

LOOKING BEYOND THE NUCLEAR FAMILY:
A MIXED METHODS EXAMINATION OF
EXTENDED FAMILY INVOLVEMENT IN
AMERICAN INDIAN FAMILIES

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This project is a capstone on my graduate training. I learned important lessons through this work that I will take with me and will use in the future. These lessons included learning from and involving the community on issues important to them, using the data to help benefit the community, and to advocate for social justice and representation of our communities on various levels.

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Abstract: A common practice among American Indian (AI) families, as well as many ethnic minority families, includes involving both nuclear and extended family members in raising children. This practice is believed to serve as a protective factor for families against negative outcomes and provide a potential avenue for social support. Several authors have described extended family members being involved in helping to raise, sharing cultural knowledge and customs, and disciplining youth. As a result, it has been proposed that extended family members help to nurture the parent-child relationship and provide various forms of support to parents. Despite this, the available research with AI families has been limited to specific examinations of their involvement such as the involvement of grandparents as custodial guardians or in providing kinship care. Given the various roles extended family members play in children's development, an examination of types of support and impact of support is warranted. The purpose of the current study is to examine how extended family members help support families. Specifically, the study will gain information from the perspectives of caregivers and extended family members on their specific roles in supporting parents and helping to raise children. A mixed-methods approach was used to explore extended family involvement from the perspectives of family members. Quantitative and qualitative data revealed a broad definition of family which included biological and non-biological family members who help to raise children. Several themes concerning extended family involvement emerged from interviews with caregivers and family members including teaching and reinforcing cultural knowledge and shaping children's behaviors, for example. Extended family members described their involvement as providing a new sense of purpose and helping to keep them active. Findings support and extend previous literature on the involvement of extended family by describing their role in the family and the impact of their involvement. Since the current project is an exploration of extended family involvement using a mixed-method approach, the study included a smaller sample size. Future studies may include a larger sample size and more diversity of study participants. Clinical implications include encouraging clinicians to consider engaging family members actively involved in raising children in helping to deter problematic behavior.

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CHAPTER I

INTRODUCTION

The construct of family has various definitions and determinants for inclusion and exclusion of members. Further delineating this construct is culture (Jones & Lindahl, 2011). A common practice among American Indian (AI) families is the involvement of both the nuclear and extended family members in raising children. This practice is believed to serve as a protective factor for families against negative outcomes and provide a potential avenue for social support.

Several authors have described AI families as including extended family members in helping to raise and teach younger generations (e.g., BigFoot & Funderburk, 2011; Garrett et al., 2014; Glover, 2001; LaFromboise & Dizon, 2003; McMahon, Kenyon, & Carter, 2013). Their involvement in the family may include sharing cultural knowledge and customs and disciplining youth (Glover, 2001; LaFromboise & Dizon, 2003). As a result, it is proposed that extended family members help to nurture the parent-child relationship and provide various forms of support to parents (Glover, 2001).

Although authors have described AI extended family involvement, literature has focused primarily on the possible benefits of their involvement in treatment (BigFoot & Funderburk, 2011; Garrett et al., 2014), grandparents acting as custodial guardians (e.g., Byers, 2010), and transmitting cultural knowledge (e.g., Robbins, Scherman, Holeman, & Wilson, 2005). Given

the complexity of American Indian history and heterogeneity of American Indian cultural traditions and practices, research is vital to understanding the intricacies of AI family structure and functioning. Continued research examining the role of extended family members in helping to support parents and children is warranted. Furthermore, although previous descriptions by researchers provide meaningful information on AI families, further systematic examination of unique characteristics of AI families and sources of strength are needed.

The purpose of the current study was to examine how extended family members help support families. Specifically, the study gained information from the perspectives of parents and extended family members on their specific roles in supporting parents and helping raise children. Extended family members' perspectives on their own families' involvement during their own childhood was also gathered. Additionally, the parent and extended family member's relationship quality, demographic information, and acculturation were examined in order to provide a context for the interpretation of the results.

CHAPTER II

ABBREVIATED LITERATURE REVIEW

Extant literature traditionally describes families within a nuclear model and typically only include immediate family members. While these traditional, older models of family systems are typically studied, they do not fully capture other family models. Specifically, ethnic minority families often include extended family members and community members in helping to raise children (Collins, 1992). There are demonstrated effects on both the parent and extended family member as well as the child (Jones & Lindahl, 2011). The extent to which these effects are either positive or negative, are dependent on the relationship quality between the parent and extended family member.

The degree to which extended family members are involved, who is involved, and their role within the family varies across ethnicities. Among African Americans, extended family includes an array of family members who may be involved (Collins, 1992). Patricia Collins (1992) has written extensively regarding others' involvement among African American families. These family members may include grandparents, aunts, uncles, cousins, and members of their neighborhood. She identifies these extended family members as "othermothers" and "fictive kin" who each have a share in caregiving responsibilities (Collins, 1992). Their involvement in the family has been linked with increased monitoring behaviors, and increased parental and child adjustment (Jones & Lindahl, 2011).

Similarly, among Latino families, extended family members are involved in helping to raise children. For Latino families, extended family members play a significant role in the transmission of cultural practices, values, and language to children (Silverstein & Chen, 1999). Interestingly, Goodman and Silverstein (2006) demonstrated that extended family involvement was linked to life satisfaction and emotional health among grandmothers.

Among families of Asian descent, the role of extended family members includes disciplining and teaching children morals and values (Kurrien & Vo, 2004; Sonuga-Barke & Mistry, 2000). Their involvement is linked with children's psychological well-being (Hackett & Hackett, 1993), socioemotional outcomes (Chakrabarti, Biswas, Chattopadhyay, & Saha 1998; Naug, 2000), and cognitive development (Naug, 2000). Sonuga-Barke and Mistry (2000) alternatively found parents who endorsed extended family involvement to more frequently endorse depressive and anxious symptoms compared to those without significant family involvement.

Similar to other ethnically diverse families, American Indian families also involve extended family members in raising children. The majority of studies describing and examining extended family involvement among Native families have identified grandparents as significantly involved. Their involvement has been primarily described in transmitting cultural knowledge to younger generations (Robbins, Scherman, Holeman, & Wilson, 2005) and helping to maintain the health and balance of the family (Deacon, Pendley, Hinson, & Hinson, 2011; Martin & Yurkovich, 2014; Robbins et al., 2005). Ultimately, the teachings and maintenance of the family which are taught and reinforced by grandparents are described as developing strong, adaptive children and families.

Families who are balanced and are considered "healthy" and adaptive are those who are close-knit, provide and receive support from extended family, and are connected spiritually and

culturally (Martin & Yurkovich, 2014). Family members serve to support one another in helping to maintain this balance and make up the difference where caregivers may fall short. As such, the immediate and extended family members coexist in a reciprocal, interdependent type of relationship.

Despite these descriptions of extended family involvement, research is limited in understanding how extended family members are involved in child raising and how their involvement impacts parents and the family members themselves. While prior research has focused on grandparents' involvement, additional family members' roles within the family have yet to be examined and their impact considered despite their having specific roles in raising children (e.g., Glover, 2001; LaFromboise & Dizon, 2003).

Further investigation is warranted given the significant level of extended family involvement and the potential impact of their involvement on both children and parents. The current project enhances our understanding of the role of extended family in helping to raise child and support parents among American Indian families. Implications for treatment with Native families and involvement of extended family members are discussed.

Mixed Methods Research Design

Given the limited research on the involvement of extended family in American Indian families, a mixed methods research design was utilized in the current project. The quantitative portion included families' demographic information and assessed the frequency of involvement to provide a context for the interpretation of the results. Perspectives of caregivers and family members were documented using qualitative interviews. Members' perspectives were viewed as especially critical to the current study as extant literature is limited in the study of AI parent behavior and family functioning. Collins (1992) has previously discussed the need for minority group members' perspectives to be given a platform to define their own experience. While group

member insight has been historically underrepresented, qualitative methods in the current project were included to give voice to families.

Questions assessing involvement reflected those activities that are described as characteristic of involvement in the literature (e.g., Glover, 2001; LaFromboise & Dizon, 2003). An understanding of why these activities were chosen is still relatively unknown yet are described as important to the functioning and structure of AI families. Though this initial examination does not provide a complete understanding of this process, it was an attempt at further describing the supportive network that is believed to significantly impact both parent and child functioning.

Overall, there are several reasons for utilizing a mixed methods research design in the current project. Generally, mixed methods design allows the researcher to incorporate both quantitative and qualitative data into a synthesis of information to understand the phenomena under study. Qualitative data helps to explain the quantitative data and provide a deeper understanding of specific cases in a particular context (Patton, 2002). In this way, qualitative data were used to further explain and gain additional insight into the impact of extended family involvement.

Research Questions

Since there is limited research examining specific roles of family members in helping to raise children, the first research question explored the types of support provided to parents and the frequency of their support. In order to assess the impact of the support provided, the second question sought to examine the impact of involvement on the caregiver and on the extended family member. Lastly, given the practice of transmitting cultural knowledge and practices among Native families, the third question assessed how extended family members were historically involved in helping to raise the caregiver and the extended family member themselves.

CHAPTER III

METHODOLOGY

Participants

A total of 60 parents/caregivers completed survey packets and were included in the study (48 mothers, 4 fathers, 2 step-parents, 2 adoptive parents, 3 grandmothers, and 1 aunt).

Parents/caregivers were between the ages of 26-60 years ($M=36.71$, $SD=7.83$) and reported a mean educational attainment of 13.77 years (*range* 8-17). Fifty (83%) parents identified as American Indian and 10 (17%) identified as Biracial with American Indian. Seventeen tribal affiliations were represented in the sample with the majority of caregivers enrolled with the Cherokee Nation ($n=37$, 61.7%), Osage Nation ($n=6$, 10%), and Muscogee (Creek) ($n=4$, 6.7%). Twenty-four (40%) participants reported being married, 12 (20%) as single, 9 (15%) as divorced, 7 (11.7%) as separated, 7 (11.7%) as living with partner, and 1 (1.7%) as widowed. Additionally, 34 (57.6%) reported an annual income of \$30,000 or less, 11 (18.7%) reported an annual income between \$30,001 and \$60,000, 9 (15.2%) reported an annual income between \$60,001 and \$80,000, and 5 (8.5%) reported an annual income of more than \$90,001. One caregiver did not report his/her annual household income. Caregivers reported a mean of 4.61 individuals living in the home (*range* 2-8). The study sample's demographics are consistent with that of the geographic region in which the study was conducted.

Measures

Participants completed a packet containing a cover letter, two copies of the consent form, demographic questionnaire, the Native American Parenting Scale (Sullivan, Coser, & Seabridge, 2016), Native American Acculturation Scale (Garrett & Pichette, 2000), and the Parenting Support From Family and Friends (Bonds, Gondoli, Sturge-Apple, & Salem, 2002) measure. Purposive sampling was used in seeking participation from families for qualitative interviews. Each of the measures and interview are described in more detail below.

Demographic Questionnaire. Parents were asked to complete a demographic form for descriptive purposes. The questionnaire assessed for family income, occupation, age, level of education, ethnicity, tribal enrollment and affiliations, and gender. The caregiver also provided information regarding their child's age, grade level, gender, and ethnicity.

The Native American Parenting Survey (NAPS; Sullivan, Coser, & Seabridge, 2016). The NAPS is a 50-item measure which assesses several childrearing factors: upbringing, involvement of family members, generational differences in parenting, education, and traditional values. Questions on the NAPS were developed and are reflective of unique parenting and family characteristics of AI families as described in extant literature. The NAPS was used to provide additional descriptive information.

Native American Acculturation Scale (NAAS; Garrett & Pichette, 2000). The NAAS is a 20-item, multiple-choice scale which assesses acculturation across several factors – language, identity, friendship, behavior, generational/geographic background, and attitudes. Scores are averaged and range from 1-5, with 1 representing a low level of acculturation, 3 representing bicultural identification, and 5 representing a high level of acculturation. The Cronbach's alpha for the current study was .81. The current sample consisted of average scores ranging from 2.30 to 4.45 ($M = 3.27$, $SD = 0.52$). Thirty-nine (67.3%) endorsed a high level of acculturation (i.e.,

>3), 14 (25.5%) of caregivers endorsed a low level of acculturation (i.e., < 3), and 2 (7.2%) caregivers endorsed a bicultural level of acculturation (i.e., 3).

Parenting Support From Family and Friends (PSFFF; Bonds et al., 2002). The Parenting Support From Family and Friends is a 38-item self-report questionnaire that assesses various forms of support perceived by parents. Items are presented on a 4-point Likert scale (1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree). Caregivers' responses were reverse coded in order for higher scores to reflect higher levels of parenting support, as described by Bonds et al. (2002). The Chronbach's alpha for the current study was .95. The current sample averaged scores ranging from 2.11 to 3.97 ($M=3.16$, $SD=0.46$).

Extended Family Involvement Interview (EFII; Coser & Sullivan, 2016). The EFFI is a 13-item interview that assesses extended family involvement from the perspective of the participant. Interview questions assess several factors including how extended family members help to support parents in their parenting role, what role they play in helping to raise children, and how extended family members are involved in the raising of the participant. Separate interviews were created for caregivers and extended family members.

Research Design

The focus of the project was to gain a deeper understanding of how extended family members and to what extent they are involved in American Indian families. The goals of the project included: 1) gaining an emic perspective of traditional parenting strategies and extended family involvement among American Indian families; 2) assessing the frequency of extended family involvement; 3) examining specific roles of extended family members in childrearing; and 4) assessing the influence of extended family on the parents and children's functioning.

Procedure

Prior to data collection, approval was sought from Oklahoma State University's Institutional Review Board (IRB). After receiving approval for the project, the researcher contacted families who participated in a larger study and expressed their interest in participating in future studies. Of the 83 families who indicated their interest in participating in future studies, 9 declined to participate, 25 received packets, and 11 caregivers completed packets and were included in the study. The remaining 34 families were unable to be reached by the researchers following multiple attempts at contact or due to a disconnected phone line.

The researcher also sought a research partnership with Cherokee Nation (CN). After receiving approval from the CN IRB committee, the researcher worked with the HERO Project, a CN Behavioral Health program, to recruit and collect data at several CN-sponsored School Clothing Assistance Program events. Additional recruitment and data collection for the study included setting up a table and distributing flyers and questionnaire packets at community events (e.g., pow-wows), displaying flyers at program offices, and/or mailing out flyers to potential participants. These activities and data collection methods were in conjunction with other tribal community partnerships. Forty-four families were recruited at cultural events or through tribal education programs, and five families were recruited through word-of-mouth. A total of 60 families were included in the current study.

Inclusion criteria to participate in the study included self-identifying as American Indian, being the primary caregiver of an American Indian child between the ages of 6 and 12, and having extended family involved in raising their child. Families recruited via cultural events and tribal education programs received their packet on site. Families who agreed to participate over the phone or contacted the researcher expressing their interest in the project were mailed a questionnaire packet.

Each parent/caregiver who received a questionnaire packet was asked to identify and provide contact information for an extended family member significantly involved and influential

in their family. The researcher contacted the extended family member(s) identified by parents/caregivers to participate. Families who were mailed a packet or were unable to complete the packet at an event were provided a pre-paid postage stamped envelope to mail the packet once completed. Participants who completed a packet were compensated with a \$15 gift card.

Following the completion of a packet, caregivers and extended family members were asked to participate in an interview. Interviews were scheduled based on caregivers' and extended family members' availability and were conducted via telephone, separately. Each interview ranged in length from thirty minutes to an hour. Those who participated in an interview were compensated with an additional \$10 gift card at the completion of her interview. Interviews were transcribed by a third-party company, Managed Outsource Solutions (MOS). The company guarantees up to 99% accuracy rate in transcription services (MOS, 2017).

CHAPTER VI

RESULTS

The following chapter includes the research questions under examination and presents results using both quantitative and qualitative data. Participant narratives are presented to illustrate major themes and subthemes.

Qualitative Analysis

A complete review of the qualitative analysis and flowchart are presented in Appendix C & D, respectively. A total of 8 caregivers and 4 extended family members were interviewed. All of the caregivers were female and seven of the eight caregivers were biological parents. One caregiver was an adoptive parent. The extended family members were identified as grandmothers to families participating in the study. Notably, only one pair of caregiver + extended family member interviewees were from the same family.

Support Provided to Families

Research question 1 assessed how extended family members help to support the family. In order to address research question 1, frequency counts of involvement from the NAPS and interviews were examined. NAPS questions listing extended family members involved in childraising and in specific parenting activities (e.g., disciplining, teaching tribal history, telling

moral stories, teaching cultural knowledge, and teaching specific skills) were used to address research question 1 quantitatively.

About a third of the caregivers (32.7%) indicated that they either shared responsibility with their partner ($n=11$) or had primary responsibility ($n=8$) without relying on other family members. The remaining 39 families (67.3%), however, indicated that while they either share responsibility with their partner ($n=22$) or have primary responsibility ($n=17$), extended family members continue to play a significant role in the life of their child(ren). Grandmothers were the most frequently identified extended family member across the specific domains assessed by the NAPS, followed by grandfathers, aunts, uncles, and cousins. Table 1 displays the frequency count for extended family member's involvement and type of involvement.

Overall, caregivers endorsed high levels of extended family involvement across various parenting domains. Despite 19 caregivers indicating no reliance on extended family initially on the first question presented on the NAPS, these caregivers did endorse some level of extended family involvement when asked about specific activities. For example, when asked about family members involved in disciplining their child, only fifteen caregivers indicated that this question was not applicable to their family. Similarly, when asked about family members who teach their children specific skills (e.g., hunting, sewing, cooking, etc.), eight caregivers indicated not applicable. In order to provide a clearer picture of their involvement, questions on the NAPS assessing extended family involved in specific parenting activities are presented.

In addition to identifying which extended family members are involved in specific parenting activities, caregivers also identified how often family are involved in these activities. Forty-eight percent ($n=35$) of caregivers endorsed that extended family members are involved in teaching their child specific skills such as cooking, whereas 47% indicated that someone is involved in teaching their child tribal history ($n=34$) at least half of the time. Forty percent ($n=28$)

of caregivers indicated extended family involvement in teaching their child cultural knowledge at least half of the time, 27% indicated involvement in disciplining ($n=19$), and lastly, 20% ($n=15$) indicated that extended family involvement in telling their children Native moral stories at least half of the time.

Data from the NAPS measure indicated significant involvement of extended family members in childraising. Caregivers endorsed a higher level of involvement when prompted with questions specifying distinct parenting activities. Across parenting activities, there was variability in which extended family members were involved. Caregivers also identified additional family members who were significantly involved that were not listed on the NAPS. For example, the family's church family, close friends, and community were listed. Lastly, caregivers revealed the frequency of involvement by extended family. Extended family members were markedly involved in teaching children specific practical skills and cultural teachings.

Data from interviews were reviewed next. Caregivers were asked to identify individuals they recognized as extended family and who were involved in some aspect of helping to raise their child and served as a support to parents. Additionally, caregivers were asked about what role extended family members played in helping to raise children.

Across interviews, caregivers listed those family members included on the NAPS as significantly involved in their family (e.g., grandparents, aunts and uncles, cousins). There were also additions which included partners and their families ($n=3$), individuals in the community ($n=1$), those who attended church with them ($n=1$), and close friends ($n=1$). Except for close friends, these additions were not identified on the NAPS. Interestingly, several caregivers indicated that there was no difference between immediate and extended family and how much support they provided to families. One caregiver shared,

“They’re also, they would also be like a support system. Like for instance, if I couldn’t go to my actual immediate family, then I would go to them, which I have in the past. And they’ve been more than willing to help me, and give me advice in situations if I need it. So, they do play an important role in my life, and my kids life, they’re just as important as immediate family” (Female, 31 y/o).

Four major themes emerged from the interviews with caregivers describing how family members are involved in childraising, which included: Teaching and Reinforcing of Cultural Practices, Values, and History; Verbal and Emotional Support; Participation and Physical Presence; and Shaping Children’s Behavior.

Teaching and Reinforcing of Cultural Practices, Values, and History. Caregivers most frequently identified extended family being involved in the *teaching and reinforcing of cultural practices, values, and history*. Seven caregivers described extended family involvement in teaching and reinforcing cultural practices. They communicated this type of involvement a total of 41 times throughout interviews. These activities included a subtheme of *Ceremonies* which included speaking with children about the history and significance of ceremonies, how to conduct themselves at ceremonies, and bringing children with them to cultural events. When discussing extended family’s role in teaching her son, one caregiver described,

“He was told by my uncle. I just, I had faith he was told everything he needed to know by my uncle and I didn’t meddle in anything, I just trusted that everything was passed down that he needed to know before he went out there and started dancing and everything. How to behave around the drums. And just all the little intricate details about ceremonies. So, we’ve learned what we can, just kind of putting things together on our own from various talks with aunts and uncles.” (Female, 36 y/o).

Caregivers also discussed extended family members, under the subtheme of *Teaching language and cultural practices*, which included teaching their children tribal songs, tribal language, and answering questions regarding tribal practices and history ($n=7$). Significantly, extended family members were identified as the individuals to share this information with children, in that it was part of their role in the family. Other caregivers indicated that extended family members were able to fill-in-the-gaps in the absence of a caregiver or when the caregivers were unable to answer their child's questions regarding culture. One caregiver stated,

“My kids have their Uppit, which is their grandpa. They go to him if, like I said, their dad is not in their life. You know, they know that they can go to their Uppit and they have before. They went and talked to him. He's also the one that teaches them Pawnee songs. He's also the one that takes them out on the drum when he goes out on the big drum. I mean they have their Uppit and then they have another extended family member that they go to that is actually—takes them into meetings, prays with them, tells them how they should be and how they go about things to be respectful. I mean they have a great support system for that” (Female, 31 y/o).

Verbal and Emotional Support. The second major theme reflecting extended family members' role within children's lives included verbal and emotional support ($n=7$). Caregivers indicated that their children seek advice from extended family members on various topics. Children also speak with family members when they're not comfortable speaking to their parents or want a different perspective. For example,

“My kids they all know they can go to their grandmother, to their aunts, you know, or their other little mommas, or mommas for -- you know, well, you know, they might feel a connection to one of their other mommas and I don't mind. You know, if they want to

talk with them, you know, my aunt and my sisters are always open mentoring them”

(Female, 52 y/o).

Similarly, another caregiver stated,

“I think they’ve been real positive in that when my boys don’t feel like they can talk to me about something, they know that they have other people that they can talk to, other people that they can trust. That they won’t come and tell me unless it’s something major. But lucky for me my boys are pretty open and honest with me, so I know that what they would tell their extended family members, they would also tell me too. So just knowing that there’s other people there that they can trust I think is a big, big plus” (Female, 35 y/o).

As described by this caregiver, others discussed their appreciation for extended family members being an additional emotional support for their children. Furthermore, caregivers discussed the fact that with family members present and willing to serve in that capacity, it was a major support to children and provided caregivers a sense of security. Extended family members’ participation and physical presence is discussed in the following theme.

Participation and Physical Presence. The third theme refers to a broader discussion by caregivers describing extended family members’ attending children’s extracurricular activities and having a physical presence in their lives ($n=7$). Caregivers indicated that their presence and participation in supporting their children was significant. An example of their participation and physical presence was described as,

“They go to basketball games to watch him play. They go to tumbling. If they’re doing plays at school, they’re there. My daughter’s a jingle dresser, so they—when she goes to Pow Wows to dance they are there to support her. My younger son’s in band and we go to all his band concerts. They tag along even if they can’t sit in my car we still make the

drive and they follow us. I mean, they're always there to support my kids and any and everything that they do" (Female, 31 y/o).

Shaping children's behavior. The last major theme identified by caregivers involved extended family members helping to shape children's behavior ($n=6$). Similar to the caregivers' report on the NAPS, extended family members were described as significantly involved in helping to shape children's behavior using various discipline strategies. Data gained from interviews indicated that discipline strategies ranged from reinforcing caregivers' discipline and rules, monitoring children, and reprimanding problematic behaviors. A caregiver shared,

"Um. If, if they're not responding to them being in trouble as far as taking away things they like, as far as phone, games. You know, being grounded here in the house. If they're still having trouble with not listening to me, talking back, whatever, I will get her to come and normally she's sits them down one on one and talks to them and sometimes they respond more to her than they do to me" (Female, 33 y/o).

In summary, caregiver interviews provided highly descriptive, in-depth information concerning roles that extended family members play. Roles extended family members play within children's lives, which were identified and endorsed on the NAPS, are further illustrated through caregivers' narratives.

Impact of Support

The second research question assessed the level of support perceived by caregivers and how extended family involvement impacts caregivers and extended family members. Caregivers were asked about the level of support they received from a list of extended family members on the NAPS. This information is presented below.

The majority of caregivers endorsed that extended family members were at least somewhat supportive of them in their parenting role. Descriptive information regarding the level of support perceived by caregivers is shown in Table 2. The most frequently identified extended family members who are supportive to caregivers include: grandparents ($n=53$), aunts ($n=43$), uncles ($n=37$), cousins ($n=32$), great grandparents ($n=23$), and adopted family members ($n=22$).

Information gained from the NAPS indicates that there are several family members who caregivers perceive as supportive. Significantly, while caregivers reported some variability in the level of support perceived by parents, a large proportion identified at least one extended family member as supportive. PSFFF results indicate that caregivers typically receive support from extended family on a weekly or monthly basis ($M = 2.59$, $SD = 1.18$) at least and generally find the support as helpful ($M = 4.14$, $SD = .85$). A large proportion of families reported receiving unwanted support on a monthly or less occasion ($n=42$) and that it somewhat bothered them ($M = 2.40$, $SD = 1.17$). Qualitative interviews with caregivers depict how extended family members are helpful to parents.

During qualitative interviews, both caregivers and extended family were asked to discuss how (their) extended family involvement impacted them. Families were prompted for both benefits and drawbacks to extended family involvement. Four major themes emerged from the data: Benefits of Involvement for Caregivers, Benefits for Extended Family Members, Difficulties Experienced with Extended Family Involvement, and Negatives for Extended Family Members.

Benefits of Involvement for Caregivers. Benefits reported by caregivers included decreased stress and anxiety, family members providing a different perspective on caregiving issues, mentorship, and learning from parental mistakes ($n=8$). Families discussed extended family involvement providing a sense of relief for them as caregivers. Extended family appears to

add an extra layer of security for their children and safety net for caregivers. Caregivers described benefits in the following ways:

“It helps to know that when—I don’t have to rush to try to handle things. It helps to know that the people I trust to help with my kids would be there to do what’s in their best interest. And that means a ton to me, I feel like without them, without everybody’s help in raising my boys they wouldn’t be the good, caring, polite people that they are”

(Female, 35 y/o).

Another caregiver shared,

“knowing that I have someone there to help back me up it, it’s a big kind of relief for me”

(Female, 33 y/o).

Additionally, one parent described how extended family provide a space for her to vent and process after she sent her son to live with his father,

“And I had to talk and get different perspectives and different points of view and everything like that, because not everybody knows how to be the perfect parent. And so, I had to talk, and vent, and cry to them. And it was, like I said it was hard for me, but ultimately it was my choice, but they gave me their insight on what they would do if that was their child, because they all have children and everything. I mean they were really there for me through that time” (Female, 31 y/o).

Benefits for Extended Family Members. Extended family members were asked to reflect on their experiences and discuss how their involvement impacts them personally. For extended family members, Benefits for Extended Family Members involved several subthemes of providing a new sense of purpose, keeping active, increased enjoyment and more love, and providing assistance. Two grandmothers described their involvement as keeping them active,

“If it wasn’t for her, I’d just stay in the house. If it wasn’t for her or any of my grandkids, I would have quit beading a long time ago. I’d just sit there and watch TV, but when she’s there, I have to get up. I mean, I’ll tell you, I have to get up, I have to make sure the dishes are done, I have to cook” (Female, 67 y/o).

Another stated,

“it (childcare) does cause me to be more active, but when they're not up here, I don't have any, sometimes I have my craft work” (Female, 69 y/o).

Others described their involvement as adding to the enjoyment of their lives,

“Oh, it, you know, I must say, you know, grandkids it’s been -- my life isn’t boring. (Laughs) My life is never boring, but, no, she means a lot to us. You know, a lot of love and a lot of caring” (Female, 66 y/o).

Both caregivers and extended family identified multiple benefits resulting from their inclusion in the family. Fifty percent of the caregivers discussed extended family involvement reducing parenting stress and anxiety, whereas, 75% of extended family members indicated that their involvement resulted in them keeping physically active. Extended family members and caregivers also discussed other considerations for their involvement. These considerations included two major themes of Difficulties Experienced with Extended Family Involvement for caregivers and Negatives for Extended Family Members.

Difficulties Experienced with Extended Family Involvement. Discussions regarding this theme involved subthemes of conflicting opinions on various matters, differing parenting strategies used, and receiving unwelcomed advice ($n=7$). Caregivers shared difficulties included,

“Um, a lot more people telling you what to do. Sometimes it’s welcome and sometimes it might not be” (Female, 49 y/o).

As one caregiver discusses, these difficulties may question the caregivers' parenting.

“And I've had extended family members come to me and tell me that I shouldn't do that because he's only a child and all this other stuff, but that's my decision, that's my choice, and they are not—they're looking from the outside in and they don't understand that I know the person he's going with” (Female, 31 y/o).

Negatives for Extended Family Members. One extended family member discussed additional worries and responsibilities as negatives of their involvement with the family. Specifically, extended family members stated,

“My life is never boring, but, no, she means a lot to us. You know, a lot of love and a lot of caring and also additional worries. What I mean by that is, you know, I want to make sure she (Inaudible) is okay and, you know, I want to -- and it bothers me if she gets sick, you know. And but, anyway, that's just some of the things that come with parenting and then, you know, I never lost the parenting, so just being grandma” (Female, 67 y/o).

In other instances, the grandmother discusses the added responsibility of adjusting her schedule to include caring for her granddaughter.

“The only thing, you know, maybe I might have something else I need to do but I try to like get her uncle or her grandpa will watch her, so I can do my things. But if it's a church thing or if I have to go to church or (Inaudible). Well, church mostly I'll take her with me, but, you know, like I have to go appointments or take her grandpa to appointments and we always find somebody within the family to keep her” (Female, 67 y/o).

The interviews provided a broader picture of caregiver and extended family experiences. For example, data from the qualitative interviews elucidated answers provided by caregivers on

the NAPS. Specifically, caregivers discussed how they found extended family involvement to be supportive/beneficial. This discussion also included how their involvement is unhelpful and caregivers highlight those challenges. These challenges may help to explain some of the variability of support perceived by caregivers as indicated on the NAPS. Extended family members discussed multiple benefits to their involvement with keeping active being most frequently mentioned as a benefit.

Extended Family Involvement in Own Upbringing

The third research question evaluated how extended family were involved in caregivers' and extended family members' lives. Results from qualitative interviews were utilized to reveal caregivers' and extended family perspectives. During qualitative interviews, both caregivers and extended family members were asked to reflect on their own childhood and discuss which family members were involved and what role they played in their upbringing.

A major theme named, Caregivers' Own Upbringing, included caregivers identifying several family members that were significantly involved in their lives. Family members included aunts and uncles ($n=5$), grandparents ($n=4$), and cousins ($n=1$). A subtheme of caregivers' upbringing described extended family involvement and their role. Their involvement included serving as a positive role model ($n=4$), creating a positive sense of self for caregivers ($n=4$), providing care over an extended period of time ($n=3$), teaching cultural knowledge ($n=3$), and teaching life skills ($n=3$). One caregiver (12.5%) indicated that her extended family was minimally involved during her childhood.

Caregivers discussed teachings, ideals, and values learned vicariously through their extended family members' modeling. These ideals and values ranged in modeling positive parenting behavior to adaptive life skills. Their example also included modeling behaviors that caregivers learned from, specifically abstaining from substances. A representative quote includes,

“Yeah, that would definitely be my grandma. Without her I’d—there’s no way I’d be the person I am today or the parent that I am today, and I’m really thankful that I had her for the 28 years that I did have her. I mean she taught me a lot of things, not only how to be a parent. You know, how to keep my name good with certain people and certain things. She taught me how to finance. I actually own a home, a five-bedroom home that’s completely paid off” (Female, 36 y/o).

Extended family participation in caregivers’ lives is discussed as having a positive impact on helping them to develop a sense of self or identity. Two caregivers discussed their involvement as helping to transform them from shy and bashful children to more outgoing. A caregiver explained that,

“Well, it helped me come out of my shell, I think, a little bit. I was kind of awkward and backwards a little bit for years and years and years, and so it was nice. They would take us out and about in the public, although my mom did. I was with my mom and safe and secure, but when I was with my cousins, my aunts, uncles and meeting new people and, you know, being in a different place and running around all the places all the time like we did, I feel like that helped shape me into a person who was able to get out and about, and not just be (Inaudible) world all the time. It caused me to get out and see different things and do different things, and I think that was good. It helped me -- it helped me to be able to go to a different town and find things in it to do, I think, and that’s what I try to do with my kids, too” (Female, 44 y/o).

Extended family members were also described as providing care of the caregivers for extended periods of time. There were multiple types of care identified, including kinship care and staying with family during the summer and/or weekends. A caregiver discussed the role her aunt played during her childhood,

“Yeah. Um, I have an aunt, like I said she’s been like a mom to me and so she kind of uh, took care of me in their home. And then when she you know, moved on, um, I would stay a lot with her. Summers and weekends, you know?” (Female, 49 y/o).

Family members taught tribal language and values, and made tribal regalia for caregivers as children. A representative quote of this subtheme includes,

“Yes. They were there for me culturally as well because my aunt was the one that made all my traditional regalia as far as dancing for powwows. She was the one that helped make it. My mom didn’t make any of it. My mom, you know helped with it but my aunt was primarily the one that did that” (Female, 33 y/o).

Lastly, caregivers indicated that extended family members taught them practical life skills. These set of skills included financial literacy, cooking, and those skills that would enable the caregiver to live an independent, self-sufficient lifestyle. A caregiver described these teachings as,

“My grandma was more like get your school work done, you can get through college, you can get through all of this, get your education, be able to provide for yourself financially, and things like that. My dad was more of trying to keep up the house, mow the lawn, things like that. You’ve got to be able to make sure you can do this so you don’t have to depend on somebody else” (Female, 28 y/o).

For *Extended Family Member Upbringing*, the most frequently identified family members involved in their childhoods were their grandparents ($n=5$). Their involvement included teaching tribal language and cultural practices ($n=4$), providing kinship care and serving as a surrogate parent ($n=4$), and teaching life skills ($n=3$). An example of extended family teaching tribal language and cultural practices was described by one grandmother,

“And then, like I said, she’s (grandmother) the one who helped me. You know, she started me out beading, you know, different things. Like I said, we went out and got corn. We dried corn, we had tables just up and down the yard. You know, we’d have to go through and turn it and then go do this and we learned how to make pecan butter and you name it” (Female, 67 y/o).

Similar to caregivers, extended family members also discussed staying with family members for an extended period of time. Additionally, during this form of kinship care, family members taught them practical life skills.

“I also had a grandma and a grandpa that weren’t really a grandma and grandpa, but I used to stay with them from the time I was little until the time I was maybe seven or eight. I stayed with them almost constantly” (Female, 67 y/o).

“I think I stayed over there half the time and besides mom teaching me how to cook, I learned quite a bit from them, you know, just because she (cousin) worked quite a bit and then they would try to cook supper for her, so, you know, I’d pitch in, too” (Female, 66 y/o).

She continued to share that,

“Well, mom didn’t talk about that (sex) to me, but I’d ask [cousin] questions and she would talk to me about that and, you know, just stuff like that. Just like a surrogate. Some things mom didn’t tell me, but, you know, [cousin] would and so I think mom might have appreciated that” (Female, 66 y/o).

Overall, interviews with both caregivers and extended family members demonstrated significant involvement of a number of extended family members during their childhood. Family members described extended family support as contributing to the development of them as a

person. Older generation's support was similar to their own type of involvement in children's lives. It also appeared that extended family often served the role of educating children of cultural traditions and practices. Others have discussed this type of role specific to extended family (e.g., Robbins, Scherman, Holeman, & Wilson, 2005). Caregivers' high acculturation level may also influence their role as well. Qualitative data provided additional information not captured on the NAPS extended family involvement throughout generations.

CHAPTER V

DISCUSSION

The present study examined the role of extended family members in helping to support parents/caregivers and raise children among AI families in Oklahoma. Specifically, the study assessed: 1) how extended family members help to support the family; 2) how extended family involvement impacted both caregivers and extended family; and lastly, 3) how extended family was involved in helping to raise caregivers and extended family members. A mixed-methods design approach, specifically the Convergent Parallel Research Design (Creswell & Plano Clark, 2011), was used to assess the study's research questions given the limited research base on the involvement of extended family in American Indian families. Furthermore, mixed-methods, namely qualitative methods, lends itself to build theory where theory is limited or lacking on a particular phenomenon (Patton, 2002; Creswell & Plano Clark, 2011).

Interpretation of the Results

Families endorsed a variety of individuals involved in different aspects of parenting. Results from both quantitative and qualitative sources of data support previous literature describing extended family involvement in child raising among AI families (Campbell & Evans-Campbell, 2011). Our study findings also support literature describing the broader, more inclusive definition of extended family among American Indian and ethnic minority families.

Specifically, our families identified extended family to also include non-biological “family” such as close friends, church family, and community/neighborhood members.

The inclusion of additional people beyond the “traditional” immediate/nuclear family in parenting activities may have implications for clinical practice and is discussed below. Significantly, though previous work has recognized this broader definition of family, few have included an examination of their involvement. Caregivers in our study reported on extended family members’ involvement by the frequency of their involvement, the role they played in children’s lives, and the level of support provided. Though less frequently involved compared to grandparents, other extended family members continued to play a significant role in childraising. While the majority (67.3%) of our sample endorsed a high level of acculturation, they also endorsed practicing culturally-specific parenting strategies such as involving extended family in some aspect of raising their children. It is possible that families with lower levels of acculturation who identify more with Native traditions and culture may involve extended family more often.

Our findings describing the structure of AI families involving others outside of the nuclear family are consistent with practices of other ethnic minority families as reported by Jones & Lindahl (2011). Culturally-specific practices of AI families are also shared with Latino families. Specifically, like that of Latino families, AI families focus on the transmission of cultural traditions, language, and practices. Goodman & Silverstein (2002) describe this process occurring across generations where emphasis is placed on the special relationship between children and elders, primarily grandmothers. This is observed in the high frequency of family involvement in teaching cultural practices and language and in the narratives of both caregivers and extended family members.

The involvement of family members in teaching and reinforcing cultural knowledge and practices has been discussed as a unique role prescribed to grandparents and elders in the AI

community (Schweitzer, 1999). The current findings are aligned with this description and build upon this to also include aunts, uncles, and cousins in teaching cultural ways to children. Interestingly, this pattern of involvement was also exhibited with families who were less involved with cultural traditions. Extended family members were often the link to the tribal community for many families. For example, even though caregivers were not actively involved in their tribal community or actively practiced cultural traditions, family members taught and/or brought children with them to tribal activities/ceremonies. Families also identified state and federal Indian Education programs as instrumental in connecting children to cultural activities as well.

The current findings are also supported by Robbins et al. (2005) where grandparents intimated that it was important for children to have a relationship with their extended family as a source of support. A major theme caregivers expressed was the verbal and emotional support provided by extended family through their encouragement, participation, and physical presence. Additionally, grandparents in Robbins et al. (2005) viewed their role as complementary to caregivers. In other words, their role was to bridge the gap in any aspect that the caregiver may need assistance (e.g., financial support, transportation, etc.) in providing for and/or raising their children. This sentiment was also acknowledged and discussed in extended family interviews.

Similarly, the impact of support on both caregivers and extended family members was examined. Caregivers identified several members in their family who were supportive and indicated that the support they received from family was helpful. For example, caregivers identified family as helping to shape prosocial child behavior by reinforcing their rules and expectations as well as reprimanding problematic behavior. Independent of a measure on relationship quality, these findings are consistent with those found in Jones & Lindahl (2011). Considering their involvement and the perception of their support as helpful to caregivers, further exploration into their involvement as a protective factor may be a possible avenue for future research. This is in light of previous work demonstrating extended family involvement

significantly reducing parenting stress, use of maladaptive parenting strategies, and fostering children's adjustment (Jones & Lindahl, 2011). This concept has been previously considered by Martin and Yurkovich (2014). Specifically, family participants identified extended family involvement and transmission of Native culture as protective factors. They further described their involvement in maintaining the family's balance and health as helping to attenuate negative outcomes.

Likewise, the benefits of involving extended family as discussed by caregivers appear to reflect those characteristics of balanced families. Martin and Yurkovich (2014) describe a healthy family as a close-knit, balanced family. Balanced families value connectedness and are there to support and help one another out. In addition, these families have elders present within their families who help to maintain the stability of the family and model adaptive, healthy behaviors. Both data from the NAPS and qualitative interviews are consistent with descriptions of healthy, balanced families as described in Martin and Yurkovich (2014).

Conversely, families who are out of balance are those who engage in maladaptive behaviors, like substance misuse, which has been described as typically intergenerational. Two caregivers had mentioned in their interview the modeling of maladaptive behaviors, which included substance use, and how they learned from extended family members' mistakes. This process of learning from others' mistakes and adopting more adaptive behaviors is described as one of the transitions a family makes into becoming balanced and healthy. As such, families who participated in the interviews may be functioning at a higher level of adaptability.

The current study also included an examination of extended family members' perceived benefits stemming from their involvement with their grandchildren. Family members portrayed their involvement as providing a new sense of purpose, keeping them active, and providing a chance to experience increased enjoyment and more love among others. Interestingly, the benefits

the family members shared are similar to those endorsed by Latino grandmothers who reported positive outcomes related to life satisfaction and emotional health (Goodman & Silverstein, 2002). Future studies may consider measures of life satisfaction and emotional health as outcome variables for extended family members.

Relatedly, caregivers and extended family members reported negatives to their involvement. Caregivers' reports consisted primarily of disagreements on various issues surrounding parenting and advice giving. Negatives discussed by caregivers are similar to those reported in Jones and Lindahl (2011). Extended family, however, listed additional worries and responsibilities as negatives to their involvement. Jones and Lindahl (2011) found that these types of discussions were specific to those families who also reported lower relationship quality with their extended family member. Future studies may examine these negatives in consideration of the relationship quality between the caregiver and extended family member.

Extended family involvement was further examined by assessing possible generational patterns in family involvement during the caregivers' and extended family members' childhoods. The involvement and support caregivers and extended family members received while young reflected similar roles our extended family members filled for their grandchildren. Specifically, both caregivers and extended family members identified that family were significantly involved in teaching them cultural knowledge and language.

Additional information gained from these interviews appear to take on a higher-order pattern; rather than limiting their discussion to family's participation in specific activities, caregivers and extended family members discussed how their involvement ultimately benefited them as an individual. For example, caregivers and extended family members discussed family serving as positive role models, a surrogate parent, and fostering a positive sense of self. As a result, the current findings provide preliminary support for family involvement serving as a

protective factor for AIs. Longitudinal studies examining the impact of their involvement on the individual may help to elucidate this process and allow for stronger conclusions.

Clinical Implications

Taking together both the results from the quantitative and qualitative sources, the data gives greater credence for the assessment of extended family involvement in helping to raise children and to support parents. An assessment of extended family involvement would include a wide range of individuals who may play a role within the family. The broad definition of extended family may also include those who are not blood-related to caregivers and children. The results further indicated that extended family members are involved in multiple activities and that some family members (e.g., grandparents, aunts and uncles) are more frequently involved in specific activities than others. Subsequently, it may be particularly helpful for clinicians to assess which role these individuals are involved in within the family.

Other considerations for assessment include asking about less mainstream or more culturally-specific parenting such as using Native moral stories as a form of involvement. Discipline, as described by our families, was also more broadly defined and encompassed strategies for curbing problematic behavior and shaping adaptive behavior. These strategies included reinforcing caregivers' rules, using traditional moral stories, and teaching children about cultural ceremonies and expectations. Gaining an understanding of those individuals who are involved may be particularly helpful in determining individuals to include in treatment of children's problematic behaviors.

A lesson learned from the current study which may ultimately inform assessment of family involvement, emanated from the formatting of questions on the NAPS. The current study included the analysis of two questions on the NAPS. The first question on the NAPS asked for caregivers to select the option that best described their family. The options included: "I have

primary/shared responsibility without relying on family” or “I have primary/shared responsibility that is shared with extended family members.” The subsequent set of questions asked for caregivers to identify which extended family members were involved in various aspects of child raising. Nineteen caregivers reported that no extended family members were involved in child raising, however, on the second set of questions, all nineteen endorsed at least one extended family member was involved in a specific activity. In the end, every caregiver endorsed the involvement of at least one family member.

Consequently, when assessing for extended family involvement, asking families about primary versus shared responsibility is not sufficient. Current findings demonstrated an underreporting of extended family involvement using this type of question. In order to obtain more reliable data, assessments should include examples of specific parenting activities.

Strengths and Limitations

The present study has several strengths. First, the mixed-methods research design included qualitative interviews which allowed a platform for emic perspectives of the population under study. Rather than imposing mainstream cultural values or definitions onto participants (Patton, 2002), interviews allowed for families to broadly discuss extended family involvement. A mixed-methods design was also chosen to honor American Indian oral tradition (Kovach, 2009). Given the limited research base on AI families, an aim of the study was to learn about extended family involvement directly from those individuals’ perspectives that have yet to be heard.

Methodologically, the presentation of both quantitative and qualitative data help to further explain and gain additional insight into extended family involvement. Significantly, this allowed for the “offset” of one method’s weakness for the other. For example, forced choice questionnaires such as the NAPS may limit the information captured, whereas with qualitative

interviews the researcher was able to probe for more descriptive information. This is especially critical to the current study as extant literature is limited in the study of AI parent behavior and family functioning.

Secondly, information gained from the qualitative interviews, including the importance of physical presence and participation of extended family members and benefits to extended family members, provided additional areas of their involvement that warrant further study. This example is an illustration of information concerning extended family involvement that we may not have obtained without mixed-methods or qualitative interviews.

An additional unique aspect of the current project was the assessment of family members who have not been traditionally included in previous research (e.g., aunts, uncles, cousins, elders, etc.). Given their inclusion in the family and high frequency of involvement, it is important to consider these individuals in supporting the family. Lastly, while the focus of research among AI families has shifted recently to custodial grandparents, the current study sought to include grandparents who are involved in helping to raise children rather than them serving as primary caregivers. The researcher wanted to recognize strengths inherent in AI families which can be built upon through preventative services and interventions, if needed. By identifying protective factors, clinicians may build on families' strengths to keep families intact and functioning at an adaptive level.

The study also had several limitations. Although extended family members were included in the study, a modest sample size was included in the qualitative portion due to the time frame of the study. In order to more fully examine their involvement, future studies should include a larger sample size of family members and more variability (e.g., grandfathers, aunts, uncles). Relatedly, the qualitative interviews were only conducted with female caregivers and grandmothers. Including male family members' in interviews and increasing their presence in the quantitative

portion may provide for richer data that varies in their perspectives on each of the domains examined. The current study recruited extended family members by asking the family to identify an AI family member who is significantly involved. The research team then followed up with this individual via telephone to discuss the project and ask for their participation. More targeted, personalized recruitment of extended family members may yield more participants. Recruitment may include in-person visits and recruitment with elders and family members.

Furthermore, the current study may be strengthened by including measures of parent stress or relationship quality. These measures may contribute to predicting extended family involvement and perception of helpfulness and may be used as an outcome measure (i.e., parent stress). Research into families with high, low involvement and their relationship quality may add additional information on conditions for perceiving involvement as supportive versus unsupportive.

Lastly, the current findings may not be generalizable to the entire AI population. Nevertheless, the purpose of the project was to explore extended family involvement and its impact on families rather than producing generalizable findings. Our findings do provide preliminary evidence for developing areas for further investigation.

Future Directions of Research

There are several directions for future research. Given the activities extended family are involved in and the high frequency of their involvement, future research may examine the utility of extended family members completing child behavior measures. Their report may help to account for more of the variance in explaining children's behavior and be recognized as an additional informant.

Moreover, further investigation may examine possible generational differences in extended family involvement; specifically, examining changes in how AI families function in

today's society. Some preliminary evidence of generational differences was provided in the current study as discussed by both caregivers and extended family members. Families discussed the same behaviors and beliefs in the importance of connectedness to extended family and providing support. However, there was less of a focus on culturally-specific, traditional activities of involving children in ceremonials, taking in grandparents compared to their involvement in extracurricular activities (e.g., sports, band, etc.). Possible acculturative processes may be considered to account for some of the changes in family structure and involvement. This line of research would be important in helping to understand current AI family functioning and structure.

Conclusions

The current study utilized a mixed-methods approach to systematically examine extended family involvement among AI families. Overall, our community sample of AI families identified multiple family members as involved in helping to raise children and providing support to parents/caregivers. Extended family members included those related to the family as well as close friends, community members, and church family. Activities extended family members were involved in ranged from teaching children cultural practices and language to providing verbal and emotional support. Furthermore, both caregivers and extended family members shared who and how extended family members were involved during their childhoods and how their involvement impacted their lives. Further research is warranted investigating the impact of family involvement and support on parenting stress and child behavior. This study will help to contribute a deeper understanding of how extended family members help to support AI families.

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APPENDIX A

COMPLETE REVIEW OF LITERATURE

Extended Family Involvement in Ethnic Minority Families

Today, families are diverse in their make-up ranging from single-parent households to stepfamilies. Among ethnic minority families, extended family members are often included in helping raise children. Recent research has focused on understanding the inclusion of family members beyond a two-parent or nuclear family model. This area of research will aid in our understanding of powerful influences outside of the parent-child relationship that may impact both parent and child behavior.

Jones and Lindahl (2011) review extended kinship networks of ethnic minority families. In addition to this description, the authors discuss extended family members' coparenting and provide an examination of broader definitions of the family system. These definitions may be more applicable to minority families. Coparenting as described by Jones and Lindahl (2011) includes caregivers who are intimately involved in children's lives aside from providing childcare. Here, there is a clear distinction with extended family members who are involved in raising children versus those who are involved in childcare alone. One common value and practice across ethnic minority communities is a focus on family. The definition of family comprises members of the nuclear and extended family, and community. Community members are non-biological relatives who hold a close relationship with the family and are acknowledged as family. Specifically, within African American families, coparents may include aunts, uncles, cousins, and grandparents (Jones and Lindahl, 2011). Often, these members reside in the household and are relied upon for support.

A history of research on extended family networks exists concerning their involvement and forms of support that they provide. Their involvement in the family includes financial, emotional, and instrumental types of support. It is important to note that the bulk of coparenting

research in African American families is on single-parent households with the mother as the lone caregiver.

Within in African American families, the inclusion of extended family members is linked with various measures of adjustment for the parent and child. The quality of the relationship between the extended family member and the primary caregiver is predictive of the level of support provided to the parents and whether he/she helps to promote parental adjustment or exacerbate parenting stress. For example, mothers who reported higher quality relationships with their mother endorsed more monitoring-type behaviors compared to those families who reported lower quality relationships (Jones and Lindahl, 2011). Previous studies have included questions concerning agreement between the parent and extended family member on rules and whether the parent felt supported by the other caregiver, for example.

As such, African American extended family members' involvement may serve as a buffer from negative outcomes (e.g., parental stress, low monitoring and supervision, etc.). In regards to children's adjustment, children living in "high-risk" neighborhoods were found to have fewer problems with adjustment if there were an extended family member involved. The degree to which their involvement was protective depended on the quality of the parent-coparent relationship. Collins (1992) writes that othermothers' involvement as having various functions beyond cultural practice but functionality. Specifically, she discusses that others' involvement instills a "more generalized ethic of caring and personal accountability" to the community and to "cope with and resist oppression" by banding together in supportive networks (p. 233).

Similarly, Latino families' extended family is highly involved in helping raise children beyond providing childcare. Within Latino families there is a focus on the transmission of cultural traditions, values, language to younger generations (Silverstein & Chen, 1999) and having close relationships across generations (Goodman & Silverstein, 2002). Compared to

European American (EA) families, Latino families more often have grandparents residing in the home (Jones & Lindahl, 2011), which is especially true for families who are more recent immigrants.

Traditionally within Latino families, grandmothers are significantly involved in providing childcare. Their involvement as coparents has been linked with positive outcomes related to life satisfaction and emotional health for grandmothers, more so than those who are providing custodial care (Goodman & Silverstein, 2006). For custodial grandmothers, their health is significantly impacted by the crisis-situation (e.g., illness, abuse/neglect, finances) that preempted their involvement in kinship care. It is further exacerbated by the associated stress resulting from the crisis and adjustment. Similar to African American families, the quality of relationship between the grandmother and mother in Latino families has been shown to significantly impact the effect of coparenting.

Families with Asian ancestry are similar to African American and Latino families in that they highly value a deep connection with family and extended family. Asian families are unique in terms of coparenting. Whereas African American and Latino families more often provide support to parents that indirectly impacts children, there is a more direct method of instructing and providing discipline and moral teachings (Kurrien & Vo, 2004; Sonuga-Barke & Mistry, 2000). Grandparent involvement and the quality of their relationship with the parents has been linked with various measures of child well-being including psychological well-being (Hackett & Hackett, 1993), socioemotional child outcomes (Chakrabarti, Biswas, Chattopadhyay, & Saha 1998; Naug, 2000), and cognitive development (Naug, 2000).

Limited research has examined the impact of extended family involvement on Asian ancestry parents' functioning. Interestingly, the research demonstrates that although extended family involvement is seemingly advantageous (which is dependent on the quality of the parent-

extended family relationship) for both the grandparent and child, it may not be for the parent. In one study conducted by Sonuga-Barke and Mistry (2000), primary caregivers endorsed fewer depressive and anxious symptoms compared to caregivers with extended family coparents. This finding may be due in part to the caregivers having to fulfill multiple roles in the family and whether extended family involvement is perceived as interfering with parenting. Fathers' involvement among Asian families has only recently been under investigation (Jones & Lindahl, 2011). In general, caregiving is practiced by female family members though the extent to which fathers' are involved is variable and possibly dependent on whether extended family is involved (Sonuga-Barke & Mistry, 2000).

Extended Family Involvement in American Indian Families

Across studies, grandparents are identified as a major source of cultural and practical information. Despite this, there was some variability in the literature on grandparents' role within the family. Within AI families, grandparents and the Native community have a central role in the care of children and providing guidance to parents (Robbins et al., 2005). Research on AI families has primarily focused on the significant role of grandparents in providing childcare and teaching cultural traditions and practices (Schweitzer, 1999).

Grandparents are highly regarded in Native families. Schweitzer (1999) discusses the process of someone who is revered and respected as one who has lived a life of integrity and complies with societal norms (e.g., participation in the tribal community and being substance abuse free). For grandmothers, her family and their functioning reflect her status within the community. In other words, the grandmother who "raises her children well and refrains from using alcohol is more likely to be respected" (Schweitzer, 1999, p.17).

Their relationship with grandchildren is revered as especially important. This belief is coupled with the cultural value of respecting and honoring elders (Schweitzer, 1999).

Grandparents are traditionally involved with the family and childcare yet, the environmental context (e.g., limited employment opportunities, low socioeconomic status, and high substance use rate) has led to an increased prevalence of grandparents providing custodial care of their grandchildren (Fuller-Thomson & Minkler, 2005).

Broadly, the role a grandparent has within the family is influenced by the frequency of contact with the family, quality of relationships with family members, and physical proximity to the family (Hossain & Anziano, 2008; Robbins et al., 2005; Weibel-Orlando, 1990). Furthermore, the health of the grandparents and availability of resources further impact the frequency and type of involvement. The relationship between the grandmother and the family is reciprocal in nature.

Specifically, the grandmother teaches and cares for children and the family as a whole, and the grandmother is taken care of (e.g., housing and transportation) in return. Grandmothers are included in various activities that range from “perform(ing) ceremonies or practice(ing) their skills” (Hossain & Anziano, 2008, p. 17) by creating and sharing their knowledge of cultural values and customs. This is particularly important as their role is significantly contributing to the passing of culture to the next generation and the maintenance of the tribal community (Hossain & Anziano, 2008, p. 10). This, in turn, influences how the family perceives his/her involvement.

Based on past research findings, Jones and Lindahl (2011) speculate that although grandmothers are highly involved in the nuclear family, AI parents continue to be highly involved in the caretaking of their child. One aspect that has been characterized as particular to grandparents’ involvement is the transmission of cultural knowledge to their grandchildren. Similar to the discussion of coparenting by Jones & Linahl (2011), Weibel-Orlando (1990) described the involvement of grandparents and the factors that either helped to foster or threatened the grandparent-grandchild relationship.

Specifically, Weibel-Orlando (1990) identified 5 grandparenting styles that describe their level of involvement “across a range of activities, purposes and levels of intensity” (Weibel-Orlando, 1990, p. 109) that are unique to AI grandparents. Twenty-six AI elders ($n_{women} = 15$) ranging in age from 56 to 83 were interviewed between 1984 and 1986 for the project. These elders were a part of the Indian Relocation Act of 1956 and had previously lived in Los Angeles and had moved back to their homeland at least 5 years prior to their interview.

Twelve ($n_{women} = 7$) elders identified as Sioux and lived on the Pine Ridge Reservation. The remaining 14 elders lived in Southeastern Oklahoma and represented Creek and Seminole ($n_{women} = 3, n_{men} = 2$), Choctaw ($n_{women} = 3, n_{men} = 3$), and Chickasaw ($n_{women} = 2, n_{men} = 1$) Nations. Seventeen households were represented in the sample, with the majority ($n = 14$) having biological grandchildren. Their level of involvement in their families varied with 9 of the grandparents indicating that they were the primary caregiver of at least 1 of their grandchildren. Eight of the elders lived in a 3+ generational family. Seven of the 26 elders did not live in the home with the family.

The 5 grandparenting styles are further defined by 7 different factors that impact their style. These factors include the quality of the grandparent and grandchild relationship, the frequency of their interactions, the grandparents own belief of their role within the family, proximity and accessibility of grandparents to be involved in the family, the level of inclusion of grandparents into the family structure, grandparents goals and priorities for their life, “social, economic and psychological stability of the children’s parents” (Weibel-Orlando, 1990), and the age of the grandparents.

Each grandparenting style builds off one another in their level of involvement and quality of grandparent-grandchild relationship. The first grandparenting style is labeled the Distanced Grandparent ($n = 3$). The Distanced Grandparent is characterized as a grandparent who is not

actively involved in their grandchildren's lives due to geographic limitations or lack of relationship. Weibel-Orlando (1990) surmised that based on the data, this style of grandparenting is rare among AI families historically given the emphasis on the "responsibility" of the grandparent to be involved in the child's life. Interestingly, he states this style of grandparenting may occur more frequently today due to removal histories and families leaving tribal communities for more urban areas for work and school. In addition, as young families are leaving the tribal community, elders are seemingly returning to their tribal communities following retirement.

Ceremonial Grandparents ($n = 2$) are described as those who are not as close in proximity to their grandchildren yet are visited regularly. These grandparents hold a special place of honor within the family. Ceremonial Grandparents teach and reinforce cultural values and practices to their grandchildren. The Fictive Grandparents ($n = 3$) do not have biological grandchildren or do not have contact with their grandchildren. These grandparents are involved in the community and have "adopted" younger generations. The 3 grandmothers identified as Fictive Grandparents taught younger children tribal language through the public-school system and fostered non-relative children. Next, Weibel-Orlando (1990) described the Custodial Grandparent. This grandparenting style is seemingly the most described parenting style in the empirical literature (e.g., Byers, 2010; Cross et al., 2010; Mooridian et al., 2007). Custodial Grandparents assume the role of primary caregiver granted by the court system.

Expanding on the Weibel-Orlando (1990) article, Robbins et al. (2005) sought to understand the role of AI grandparents in transmitting cultural values and practices to their grandchildren. Notably, their study extends the study of grandparents' involvement by describing the purpose of their involvement and perceptions of their role in the family. Twenty AI grandparents ($n_{female} = 13$) ranging in age from 42 to 79 years ($m = 59$) were included in the study.

Nine tribal affiliations were represented in the study and 18 of the 20 participants were from Oklahoma.

The reported ages of their grandchildren ranged from 2 to 18 years ($m = 11$). Importantly, 7 grandparents indicated that their grandchildren lived with them and 6 lived more than 30 minutes away from their grandchildren. Interviews were structured in nature and questions were open-ended. Grounded Theory directed the study's methodology and the researchers' analysis. Grounded Theory is used when there is no theoretical model to direct the research project and the resulting data lays the groundwork for theory. Data analysis consisted of reviewing transcripts and thematic analysis. Researchers met to discuss potential themes, metaphors, and frequency counts of themes in order to generate a coding system. Following a second round of coding, the researchers met to interpret emergent data and reach a consensus.

Results indicated that AI grandparents engage in typical caretaking behaviors (e.g., babysitting and "spoiling" their grandchildren, p. 64). Beyond general caretaking, family members identified culturally specific roles of grandparents. These roles emphasized their place in transmitting culture to their grandchildren. In fact, 95% of the grandparents reported their fear of younger generations not practicing and knowing traditional ways of living. As a result, grandparents taught their grandchildren cultural ways via storytelling (19 of 20 grandparents endorsed) and encouraging their participation in tribally specific ceremonies and Native cultural events (all 20 grandparents endorsed).

Cultural storytelling involved teaching life lessons that included respecting nature, having a connection to tribal land, encouraging impulse control skills, and learning cultural ways of protecting oneself from harm (Robbins et al., 2005). Of the ways grandparents encourage their grandchildren's participation, the bulk of their involvement was to facilitate children's participation and preparing them for participating. Specifically, grandparents helped to teach

them history, how to conduct themselves at these events, and differentiating between tribally specific ceremonies.

Additionally, several grandparents identified specific areas that were important to teach their grandchildren. For example, teaching their grandchildren their tribal language was identified as particularly important among grandparents. Some grandchildren learned to speak their language fluently, tribal and/or pow-wow songs, how to introduce themselves, and individual words in their tribal language. Furthermore, grandparents discussed the need to pass down cultural values such as respect for other beings, quietness, and kindness, to name a few. Grandparents intimated that these teachings were taught to children not only through direct communication but demonstrated through their own actions.

Interestingly, despite the grandparents' knowledge of cultural ways and their own involvement in traditional ways of living, grandparents expressed their frustration with their own children not transmitting cultural teachings to their own children. Grandparents described various contexts that set the scene to teach their grandchildren. These contexts included bringing them around tribal ceremonies, family events, and introducing them to their extended family and community members. One particular quote from a grandparent described the importance of having their grandchildren socialize with their extended family (including aunts and cousins) because these family members would be there for that child when he/she needed help.

For grandparents, their role of caretaker and teacher was complementary to their children's parenting. Specifically, grandparents viewed their role in the family as assisting in areas where the parent may be lacking such as quality interactions with their children or financial resources. Above all else, their responsibility lay in transmitting cultural knowledge and teachings as indicated by the majority of the grandparents.

Martin and Yurkovich (2014) identified specific factors that fostered quality relationships between family members. A large proportion of families shared that healthy families lived in “balance” across various aspects of their life, which includes “spiritual, emotional, physical, and social domains” (Martin & Yurkovich, 2014, p. 60). Healthy families who experience imbalance at times are able to identify imbalance, correct it through various means (i.e., prayer, ceremony, etc.), and lean on extended family and the community for support. Additionally, adults in healthy families are able to access and seek additional resources when the family is in need. These members also expand their resources and abilities by seeking additional training and education to provide for their family. Similar concepts to their descriptions may include self-competency and self-sufficiency.

Twenty-one adults (3 males and 18 females ranging in age from 21-62 years of age), living on a Northern Plains reservation, were interviewed for the project. Overall, 17 families were represented. The study was concluded when saturation was met in the interview content and the same themes were consistently found. Each interviewee was provided a thank you card and compensated with a \$25 gift card following the completion of the interviews. Interviews were typically held in the families’ homes or offices and lasted between 1-2 hours.

The study used a focused ethnography methodology to study the lived experience of a small number of individuals concerning the definition of healthy AI families. Interview prompts and questions included: please describe a healthy family in this community; please describe an unhealthy family in this community; what are the resources or factors that affect the maintenance of healthy families? and how do historical, social, cultural, and political factors affect a healthy family in this community today? Both field notes and interview transcripts were analyzed using “domain, taxonomic, componential, and thematic analyses” (Martin and Yurkovich (2014, p. 57).

Analyses involved examining data for pieces of cultural knowledge shared by the participants and examining how participants described and labeled people/situations in their community. For example, participants labeled healthy families as those who are close-knit and are always there to help one another. The researchers then examined the data using a lens of close-knit families as their guide to analyzing interviews and field notes for related and unrelated concepts. Each researcher analyzed the data separately and met with another to discuss their findings. The data were analyzed using NVivo 8 software program. All of the findings were presented and discussed with focus groups composed of participants and the tribal council.

Over 2/3 of the participants stated that healthy families include an influential family member who typically is an elder and teaches values and keeps the family grounded. The presence of elders and adult family members was described as necessary for family stability and the modeling of healthy behaviors and cultural practices. In contrast, the researchers also sought behaviors of “unhealthy” families. Interestingly, the participants described these processes as typically intergenerational. Families had the ability to model and reinforce positive, adaptive behaviors as well as those behaviors that are associated with imbalance. One of the main behaviors they identified as signifying imbalance was substance misuse in the family.

Participants identified several factors that helped to serve as protective and risk factors. These include the transmission of Native culture and the involvement of extended family. They described the transmission of culture as promoting health and supporting balance within the family. Extended family members include those who are related by blood and those belonging to their home community or neighborhood. Extended family members provide support in each of the domains needed for balance when the family is in need and unable to access resources on their own. Importantly, participants described their involvement as protective given the limited nature of resources available in their community such as a fitness center or recreational activities.

Additionally, spirituality and cultural connectedness were protective factors identified. Specifically, the participants cited ceremonies and cultural activities as bringing together families and provided healing and maintaining their health. Above all, cultural and extended family involvement is the pinnacle of maintaining a healthy, close-knit family. Families and extended families coexist and the support they provide to one another also help to maintain the health and balance of the community. Similar results were found and discussed by Deacon, Pendley, Hinson, & Hinson (2011). In the Deacon et al. (2011) article, Chickasaw families described their strength and health as a family by drawing on their culture, extended family and community, and furthering their education.

Despite the emphasis of culture for many AI families, Martin & Yurkovich (2014) discuss the decline in use and knowledge of cultural practices and values. This in turn has been identified as impacting the health of AI families. These changing practices and values may range from practicing traditional ceremonies to leadership in the community. There is a call for recognizing and including extended family members and communities in influencing change in the community and individual families. In order to obtain behavioral change through interventions, health professionals are encouraged to work with families and the community. Questions regarding specific behaviors and practices of extended family in supporting and maintaining the health of the family continue to persist. Furthermore, participants described the transmission of Native culture as a protective buffer to negative outcomes or imbalance but further discussion into their views as to why culture serves to protect families was lacking.

Summary & Critique

Across all studies and racial minority families, the quality of the relationship between the parent and extended family significantly impacts the effect of their involvement on outcomes, such that, relationships which were not under chronic distress and not intrusive or overbearing in

nature were linked with positive outcomes for extended family members, parents, and children. Further research is needed to explore the extent to which extended family members' involvement helps to support or hinder parent and child functioning. The available research with AI families is limited to specific examinations of cultural teachings (Glover, 2001; LaFromboise & Dizon, 2003; Robbins et al., 2005; Schweitzer, 1999), primarily focused on the grandmothers' involvement (Hossain and Anziano, 2008; Schweitzer, 1999), and grandparents as custodial/kinship foster care (e.g., Cross, Day, & Byers, 2010; Mooradian, Cross, & Stutzky, 2007).

Moreover, research concerning the psychosocial variables of extended family members and their relationship with children is needed. As such, the role of extended family members may be instrumental to understanding the intricacies of Native families. In order to gain a deeper understanding of their involvement and the extent of their involvement, a mixed-methods design was applied to the current study.

Mixed Methods Research Design

Given the limited research on the involvement of extended family in American Indian families, a mixed methods research design was utilized in the current project. A pragmatic worldview (Creswell & Plano Clark, 2011) incorporating both postpositivist and constructivist epistemologies inform the current project. One goal of the project is to gain insight into the perspective of the participants by addressing research questions. The Convergent Parallel Research Design (Creswell & Plano Clark, 2011) will include collecting and analyzing quantitative measures and qualitative interviews simultaneously. The quantitative portion included examine families' demographic information to provide a context for the interpretation of the results. Further, activities extended family are involved in and the frequency of their involvement will be assessed. The qualitative portion will consist of interviewing

parents/caregivers and extended family members. Qualitative interviews will help to elucidate extended family involvement from the perspectives of AI families themselves.

Convergent Parallel Design will integrate 2 forms of data by combining and merging them, thereby helping to build upon one another (Creswell & Plano- Clark, 2011). The qualitative method of data collection and analysis serves to enhance, further explain, and gain additional insight into the quantitative measures. Significantly, this will allow for the “offset” of one method’s weakness for the other. For example, forced choice questionnaires limit the information captured whereas with qualitative interviews the researcher has the ability to probe for more information. This is especially critical to the current study as extant literature is limited in the study of AI parent behavior and family functioning.

Questions assessing involvement reflect those activities that are described as characteristic of involvement in the literature (e.g., Glover, 2001; LaFromboise & Dizon, 2003). As noted, researchers have primarily garnered these activities through observation and their own individual experience in their respective field. An understanding of why these activities were chosen is still relatively unknown yet are described as important to the functioning and structure of AI families. Though this initial examination will not provide a complete understanding of this process, it will be an attempt at further describing the supportive network that is believed to significantly impact both parent and child functioning.

Overall, there are several reasons for utilizing a mixed methods research design in the current project. Generally, mixed methods design allows the researcher to incorporate both quantitative and qualitative data into a synthesis of information to understand the phenomena under study. Qualitative data will help to explain the quantitative data and provide a deeper understanding of specific cases in a particular context (Patton, 2002). In this way, qualitative data

will be used to further explain and gain additional insight into the impact of extended family involvement.

APPENDIX B

COMPLETE STUDY PROCEDURE

Procedure

Given the success of previous attempts at recruitment, the current project employed similar recruiting methods by engaging with already established research partnerships. The researcher also pursued new partnerships with Cherokee Nation (CN) and other local Indian Education programs not previously contacted. After receiving approval from the CN IRB committee to recruit and collect data, the researcher worked with the CN Behavioral Health Research and Evaluation department to connect with individual tribal community programs. The HERO Project, a CN Behavioral Health program, invited the researcher to recruit and collect data alongside them at several CN-sponsored School Clothing Assistance Program events.

In addition to developing a partnership with CN, the researcher was also in contact with other Indian Education programs. This process included reaching out to program coordinators by email, phone, in-person meetings at community events (e.g., pow-wows), and attending and presenting research at the Johnson O'Malley state conference. Permission was obtained from each program coordinator to recruit and collect data by setting up a table, handing out flyers and questionnaire packets, and/or mailing out flyers to potential participants. The researcher spent approximately 2 years developing partnerships with programs and recruiting participants. One hundred fifty-three packets were distributed to families. Sixty-nine packets were returned

completed, for a return rate of 45%. Nine packets were excluded due to not meeting study inclusion criteria (e.g., caregiver identified as non-Native, child was out of age range).

Interested families received information regarding the purpose of the study and study procedure as outlined by the recruitment script. The researcher attempted to contact families who participated in the previous study at least 3 times over the course of two weeks. If the family were unable to participate or the researcher was unable to reach the family, the researcher contacted the next family on the list to participate.

Each parent/caregiver who received a questionnaire packet was asked to identify and provide contact information for an extended family member significantly involved and influential in their family. Thirty-one extended family members were identified by caregivers. The researcher contacted the extended family member(s) identified by parents/caregivers to participate. The same process of study solicitation was conducted with the extended family member. If the extended family member agreed to participate, the researcher mailed a packet to the family member or offered assistance to complete the packet by scheduling a separate meeting with the family member to complete measures.

Twenty-five packets were distributed to extended family members. Eleven questionnaire packets were completed and returned by extended family members. Seven were included in the current study. Four packets were excluded due to not meeting study inclusion criteria. Specifically, these packets were completed by a non-Native extended family member ($n=3$) or were completed by referencing a child out of the age range for inclusion in the study. The researchers attempted to follow-up with these families but were unable to make contact with these families.

Each extended family packet contained a cover letter, two copies of the consent form, a demographic questionnaire, and 3 questionnaires. All participants were instructed to complete all relevant information, keep one copy of the informed consent, and to return the packet to the researcher. The researcher then reviewed the packet to ensure the completeness of each packet. Families who were mailed a packet or unable to complete the packet at an event were provided a pre-

paid postage stamped envelope to mail the packet once completed. Participants who completed a packet were compensated with a \$15 gift card.

Following the completion of a packet, caregivers and extended family members were asked to participate in an interview. The researcher provided an option for the interview to take place in a private location (e.g., their home, room at local library) or over the phone. The majority of the participants ($n=11$; 91.7%) chose to interview via telephone. Each interview ranged in length from thirty minutes to an hour. Those who participated in an interview were compensated with an additional \$10 gift card at the completion of her interview. Interviews were transcribed by a third-party company, Managed Outsource Solutions (MOS). The company guarantees up to 99% accuracy rate in transcription services (MOS, 2017).

NVivo 11 software was used to organize and provide descriptive information (e.g., frequency counts) of themes and passages selected by coders. Broad themes were identified using a template approach (Brooks, McCluskey, Turley, & King, 2015; Patton, 2002) for both caregivers and extended family members sets of transcripts. Two coders, including the researcher, analyzed two caregiver interviews and one extended family interview collaboratively to develop a codebook for each set of transcripts.

Major themes and subthemes were initially identified during the 1st cycle of coding in order to develop the codebook. Each of the remaining interviews (6 caregiver and 3 extended family member) were independently coded by a coder and the researcher. Coders and researcher met to discuss coding and reach consensus on themes. Through this process, the codebook further was amended and refined.

The two independent coders involved in analyzing interviews were trained in qualitative methods and are experienced with NVivo 11 software. Inter-coder reliability was calculated using simple percent agreement (Lombard, Snyder-Duch, & Bracken, 2002; Stemler, 2004) for each transcript. Average inter-coder reliability was at least 80%. A 2nd cycle of coding involved recoding

and reorganization (Saldaña, 2013) of major themes and subthemes by the researcher. A flow chart documenting the coding process is shown in Appendix D.

APPENDIX C

POSITIONALITY STATEMENT

Considerations Based on Researcher's Positionality

Patton (2002) discusses the need for the consideration of the researcher's positionality or reflexivity as adding to the credibility of the qualitative research process (p. 566). The researcher for the current project is a Muscogee (Creek), Choctaw, and Chickasaw female graduate student. She strongly identifies as American Indian and was raised in the tribal community attending tribal ceremonies and community events. Her interest in researching American Indian families and communities stems from her background and participation in the tribal community. The dearth of research on American Indian families, especially research examining strengths of families, has heavily influenced her research interests. In addition to her research interests, the researcher has been actively involved with various Native student organizations on campus and professional organizations in her field. Funding for her dissertation and research was provided for by the University of Washington's Indigenous Substance Abuse, Medicines, and Addictions Research Training (ISMART) program and University of Colorado's Center for American Indian and Alaska Native Health Native Children's Research Exchange Scholars Program. Their monetary support partially funded the project's materials (e.g., questionnaires, qualitative software), outside mentoring, and qualitative software training and package program (Nvivo).

APPENDIX D

TABLES

Table 1. *Number of extended family involved in parenting activities*

Type of Involvement	GM	GF	GGM	GGF	A	U	C	O
Disciplining	30	20	5	3	20	17	6	8
Teaching tribal history	34	19	7	5	19	13	10	11
Telling Native moral stories	16	13	2	2	13	6	8	9
Teaching cultural knowledge	29	22	4	4	18	11	8	8
Teaching specific skills	39	23	5	2	19	18	8	8

Note. $N = 60$. Family Member (GM = Grandmother, GF = Grandfather, GGM = Great Grandmother, GGF = Great Grandfather, A = Aunt, U = Uncle, C = Cousin, O = Other)

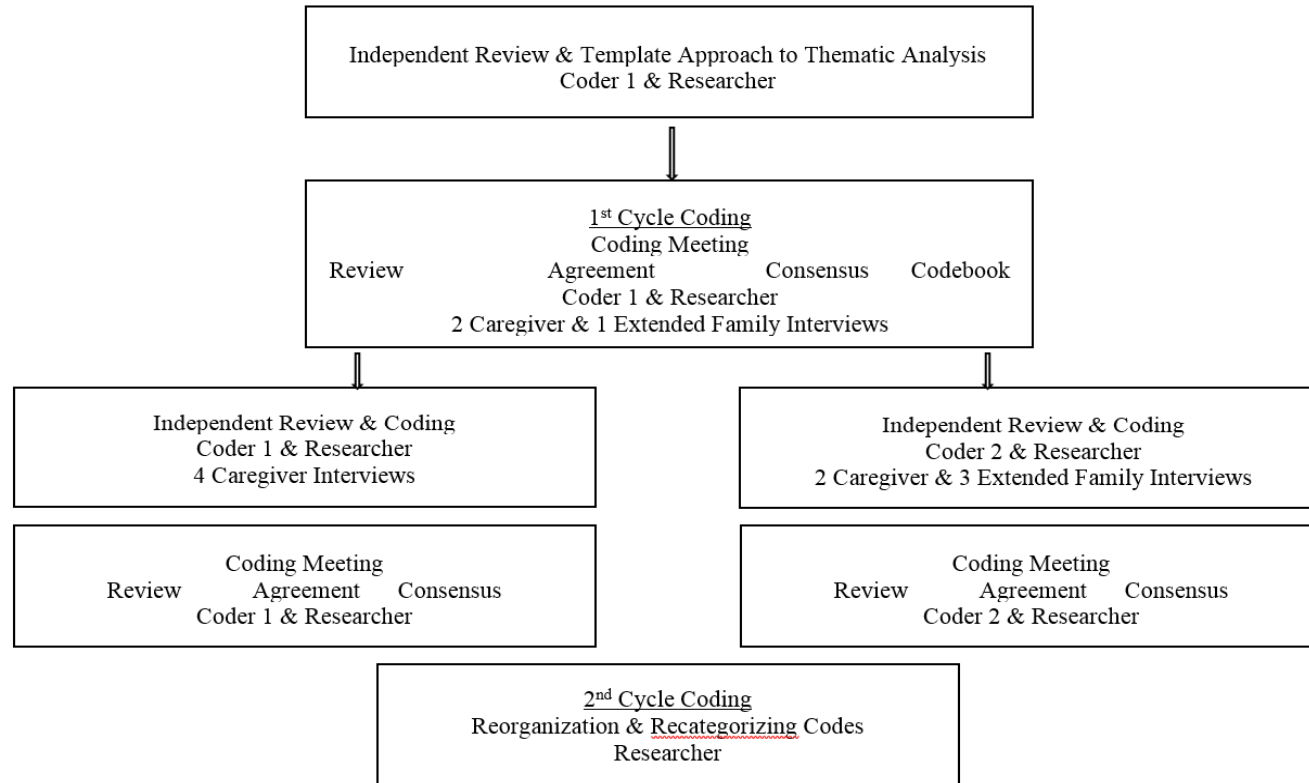
Table 2. *Descriptive data on extended family involvement*

	%	<i>M (SD)</i>
Disciplining	75	3.82 (2.41)
Never	31.7	
Sometimes	36.6	
Half the time	20	
Most of the time	5	
Always	6.7	
Teaching tribal history	83.3	5.28 (3.08)
Never	23.3	
Sometimes	20.0	
Half the time	16.7	
Most of the time	21.7	
Always	18.3	
Telling Native moral stories	66.1	3.43 (2.63)
Never	48.3	
Sometimes	26.7	
Half the time	11.7	
Most of the time	5	
Always	8.3	
Teaching cultural knowledge	80	4.85 (2.89)
Never	23.3	
Sometimes	30	
Half the time	15	
Most of the time	15	

APPENDIX E

FIGURES

Figure 1. Coding process flow chart.



APPENDIX F

IRB APPROVAL

Oklahoma State University Institutional Review Board

Date: Monday, October 26, 2015
IRB Application No AS1589
Proposal Title: Looking beyond the nuclear family: An examination of extended family involvement in American Indian families

Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 10/25/2018

Principal Investigator(s):

Ashleigh Coser	Maureen Sullivan
215 S. Doty	116 N Murray
Stillwater, OK 74074	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Scott Hall (phone: 405-744-5700, dawnett.watkins@okstate.edu).

Sincerely,



Hugh Crethar, Chair
Institutional Review Board

VITA

Ashleigh D. Coser

Candidate for the Degree of

Doctor of Philosophy

Dissertation: LOOKING BEYOND THE NUCLEAR FAMILY: A MIXED
METHODS EXAMINATION OF EXTENDED FAMILY INVOLVEMENT IN
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