Understanding Families

Supportive Approaches to Diversity, Disability, and Risk

Second Edition

by

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As Professor at San Francisco State University (SFSU), Dr. Hanson is actively engaged in teaching, research, and service related to young children and their families. In addition to these responsibilities, she directs the SFSU joint doctoral program in special education with the University of California, Berkeley, and codirects the early childhood special education graduate program. She is a consultant with the child and adolescent development faculty of the Marian Wright Edelman Institute for the Study of Children, Youth, and Families at SFSU.

Dr. Hanson received her doctorate in special education with a minor in developmental psychology from the University of Oregon. Prior to joining the faculty at SFSU, she worked as a research scientist in charge of the Early Intervention Unit of the Institute for the Study of Exceptional Children, Educational Testing Service, in Princeton, New Jersey. For many years, Dr. Hanson has been actively involved in research and community service related to young children who are at risk for or have disabilities and their families. She was one of the principal investigators of a national research institute, the Early Childhood Research Institute on Inclusion.

She also has directed a number of federally funded personnel preparation and research grants in early childhood and has directed two model demonstration early intervention programs. The graduate training programs and the early intervention programs reflect the cultural diversity of the San Francisco Bay Area. Dr. Hanson has presented and consulted widely in the United States and internationally.

Dr. Hanson has contributed actively to the peer-reviewed professional literature, and she has authored, coauthored, or edited several books including *Teaching the Infant with Down Syndrome: A Guide for Parents and Professionals, Second Edition* (PRO-ED, 1987); *Teaching the Young Child with Motor Delays: A Guide for Parents and Professionals* (PRO-ED, 1986), with Dr. Susan Harris; *Homecoming for Babies After the Intensive Care Nursery: A Guide for Parents and Professionals in Supporting Families and Their Infants' Early Development* (PRO-ED, 1993), with Kathleen VandenBerg; *Atypical Infant Development, Second Edition* (PRO-ED, 1996); the *Me, Too!* series, with Dr. Paula J. Beckman (Paul H. Brookes Publishing Co., 2001); *Early Intervention Practices Around the World* (Paul H. Brookes Publishing Co., 2003), with Dr. Samuel L. Odom, Dr. James A. Blackman, and Dr. Sudha Kaul; and *Coming Home from the NICU: A Guide for Supporting Families in Early Infant Care and Development* (Paul H. Brookes Publishing Co., 2013) with Kathleen

VandenBerg. Dr. Hanson and Dr. Lynch have also collaborated on *Early Intervention: Implementing Child and Family Services for Infants and Toddlers Who Are At-Risk or Disabled, Second Edition* (PRO-ED, 1995); and *Developing Cross-Cultural Competence: A Guide for Working with Children and Their Families, Fourth Edition* (Paul H. Brookes Publishing Co., 2011).

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For nearly 35 years, Dr. Lynch was involved in teaching, research, and community and family services that focused on improving the lives of young children who had, or were at risk for, disabilities. Prior to joining the faculty at San Diego State University (SDSU), Dr. Lynch received her doctorate in teaching exceptional children from The Ohio State University and joined the faculty of Miami University. She subsequently joined the faculty of the University of Michigan working in both academic and clinical positions.

She is Professor Emerita at SDSU, after chairing the Department of Special Education, directing the Early Childhood Special Education graduate program, and serving on the faculty of the SDSU–Claremont Graduate University joint doctoral program. Over the course of her career, Dr. Lynch directed a model demonstration project and personnel preparation grants in early intervention and early childhood special education as well as a series of research grants on topics such as parental perspectives on special education, the status of educational services for children with ongoing medical conditions, individualized family service plan development, and the use of behavioral data and reflective practice to improve novice teachers' skills.

Dr. Lynch has served on numerous local and statewide committees and was one of the national collaborators on the Culturally and Linguistically Appropriate Services Early Childhood Research Institute. Before her retirement, she served as one of the Regional Coordinators of the federally funded Early Intervention Distance Learning Program, a collaborative project involving five California state universities and state partners. In 2003, she was honored by SDSU as one of the Top 25 on the campus and as the Outstanding Faculty Member from the College of Education. Dr. Lynch has lived in and taught special education to college instructors in Indonesia, taught human services professionals in American Samoa, given invited presentations in Australia and Taiwan, and lived in India while her husband served on a U.S. Agency for International Development project. She is the author or coauthor of numerous books, articles, and chapters and has been a frequent presenter and workshop leader in the area of cultural competence.

As an emerita faculty member, Dr. Lynch continues to write in the area of early intervention and cultural competence. Her commitment to family support and social justice continues through her volunteer work within the San Diego community.

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Families in the 21st Century

Eleanor W. Lynch

"Families . . . At their best they make a profound contribution to the health of society and its individuals; preserving culture, values, ethics, and wealth; defending the weak; carrying out the great unpaid work of the world. At their worst, they resist change, restrict individual freedom, and indulge in prejudices that can lead to conflict. Their power to form and reshape human minds is forever being rediscovered. Good or ill, we cannot do without them, they are the building blocks of our world."

—Jo Boyden (1993, p. 20)

"Insight, I believe, refers to that depth of understanding that comes by setting experiences, yours and mine, familiar and exotic, new and old, side by side, learning by letting them speak to one another."

—Mary Catherine Bateson (1994, p. 14)

A hallmark of the American family is diversity. Families are not unitary, nor can they be narrowly defined. Across the nation, in every community–and within the heart, mind, and experience of each individual–family is personal. Our families help to define who we are and who we are not, how we view the world, how we live, and how we share our lives with others. Like the individuals within them, families change over time. In the United States and elsewhere throughout the world, families share many characteristics but differ dramatically in others. This chapter provides an overview of the dimensions of family diversity and the implications of that diversity for individuals who work with children and families.

DEFINING FAMILY

What is a family? Each reader of this chapter has his or her own definition, and those definitions likely differ from individual to individual. The word *family* is typically associated with specific mental pictures or images. The first picture that comes to mind is often one's own family–perhaps a mother, father, and little girl in a small Midwestern town; a grandmother and grandson living together in a city apartment; or a bustling houseful of brothers, sisters, grandparents, aunts, uncles, cousins, and other kin. Many people will see only themselves and their partners, whereas others may see a series of foster parents or a father, stepmother, and stepbrothers and stepsisters from previous marriages. A few images may resemble the classically depicted nuclear family with a mother, father, and two children; some people may see the faces of men and women

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in their military unit. Personal images of family may come from the family with whom an individual grew up or the family one has created. For more than 10% of people, their families will include at least one person with a disability; increasingly, families will include parents and siblings of different racial and ethnic backgrounds. The image may look more like a kaleidoscope that changes, blends, and is redefined as parents, partners, brothers, sisters, and other relatives change through marriage, divorce, remarriage, or death. With this ever-expanding album of different family pictures, it is no wonder that defining families is not an easy task.

A review of the historical and contemporary definitions of family suggests that the definition—like families themselves—has changed over time. The definition also differs between various systems and societal institutions. For example, the legal definition of family may not be the same as the definition used in the local school, hospital, or social service agency. From studies of families, it is evident that researchers and theoreticians often disagree when they describe families. According to Gelles (1995, p. 2), "No other social institution is as poorly understood as the family."

How, then, have families been viewed and described in the past? In 1926, Burgess defined family as "a unity of interacting personalities each with its own history" (as cited by Gelles, 1995, p. 10). A much more restrictive definition was used by Christensen (1964), who defined family as married couples with children. A series of studies conducted between 2003 and 2006 found that Americans' views on what constitutes a family are broadening. Although the predominant view of family was still a married heterosexual couple with children (99.8%), other configurations were also considered to be a family, including a husband and wife with no children (92%), unmarried couples living together with children (83%), and same-sex couples with children (64%; Powell, Bolzendahl, Geist, & Steelman, 2010). In these studies, the presence of children was critical to many of the respondents' views of family. The same relationships without children were far less likely to be viewed as families. For example, when there were no children, only 39.6% of respondents viewed a cohabiting unmarried couple as a family and only 33% thought that a cohabiting same-sex couple constituted a family. However, 60% of respondents indicated that if a group of individuals considers themselves to be a family, then they are a family.

There are many other ways to define families, such as extended families and broad kinship networks that include multiple generations often scattered around the world. A family may also be a group of individuals who live together to share companionship, care, and common interests. Each definition creates a different lens through which to view families, and the picture that emerges shapes both policy and practice. For services to be optimal, society must recognize the remarkable diversity of families and the many variations that exist across and within families. The definition of family used throughout this book has been developed as part of our work. In an earlier publication, we defined family as "any unit that defines itself as a family, including individuals who are related by blood or marriage as well as those who have made a commitment to share their lives" (Hanson & Lynch, 1992, p. 285). Inclusivity is the most important aspect of this definition. It allows for a wide range of family configurations, from nuclear families to extended kinship networks to same-sex partners to a group of older adults who have chosen to live together. Gender is not part of the definition, nor is the presence or absence of children. Instead, "the key elements are that the members of the unit see themselves as a family, are affiliated with one another, and are committed to caring for one another" (Hanson & Lynch, 1992, p. 285).

FAMILY STRUCTURE, MEMBERSHIP, AND DIVERSITY

Families are multidimensional and differ in almost every imaginable way, including size; membership; sociocultural and socioeconomic status; language; cultural, racial, and ethnic identification; and beliefs, values, and traditions. Families also differ in the way in which they organize to accomplish the day-to-day routines and requirements of life. In recent years, the diversity of families within the United States has increased, and this diversity is being acknowledged by all and celebrated by many. This section highlights some of the changes that have broadened the understanding of families.

Smaller Families, Longer Lives

Large families with extensive kinship networks were common in the United States for centuries, but they typically received less attention than the smaller nuclear families that were glorified in the 1950s and 1960s. Although much has been written about changes in family composition, it is difficult to precisely determine the numbers and size of families because of the differences in definitions and ways of counting. For example, the U.S. Census Bureau (2009b) estimated that the average household size for the period from 2005 to 2009 was 2.6 people, but their estimate for average family size during the same period was 3.19. The difference in numbers is based on the difference in definitions: The U.S. Census Bureau (2009a) defined a family as "a group of two or more people who reside together and who are related by birth, marriage, or adoption," whereas "a household includes all the people who occupy a housing unit as their usual place of residence" without regard to relationship. Even though the numbers differ, they confirm that families now are smaller (Fischer, 2011).

Although families are smaller, family members are living longer. More than 40 million people in the United States are 65 years of age or older, and those numbers are projected to rise rapidly in the coming decades (Jacobsen, Mather, Lee, & Kent, 2011). With the growing number of older adults, more studies have focused on family gerontology, with an emphasis on the aging family and aging family systems (Price & Humble, 2010). As a result of increased life expectancy, the amount of time spent child rearing has changed. In the early part of the 20th century, child rearing was a task that continued through most of an individual's adult life. People—especially women—tended to marry younger, start a family sooner, continue to have children over many years, and die younger than they typically do today. As a result, direct parenting continued for many years. For most adults, this is no longer true. Americans spend an average of 35% of the years between the ages of 20 and 70 in direct parenting roles (Riche, 2000), although this figure varies considerably based on sex, race, and socioeconomic status. Because women are more likely to retain custody of children after divorce or separation, slightly more of their years are devoted to parenting when compared with men. Men, however, are more likely than women to remarry, with many of these remarriages including responsibilities related to the new spouse's children. As a result, men may spend twice as much time parenting nonbiological children; these parenting years are often concurrent with the parenting that they continue to provide for children from a previous marriage (King, 1999; Riche, 2000).

Increased life expectancy also has contributed to changes in family composition. Because people are living longer but having fewer children, families span more generations but have smaller numbers in each generation. According to Riche (2000, p. 22), "Today's living family tree is taller than it used to be but its branches are shorter." These

taller family trees give rise to more opportunities for intergenerational contact and involvement in everything from recreation and education to various types of support. Many grandparents provide daily care for grandchildren, and some provide financial support for adult children, grandchildren, and even great-grandchildren. These opportunities are made increasingly possible as Americans experience more active, healthy years before the end of life.

Under Whose Roof?

As families have changed, so have living arrangements. In 2010, there were 74.2 million children (birth through 17 years) in the United States, making up 24% of the population. Of those, 66% of children lived with two married parents (compared with 77% in 1980), 3% lived with their own unmarried but cohabiting parents, 23% lived with only their mothers, 3% lived with only their fathers, and 4% lived with neither parent. Of the 3 million children who did not live with a parent, 54% lived with grandparents, 21% lived with other relatives, and 24% lived with nonrelatives (Federal Interagency Forum on Child and Family Statistics, 2011). These numbers, however, do not tell the whole story. Many children and teens spend evenings, weekends, or time during school breaks and holidays shuttling between homes. Some children live with their mother during the week but spend weekends with their father. School vacations may be spent with grandparents, a noncustodial parent, or other relatives; holidays may be split between two homes. For these children and families, there are multiple residences—each with neighbors, friends, and rules associated with it.

Not all children are born into their family. Every year, between 118,000 and 127,000 children join U.S. families through adoption (U.S. Department of Health and Human Services [DHHS], 2004). In 2000 and 2001, 40% of adoptions were through publicly funded adoption agencies, 15% were adoptions that brought orphaned children from other countries into U.S. families, and another 20% were kinship or tribal adoptions made through private adoption agencies. Some of these children have lived with one or a

series of foster families prior to adoption, in orphanages outside the United States before adoption, or with a family member prior to their formal adoption by that family member. Some adopted children maintain contact with their birth parents and their country of birth, whereas others do not. Whatever the circumstances of adoption, adopted children become a part of the adoptive family.

In 2009, there were approximately 423,773 children living in foster families in the United States (DHHS, 2010). The length of stay in foster care varies from less than 1 year to 20 years, averaging just over 2 years. For nearly half of the children residing with foster families, the goal is reunification with their parents or principal caretaker. Some children in foster families are being fostered by a relative or a preadoptive family, but far more of these children reside in the homes of nonrelatives, group homes, or institutions.

Your family may be the one you are born into, one that you have joined through adoption, or one that serves as family through the foster care system. The next section describes the range of parental possibilities that are part of 21st-century families.

Divorce, Blended Families, and Single Parenting

The commonly cited divorce rate for the United States is approximately 50% (Copen, Daniels, Vespa, & Mosher, 2012; Gelles, 1995). This marriage-to-divorce ratio suggests that nearly half of all marriages end in divorce. Such a ratio, however, is both inaccurate and invalid because it compares the number of divorces among all married people to the number of marriages in just a single year. The crude divorce rate is the number of divorced individuals per 1,000 people in the population. In 2008, the crude divorce rate was estimated to be 3.5 (Hughes, 2010). Although this statistical approach improves the marriage-to-divorce ratio, it is also inaccurate because children are included in the number of unmarried people. The refined divorce rate calculates the annual number of divorces per 1,000 people, using only married individuals older than 15 years as members of the population (Gelles, 1995). The refined divorce rate is estimated to be 20.9, much lower than the 50% often cited (Hughes, 2010). A further complication in determining the actual rate of divorce is the lack of data. A number of states, including California, Indiana, and Louisiana, ceased collecting divorce data in the 1980s; the U.S. National Center for Health Statistics stopped collecting data on divorce in 1996. States that still gather data on divorce often use different methods of data collection, which makes comparisons across states complex to impossible. Although a precise number is elusive, all divorces affect those involved–the couple dissolving their marriage, children, other family members, and friends.

Many divorces are followed by remarriage. It is estimated, however, that 67% of second marriages and 73% of third marriages also end in divorce (Averbach, 2012). Remarriages often result in blended families that may include stepparents, stepchildren, stepbrothers, and stepsisters. Approximately 20% of children younger than 18 years live in households with a stepparent (Portrie & Hill, 2005) and 25%–33% of U.S. children will spend some part of their lives in blended families (Ahrons & Rodgers, as cited in Seibert & Willets, 2000). The complexities of blended families are not difficult to imagine: threats to emotional security imposed by new siblings and parents, changes in family rules and power structure, changes in available resources, multiple sets of relatives with whom to interact, moves back and forth from one home to another, and the residual issues related to the divorce. Although

many families demonstrate on a daily basis that these complexities can be managed effectively, blended families face an array of potential obstacles.

Single parenting often occurs for at least some period of time following a divorce, primarily for parents who do not remarry, cohabit, or rely on members of an extended family or kinship network for coparenting. Census data from 2008 indicated that single parents maintained 29.5% of family households with children younger than 18 years (U.S. Census Bureau, 2011). Using this data, the Annie E. Casey Foundation estimated that 34% of U.S. children lived in single-parent families in 2009 (National Kids Count Program, 2010). Although there have been increases in the number of single-father families in recent years, relatively little research on these families has been conducted. However, demographic data suggest that single fathers have less education and considerably fewer financial resources than their married counterparts (Brown, 2010). Most single-parent families are headed by single mothers (Mather, 2010). It is estimated that 23% of children live only with a mother compared with 3% who live only with a father (Federal Interagency Forum on Child and Family Statistics, 2011). This disproportion between heads-of-household single fathers and single mothers may be partially attributed to custody laws, which tend to favor women in some states; in addition, fewer women than men remarry after a divorce (Teachman, Tedrow, & Crowder, 2000). Single motherhood varies considerably across ethnic and racial groups, with approximately 16% of white children, 27% of Latino children, and 52% of African American children living in single-mother families (Mather, 2010).

Single parenting has been blamed for a wide range of societal ills, but studies do not support such a simplistic cause-and-effect perspective: "Most indicators of declining well-being for children–low test scores, drug use, teen pregnancy, and growing crime rates–began to rise at the same time, or even shortly *before,* divorce and non-marital childbearing rates began to rise" (Furstenberg, as cited in Coontz, 1995, p. K10). Many of the challenges to a child's well-being may be attributable to the family's socioeconomic status, which is likely to be lower in a single-mother home (Mather, 2010; Shore & Shore, 2009). Although the risks for poor outcomes are greater in single-mother homes, it is difficult to tease out the actual causes because of the multiple variables at play, such as income, mother's education, child's age, and involvement of the noncustodial parent. Despite the reports citing negative outcomes for children in single-mother homes, many single mothers and their children have proven their resilience.

Many single mothers have never been married. The rate of childbearing among unmarried women has increased considerably in the past 25 years, from 22% in 1985 to 41% in 2009 (Federal Interagency Forum on Child and Family Statistics, 2011; Shore & Shore, 2009). The increase in births to unmarried women has occurred for women in all age groups studied. In each age group, the increase in birth rates between 1980 and 2009 is striking: from 62% to 94% for ages 15–17 years, from 40% to 84% for ages 18–19 years, from 19% to 62% for ages 20–24 years, from 9% to 34% for ages 25–29 years, and from 8% to 20% for ages 30–39 years (Federal Interagency Forum on Child and Family Statistics, 2011). However, the designation of "unmarried" does not necessarily mean that there is no one else in the home or in the family. Unmarried mothers may be cohabiting with a man or same-sex partner; living with their parents, grandparents, or other relatives; or residing with friends or roommates. Regardless of the living situation, the dramatic increase in the number of unmarried mothers alters the way in which many people think of families, as well as the most effective ways to provide programs and services.

Same-Sex Parents and Families

The gender makeup in families is also changing. An increasing number of gay and lesbian adults are establishing families that include children. The number of gay and lesbian families is difficult to determine, so estimates vary (Sileo & Prater, 2012). Based on data from the 2007 American Community Survey, it was estimated that 741,000 households include same-sex partners (Shore & Shore, 2009). Of those, 21% of the male-partnered unmarried couples and 31% of the female-partnered unmarried couples had children living with them. The Family Equality Council data indicates that there are approximately 1 million families with same-sex couples raising 2 million children in the United States (Onderko, 2011). Although the largest numbers of gay and lesbian families in the United States live on the coasts or in major urban centers, same-sex families reside throughout the country. Utah, Hawaii, Wyoming, and Nevada are among the top 10 states with the largest number of same-sex couples for every 1,000 households (Onderko).

Children typically become part of a gay or lesbian family through second-parent adoption or coparent adoption (Gates, 2011). Second-parent adoption most often occurs when a child from a previous marriage is adopted by the new same-sex partner, just as one partner may adopt the other partner's child in a heterosexual marriage. In a number of states, it is legal for gay or lesbian couples to adopt a child who is not biologically related to either partner (i.e., coparent adoption). The right to coadopt is important because it provides both parents and child with the same rights as those afforded to children and parents in a heterosexual partnership (Crawford, 1999). In addition to adoptions of children from previous heterosexual relationships as well as traditional adoptions by same-sex couples, an increasing number of lesbian women are choosing to have children via donor insemination (Patterson, 2000). As the number of gay and lesbian families with children increases, so does the research on their children's outcomes. Research comparing children of gay men or lesbian women with those of heterosexual couples has found no significant differences in psychosocial development, gender identity, separation individuation, locus of control, intelligence, self-concept, personality, or moral judgment (Ahmann, 1999; Patterson, 2000, 2006; Rimalower & Caty, 2009). Across children's age levels, a parent's gender does not have a significant impact on a child's outcomes. The quality of the relationship between parents and children in both heterosexual and gay and lesbian families is a much more salient variable. Thus, the greatest concern about the well-being of children in gay and lesbian families is not about how the children will be raised but about negative societal perceptions and persecution.

Teenage Parents

The number of births to teenagers decreased substantially between 1991 and 2005, with a slight increase in 2006 (Edelman, 2008). But even with those decreases, nearly 2,000 babies were born each day in 2008 to teenagers between 15 and 19 years of age–a total of 434,758 infants (Annie E. Casey Foundation, 2011). The teenage birth rate in the United States is nearly twice that of the rate in the United Kingdom (which has the highest rate in Europe) and nearly three times the rate in Canada (Annie E. Casey Foundation). The rate of births varies across racial and ethnic groups, with the highest rate among teens of Latino origin, followed by teenagers who are African American, American Indian, and Alaskan Natives.

Any discussion of teenage pregnancy and teenage parenting includes a catalogue of risk factors. These factors are not simply moral platitudes. They are real issues that

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stem from research that describes the challenges of child rearing by those who are just leaving childhood themselves. Teenagers who give birth prior to high school graduation are more likely to have academic difficulties or mental health problems than their peers who graduate (White, Graham, & Bradford, 2005). Teenage parents face numerous challenges, including limited education and reduced educational opportunities, economic insecurity, social isolation, and emotional immaturity (Korfmacher, 2005). Discussion of teenage parenting is typically focused on teenage mothers. In the vast majority of teenage pregnancies, the father is an older man; only one in seven teenage pregnancies involves a teenage boy. When the father is also a teenager, the issues increase in complexity because of the personal characteristics of adolescent boys that predict teen fatherhood: sexual intercourse from an early age, gang membership, high levels of antisocial behavior, and chronic drug use. Coupled with low self-esteem, poor education, large families, and limited financial resources, these characteristics of teenage fathers paint a picture of extremely high risk (Fitzgerald & McKelvey, 2005). The stories of teenage parents, as with any individual or family, cannot be told with statistics. Each story differs because of the resources, resilience, and support systems that are available and actively engaged. As a result, a number of children of teenage parents develop without difficulties and become stable, productive adults. Others, however, are not so fortunate. The challenges faced by their parents become their own, increasing the number of risks they face throughout their lives.

Grandparents as Parents

As a result of improved health, increased life expectancy, the high divorce rate among adults with children, and the increases in teenage pregnancies, the number of adults raising their children's children also has increased. In many families, grandparents are responsible for raising their grandchildren (or even great-grandchildren) because of the biological parents' lack of competence or their incapacity due to imprisonment, abuse, drug addiction, psychiatric disorders, economic conditions, or extended military deployments (Bengston, 2001; Letiecq, Bailey, & Dahlen, 2008). Data from the U.S. Census Bureau indicate that 4.9 million children (7%) younger than 18 years live in homes headed by grandparents (Goyer, 2010). Nearly 1 million (20%) of these children live with their grandparent(s) with neither parent present in the home. In 2000, the percentage of children living with grandparents without their parents present was even greater (33%). The increased presence of parents in 2010 may have been a result of the serious economic downturn, causing unemployment and home foreclosures in the late 2000s. In that austere economy, many families moved in together and created multigenerational families (Goyer, 2010).

The state of New York has recognized the number and value of grandparent-headed families. A state law requires that grandparents be informed whenever a child is placed in foster care so that they can step forward to take care of the child if possible. In 2005, New York City also acknowledged the needs of grandparents raising their grandchildren. The city developed the first public housing complex specifically for grandparent-headed households. Grandparent Family Apartments in the South Bronx is a six-story, 51-unit apartment building with a range of in-house services for children as well as their grandparents (Gordon, 2006).

Grandparents provide a range of support to their children and their children's children, not the least of which is financial (Bengston, 2001). This phenomenon has been

increasingly evident, with grandparents spending an unprecedented amount of money on diapers, toys, private-school tuition, car insurance, and college (MetLife & Francese, 2011). Of course, not every grandparent has the resources to provide financial support to their children and grandchildren. Grandparents who raise their grandchildren are more likely to have lower socioeconomic status than grandparents who do not raise their grandchildren (Gordon, 2006). Even in situations in which grandparents are not immediately involved in supporting their children and raising their grandchildren, they play a role that Hagestad (as cited in Bengston, 2001, p. 7) has titled the "Family National Guard." When their children, grandchildren, and great-grandchildren experience crises, many grandparents who would otherwise have stayed in the background marshal their resources to try to ensure the younger generation's well-being.

Families in the Military

In 2011, the U.S. military included over 1.4 million men and women—many with spouses, partners, and children (U.S. Department of Defense, 2011). In 2002, slightly over half of all service members were married and 71% had children (Segal & Segal, 2004). The volunteer army of today differs considerably from the military of the mid-20th century. As Segal and Segal (p. 3) pointed out, today's "all-volunteer military is more educated, more married, more female, and less white than the draft-era military." Military personnel are racially, culturally, ethnically, and economically diverse. In fact, serving in the U.S. military has been viewed as an opportunity for many citizens with limited resources to be assured of employment and further their education through government-sponsored programs. Some documented immigrants who are not yet U.S. citizens serve in the military and use their service as a more rapid path to citizenship. For many, military service has paved the way to a new and better life. Others, however, gave their lives before they could reach their personal goals.

During the wars in Afghanistan and Iraq, the extent and frequency of deployments increased substantially, which separated, stressed, and generally disrupted family life for those serving their country (Chandra et al., 2011). Active military personnel have been joined by those in the National Guard and Reserve forces for months and even years at a time, thus forcing families to accommodate rapidly and unexpectedly to separation, reduced income, loss of day-to-day companionship, help with child rearing, and overall support. In 2009, approximately 700,000 children had at least one parent deployed overseas; more than 500,000 children younger than 5 years were waiting for a parent on active duty in the Reserves or National Guard to return home (Turner, 2009).

Even when not engaged in war or disaster relief, military families face the stressors of frequent relocation. It is not unusual for a military family to move every 3 years, and their moves are much more likely to take them greater distances than civilians who move or are relocated by their employer (Segal & Segal). Within the Armed Forces, there are dramatic differences in pay and perks. As in any organization, those in the lowest ranks are at the lowest pay grade. Young enlisted personnel are more likely to be married than their civilian counterparts, and many have children. Because military pay at the lowest pay grades is not sufficient to support a family, many young military families are eligible for civilian welfare benefits (Segal & Segal).

Another significant change in military families is the number of women and women with children who are active duty personnel. Coupled with the increasing number of families in which both husband and wife serve in the military, changes in family

functioning occur, especially when the couple has children. Dual-military couples with children and single parents are required to have a written plan specifying who will take care of their children in case of deployment (Segal & Segal).

As previously mentioned, the wars in Afghanistan and Iraq have taken a toll on military families. Not only have there been long and frequent deployments, but the wars themselves have been fought on hostile ground with enemies that are not always easy to recognize. New technologies have proven to be invaluable and battlefield medicine has accomplished things that were unheard of in previous wars, but the loss of life and limb has been great. Each of those losses has affected the men and women on the battlefront as well as their families back home. For those who return home, the battles are not always left behind. There may be months or years of hospitalization, therapy, and adjustment to lifelong physical disabilities. There may also be years of anxiety, depression, and medication management for those who continue to wage a battle against posttraumatic stress disorder. Even for those who return physically and mentally healthy, the complex tasks of reestablishing expectations and renegotiating roles within the family system still remain (Turner, 2009).

Parents with Disabilities

In more than 10 million families with children, at least one parent has a disability (Kirshbaum & Olkin, 2002). Information about these families is sparse, but it is safe to say that there are no generalizations that apply. Each family is unique, and the challenges and needs differ based on the disability as well as the family's support system. Intellectual, sensory, physical, and psychiatric disabilities or a combination present different capacities as well as limitations. Too often, research has been conducted on the broad category of parents with disabilities without regard to the type or extent of their disability or their functional levels.

The progressive philosophy of normalization with its emphasis on the rights of individuals with disabilities has been an important and expanding social and political movement since the 1970s. Mainstreaming, inclusion, community-based services, and individual rights and responsibilities for individuals with disabilities have evolved from the normalization movement. Although it has taken nearly a half century, the number of individuals with learning and intellectual disabilities electing to exercise those rights—including the right to establish their own families through marriage, partnerships, and children—has increased (Lightfoot, Hill, & La Liberte, 2010; Young & Hawkins, 2006). For those with learning disabilities, parenting may present no more challenges than it does for others. Their learning problems are primarily related to academic skills and do not affect their decision making, judgment, or interpersonal interactions. For others, disabilities may make parenting more challenging. Organizing, managing, remembering, disciplining, and assisting with schoolwork may be problematic; however, even if this is the case, there are strategies to compensate for the majority of these issues. When strategies are not available, studies suggest that partners may assume responsibility for providing the necessary knowledge and skills (Young & Hawkins).

The tasks of parenting may be more difficult for individuals with deficits in areas of functioning and performance that are associated with more severe intellectual disabilities. Research in the United Kingdom has established that an individual's potential to parent and the types of support received are key for families in which a parent has learning or intellectual disabilities (Young & Hawkins, 2006). Parents with intellectual

disabilities typically need training in critical areas of parenting such as child care, decision making, effective communication, providing appropriate activities for children, behavior management, stress management, home safety, health care, food preparation, and cleanliness (Wade, Llewellyn, & Mathews, 2008). In a federally sponsored project in Southern California focusing on parents with mild and moderate intellectual disabilities, weekly home visits were used to teach skills, model appropriate behavior, provide opportunities to practice these skills and behaviors, and review family needs (Lynch & Bakley, 1989). Challenging aspects of the intervention included helping clients to generalize or reduce overgeneralization. For example, one child disliked eating, so her mother asked the home visitor to teach her to make pancakes—a food that she thought her daughter would enjoy. The mother quickly learned how to follow the recipe. During a visit several weeks later, the home visitor asked the mother how her daughter was eating. The mother happily reported that her daughter was eating very well. The daughter loved the pancakes so much that the mother made them every day for breakfast, lunch, and dinner.

Parents with significant intellectual disabilities require considerably more external support to successfully manage the routines and responsibilities of daily life than parents without intellectual disabilities. However, data indicate that children of parents with intellectual disabilities can have successful outcomes (Lightfoot et al., 2010).

Studies that focus specifically on parents with sensory and physical disabilities are sparse in the professional literature. Although it is often assumed that individuals with physical disabilities and their families experience many stressful events with ensuing adjustment problems, it has been argued that these families are more similar to than dissimilar from families in which neither parent has a disability (Mazur, 2007). In fact, in a study of 19 parents with a range of acquired disabilities (multiple sclerosis, rheumatoid arthritis, fibromyalgia, degenerative disk disease, and lupus), parents and their adolescent children reported many more positive than negative events related to the disability (Mazur). Although physical disabilities can certainly make many of the responsibilities of parenting more difficult, they do not necessarily reduce its quality.

Individuals with psychiatric problems or mental health issues present a range of complex and challenging concerns. Individuals may be limited in the range of responses that they have in their interactions with others. They may misperceive others' actions and intentions, lack flexibility, and have difficulty trusting and relating to others (Tomlin, 2002). Many lack insight into their own behavior and engage in behaviors that are not understood by others. Individuals may be frustrated by interactions with professionals and systems that are unaware of their needs and the daily challenges that they experience. These characteristics make effective, consistent parenting and attachment difficult; however, treatment methods can be used successfully with many individuals who experience these challenges.

The Sandwich Generation

Although many adults play a supportive role in the lives of their children and grandchildren, not every older family member is able to help. Instead, adult children must provide care and support for their aging parents as well as their own children. The population of people engaged in such double duties has been described in the popular press as the "sandwich generation" (Pierret, 2006). For these families, juggling jobs, dependent children, and the needs of older family members is challenging. An estimated 9 million adults find themselves in this situation. Although both men and women are

affected by their parents' aging, women are more often squeezed in this multigenerational sandwich: 70% of the caregivers are women, and 60% of these women work full time (McCombs, 2001). Longer life expectancy, later childbearing, smaller families, and greater physical distance between family members all contribute to the plight of the sandwich generation (Pierret).

The day-to-day needs associated with the care of older parents include monitoring medication, making doctor's appointments, providing or arranging transportation, handling financial affairs, maintaining a social support system for homebound older adults, ensuring physical and psychological safety, and advocating for required care; these tasks can be demanding and exhausting (McCombs, 2001). In some respects, the role reversal may be even more difficult than these daily demands.

SOCIOECONOMIC DIFFERENCES: THE DOLLAR DIVIDE

One of the most potent differences between families may be their socioeconomic statuses. Although money cannot buy happiness or love, it can buy access to education, health care, enriching life experiences, and numerous opportunities that are not available to those with limited resources. Socioeconomic status can dramatically affect families and every aspect of family life.

During the late 1990s, the United States had a strong economy in which the overall wealth of the nation grew; unemployment was low and there was little inflation.

Newspaper headlines and stock market reports were rosy. However, in many instances, the words of an old adage were accurate: The rich got richer and the poor got poorer. During that time, the gap between the wealthiest 5% of American families and the poorest 20% of families reached a 52-year high (Children's Defense Fund, 2000). For many families, things have only gotten worse since then. In 2008, despite the recession and some loss of income, the richest 1% of U.S. households received 21% of the nation's total income, and the top 10% of households received 48.2% of the country's income (Children's Defense Fund, 2011).

For those households that control nearly half of the country's income, life is good. Adler (1995) described these families as the "over-class." Difficult to define through statistical measures, members of this group have both incomes and attitudes that set them apart from the middle class. These individuals are not necessarily the beneficiaries of family fortunes and wealth that has been accumulated over generations; rather, they likely have created the wealth that has catapulted them into this group. These individuals tend to be achievement oriented. They are in the top 20% of the nation on income, have degrees from prestigious universities, and are clustered primarily on the East and West Coasts but are transnational in perspective. These families have emerged as a new elite class (Adler), although *elite* may not be the word that they would choose. It may be difficult for many in the overclass to recognize that they live a life of privilege. Some may have a conviction that success flows from merit, which makes it difficult for them to understand that failure is often based on societal, rather than personal, shortcomings.

With the increase in affluence for these households, two issues that are especially relevant to this book emerge: the lack of involvement in child rearing in some affluent families and the income inequality in the United States. Just as economic strain can prevent parents from giving full attention to parenting (White & Rogers, 2000), so can the strain to earn more, do more, and get ahead faster. The drive to become ever wealthier and more successful can take parents' attention away from children. As stated by Mack (2000, p. 11), "Where once maternal engagement was hampered only by the burdens of critical subsistence tasks, today the principal thief of time is a fast-moving market economy offering a cafeteria of ever-changing, often senseless temptations." For many families on the fast track, the temptations become realities as they watch out for the next best thing that will replace today's toys, smart phones, sport utility vehicles, and exercise gurus. Although the advantages and opportunities associated with growing up in a wealthy family cannot be ignored, money does not guarantee success for children in affluent families. Shootings and other violence in schools have occurred in suburban areas with average and above-average material resources. Material advantages do not outweigh the importance of spending time with children, including instruction and modeling of values such as compassion and social justice.

Concern is mounting over the widening income gap within the United States. As the gulf widens, attitudes may become more rigid and policies related to families with low socioeconomic status may shift. The shift could take many directions, from paternalistic forms of support to punitive approaches; however, it is important for service providers to be aware of the dangers that exist for families who live in the margins. Endorsement of a meritocracy in which rewards are believed to flow fairly to those who work hardest does not take into account the systemic societal biases in many policies, programs, and services that favor individuals who are already on top. Service providers are in a position to consider the context of each family's life, as well as the opportunities that have been unavailable to families because of their socioeconomic status, race,

educational level, or primary language. In addition, it is important for service providers to consider how they can help families overcome those barriers.

In 2008, when the top 10% were getting richer, the bottom 90% of households had the largest single-year drop in income since 1938 and their lowest incomes in a decade. Almost all of the gains that these families had made during the 1990s were lost during the recession (Children's Defense Fund, 2011). Many families lost more than income; they lost their savings, homes, and jobs. In 2010, 46.2 million men, women, and children were living in poverty—a 50-year high (Lee, Levey, & Lazo, 2011). As families faced crises in income, employment, and shelter, 3.4 million children received assistance through Temporary Assistance for Needy Families in 2010—a decrease of 59% compared to the number receiving assistance in 1996. Chapter 6 provides a comprehensive discussion of these issues in the United States.

Poverty affects both families and children; it can impair children's emotional, intellectual, and physical development (Children's Defense Fund, 2011). In 2009, 20% of children (15.5 million) in the United States lived in poverty. Almost half of those children lived in extreme poverty, which is defined as an annual income of half the poverty level (amounting to $11,025 per year for a family of four). In 2010, the number of children living in low-income U.S. households reached its highest level since 1962 (Lee et al., 2011). For children in families with such limited incomes, almost nothing is certain. A place to sleep, food, clothes, toilets, sinks, medicine, and an education are not assured. The energy that goes into healthy development must often be used for survival.

Poverty is not evenly distributed across types of families. Nearly 60% of children living in poverty in 2009 lived in single-parent households, with the majority of those being single mothers (Children's Defense Fund, 2011). More than one in three African American children and one in three Hispanic children lived in poverty in 2009, compared with one in ten white, non-Hispanic children. However, wide variations exist within each racial and ethnic group. For example, the poverty rate in 2009 was 3.5% for childless, married African American families with a householder who held a bachelor's degree or higher. For married African American couples with children in the home and a householder without a high school diploma, the poverty rate was nearly 50%. For families with African American single mothers without a high school diploma or equivalent, the poverty rate was nearly 75% (Children's Defense Fund, 2011).

Poverty is frequently associated with developmental risk because it promotes an accumulation of risk factors that compound its hardships (Hanson & Carta, 1996). Insufficient food, inadequate housing, lack of health care, nonexistent transportation, homelessness, and neighborhoods plagued by violence interact to reduce resilience. Although many parents and families struggle mightily against the factors that surround poverty, they face many obstacles. Inadequate nutrition, substance abuse, maternal depression, exposure to environmental toxins, trauma, and physical abuse are often part of the everyday experience. Children are particularly vulnerable to these frequently co-occurring circumstances. The first years of life contribute significantly to emotional and cognitive development, so the risk factors faced by millions of children living in poverty or extreme poverty place them at considerable risk for negative outcomes, including less-than-optimal brain development (Brooks-Gunn, Klebanov, Liaw, & Duncan, 1995; National Center for Children in Poverty, 1997). In a complex statistical analysis of data gathered between 1983 and 1996 from the National Health Interview Survey, poverty emerged as a significant predictor of disability (Fujiura & Yamaki, 2000). In 1983, poverty did not statistically predict disability; however, by 1996, the odds of having a disability were 86% higher for a

child living in poverty than for a child living above the poverty threshold. On reflection, this finding is not surprising given that children living in poverty are more likely to be exposed to conditions that are predictive of disability, such as low birth weight, chronic health problems, limited access to health care, inadequate nutrition, and trauma.

RACIAL, CULTURAL, AND ETHNIC DIVERSITY

Cultural diversity has received increasing attention lately. When considering cultural diversity, it is typical to think in terms of race, culture, ethnicity, and primary language. Because of the long-standing power structures in the United States, it has been common to assume that those with Anglo-European roots are the norm and everyone else is diverse. This is the first myth that needs to be dispelled. With the transformation of the United States into a country in which no single group will hold the majority, there is no norm. We are all diverse.

The Demographics of Diversity

Data from the decennial census indicate that 308.7 million people lived in the United States in 2010 (Mather et al., 2011). White, non-Hispanic Americans accounted for 63.7% of the population, with 16.2% Hispanics/Latinos, 12.2% African Americans/Blacks, and 4.7% Asians. American Indian and Alaskan Natives were approximately 1% of the U.S. population, with Native Hawaiian and other Pacific Islanders at less than 1%. For the first time, the 2010 census allowed individuals to indicate that they belonged to more than one race. Nearly 2% of the population checked that they were from more than one race (Pew Hispanic Center, 2011). Although Hispanic/Latino Americans made up only 16% of the population, they were the fastest growing group in the years between 2000 and 2010, with a 43% increase. The number of Latino children increased 39% during the same decade, making them 17.1% of all children in the United States younger than age 18 (Pew Hispanic Center). The considerable growth in the number of young Latinos, as well as the youthful composition of other groups, suggests that the 2020 census will confirm the changing demographics within the United States. Chapter 2 provides a comprehensive discussion of cultural, ethnic, racial, and linguistic diversity in the United States.

The Effect of Diversity

Many people seldom think about the role that culture, ethnicity, race, and language play in their lives; they may assume that others' perspectives and worldviews are the same as their own. White Americans in particular tend to see themselves as being without a culture (Lynch, 2011). However, culture is reflected in all that individuals think and all that they do. Interactions with others, food, views on childrearing, the kind of medical care used, religious and spiritual beliefs, and ceremonies and rituals of celebration and mourning are all reflections of culture, ethnicity, and race. These practices and beliefs are not monolithic, and cultures are not static. They evolve over time and even location, but they provide a framework for living one's life. These deep-seated, if unrecognized, roots affect daily life in myriad ways. For example, it is typical in the United States for a couple expecting a child to visit the doctor together, take childbirth classes together, and have the father present during the delivery. In some other cultures, such as Middle Eastern, pregnancy and childbirth are viewed as women's affairs. Fathers are not as involved in the pregnancy and are seldom present during the delivery (Sharifzadeh, 2011).

Beliefs about child rearing also differ from culture to culture. In many U.S. homes, children are expected to become independent as soon as possible. Sleeping alone, toilet training, dressing, and feeding oneself are valued goals. This is not the case in every culture. In many families with roots in countries throughout the world, infants sleep with parents for an extended period of time. Toilet training is not taught or scheduled and occurs when the child seems to be ready. Mothers, grandmothers, and older siblings may follow a toddler around with their meal, spooning food into the child's mouth as they play. The milestones that are viewed as so important in mainstream American culture do not have the same power for many families with Chinese, Southeast Asian, and South American roots. Expectations related to independence and self-care for children in those cultures, however, increase after the age of 5 or 6 years, becoming far greater than expectations for the majority of children in the United States.

The ways in which families and communities view death and dying and honor the dead also differ from culture to culture. For some, burial or cremation must take place within 24 hours. For others, the deceased may be prepared for burial but remain in the home for several days while family members and friends keep a vigil or celebrate the life of the deceased. In many cultures, such as Mexican and Chinese, there are annual rituals of remembrance of ancestors, cleaning of the graves, and eating traditional foods (Chan & Chen, 2011; Zuniga, 2011). Throughout much of the world outside North America and Great Britain, it is not uncommon to see women walking down the street holding hands or men walking arm in arm. Same-sex greetings may include kissing. However, in the United States, the same displays of affection typically suggest a more intimate relationship.

Even when people are unaware, they are often thinking and behaving in ways that reflect their cultural, ethnic, or racial heritage. These ways of being in the world give meaning and structure to each individual and each family. In many ways, the practices are sustained because they bring people together. Sometimes, however, beliefs and practices limit tolerance of others and cause conflict with those who do not share the same traditions.

The roles that culture, color, ethnicity, and language play in each individual's life are as unique as that person. Generalizing about the impact of diversity is difficult. However, when diversity (culture, color, race, ethnicity, or language) deprives an individual or family of equal access and opportunity or puts them in danger, the well-being of the family and its members is in jeopardy. For most individuals and families in the United States, the impact of their culture, ethnicity, and home language appears to be minimal. They go about the tasks of everyday living without thinking about these characteristics or the ways in which they are touched by each of them. For others, these characteristics define who they are and profoundly affect daily interactions with others. They may be viewed with curiosity, suspicion, dislike, disdain, or indifference, and each day may bring challenges that other people do not face.

IMPLICATIONS OF NEW FAMILY
PARADIGMS FOR SERVICE PROVIDERS

Families in the United States were never as monolithic as some nostalgic politicians and screenwriters would have the public believe. Diversity in family size, membership, and intergenerational involvement has always existed, but the diversity of family structures that is publicly acknowledged and celebrated by many has increased dramatically since the middle of the 20th century. The challenges, failures, and successes that have

emerged as family structures evolved have provided new ways of defining, studying, and working with families. These new paradigms have, in turn, taught everyone that there is no "right way" to be a family.

What are the implications for service providers? How can those who work with families and children improve their practice to ensure that the wide range of family structures, life circumstances, racial and cultural identifications, and needs are addressed and met? Two characteristics of service providers and the systems in which they work are essential to effective practice: The first characteristic is an openness to listen, learn, and change, whereas the second characteristic is a commitment to engage in reflective practice. Listening, learning, and changing sounds simple, yet it is one of the most difficult skills required of professionals. On the surface, it is easier, faster, and less stressful to find a way of doing things and to follow that routine over and over again. However, if you rely on a routine approach, you may lose the ability to listen. Instead of hearing what the family is saying, you will hear what you expect to hear. When this occurs, you can miss what the family is saying about their needs, resources, and preferences. When you follow the same routines that you have used in the past, there is no guarantee that you will be meeting the family's current or future needs. It is more likely that you are simply meeting your own needs to complete the paperwork. As a result, putting one's practice on automatic pilot is not, in reality, easier, faster, or less stressful for the professional or the family because it greatly reduces the likelihood that the intervention and support will be effective.

Reflective practice is a hallmark of the effective professional (Schön, 1987). It requires professionals to continuously review their actions, consider the results of those actions, and when necessary alter their approach to improve outcomes. Committing to reflective practice means that professionals must continuously analyze their experiences in order to learn from them. The constant process of experience, analysis, and application to practice results in lifelong learning—another hallmark of an effective professional.

Professionals who work with families come from a broad array of disciplines, including education, special education, and early intervention; psychology; social work; child development; nursing, medicine, occupational, physical, and speech therapy; and law. Working with families is one of the most challenging as well as one of the most rewarding career choices. It is also a career with many responsibilities—the first of which is to support families in their own growth and development.

SUMMARY

Family diversity is increasing in many ways. Families vary in membership, socioeconomic status, culture, race, ethnicity, and language. Many families have a single parent who is responsible for providing for children's financial and emotional well-being. Other families may appear to have a single parent responsible for all aspects of family life, but in reality they have a wide range of family and kinship support available. Divorce is no longer unusual; many children will live in homes with stepparents, stepbrothers, and stepsisters. More often than one would hope, children of divorced parents will experience a second divorce. Grandparents often become primary caregivers when children live in homes without either biological parent. Other children may live in foster homes until they are adopted.

It can no longer be assumed that two-parent families are composed of male and female parents. Gay men and lesbian women are forming strong family units, as well as adopting and having their own children. Families who serve the nation as members of the

military service face special challenges because of frequent and extended deployments, low pay for those at the bottom of the chain of command, and frequent relocations. Parents with disabilities are another group with unique needs that require understanding and adaptation of strategies and services provided by practitioners.

Families' financial circumstances vary dramatically, with a growing gap between those with resources and those without. At the same time that the top 10% of Americans are becoming wealthier, many others struggle daily just to feed, clothe, and house their families. The differences in sociocultural experience of the majority of providers and many of the families that they serve provide additional challenges to effective policy and practice.

In addition to the diversity of family membership, the cultural, ethnic, racial, and linguistic diversity among families is on the increase. The nation's demographics paint a colorful picture. Challenges related to the way in which families are organized; their values, beliefs, and behaviors; and what they find meaningful in their lives demand attention and new skills from professionals.

If families are to benefit from professional skills and knowledge, it is incumbent on professionals to understand each family's context and to develop interventions that fit those contexts. One size does not fit all when working with families. Instead, both programs and services need to be tailored to fit. When the match between family needs, perspectives, and resources can be made by a service provider, outcomes for children and families will be improved–the ultimate goal of intervention.

ACTIVITIES TO EXTEND THE DISCUSSION

1. **Join a group within your class and discuss the questions that follow.** When you have answered the questions, compare the responses of group members to develop a profile of the similarities and differences of the families that are represented within the group.

   - How many members are part of your family?

   - How is each one related to you (e.g., biological father, stepmother, maternal aunt, half-brother)?

   - How many families have you lived in since your birth?

2. **Investigate the family structure and diversity within your own community.** Find statistics from the U.S. Census Bureau or other sources on families within your state, community, or neighborhood. Develop a profile to share with other class participants describing the percentage of different family structures, racial/cultural diversity, educational levels, income levels, individuals without health insurance, and any other statistic that you find interesting.

3. **From this week's newspapers and/or magazines, clip at least one article that addresses some issue that affects families.** Prepare a synopsis of the article and be prepared to discuss which families may be most affected.

TO LEARN MORE: SUGGESTED WEB SITES

The Annie E. Casey Foundation
http://www.aecf.org

Children's Defense Fund

http://www.childrensdefense.org/child-research-data-publications

Military Homefront Supporting Troops and Their Families

http://www.militaryhomefront.dod.mil

National Center for Children in Poverty

http://www.nccp.org

Population Reference Bureau

http://www.prb.org

U.S. Census Bureau

http://www.census.gov

U.S. Department of Health and Human Services, Administration for Children and Families: Child Welfare Information Gateway

http://www.childwelfare.gov/systemwide/statistics/adoption.cfm

REFERENCES

Adler, J. (1995, July 31). The rise of the over-class. *Newsweek, 126*(5), 32–46.

Ahmann, E. (1999). Working with families having parents who are gay or lesbian. *Pediatric Nursing, 25,* 531–536.

Annie E. Casey Foundation. (2011). *Kids count data book*. Retrieved August 25, 2011, from http://datacenter.kidscount.org/databook/2011/OnlineBooks/2011KCDB_FINAL.pdf

Averbach, L. (2012). Second and third marriages are failing at an alarming rate. *Huffington Post*. Retrieved August 2, 2012, from http://www.huffingtonpost.com/leo-averbach/second-and-third-marriage_b_1326785.html

Bateson, M.C. (1994). *Peripheral visions: Learning along the way*. New York, NY: HarperCollins.

Bengston, V.L. (2001). Beyond the nuclear family: The increasing importance of multi-generational bonds. *Journal of Marriage and the Family, 63,* 1–16.

Boyden, J. (1993). *Families: Celebration and hope in a world of change*. London, UK: Gaia Books.

Brooks-Gunn, J., Klebanov, P., Liaw, F., & Duncan, G. (1995). Toward an understanding of the effects of poverty upon children. In H.E. Fitzgerald, B.M. Lester, & B. Zuckerman (Eds.), *Children of poverty: Research, health, and policy issues* (pp. 3–37). New York, NY: Garland Science Publishing.

Brown, B.V. (2010). The single-father family: Demographic, economic, and public transfer use characteristics. In A.D. Yarber & P.M. Sharp (Eds.), *Focus on single-parent families: Past, present, and future* (pp. 38–41). Santa Barbara, CA: Praeger.

Chan, S., & Chen, D. (2011). Families with Asian roots. In E.W. Lynch & M.J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with children and their families* (4th ed., pp. 234–318). Baltimore, MD: Paul H. Brookes Publishing Co.

Chandra, A., Lara-Cinisomo, S., Jaycox, L.H., Tanielian, T., Han, B., Burns, R.M., et al. (2011). *Views from the home front: The experiences of youth and spouses from military families*. Santa Monica, CA: RAND Corporation.

Children's Defense Fund. (2000). *The state of America's children: Yearbook 2000*. Washington, DC: Author.

Children's Defense Fund. (2011). *The state of America's children: Yearbook 2011*. Washington, DC: Author.

Christensen, H.T. (1964). *Handbook of marriage and the family*. Chicago, IL: Rand McNally.

Coontz, S. (1995). The American family and the nostalgia trap. *Kappan Special Report, 76,* K1–K20.

Copen, C.E., Daniels, K., Vespa, J., & Mosher, W.D. (2012). First marriages in the United States: Data from the 2006-2010 national survey of family growth, *National Health Statistics Reports*. Retrieved August 1, 2012, from http://www.cdc.gov/nchs/data/nhsr/nhsr049.pdf

Crawford, J. (1999). Co-parent adoptions by same-sex couples: From loophole to law. *Families in Society, 80,* 271–278.

Edelman, M.R. (2008). *Teen pregnancy in America today.* Retrieved March 26, 2012, from http://www.childrensdefense.org/newsroom/child-watch-columns/child-watch-documents/teen-pregnancy-in-america-today.html

Federal Interagency Forum on Child and Family Statistics. (2011). *America's children: Key national indicators of well-being, 2011.* Washington, DC: Government Printing Office.

Fischer, C.S. (2011). *Still connected: Family and friends in America since 1970.* New York, NY: Russell Sage Foundation.

Fitzgerald, H.E., & McKelvey, L. (2005). Low-income adolescent fathers: Risk for parenthood and risky parenting. *Zero to Three, 25*(4), 35–41.

Fujiura, G.T., & Yamaki, K. (2000). Trends in demography of childhood poverty and disability. *Exceptional Children, 66,* 187–199.

Gates, G.J. (2011). Family formation and raising children among same-sex couples. Retrieved March 26, 2012, from http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-Badgett-NCFR-LGBT-Families-December-2011.pdf

Gelles, R.J. (1995). *Contemporary families: A sociological view.* Thousand Oaks, CA: Sage Publications.

Gordon, P. (2006). *Grandparents raising grandchildren.* Retrieved August 30, 2011, from http://www.gothamgazette.com/print/1816

Goyer, A. (2010). *More grandparents raising grandkids: New census data shows an increase in children being raised by extended family.* Retrieved August 29, 2011, from http://www.aarp.org/relationships/grandparenting/info-12-2010/more_grandparents_raising_grandchildren.print.html

Hanson, M.J., & Carta, J.J. (1996). Addressing the challenges of families with multiple risks. *Exceptional Children, 62,* 201–212.

Hanson, M.J., & Lynch, E.W. (1992). Family diversity: Implications for policy and practice. *Topics in Early Childhood Special Education, 12,* 283–306.

Hughes, R. (2010). What is the actual divorce rate in the US? *Huffington Post.* Retrieved August 1, 2012, from http://www.huffingtonpost.com/robert-hughes/what-is-the-real-divorce-_b_785045.html

Jacobsen, L.A., Mather, M., Lee, M., & Kent, M. (2011). America's aging population. *Population Bulletin, 66,* 1–16.

King, R.K. (1999). Time spent in parenthood status among adults in the United States. *Demography, 3,* 377–385.

Kirshbaum, M., & Olkin, R. (2002). Parents with physical, systemic, or visual disabilities. *Sexuality and Disability, 20,* 65–80.

Korfmacher, J. (2005). Teen parents in early childhood interventions. *Zero to Three, 25*(4), 7–13.

Lee, D., Levey, N., & Lazo, A. (2011, September 14). U.S. poverty totals hit a 50-year high. *The Los Angeles Times,* pp. A1, A15.

Letiecq, B.L., Bailey, S.J., & Dahlen, P. (2008). Ambivalence and coping among custodial grandparents. In B. Hayslip, Jr., & P.L. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 3–16). New York, NY: Springer.

Lightfoot, E., Hill, K., & LaLiberte, T. (2010). The inclusion of disability as a condition of termination of parental rights. *Child Abuse and Neglect, 34,* 927–934.

Lynch, E.W. (2011). Developing cross-cultural competence. In E.W. Lynch & M.J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with children and their families* (4th ed., pp. 41–78). Baltimore, MD: Paul H. Brookes Publishing Co.

Lynch, E.W., & Bakley, S. (1989). Serving young children whose parents are mentally retarded. *Infants and Young Children, 1*(3), 26–38.

Mack, D. (2000, June 12). Valuing family time over wealth. *Christian Science Monitor,* 11.

Mather, M. (2010). U.S. children in single-mother families. Retrieved August 17, 2011, from http://www.prb.org/Publications/PolicyBriefs/singlemotherfamilies.aspx

Mather, M., Pollard, K., & Jacobsen, L.A. (2011, July). *PRB reports on America: First results from the 2010 census.* Retrieved September 9, 2011, from http://www.prb.org/Articles/2010/2010-unitedstates-census.aspx

Mazur. E. (2007). Negative and positive disability-related events and adjustment of parents with acquired physical disabilities and their adolescent children. *Journal of Child and Family Studies, 17,* 517–537.

McCombs, B. (2001, January 8). Demands on boomer bloom: Need of kids, and parents squeeze sandwich generation. *The Denver Post,* p. B1.

MetLife & Francese, P. (2011). *The MetLife report on American grandparents: New insights for a new generation of grandparents.* Retrieved August 29, 2011, from http://www.metlife

.com/assets/cao/mmi/publications/studies/2011/mmi-american-grandparents.pdf

National Center for Children in Poverty. (1997). *Poverty and brain development in early childhood.* Retrieved May 7, 2001, http://www.nccp.org/

National Kids Count Program. (2010). Data across states: Children in single-parent families. Retrieved August 17, 2011, from http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=106

Onderko, P. (2011). The (same-sex) family next door. *Parenting: Early Years, 25*(2), 74–77.

Patterson, C.J. (2000). Family relationships of lesbians and gay men. *Journal of Marriage and the Family, 62,* 1052–1069.

Patterson, C.J. (2006). Children of lesbian and gay parents. *Current Directions in Psychological Science, 15,* 241–244.

Pew Hispanic Center. (2011, March). *Census 2010: 50 million Latinos, Hispanics account for more than half of nation's growth in past decade.* Retrieved September 10, 2011, from http://pewhispanic.org/files/reports/140.pdf

Pierret, C.R. (2006). The "sandwich generation": Women caring for parents and children. Retrieved August 31, 2011, from http://www.bls.gov/opub/mlr/2006/09/art1full.pdf

Portrie, T., & Hill, N.R. (2005). Blended families: A critical review of the current research. *The Family Journal, 13,* 445–451.

Powell, B., Bolzendahl, C., Geist, C., & Steelman, L.C. (2010). *Counted out: Same-sex relations and Americans' definitions of family.* New York, NY: Russell Sage Foundation.

Price, C.A., & Humble, A.M. (2010). Stress and coping in later life. In S.J. Price, C.A. Price, & P.C. McKenry (Eds.), *Families and change: Coping with stressful events and transitions* (4th ed., pp. 51–71). Thousand Oaks, CA: Sage Publications.

Riche, M.F. (2000). *America's diversity and growth: Signposts for the 21st century.* Washington, DC: Population Reference Bureau.

Rimalower, L., & Caty, C. (2009). The mamas and the papas: The invisible diversity of families with same-sex parents in the United States. *Sex Education, 9*(1), 17–32.

Schön, D.A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions.* San Francisco, CA: Jossey-Bass.

Segal, D.R., & Segal, M.W. (2004). America's military population. *Population Bulletin, 59*(4), 1–40.

Seibert, M.T., & Willets, M.T. (2000). Changing family forms. *Social Education, 64,* 42–47.

Sharifzadeh, V.-S. (2011). Families with Middle Eastern roots. In E.W. Lynch & M.J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with children and their families* (4th ed., pp. 392–436). Baltimore: Paul H. Brookes Publishing Co.

Shore, R., & Shore, B. (2009). *KIDS COUNT Indicator Brief: Increasing the percentage of children living in two-parent families.* Retrieved August 17, 2011, from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/K/KIDSCOUNTIndicatorBriefIncreasingthePercentag/Two%20Parent%20Families.pdf

Sileo, N.M., & Prater, M.A. (2012). Overview of diversity among families and professionals. In N.M. Sileo & M.A. Prater (Eds.), *Working with families of children with special needs: Family and professional partnerships and roles* (pp. 91–106). Boston, MA: Pearson.

Teachman, J.D., Tedrow, L.M., & Crowder, K.D. (2000). The changing demography of America's families. *Journal of Marriage and the Family, 62,* 1234–1247.

Tomlin, A. (2002). Partnering with parents with personality disorders: Effective strategies for early intervention providers. *Infants & Young Children, 14*(4), 68–75.

Turner, J.S. (2009). *American families in crisis.* Santa Barbara, CA: ABC-CLIO.

U.S. Census Bureau. (2009a). *American FactFinder, Help glossary.* Retrieved August 2, 2012, from http://factfinder2.census.gov/help/en/american_factfinder_help.htm#glossary/glossary.htm

U.S. Census Bureau. (2009b). *American FactFinder, United States 2005–2009 American community survey 5-year estimates data profile highlights.* Retrieved August 2, 2012, from http://www.census.gov/acs/www/

U.S. Census Bureau. (2011). *Statistical abstract of the United States: 2011, Table 1136. Single-parent households: 1980 to 2009.* Retrieved August 17, 2011, from http://www.census.gov/compendia/statab/2011tables/11s1336.pdf

U.S. Department of Defense. (2011). *Military personnel strength figures.* Retrieved August 30, 2011, from https://kb.defense.gov/app/answers/detail/a_id/253

U.S. Department of Health and Human Services. (2004). *How many children were adopted in 2000 and 2001?* Retrieved August 13, 2011, from http://www.childwelfare.gov/pubs/s_adopted/s_adopted.pdf

U.S. Department of Health and Human Services, Administration for Children & Families. (2010). The AFCARS report. Retrieved August 14, 2011, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm

Wade, C., Llewellyn, G., & Mathews, J. (2008). Review of parent training interventions for parents with intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 21,* 351–366.

White, B.A., Graham, M., & Bradford, S. K. (2005). Children of teen parents: Challenges and hope. *Zero to Three, 25*(4), 4–6.

White, L., & Rogers, S.J. (2000). Economic circumstances and family outcomes: A review of the 1990s. *Journal of Marriage and the Family, 62,* 1035–1052.

Young, S., & Hawkins, T. (2006), Special parenting and the combined skills model. *Journal of Applied Research in Intellectual Disabilities, 19,* 346–355.

Zuniga, M.E. (2011). Families with Latino roots. In E.W. Lynch & M.J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with children and their families* (4th ed., pp. 190–233). Baltimore, MD: Paul H. Brookes Publishing Co.