their ability to fully access the legal rights and protections afforded them and their grandchildren.⁵³ Many grandparents enter into informal custodial arrangements pushing them outside government assistance programs for foster placements as well as leaving them unprotected from any legal claims from the biological parents.⁵⁴ The navigation of these legal issues with no clear advocacy outlets is a major source of frustration and stress for GRGs.⁵⁵ Sadly, the inability to navigate these legal issues effectively causes further unnecessary financial strain on the GRG as they pay for the physical and medical needs of their grandchild out of pocket.⁵⁶ In many cases, the GRG does not pursue legal custodial arrangements due to the fact that they hesitate to attempt to terminate the custodial

⁵⁰ Bownes, "Custodial Knowledge," 50.

⁵¹ Lindsey A. Baker and Merrill Silverstein, "Depressive Symptoms Among Grandparents Raising Grandchildren: The Impact of Participation in Multiple Roles," *Journal of Intergenerational Relationships*, 6, no. 3 (September 8, 2008): 285–304.

⁵² Choi et al., "Grandparents Raising Grandchildren," 123.

⁵³ Bownes, "Custodial Knowledge," 4.

⁵⁴ Letiecq et al., "We Have No Rights," 998.

⁵⁵ Lee and Blitz, "We're GRAND," 382.

⁵⁶ Letiecq et al., "We Have No Rights," 1002.

rights of their own child, instead believing that the arrangement can stay temporary and informal in nature. Again, this leaves the GRG legally exposed and in financial stress.⁵⁷

Instruction in 21st Century Technology-Based Education Models

The navigation of the grandchild's educational needs can be equally daunting for grandparents. Lee and Blitz report that teachers are the primary sources to inform grandparents of the behavioral, cognitive, and emotional difficulties being experienced by a grandchild.⁵⁸ These issues obviously create severe impediments to school success for CRBGs. In fact, many of these issues are so developmentally stunting that students require Individualized Education Plans (IEPs) to support them academically.⁵⁹ It is therefore imperative that GRGs build positive relationships with their grandchild's teachers.

A major factor impeding a positive relationship between the GRGs and teachers being established is the fact that these grandparents have been "disengaged" from the education systems for several decades in most cases.⁶⁰ Also, the technology advancements of tools utilized by students and the increased stress placed on academic achievement in 21st century classrooms creates an additional stressor for GRGs. Further issues that erode these relationships are the dysfunctional nature of the behavioral issues that often arise in the classroom by CRBGs. These classroom behaviors can become so difficult to manage that grandparents disengage from the process as parenting becomes less rewarding than their previous role as a grandparent.⁶¹

⁵⁷ Bownes, "Custodial Knowledge," 16.

⁵⁸ Lee and Blitz, "We're GRAND," 382.

⁵⁹ Leder et al., "Grandparents Raising Grandchildren," 51.

⁶⁰ Lee and Blitz, "We're GRAND," 381.

⁶¹ Harnett et al., "An Investigation of the Needs of Grandparents," 418.

Instruction in Physical and Psychological Self-Care

Finally, GRGs exhibit numerous stressors in adopting their new role that leads to negative impacts on their physical and psychological well-being. In general, Doley et al report that the physical and psychological consequences of a grandparent becoming the primary caretaker of their grandchild created worse outcomes in both areas than what non-custodial grandparents or custodial parents experienced.⁶² Leder et al presented research evidence that showed a decidedly negative physical outcome for GRGs. Results from the studies presented showed that 50% of all grandmothers raising their grandchild reported a severe physical illness. Additional results from Leder et al showed that almost two-thirds of GRGs reported multiple chronic physical issues.⁶³ Unfortunately, Doley et al also note that GRGs typically downplayed physical ailments more often than non-custodial grandparents and custodial parents.⁶⁴ It is unclear as to why this occurs although one may assume the GRGs are more intensely focused on the intense needs of the grandchild.

The psychological stressors on the GRG are as equally demanding as the physical health obstacles. Harnett et al report that GRGs score significantly higher on “parenting stress assessments” than the typical foster care parent.⁶⁵ Custodial grandparents generally report they are less happy and satisfied with life than non-custodial grandparents. Furthermore, GRGs feel

⁶² Rebekah Doley, Ryan Bell, Bruce Watt, and Hannah Simpson. "Grandparents Raising Grandchildren: Investigating Factors Associated with Distress among Custodial Grandparent," *Journal of Family Studies* 21, no. 2 (2015): 101-119.

⁶³ Leder et al., "Grandparents Raising Grandchildren," 335.

⁶⁴ Doley et al., "Grandparents Raising Grandchildren: Investigating Factors," 104.

⁶⁵ Harnett et al., "An Investigation of the Needs of Grandparents," 417.

socially isolated from like aged-peers and therefore lack the appropriate social supports to help cope with the added stressors.⁶⁶

Most of these primary stressors can be traced back to the family crises that initiated the role change and then the actual adoption of the new role. A secondary level of stressors develop as the GRG struggles to manage their new roles successfully.⁶⁷ The psychological strains of these new parenting roles and the intense needs of their grandchild lead to additional physical conditions that only exacerbate the cycle of stress.⁶⁸ GRGs must develop positive coping mechanisms that promote self-care and an overall greater well-being in order to successfully navigate their new parenting role.⁶⁹

Gaps within the Literature

After looking across scholarly and popular sources, there is a striking absence of literature and information on churches and other parachurch organizations specifically addressing the issue of grandparents becoming caregivers for their grandchildren. The existing data on programming geared towards meeting the needs of GRGs was almost exclusively coming from local and state government sources. The documentation regarding the impact of this programming showed an overall positive impact on both the grandparent and the children they were raising. However, these programs obviously did not address the existing issues with a spiritual perspective in mind. Furthermore, the programs did not seek to build long-lasting relational connections to the families being served.

⁶⁶ Doley et al., "Grandparents Raising Grandchildren: Investigating Factors," 103.

⁶⁷ Baker and Silverstein, "Depressive Symptoms Among Grandparents," 286-287.

⁶⁸ Bert Hayslip and Gregory C. Smith. *Resilient Grandparent Caregivers: a Strengths-Based Perspective* (New York: Routledge, 2013).

⁶⁹ Lee and Blitz, "We're GRAND," 388.

Theological Foundations

The Bible, in both the Old and New Testament, is replete with doctrinal support for the concept of grandparents becoming the primary caregivers of their grandchildren. This support is of two basic types: general theological instruction and specific instances of application.

General Theological Instruction

Old Testament

The value of the grandparent and grandchild relationship is on prominent display from King Solomon's collection of divinely-inspired wisdom found in the book of Proverbs. For instance, in Proverbs 13:22, Solomon recounts, "A good man leaves an inheritance to his children's children, but the sinner's wealth is laid up for the righteous." Here, Solomon advocates that the truly well-lived life will take a much longer view of prosperity beyond just immediate success. True success will only be found if the accumulated resources of a life will be inherited and built upon by successive generations. Burge and Hill note that this prosperity is a "legacy [that] can be both material and moral in nature."⁷⁰ This implies that some level of moral and spiritual instruction must accompany any inheritance of physical wealth. The obvious implication is that this prosperity is passed indirectly to the grandchildren through the intervening "parent" generation. However, that is not stated specifically nor is the direct instruction between the grandparent and grandchild excluded.

Furthermore, Wilson extends this idea that for a grandparent to not have this longitudinal view of inheritance is in fact sinful.⁷¹ The consequence of a grandparent not thinking about at

⁷⁰ Burge, Gary M. and Andrew E. Hill. *The Baker Illustrated Bible Commentary*. Text only ed. (Grand Rapids, MI: Baker Books, 2012).

⁷¹ Wilson, Lindsay. *Proverbs: An Introduction and Commentary*. (Westmont: InterVarsity Press, 2018), 97.

least the next two generations in terms of inheriting the wealth of their accumulated knowledge and resources is that other obedient grandparents will gain this inheritance to pass along generationally. This further implies that generational poverty in fact is tied to grandparents that fail to obey this biblical concept.

Solomon extends this thought in Proverbs 17:6 when he reminds grandparents that “grandchildren are the crown of the aged and the glory of children is their fathers.” This simple proverb intends to have grandparents recall that ultimate “crowning” success in life is only found if a healthy and prosperous set of grandchildren are produced. Connecting the previous proverb from Proverbs 13:22, Solomon is imploring grandparents to work with intentionality to pass along this type of inheritance to the second generation.⁷²

New Testament

There are no explicit imperatives regarding the grandparent and grandchild relationship in the New Testament. However, James 1:27 provides clear doctrinal instruction on how any Christian adult should deal with the issue of children that are left parentless to become orphans. To be considered as fully adherent to the spiritual mandates of God, an adult must be willing “to visit orphans and widows in their affliction.” Moo says that this passage in James connects to the divine descriptor of God the Father, found in Psalm 68:5, “as a way of imitating God’s own concern for them – he is the ‘father to the fatherless, a defender of widows’⁷³ This application thus implies two imperatives for the Believer. First, all Christian adults, including grandparents, must be willing to provide for the direct care of the orphaned child, especially if it is their grandchild. This imperative echoes the plea from the Psalms.

⁷² Wilson, *Proverbs: An Introduction and Commentary*, 109.

⁷³ Moo, Douglas J.. *James*, (Downers Grove, IL: InterVarsity Press, 2009), 117.

Second, the Church must be willing to step forth and meet the needs of both the “orphan” and the “widow”. The widow here implies an elderly individual in the community that is unable to meet the needs of their household due to their advanced age. A grandparent who is struggling to meet the needs of their grandchild due to their advanced stage in life would certainly fall into this category for needed support from the local spiritual community. The situation this study is focused upon, grandparents raising their grandchildren, would actually allow the church to meet both demographic groups within one ministerial effort.

The Apostle Paul extends this idea of caring for orphans in his first epistle to Timothy, his young ministerial mentee. In I Timothy 5:8, he reminds Timothy that “if anyone does not provide for his relatives, and especially for members of his household, he has denied the faith and is worse than an unbeliever.” This is a direct imperative to all Christians to provide for the direct needs of anyone in their immediate family. This verse falls in line with the general theme of instructions for Timothy to provide the Church when dealing with both the younger and older members his ministry in Ephesus.

Specific Biblical Examples Referencing Grandparents Raising Grandchildren

Old Testament

A prominent specific example of grandparents exhibiting and teaching the doctrinal imperative of a grandparent caring for the needs of their grandchildren is found in the story of Jacob and his grandsons, Ephraim and Manasseh, in Genesis 48. While on his deathbed, Jacob brings his son Joseph and his two sons, Ephraim and Manasseh, to his side in order to pass along his blessing and inheritance upon them. In verse five, Jacob vows to Joseph, “And now your two sons, who were born to you in the land of Egypt before I came to you in Egypt, are mine; Ephraim and Manasseh shall be mine, as Reuben and Simeon are.” Rad comments that this

scene carries more prominence than just a general greeting of three generations because “there appears to be something more official, namely, the so-called ‘placing upon the knees,’ i.e., a legal rite of adoption.”⁷⁴ This “adoption” ceremony was followed by the inheritance of tracts of land within the Promised Land of Canaan for both grandsons, a gesture that was equivalent to how the true sons of Jacob were treated.

New Testament

The preeminent biblical text that displays the general mandate of a grandparent’s care for their grandchildren is found in the Pauline epistle of II Timothy. Here, the Apostle Paul reminds Timothy that his sincere faith had “dwelt first in your grandmother Lois and your mother Eunice and now, I am sure, dwells in you as well” (II Timothy 1:5). Paul accounts Timothy’s faithful ministry to Christ as a spiritual inheritance that has passed down from his maternal grandmother, Lois. Wiersbe supports this premise by noting that Timothy’s father was highlighted by Luke as Greek in Acts 16:1.⁷⁵ He goes on to contend that Paul’s implication is that Lois is responsible for the passing on of the faith to her daughter Eunice and then to her grandson, Timothy. Lois represents a specific example of God’s expectation for the grandparent to impart spiritual wisdom to their grandchildren as noted in the general mandates mentioned above.

Clearly, there is a biblical mandate which supports a local church body’s ministerial efforts to meet the needs of GRGs. Throughout the Old and New Testaments, the Holy Spirit has inspired both instructional precepts and historical examples within the biblical narrative to

⁷⁴Rad, Gerhard von. *Genesis: A Commentary*. (Philadelphia: Presbyterian Publishing Corporation, 1972), 415.

⁷⁵ Wiersbe, Warren. *The Bible Exposition Commentary, Vol. 2*. (Colorado Springs, CO: Victor Books, 2004), 241.

directly lend to the argument for churches to support such ministries. Having such obvious support should grant church leaders great confidence that the development of this type of ministry does not beg the support of the Almighty.

Theoretical Foundations

The theoretical framework supporting the project thesis is the stress-coping framework. This behavioral concept was developed between 1966 and 1984 by psychologist Richard Lazarus along with Susan Folkman at the University of California, Berkley.⁷⁶ The concept is built upon the premise that stress is the result of a transactional process between a person and their environment. The stressors that are encountered within an environment produce not only the stress but a variety of coping mechanisms (i.e. cognitive, physiological, psychological, spiritual, etc.) within the affected individual. The person that is able to develop effective coping mechanisms which protect them from the harms of stress exhibit much higher wellness indicators that measure quality of life than those that do not exhibit such coping.

Lazarus and Folkman further developed their theory to analyze the coping response itself.⁷⁷ They theorized that before choosing a coping mechanism that the affected individual first appraised whether the stressor was a large enough threat to respond to. If deemed as a credible stressor, the individual then appraises their coping resources on hand to respond to the stressor. A reappraisal of the situation continues to occur as the individual goes on reassessing both the threat and the coping resources on hand to determine the effectiveness of the response.

⁷⁶ Stangor, Charles, and Jennifer Walinga. *Introduction to Psychology*. (Victoria, BC: BCcampus, BC Open Textbook Project, 2019). <https://opentextbc.ca/introductiontopsychology/chapter/15-2-stress-and-coping/>.

⁷⁷ Ibid.

The premise in this study is to first identify the stressors that most commonly effect GRGs. After identifying the most common stressors, the project will assign participating GRGs with instructional sessions designed to build effective coping skills to address the aligned stressor. A pre- and post- wellness survey will measure the effectiveness of the study for the participating GRGs.

Furthermore, the project receives a line of secondary support for the impact that rural churches can have in supporting family growth within a community. This support comes from the work of Jeanne Hoeft, Shannon Jung, and Joretta Marshall. Their 2013 book, *Practicing Care in Rural Congregations and Communities*, provides numerous case studies and supporting research on the impact that rural churches can make on their congregants, particularly in the area of family-growth. Hoeft et al. claim that “in rural areas, care is less dependent on highly trained professionals who specialize in psychology or psychiatry, and more clearly connected to everyday people who show up to offer support in the midst of whatever is happening in the moment.”⁷⁸ Rural churches are well equipped according to Hoeft et al. to provide this type of support to families dealing with a variety of life crises.

Hoeft, Jung, and Marshall also note that institutions such as the school and the church play a vital role in the development of community rituals which become the structure by which families construct their lives.⁷⁹ These institutions stand as stalwart organizations that rural families have learned to trust and lean on when they are in need. Therefore, the work of Hoeft et al. supports the premise that a rural church should be at the forefront of supporting GRGs in

⁷⁸ Hoeft et al., *Practicing Care In Rural Congregations And Communities*, 56.

⁷⁹ Ibid., 48.

their efforts to raise their grandchildren. Together with the work of Lazarus and Folkman, these two frameworks provide the necessary foundation for the work of this project to proceed.

Chapter 3

Methodology

In this chapter, a detailed and comprehensive description of the research project's methodology will be presented. The project's alignment to the issues presented by grandparents becoming the primary caregivers of their grandchildren will be discussed. Following this, a description of the overall design of the project will be given. This will include specific information regarding the multiple assessment tools that will be used to measure growth of the participants following the intervention treatment. Finally, the chapter will conclude with the specific details surrounding the implementation of the basic research design.

Intervention Design

The project study was designed to address the stressors and anxieties that arise for GRGs by providing them with specific strategies and skills to improve the family's overall physical, mental, and spiritual well-being. The programming designed sought to educate, support and mentor GRGs as they took on the extremely difficult tasks associated with raising their grandchildren. The study was also designed to fill a resource gap within the community as no other Christian church or organization was currently providing education and support for GRGs.

Specifically, the four themes addressed in the workshop sessions dealt with the core GRG-stressors that research has identified as the main causes of GRG stress and anxiety. These sessions sought to bring about the intended changes of lower levels of stress and anxiety exhibited by grandparents becoming the primary caregivers for their grandchildren. The lower

levels of stress and anxiety that were achieved came from two key sources. One, much of the stress and anxiety that GRGs exhibited was due to a lack of accurate information regarding the most significant of issues facing them in raising their grandchildren. The four workshop sessions sought to fill in this vacuum of knowledge with accurate and reliable information on the topics causing GRGs significant stress and anxiety. For example, GRGs generally begin the enterprise of raising their grandchildren with no understanding of the psychological damage that is experienced by a child that has gone through a significant trauma brought on by the loss of one or both of their birth parents in their lives. Therefore, each session sought to fill the knowledge gap on the four most pressing issues for GRGs with accurate information in order to lower the stress and anxiety of the participants.

Two, the four workshop sessions provided the GRGs with the opportunity to develop enhanced skills, access to helpful resources, and unique coping mechanisms to deal with the stressors involved with becoming the primary caregiver of their grandchildren. These skills, resources, and coping mechanisms gave participants the ability to lower the stress and anxiety associated with GRGs.

The study was a six session project that stretched out over a two week time period in September 2020. Each session began at 6:30pm and lasted for approximately an hour and a half, ending before 8:00pm. The sessions were scheduled to begin each night with a 10 to 15 minute devotional message from the Bible that centered on the topic being covered during that session. This was followed by a five to ten minute video clip that would introduce the topic of that particular session. The videos selected generally showed other GRGs in rural settings struggling to deal with the same issues that were planned for that evening. The video clips were to be followed by a 30 to 45 minute presentation of the expert that was selected to represent each of

the fields identified as a core GRG issue. The remaining time for each session was provided for questions and comments from the participants about the presentation from that evening as well as a preview of the next night's session material. Each night's session was closed with a prayer by the study leader.

The original plan for the study was that it was to be conducted in a face-to-face setting in the sanctuary of Rebels Creek Baptist Church. However, due to the COVID-19 global pandemic and the state and federal guidelines for in-person gatherings, the majority of the participants asked to participate remotely. Due to poor connectivity issues within the sanctuary at Rebels Creek Baptist, the live recording of the sessions was conducted at an RCBC member's home that was more centrally located and that provided much better high-speed Internet connectivity. The higher-speed Internet was crucial in being able to stream the sessions live to all participants.

The next consideration for the study was the selection of an online viewing platform. After polling the participants, Facebook was chosen as the platform to view the live sessions, as it provided a streaming service for live events and all GRGs had an active Facebook account. Furthermore, Facebook provided the ability to support the privacy needed to protect the sensitive information of the GRGs by making a private Facebook group that could be joined by invitation only. In other words, no random individual Facebook user could view the sessions or GRGs enrolled in the study unless the invitation to join the group was sent from the study leader. The study leader held a 10 minute interview either by phone or face-to-face. In this interview, the study leader asked questions regarding the age of the grandchild(dren) in their care, the situation that had brought their grandchild into their care, the length of time the grandchild had been in their care, and the overall status of the family at large. In most cases, families also shared their faith backgrounds during the interview.

The project began on Sunday, September 20, 2020. Ten GRG families initially agreed to participate in the sessions, either signing the Consent Form prior to the first session or immediately after. One of the ten GRGs had planned to attend each of the six sessions in person; however, the participant later phoned to say they would attend virtually as they were experiencing symptoms of COVID-19 prior to the first evening. It was later learned that the participant in question did test positive for COVID-19 as did each member of their family. This fact gave later credence to the decision to perform the study in a virtual setting. Two other GRG participants fell ill during the course of the study as well. One GRG was hospitalized with a knee replacement while an additional GRG struggled with an intestinal virus. These issues further highlighted the unique health needs and considerations of the GRG population being studied.

The first session of the project served as the Initial Data-Collection Session for the project. The session began by the study leader providing a comprehensive summary of the purpose and agenda of the entire six-session study. Following this, the study leader gave a thorough explanation of the Strengths and Difficulties Questionnaire (SDQ) and the Revised Children's Anxiety and Depression Scale – Parent Version (RCADS-P), the two instruments selected to gauge the current areas causing each GRG the most stress or anxiety in raising their grandchild. Copies of each initial assessment were posted within the Facebook Group page that night as well as a copy either being emailed or mailed directly to the individual GRGs. Only one participant chose to complete the paper copies of the two initial assessments.

After the assessments were completed, the group took a brief five minute break and concluded with a 15 minute discussion segment that allowed participants to ask questions

regarding the assessments, the project itself, or any other issues that concerned the group. The session closed with a five minute preview of the content coming in the next night's session.

The instruments that were selected in the study were the caregiver versions of the Strengths and Difficulties Questionnaire (SDQ) and the Revised-Children's Anxiety and Depression Scale (RCADS). The SDQ is a 25-question behavioral assessment that can be given to the parents or caregivers of children age 4 to 17. A version of the SDQ can also be given to children age 11 to 17. The assessment is divided into five unique subscales: Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behavior. It generally can be administered in less than 15 minutes. The SDQ has been widely used among mental health clinicians as the overall instrument has a consistently high reliability rating ($\alpha = .73$) with an accompanying high degree of validity/predictability ($OR = 15.7$).⁸⁰ A study by Palmieri and Smith in 2007 conducted on 733 custodial grandparents in the United States reconfirmed the overall reliability and structural validity of the SDQ.⁸¹

The RCADS is 25-question assessment that seeks to gain information regarding the anxiety and depression of children ages 8-18. There are multiple versions of the test including a version for parents/caregivers to complete regarding their children. A 2015 study by Ebesutani, Tottenham, and Chorpita on youth that had experienced early-childhood neglect showed that the RCADS-P (Parent Version) maintained a high degree of reliability ($\alpha = .82$ in older youth, .71 in

⁸⁰ Goodman, Robert, "Psychometric Properties of the Strengths and Difficulties Questionnaire," *Journal of the American Academy of Child & Adolescent Psychiatry* 40, no.11, 1337 – 1345.

⁸¹ Palmieri, Patrick A. and Gregory C Smith, "Examining the structural validity of the Strengths and Difficulties Questionnaire (SDQ) in a U.S. sample of custodial grandmothers," *Psychological Assessment* 19, no. 2 (2007): 189-98. doi:10.1037/1040-3590.19.2.189.

younger youth) while upholding overall convergent validity ($r=.70$).⁸² These results are similar to previous psychometric measurements of the RCADS.

The next four sessions of the project were held on Monday, September 21st, Tuesday, September 22nd, Sunday, September 27th, and Monday, September 28th. A break in the sessions was provided after the Tuesday night session in order to not interfere with any Wednesday night church programming as well as to give participants a break from the emotionally heavy content being presented. The middle four sessions constituted the bulk of the study as it provided the content programming from the four areas that cause GRGs the most stress and anxiety in becoming the primary caregiver of their grandchildren. These four sessions provided the group with information identifying the scope of the issue being discussed, the consequences that arise from the issue for both the grandparent and the grandchild, and then information and training regarding coping skills and mechanisms to deal with the issue.

The four respective workshop sessions were: 1.) Developing Parenting Skills to Address the Behaviors of Children Experiencing Significant Psychological Trauma, 2.) Instruction in Child and Family Legal Systems, 3.) Instruction in 21st Century, Technology-Based Education Models, and 4.) Instruction in Physical and Psychological Self-Care. Each content session was designed and taught by a trained presenter from the community that is recognized as an expert within the field being discussed. Each presenter created their own unique presentation within the general guidelines presented above. Each of the presentations lasted approximately 30-45 minutes. Group participants were provided with hard copies of the night's presentation materials

⁸² Ebesutani, Chad, Nim Tottenham, and Bruce Chorpita, "The Revised Child Anxiety and Depression Scale - Parent Version: Extended Applicability and Validity for Use with Younger Youth and Children with Histories of Early-Life Caregiver Neglect," *Journal of Psychopathology and Behavioral Assessment* 37,no. 4 (2015): 705-718. doi:10.1007/s10862-015-9494-x.

to keep for later use. Each of these sessions concluded with a time for group members to share and discuss information regarding that night's session, a preview of the next session, and a closing prayer.

The concluding session of the project took place on Tuesday, September 29th. In addition to the normal introduction, devotional and prayer, the session commenced with a 15 minute review of the summarized content of the previous four sessions. A 15 minute group discussion regarding the entire study took place following this summary presentation. At the conclusion of the discussion period, the study leader provided a resource guide (Appendix A) to each GRG filled with additional resources in the community that were available to provide ongoing support for any of the issues that had been discussed in the project. The study leader then presented the final post-study measurements to the group, a set of two modified assessments designed to measure the study's support of the issues identified in the earlier SDQ and the RCADS-P. Again, these two post-assessments were provided by attaching them digitally within the Facebook Group as well as by emailing and mailing copies of the assessment to each GRG. The concluding session closed with a special prayer for God's blessing on the homes of the GRGs and their grandchildren.

Implementation of the Intervention Design

The research project began in earnest the second week of June 2020. The project first required the permission of Rebels Creek Baptist Church on multiple levels. First, RCBC approved the project as an identified ministry effort associated with the church. Second, RCBC approved the use of the communication outlets of the church to be utilized for the delivery of the initial invitations and the forthcoming announcements surrounding the project. Third, RCBC

approved the use of the sanctuary for the six required sessions of the project (the initial introductory session, the four workshop sessions, and the concluding session). This permission was provided at the regularly scheduled business meeting of RCBC in June.

On the fourth week of June 2020, towards the completion of DMIN 840, the intervention plan began with the development of an Invitation to Participate form (Appendix B) for the study in order to build a pool of eligible participants. The target population for this study were adults that have taken on the responsibility of becoming the primary care giver of at least one child in their immediate family. The adult needed to be at least fifteen (15) years older than the child(ren) they are raising. The more specific target population were the grandparents that have taken on the responsibility of raising their grandchildren, but the target group will be expanded in order to gain an adequate sized pool of participants. Collectively, this group of targeted participants were identified as GRGs (Grandparents Raising Grandchildren) even if some adult participants were actually in different familial relationships with the children they are raising. Initially the target population was to be selected from Mitchell and Yancey counties only; however, two prospective GRGs that lived in rural settings from neighboring counties (Buncombe and Madison) were accepted to participate in the study.

The initial invitation was a one-page information flyer that gave the following information: title of the project, a brief one paragraph overview of the study, the eligibility requirements of the participants needed for study, the date, time, location of a 45 minute information session on the upcoming study. The draft invitation was completed by the third week of June 2020. It was vetted by the assigned mentor for the project study for simplicity and accuracy the following week with the stated goal of having a completed Invitation to Participate in hand by July 1, 2020.

During the first two weeks of July 2020, face to face meetings were held with the four invited guest lecturers who had been chosen to speak on their assigned GRG stressor. At these meetings, an overview of the project study's purpose and intervention plan were reviewed. Furthermore, the content and logistics of each session was discussed with the presenter. The final dates of each session were assigned, giving each presenter two months to prepare the materials for their session.

The Invitation to Participate was sent out the third week of July 2020 through the communication outlets available to Rebels Creek Baptist Church with members of the church congregation being the initial invitees. The initial communication outlets available to RCBC included: verbal announcements during the Sunday morning and Wednesday evening weekly services, weekly bulletin flyer insert of the Invitation to Participate, verbal announcement through RCBC's mass-calling system (One Call Now), and posting of the invitation on RCBC's Facebook page as upcoming event. The initial invitation asked the interested participants to contact the study leader by the third week of August 2020 if they planned on attending the initial session. The invitations through the RCBC communication outlets were used through the second week of August 2020.

At the same time, a second round of invitations were sent to the Department of Social Services in both Mitchell and Yancey counties during the fourth week of July 2020. This initial invitation was sent via email to the coordinator of the foster and kinship child placements for each county. They were encouraged to share the invitation with all eligible families in kinship placements under their supervision and care.

By the first week of September 2020, a collected pool of at twelve interested participants had been gathered. Originally, the goal had been to have at least 15 interested participants with a

maximum of 25 interested participants for the project study. However, the conditions surrounding the COVID-19 pandemic had severely hampered the ability to achieve the goal of 15 participants. At that point, most churches in the area were only meeting face to face at half capacity with a reduced number of services. Further complicating matters, many government agencies were still asking some workers to work remotely from home. This aggravated any support that would have been achieved through the two DSS agencies. Finally, both school systems in Mitchell and Yancey counties were educating students via remote instruction throughout the month of September. These factors added additional stressors to GRGs and likely lowered the number of available participants. In all, eleven participants eventually took part in at least some portion of the study. Nine participants were in the study through completion.

During the last session, GRG participants were reminded that the video sessions were all available to be viewed again within the private Facebook group. Additionally, all of the materials from each presentation as well as digital copies of the assessments created through Google Forms were made available within the Facebook Group. Two days following the concluding session, the study leader sent an individualized email that reminded each participant of any outstanding forms not yet turned in to complete the study as well as a copy of the GRG Resource Guide (Appendix A) that had been developed especially for the participants. As each member completed the study, a \$25 gift card to a local retailer was mailed to each participant in gratitude for their time and effort in participating in the study. By the second week of October 2020, all forms had been collected and processed for analysis.

Chapter 4

Results

In this chapter, a detailed summary of the results that were produced from the implementation of the study described in the previous chapter will be presented. Specifically, the chapter will begin with a comprehensive presentation of the two pre-study assessment tools, the Strengths and Difficulties Questionnaire (SDQ) and the Revised Children's Anxiety and Depression Scale – Parent Version (RCADS-P) that were selected to provide a baseline assessment of the stressors most affecting the GRGs participating in the study. A detailed analysis of the sub-scale results as well as overarching themes will be presented, highlighting the identified stressors which created the most anxiety for the participating GRGs. The final section of the chapter will be devoted to presenting the results from the two post-session assessments which were modified versions of the original SDQ and RCADS-P. These assessments measured the amount of support that the four core content area presentations provided for GRGs that participated in the study. Once again, the results will highlight the ability of the sessions to provide support for the areas highlighted as the most anxiety producing for GRGs.

Results from the Pre-Session Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is a 25-question behavioral assessment that can be given to the parents or caregivers of children age 4 to 17. A version of the SDQ can also be given to children age 11 to 17. The assessment is divided into five unique subscales: Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems,

and Prosocial Behavior. Participants are asked to read a statement and then respond by saying the statement is either Not True, Somewhat True, or Certainly True about their grandchild. In scoring the responses, a Not True is assigned a value of 0, a Somewhat True is assigned a value of 1, and a Certainly True is assigned a value of 2. The scores are then tallied for both an overall Total Difficulties Score and a Total Subscale Score for each of the five subscales. The assessment also includes a section of questions and statements that measure the overall impact to the family unit due to the behavior of the grandchild. The results for pre-session SDQ Assessment for the GRG participants in this study are provided in Table 1.

The group showed that overall the GRGs as a whole generally were experiencing only minor levels of difficulty in the areas identified by the Strengths and Difficulties Questionnaire. The group average was a score of 10.4 out of a possible 40 points with 40 being the highest degree of difficulty measured. The highest individual score for a participant was a score of 26 which represents a moderate to substantial amount of difficulty due to the behaviors of the grandchild in question. The lowest individual score for a participant was a score of 2, representing almost no difficulty in the behaviors of the grandchild.

In terms of subscale scores, the group's highest average subscale score was the Prosocial Behaviors subscale with an average score of 8 out of 10 with 10 being the highest measure of positive examples of behaviors in a socialized setting. The next highest subscale that measured an area of difficulty for the group was the Hyperactivity Subscale which produced an average score of 4.2. The area of difficulty which measured the lowest on average for the group was the Peer Problem subscale with an average score of 2 out of 10 possible points. The Emotional and Conduct Problem subscales scored just above this each at 2.1 respectively.

Table 1 - Results for the Pre-Session SDQ Assessment

Participant	Emotional Problem Subscale (out of 10)	Conduct Problem Subscale (out of 10)	Hyperactivity Subscale (out of 10)	Peer Problem Subscale (out of 10)	TOTAL Difficulties (out of 40)	Prosocial Behavior Subscale (out of 10)	TOTAL Impact (out of 10)
AR	4	7	10	5	26	7	5
BTC	3	2	4	0	9	8	0
CW	3	2	2	0	7	9	0
KB	3	1	1	0	5	10	0
KW	1	1	2	4	8	6	0
LB	3	0	4	7	14	5	1
MFT	2	3	4	0	9	8	0
MT	0	0	2	0	2	10	0
TG	0	3	9	2	14	9	0
Group Avg.	2.1	2.1	4.2	2	10.4	8	0.7

SDQ Pre-Session Score Analysis

In the days leading up to the study, I was able to interact with the GRGs through either phone conversations or face to face interviews. Reviewing the information taken from those interviews, the SDQ Pre-Session results are not at all surprising. Of the nine GRG participants that completed the study, seven of them had been either completely raising or co-raising their grandchild for more than a year. Therefore, the families had been able to move into a stabilized pattern of living that was conducive to reducing overall problematic behaviors. Furthermore, seven of the nine families confirmed that they were active participants or members of a local

faith community. This fact too lends itself to the establishment of a stabilized home environment with defined boundaries which produce safety and security for the grandchild.

Of note, the current societal conditions created by the COVID-19 pandemic are likely the cause of at least two of the data points for the group. In particular, the fact that children have largely been forced to quarantine within their homes with no school or community activities to socially gather themselves has led to the reduction of noticeable problems with their identified peer groups. This result likely does not account for any peer interactions that are taking place through online or social media outlets as often caregivers are less aware of those issues due to the nature of the platform. Furthermore, the lack of activities to engage children, especially those younger than 12, has perhaps led to greater levels of hyperactivity.

Results from the Pre-Session RCADS-P Questionnaire

The RCADS-P is 25-question assessment that seeks to gain information regarding the anxiety and depression of children. The assessment presents the caregiver with statements regarding a variety of symptoms or consequences which often result from feelings of anxiety and/or depression. Participants can respond to each statement one of four ways based on how often they happen to the grandchild they are raising: Never, Sometimes, Often, or Always. The scores that are assigned to these responses are 0 for Never, 1 for Sometimes, 2 for Often, and 3 for Always. The assessment is sub-divided into two subscales, one for Total Anxiety and one for Total Depression, with an overall Total Anxiety-Depression score that comprehensively defines the assessment. Raw score values for each assessment are converted into T-scores for comparison and analysis. A T-score of 65 or higher on the overall score or any subscale score shows a borderline clinical need. Scores above 70 show either anxiety and/or depression that

requires a clinical examination and diagnosis. The RCADS-P results for the GRG participants in this group study is provided in Table 2.

Overall, the group of GRG participants in this study showed a group average on the Anxiety and Depression subscale of 38.3, well below the level of any clinical significance. However, one individual reported the conditions from a grandchild (Anx-Depr. Subscale Score = 51) that would certainly generate at least a moderate level of concern for their emotional well-being. A second GRG reported an overall score of 47 which would also warrant further notice to ensure the emotional health of the grandchild.

When looking at the individual Anxiety and Depression subscales, the average Anxiety Subscale score was slightly higher than the average Depression Subscale at 39.8 and 39.0 respectively. This fact occurred in spite of the fact that the two highest subscale scores came from the Depression Subscales with two scores coming in above 50, a score that identifies those individuals with a moderate to significant depressive issue. The average subscale scores for both areas would trend towards identifying anxiety and depressive issues as an insignificant to moderate concern for the group in general.

Table 2 - Results for the Pre-Session RCADS-P Assessment

Participant	Overall Anxiety Subscale	Overall Depression Subscale	Overall Anxiety-Depression Subscale
AG	46	50	47
BTC	38	37	36
CW	38	33	35
KB	36	38	36

KW	33	32	31
LB	49	54	51
MFT	38	37	36
MT	35	33	32
TG	45	37	41
Group Avg.	39.8	39.0	38.3

RCADS-P Pre-Session Analysis

The results provided through the initial RCADS-P administration provide much more detail for the individual grandchild and the context surrounding their unique family situation. For instance, the two individual grandchildren with the highest subscale scores for both Anxiety and Depression were pre-identified through the interview process with each GRG as having the greatest social-emotional needs entering the study. The environmental context for one of the grandchildren in question included the fact that they are an adolescent above the age of 12 partially cohabitating in a home dealing with issues of substance abuse and emotional neglect. The other grandchild in question faces challenges of an inherent developmental disorder that effects their emotional operations in even low-stress situations. It is actually a testament to the care of the GRGs in both of these situations that the levels of anxiety and depression did not express themselves at higher levels than reported here.

As to the remainder of the group, the overwhelming majority of these grandchildren were below the age of 10 and are living in situations with moderate levels of support from grandparents that were much less traumatic. Of course, in order to eliminate the fact that grandparents are not underreporting values for anxiety and depression, a clinician would

generally ask for a teacher report to be provided in order to get a full perspective on the grandchild in question. Again, due to COVID-19 restrictions, the current “teacher” during the school day happens to be the grandparent as well in most every participant within the group.

Results from the Modified SDQ Post-Session Questionnaire

In order to determine the effectiveness of the four core area sessions provided by the experts from fields representing social-emotional/mental health, family-child legal issues, education-technology, and GRG self-care, the original version of the Strengths and Difficulties Questionnaire (SDQ) was modified to include the following statement before each SDQ question: “Do you feel better prepared ...” An example would be, “Do you feel better prepared to help your grandchild be considerate of other people’s feelings?” For each question, participants could respond with a *No* (I am not better prepared), *Somewhat* (I am somewhat better prepared), or a *Yes* (I am better prepared). The goal of creating this version of the SDQ was to show each participant that taking part in a rural church-led support group that provides content specific information with a biblical foundation will benefit GRGs and the greater family unit. The results from the Modified SDQ Post-Session Questionnaire are found below in Table 3.

In general, the GRG participants responded that they felt better prepared to handle on 78.9% of the most common areas identified as strengths to reinforce or weaknesses to address for their grandchildren. Of GRG respondents, 15.4% felt somewhat better prepared to either reinforce or address specific strengths or difficulties within their grandchild’s behavior. Only 5.7% of the time did GRGs respond that they felt no better prepared to either reinforce a strength or address a difficulty in behavior of the grandchild they are raising.

Table 3 - Results from the Modified SDQ Post-Session Questionnaire

Participant	% Yes – Better Prepared	% Somewhat – Somewhat Better Prepared	% No – Not Better Prepared
AR	84	16	0
BTC	56	40	4
CW	100	0	0
KB	88	12	0
KW	100	0	0
LB	100	0	0
MFT	0	56	44
MT	100	0	0
TG	Did not complete	Did not complete	Did not complete
Group Avg.	78.5	15.5	6.0

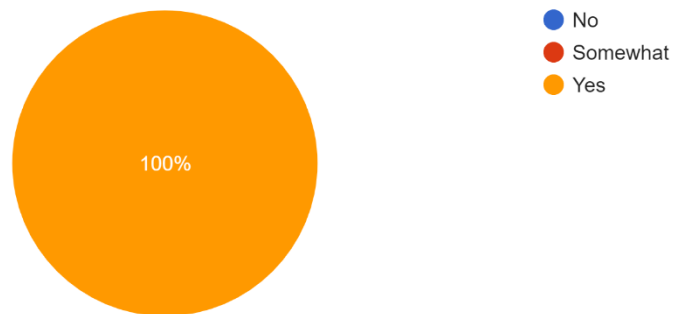
Like the Pre-Session SDQ, the Modified SDQ used in the Post-Session Questionnaire asked each GRG to respond if the behavior of their grandchild was causing major or minor difficulties for the overall family unit. Four of the nine GRG participants (44.4%) said that their grandchild’s behavior was indeed causing at least “minor” difficulties. No GRG responded that their grandchild’s behavior caused “major” difficulties. Of those reporting at least minor difficulties, the GRGs reported overwhelmingly that following the four sessions they felt more prepared to deal with these minor difficulties. The questionnaire asked if the sessions specifically helped prepare them for the following areas: difficulties that distress your grandchild, difficulties that interfere with your grandchild’s home life, difficulties with

friendships, difficulties with classroom learning, difficulties with leisure activities, and difficulties with family life as a whole. The results collected for each of these areas is provided below in Table 4.

Table 4 - Results from the Modified SDQ Add'l Difficulties Post-Session Questionnaire

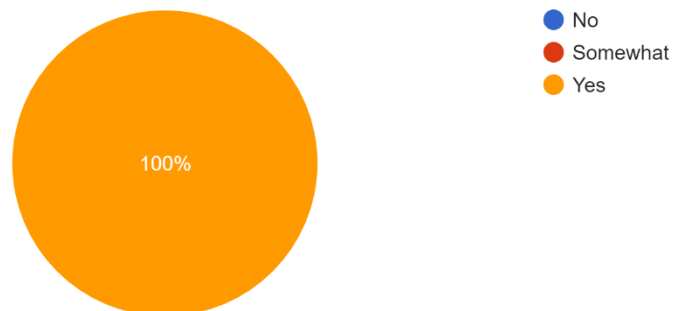
Do you feel better prepared to help your grandchild with the difficulties that upset or distress your child?

5 responses



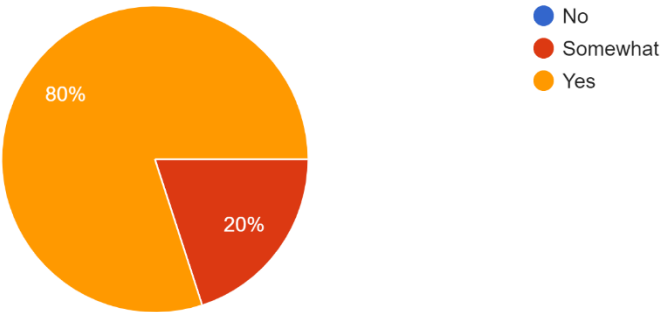
Do you feel better prepared to help your grandchild with the difficulties that interfere with your child's home life?

5 responses



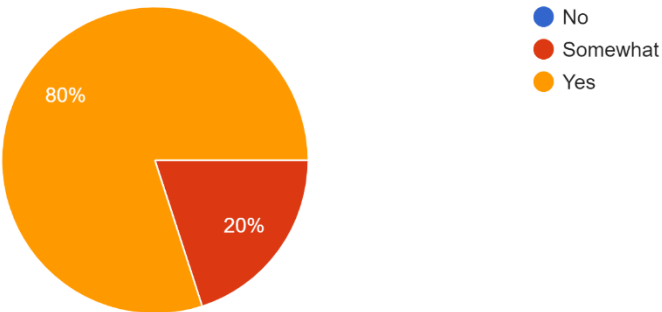
Do you feel better prepared to help your grandchild with the difficulties that interfere with your child's friendships?

5 responses



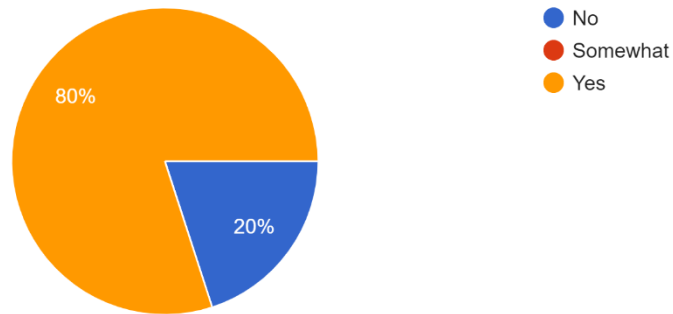
Do you feel better prepared to help your grandchild with the difficulties that interfere with your child's classroom learning?

5 responses



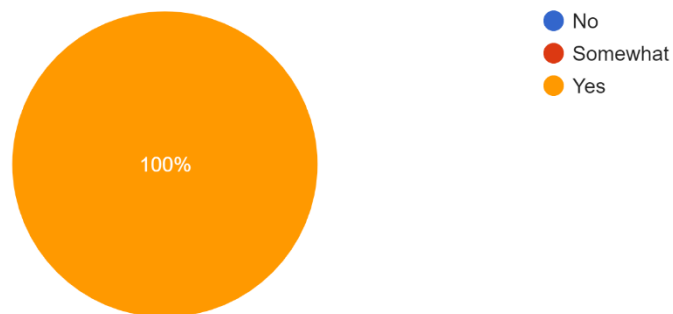
Do you feel better prepared to help your grandchild with the difficulties that interfere with your child's leisure activities?

5 responses



Do you feel better prepared to help the difficulties that put a burden on you or your family life as a whole?

5 responses



Post-Session Modified SDQ Analysis

As a group, 95% of the time GRG participants responded that the four sessions benefited them at least “somewhat” in dealing with the most common areas that induce stress for

caregivers. That is a powerful testament to the ability of a rural church led-support group in giving some relief to GRGs. This benefit is actually muted by the fact that the group was forced to meet virtually rather than face-to-face. Direct ministry that is performed in person obviously carries with it the ability to make much greater connections than ministry that is performed remotely.⁸³

The result that perhaps highlights the effectiveness of the GRG support group for rural churches comes from those participants that expressed they were dealing with the most difficulties in raising their grandchildren. The fact that 100% of those particular GRGs expressed that they definitely felt more prepared to deal with the distress of their grandchild and the overall negative impacts of their situation on the entire family again speaks to the power of rural church support in these areas. Families that are struggling with these types of difficulties can obviously benefit from even cursory support that simply connects them with local experts and provides a biblical foundation to address their difficulties.

Results from the Modified RCADS-P Post-Session Questionnaire

Similarly to the Modified SDQ Post-Session Questionnaire, the original version of the Revised Children's Anxiety and Depression Scale – Parent Version (RCADS-P) was modified to include the following statement before each RCADS-P question: "Do you feel better prepared ...". An example would be, "Do you feel better prepared to help your grandchild when they feel sad or empty?" For each question, participants could respond with a No (I am not better prepared), Somewhat (I am somewhat better prepared), or a Yes (I am better prepared). Again, this version was created to determine the effectiveness of the four core area sessions provided by

⁸³Stephen D. Lowe and Mary E. Lowe, *Ecologies of Faith in a Digital Age: Spiritual Growth Through Online Education*, (Westmont: InterVarsity Press, 2018).

the experts from fields representing social-emotional/mental health, family-child legal issues, education-technology, and GRG self-care. The goal of creating this version of the RCADS-P was likewise to that of the Modified SDQ: to show each participant that taking part in a rural church-led support group that provides content specific information with a biblical foundation which will benefit GRGs and their grandchildren. The results from the Modified RCADS-P Post-Session Questionnaire are found below in Table 5.

The results from the GRG participants in taking the Post-Sessions RCADS-P mirror the results achieved from the Post-Session SDQ. On average, GRG respondents said they felt better prepared to respond to 76.5% of the situations that most commonly cause anxiety or depression for their grandchildren. Another 17.5% of the situations showed that GRGs felt at least somewhat better prepared to handle following the four core area presentations. According to the collective results, GRGs stated that they felt better prepared to deal effectively in 94% of circumstances which produce heightened levels of stress for themselves and their grandchildren.

Table 5 - Results from the Modified RCADS-P Post-Session Questionnaire

Participant	% Yes – Better Prepared	% Somewhat – Somewhat Better Prepared	% No – Not Better Prepared
AR	88	12	0
BTC	52	36	12
CW	100	0	0
KB	60	40	0
KW	100	0	0
LB	100	0	0

MFT	12	52	36
MT	100	0	0
TG	Did not complete	Did not complete	Did not complete
Group Avg.	76.5	17.5	6.0

Post-Session RCADS-P Analysis

As with the Post-Session SDQ results, the Post-Session RCADS-P provided another piece of evidence to show the effectiveness in a rural church-led GRG support group. In fact, it would be difficult to find many ministry efforts that would yield this type of positive response in such a small ministry window (effectively two weeks' time). Admittedly, the RCADS-P results from the Pre-Session administration did not really show that the group itself had many concerns over stressors that were causing anxiety or depression in their grandchildren.

Therefore, the best analysis of the effectiveness of the four sessions to address the stressors that were causing the most anxiety and depressive symptoms for grandchildren would be to look at the two individual families that responded that they were experiencing at least moderate levels of anxiety and depressive issues with their grandchild, namely Participants AG and KB. Table 6 shows a Pre- and Post-Session comparison of their feelings of being better prepared or not following the four sessions.

Table 6 - Results from a Pre- and Post-Session Comparison for Two Participants

Participant	Overall Anxiety- Depression Subscale Score – Pre-Session	% Prepared – At least somewhat better prepared – Post-Session
AR	47	100

LB	51	100
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Another point of distinction to point out would be the results from Participant MFT for the Post-Session RCADS-P. Their responses were quite contrary to the rest of the nine GRG participants. These results could be interpreted to mean that MFT did not find the information or the group itself supportive or helpful. Yet, on the contrary, MFT could have also come into the group with much more knowledge than the other participants or a much more supportive overall family dynamic. If this were true, any new information provided by the support group sessions would have had less impact in benefiting their feelings of preparedness. Looking back on the information from the original interview leads me to believe the latter. MFT was the oldest GRG participant at 69 years old. Furthermore, she had been married for 47 years in a home that deeply valued their faith community and had an extensive network of outside family support. Further analysis with this family would be required to see what supports would be needed to help them feel “better prepared” following any ministry efforts.

Chapter 5

Conclusion

In this concluding chapter, a detailed comparison of the information and trends that emerged from the Review of Literature in Chapter Two will be held in comparison to the results that were yielded following the implementation of the research study from September 2020. Furthermore, a section of the chapter will be devoted to discussing any future research investigations that could follow from this initial study of rural churches leading support ministries geared to meet the needs of GRGs. Finally, the chapter will conclude with a summation of the overall project itself.

Comparison of the Previous Research and the Research Findings

Earlier it was noted that Choi et al and Voas state that churches must utilize intentionality and deliberate planning in order for community-based services to be of benefit to those in need and to foster rural church growth.^{84 85} This point has been driven home when looking at the GRG support group for RCBC. The research work put forth this spring in identifying the areas that produce the most stress for GRGs provided an overall framework to successfully guide the work of the ministry project. If the researcher had spent minimal time in researching the true needs of the group needing to be served, a highly detailed and information-filled ministry could

⁸⁴ Moon Choi, Ginny Sprang, and Jessica G. Eslinger, "Grandparents Raising Grandchildren: A Synthetic Review and Theoretical Model for Interventions," *Family & Community Health* 39, no. 2 (2016): 124.

⁸⁵ Voas, "Intentionality, Numerical Growth and the Rural Church," 3.

have been designed that would have had little to no impact on the actual participants. This is especially true for a rural church as it has limited resources and time to expend on ministry efforts that produce no lasting impact on those being targeted.

Furthermore, Hoeft et al put forth that community-based services in rural settings do not necessarily have to be provided by highly-skilled individuals in order to be effective. This is due to those services being provided by individuals living in close proximity to the need as is the case in rural settings, thereby leveraging close-knit community relationships.⁸⁶ In designing this study, the researcher intended to find the most highly skilled and trained individuals *that were readily available* for each area of concern. The fact is that a rural church will be quite limited in terms of providing skilled expertise on a wide variety of areas of concern. It is crucial that a rural church leader reach out locally to the wider Christian community to find a network of skilled “believers” to support specific ministry needs. While Hoeft et al make a valid point on the value of local relationships as a reason to ignore finding highly-trained individuals, a rural church should not sacrifice professional competence in order to merely find local support. It is imperative that the Christian Church should always strive to represent Christ with the highest standards of practice regardless of the geographic location of the local body.

Mynors notes that rural churches that target children and families in particular through community-based programming are able to build multi-generational connections that tend to serve the future viability of the church.⁸⁷ In the implementation of this research, it became apparent that very few ministry efforts from a church of any size are ever able to have a potential impact on three generations at the same time, grandparent – parent – child/grandchild. This type

⁸⁶ Hoeft et al., *Practicing Care In Rural Congregations And Communities*, 56.

⁸⁷ Jim Mynors, “Cherishing the Fragile Rural Church.” *Rural Theology*. 17, no.2 (2019): 114.

of impact is of tremendous value to rural churches as the sustainability of the church depends on these types of multi-generational connections being formed. In the context of the support groups for GRGs, a rural church can show all three generations that the Gospel of Christ and accompanying biblical principles carry great value in terms of building one's life foundation. Furthermore, the rural church would be able to show that it can provide quality direct services and support while still maintaining a sense of communal relationship.

Bownes notes that the behavioral, cognitive, and emotional needs of grandchildren being cared for by GRGs are so complex due to the difficult life scenarios that have led to this change in care that specialized parenting interventions are necessary.⁸⁸ In developing the order of the four core sessions that were to be presented, the session on developing parenting strategies for dealing with children coping with traumatic life situations was placed first with intentionality. These complexities, Bownes mentions, were all exposed in the pre-session interviews with the GRGs. Each GRG noted that some fact from the child's particular life situation had caused at least some abnormal behaviors when comparing these children to those being raised in their birth parents home under normal circumstances. The behaviors ranged as small as an increased worry about adults leaving them to as large as setting small fires outside for increased adult attention. The GRGs provided the most engagement and feedback following the session on parenting strategies than any other session. Rural churches seeking to conduct a similar ministry effort for GRGs should make note of this fact.

⁸⁸ Elizabeth M. Bownes. "Custodial Knowledge and Legal Perception among Grandparents Raising their Grandchildren." Order No. 13811821, The University of Alabama, 2019. In PROQUESTMS ProQuest Dissertations & Theses Global, <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/2284210907?accountid=12085>.

Finally, Doley et al report that the physical and psychological consequences of a grandparent becoming the primary caretaker of their grandchild created worse outcomes for physical and psychological care than what non-custodial grandparents or custodial parents experienced.⁸⁹ Further complicating matters, Leder et al report results from studies that showed that 50% of all grandmothers raising their grandchild reported a severe physical illness.⁹⁰ In the September 2020 research study, the GRG participants sadly upheld these statistics. Earlier it was noted that one of the participants contracted COVID-19 and was diagnosed on the first night of the study. It was also noted earlier that one of the GRGs had a knee replacement during the first week of the study. The quote from that particular grandmother, aged in her late 50's, the day before the surgery was, "I have no choice. I have to be able to chase the twin seven year-old boys and I need two good legs to do it."

While somewhat humorous, the truth of her statement is unsettling. Of the eleven GRGs, all grandmothers, four reported in the opening pre-session interviews that they were dealing with a chronic physical condition. Rural churches cannot ignore this aspect of ministry to any of its members, but especially not to those members in the age range represented by the GRGs. Rural churches depend heavily on the sustainable support of members above the age of 50 at a much greater rate than non-rural faith communities. Therefore, it should be a stated goal of rural churches to support healthy lifestyles and teach strategies of positive self-care. Of further note, many of the families that were being served by the GRG support group were forced into their current family arrangement due to a misuse of opioid-based prescription pain killers. It is

⁸⁹ Rebekah Doley, Ryan Bell, Bruce Watt, and Hannah Simpson. "Grandparents Raising Grandchildren: Investigating Factors Associated with Distress among Custodial Grandparent," *Journal of Family Studies* 21, no. 2 (2015): 101-119.

⁹⁰ Leder et al., "Grandparents Raising Grandchildren," 335.

imperative that rural churches break this cycle through preventative measures designed to promote healthier outcomes for all age groups.

Future Research Implications

Several obvious gaps come to the forefront when surveying the current research project. The most prominent of these gaps was created by the global COVID-19 pandemic. The research design of the entire project, first proposed in March 2020, was completely revamped in late August and early September to include both a face-to-face option as well as a way for participants to join virtually. Personal Protective Equipment such as surgical masks, gloves, and hand sanitizer were purchased for the in-person meetings. Cleaning protocols and social distancing guidelines were communicated to each participant as they completed the consent paperwork. RCBC had even provided a way to give the families child care options on-site in a manner that followed the current state and federal guidelines. Sadly, no GRG participant felt safe enough or eventually healthy enough to attend in-person.

Conversely, the virtual implementation of the project did come with advantages. One, the sessions were easily recorded and available for future reference by all GRGs. The private Facebook group provided an easy way to post resources for the group and keep them connected beyond the time boundaries of the sessions themselves. However, the technical skills required to complete this portion of the project varied greatly among all 11 GRGs that participated in at least some of the sessions. One GRG was unable to access or complete any of the forms digitally and therefore required that we conduct correspondence via mail. Another GRG was dealing with the early stages of dementia and forgot how to log into the Facebook Group on two different occasions.

Simply put, ministry is best conducted face to face as it is intended to service the needs of real people in real time. Humans, created in the image of God, are social beings that interact with the world through five senses, all of which operate better with other individuals existing in the same physical space. Yet, the entirety of the New Testament was written as a ministry project via remote correspondence. Effective and impactful ministry can be conducted remotely through digital avenues. However, this is not the sole implementation plan of the Church as directed by Christ and empowered by the Holy Spirit. It is concerning as a pastor of a rural church that many in the community, from occasional attendees to long-standing members, may never feel comfortable enough to engage with in-person ministry ever again. That said, future research of rural church support for GRGs should be conducted with an implementation design for an in-person experience.

The second most prominent gap that future research should address would be in targeting male GRGs. Essentially, in the September 2020 research project, all 11 GRG participants that took part in at least some aspect of the study were female. Only one male, a husband of one of the GRG participants, watched the sessions. The fact that only females truly participated in the project was not surprising as the research said that grandmothers were the larger represented sex of the GRG group. The US Census Bureau cited in 2016 that over 2.5 million grandparents are helping with the responsibility of raising their grandchildren, and that 65% of those GRGs are grandmothers.⁹¹ This statistic closely mirrors the attendance patterns of most American evangelical churches in the 21st Century as almost 60 percent of members are women, with greater percentages in smaller congregations.⁹²

⁹¹ Lydia Anderson, "The Opioid Prescribing Rate And Grandparents Raising Grandchildren: State And County Level Analysis," US Census Bureau, 2019.

⁹² Holly Pivec, "The Feminization of the Church," *Biola Magazine* 3, no. 2 (Spring 2006): 13.

A future research effort from a rural church that seeks to address the needs of male GRGs is certainly needed. The ministry effort should seek to build a research base that targets the specific needs of male GRGs, which still present a full one-third of all GRGs. Efforts to address the specific needs of male GRGs coupled with a recruitment effort that also targeted male GRGs could yield positive outcomes not only for the families being served but the overall health of the rural church that is needing the influx of male membership.

Finally, the length of the project that seeks to target support for GRGs must continue beyond the initial introductory sessions which merely provide a stepping off point to begin the ministry work. In discussing the impact of the sessions with several of the GRGs, it was obvious that these individuals simply needed a place of respite to connect with other likeminded individuals going through similar life circumstances. The sheer emotional and spiritual weight of some of the circumstances the GRGs described in the project interviews and engagement were difficult to imagine being balanced for an extended amount of time. No GRG asked for solutions to their problems as they were perhaps wise enough to know that rural churches or any churches for that matter cannot alone solve these issues. However, rural churches can readily supply these GRGs with extended relationships that connect them to other GRGs, scriptural encouragement for their daily walk, and connections to other community resources that will provide the necessary tools to survive their current situation. A rural church must be willing to enter into this ministry prepared to do these three basic things for an extended amount of time in order to have a lasting impact on the community and the church.

Summary

The stated purpose of this Doctorate of Ministry (DMin) study was to help RCBC create a program to educate, support, and mentor parents and grandparents in the community. The subordinate purposes of this program for GRGs would be two-fold. One, the Mitchell and Yancey County community currently lacked a comprehensive program of a spiritual nature to address the issues faced by GRGs. Two, the development of programming for GRCs would allow RCBC to develop a ministry with a relational component in its overall makeup. This relational aspect would serve to forge a relationship that would have the possibility for sustained growth for RCBC in both physical and spiritual terms.

The research project indeed created such a program that did fulfill this gap within the community, bringing professional experts representing both counties and three different Christian congregations to meet the needs of 11 GRGs living in four rural mountain counties. It remains to be seen whether RCBC will continue to support the outreach effort to these specific GRGs when and if the effects of the COVID-19 pandemic are eliminated. The ability of the current membership to reach out through the Facebook Group platform effectively seems slightly beyond their current abilities.

This thesis project sought to show that if Rebels Creek Baptist Church created a program to educate, support, and mentor grandparents that are the primary caregivers for their grandchildren, then these families may report an overall increased mental, physical, and spiritual wellness. The results that were presented in Chapter Four of this thesis have shown that indeed it is possible for a rural church to create and design a program for GRGs that does positively impact the mental, physical and spiritual well-being of those participants. Specifically, quantitative analysis showed that the programming presented in this study better prepared GRGs

mentally, physically, and spiritually to deal with almost 95% of typical stressors encountered by caregivers of minor children. Further observation and interviews elicited positive responses and feedback from GRGs following the implementation of the project. Therefore, it is with a high degree of assurance that a rural church-led support ministry geared to address the needs of grandparents raising their grandchildren is both of high value to these precious families and to the rural church congregations. Of greater importance, development of this type of a program is obedient to Almighty God's stated commands for the family and the Church.

August 21, 2020

William Cassida
Jack Davis

Re: IRB Exemption - IRB-FY19-20-427 The Rural Church and Community Support for Grandparents Raising Their Grandchildren

Dear William Cassida, Jack Davis:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

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Appendix A

Grandparents Raising Grandchildren Resource Guide



GRANDPARENTS RAISING GRANDCHILDREN SUPPORT GROUP RESOURCES

GRGs – Thank you for participating in the September 2020 Grandparents Raising Grandchildren Support Group with Rev. Shane Cassida. Below you will find resources that will address the issues you brought forth in the sessions as well as other helpful information. May God bless you and your grandchild as you continue down life's journey. – SC

GENERAL INFO

*[NC Grandparents Raising Grandchildren Fact and Resource Sheet](https://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-North-Carolina%200819.pdf)

<https://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-North-Carolina%200819.pdf>

***Grandfamilies.org** – Fact sheet -

<https://grandfamilies.org/Portals/0/Documents/Grandfamilies-GeneralFactSheet%20%287%29.pdf>

***High Country Council of Governments** - *Relatives as Parents Program (RAPP)*

Website: www.hccgf.org Phone: 828-265-5434 Email: Director@hccgf.org

Service Area: Avery, Watauga, Mitchell and Yancey Counties with plans for expansion to Ashe, Alleghany and Wilkes Counties

Description: Respite and supportive services to caregivers.

***Buncombe County – Land of Sky – Family Caregiver Support Program**

Website: <http://www.landofsky.org/fcsp.html>

***Yancey County Grandparents Raising Grandchildren Support Group** –

Third Tuesday of each month at 1:00p.m. at the Yancey County Senior Center, 10 Swiss Avenue.

Call 682-6011 for more information. The group will be led by _____, Family &

Consumer Science Agent, Yancey County Cooperative Extension.

***Madison County Council on Aging**

Website - <https://www.ofamadco.org/grandparent-support.aspx>

* **Raising Your Grandchildren Website**

Website - <http://www.raisingyourgrandchildren.com/>

PARENTING INFORMATION

*Link to _____'s presentation – Click [HERE](#)

*Help Guide for GRGs and Parenting –

<https://www.helpguide.org/articles/parenting-family/grandparents-raising-grandchildren.htm>

LEGAL INFORMATION

*Grandfamilies Website with Helpful Legal Section - <https://www.grandfamilies.org/>

*AARP Guide for Grandparents Raising Grandchildren -

<https://www.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-getting-started.html>

*Legal Aid of NC - <https://www.legalaidnc.org/>

* **Generations United's Grand Resources:** A Fact Sheet for Grandparent and Relative Caregivers to Help Access Support through the Temporary Assistance for Needy Families (TANF) Program

www.gu.org/

EDUCATION/TECHNOLOGY INFORMATION

*Overall Support for Grandparents -

<https://extension.illinois.edu/blogs/family-files/2015-08-23-school-and-homework-tips-grandparents-raising-grandchildren>

*Power School Mobile App – Download to smartphone for Apple or Android phones

*Yancey County Schools – Power School Parent Portal -

<https://yanceync.powerschool.com/public/>

*Madison County Schools – Power School Parent Portal –

<https://madison.powerschool.com/public/>

*Mitchell County Schools – Power School Parent Portal and other app sites

<https://sites.google.com/a/mcsnc.org/mitchell-county-schools/power-school-parent-portal>

***Buncombe County Schools** – Power School Parent Portal – Helpful set up tools for all grandparents no matter where you live
https://www.buncombeschools.org/parents/parent_portals/the_power_school_parent_portal

***AARP Article on Grandparents and Remote/Virtual Learning** –
<https://www.aarp.org/home-family/friends-family/info-2020/grandparents-virtual-education.html>

PHYSICAL/MENTAL/SPRIRITUAL SELF-CARE

***Self-Care for GRGs** - <https://www.grandmagazine.com/2019/02/self-care-for-grandfamilies/>

***Generation's United GRAND Resource Guide for Self-Care**
<https://www.gu.org/app/uploads/2019/01/Grandfamilies-Report-GRANDResource-SelfCare.pdf>

***Dr. _____'s Basic Tips**

- Remind yourself of the view that your Creator sees you with. You are worth caring for.
- Watch what you EAT – If God made it, it is good. Otherwise only in limited moderation
(Meat, Vegetables, Fruit, Water)
- Keep MOVING – Set SMART Goals for even limited exercise
(Specific, Measurable, Attainable, Realistic, Time-measured GOALS)
(Ex. I will walk for 15 minutes four afternoons a week for a month)
(Once you meet that goal move to 20 minutes and so on...)
- Don't put POISONS in your body
(Narcotics, Nicotine, etc.)

***Mountain Medical Arts** - <http://mtnmedarts.com/> - Medical home of Dr. _____

Appendix B

Invitation to Participate Flyer

Research Participants Needed

Rural Churches as Community Support for Grandparents Raising their Grandchildren

- Are you an adult family member raising the child of an immediate family member, particularly a grandparent raising your grandchild?
- Do you want support in developing parenting skills for children exhibiting difficult behaviors due to trauma in their lives?
- Do you need help navigating the difficult world of the child and family legal system?
- Are you struggling to keep up with your grandchild's technology-based school work?
- Do you struggle to keep up with your own physical and mental health while caring for your grandchild/family member?

If you answered **yes** to these questions, you may be eligible to participate in a community-based research study.

The purpose of this research study is to build a church-based model for supporting grandparents in the community that have taken on the difficult task of becoming the primary caregiver for their grandchild(ren). Other adult family members such as aunts, uncles, and siblings that are raising their nieces, nephews, and siblings are likely eligible to participate as well. Participants will be asked to attend four (4) informative sessions dealing with common obstacles these families face and complete pre- and post-workshop assessments. Benefits include receiving valuable information from noted field experts that will aid the family member in raising their relative child. Participants will also receive a \$25 gift card to offset travel expenses.

The study is being conducted at:

Rev. Shane Cassida, a doctoral candidate in the Doctorate of Ministry program in the Rawlings School of Divinity at Liberty University, is conducting this study.

Please contact Rev. Shane Cassida at _____ for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

