

**THE ROLE OF CULTURAL AND SOCIAL  
VARIABLES IN PARENTING STRESS AND  
ACCEPTABILITY OF PARENT-TRAINING WITH  
NATIVE AMERICAN PARENTS**

By

MEGAN S. DUNLAP BALLEW

Bachelor of Science in Special Education  
Northeastern State University  
Tahlequah, Oklahoma  
1997

Master of Science in Psychology  
Oklahoma State University  
Stillwater, Oklahoma  
2002

Submitted to the Faculty of the  
Graduate College of the  
Oklahoma State University  
in partial fulfillment of  
the requirements for  
the Degree of  
DOCTOR OF PHILOSOPHY  
December, 2005

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Dissertation Approved:

Maureen A. Sullivan, Ph.D.

---

Dissertation Adviser  
John Chaney, Ph.D.

---

Melanie Page, Ph.D.

---

Patricia Self, Ph.D.

---

A. Gordon Emslie, Ph.D.

---

Dean of the Graduate College

## ACKNOWLEDGMENTS

I wholeheartedly acknowledge Dr. Maureen A. Sullivan, my advisor and mentor, for her support throughout this project and my graduate education and her ability to gently model professional traits such as balance and integrity. I would also like to thank the other members of my committee, Dr. John Chaney, Dr. Melanie Page, and Dr. Patricia Self, for their invaluable advice and support during this project.

I am eternally grateful to the parents who volunteered their time for this project. Their honesty and thoughtfulness provided meaningful and important information that will hopefully inform future research and clinical decisions that will benefit other families. I would also like to thank the many communities who allowed me to conduct recruitment at their events and in their schools.

Several individuals and groups also contributed valuable help and support in various stages of this study: Drs. John Gastorf, Delores Bigfoot, Cheryl McNeil, Dan McNeil, Tracy Fehrenbach, Jane Luterek, B.J. Boyd, and Misty Boyd, and Ms. Tamara Wilburn, Ms. Raegan Smith, Ms. Amy Selvig, Ms. Patricia Alexander, and the American Indians Into Psychology program. Finally, I would like to thank my husband, son, parents, in-laws, and grandparents for their unwavering support and encouragement. Thank you for helping me keep everything in perspective.

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## CHAPTER I

### INTRODUCTION

Becoming a parent brings almost incomprehensible responsibility. Not only do parents have to physically care for their children, but they must emotionally care for their children as well. Physically caring for children involves being financially able to provide appropriate food, shelter, and clothing. It also involves giving a substantial amount of time to the daily care of children. Emotionally caring for children can involve providing the consistency and nurturance needed for children to thrive in the world. All parents do not naturally know how to take on these responsibilities, and may differ in how they face the parenting role.

Parenting roles are influenced by an enormous amount of internal and external factors. These factors can either help or hinder the effectiveness of a parent with their child. Parental stress is one such factor. Parental stress can refer to stress associated with the parent as an individual (e.g., discomfort with the responsibilities that come with becoming a parent), stress associated with rearing a difficult child, or stress associated with parent-child conflict (Pearlin, 1982). Stress has been found to be associated with a multitude of consequences, including cardiovascular problems, hypertension, and psychological disorders (e.g., Pearlin, 1982). While stress often has negative influences on individuals, it has also been found that different people can experience the same situation and experience differing levels of stress and negative consequences (Pearlin,



1982).

One factor that may serve as a buffer for many of the effects of stress is social support (e.g., Lieberman, 1982; Hobfoll, 1986). This buffering relationship has been found between daily parenting stress and parental social support (e.g., Crnic & Greenburg, 1990). Parents who report having adequate social support have been found to interact with their children in a more nurturing manner and be more able to effectively gain child compliance compared to parents who do not report having adequate social support (Meyers, 1998). Thus, social support may help maintain either positive or negative parenting skills, and may have an influence over obstacles faced by many parents.

One of the most important tasks faced by those in the counseling profession is helping parents succeed in their parenting role. Competent, nurturing parenting can help children grow into healthy, well-adjusted people. Appropriate parenting can also help some children with the potential to develop behavior problems instead learn more appropriate behavior. Even if children do not have abnormally problematic behaviors, most parents will face challenges when trying to get children to comply with parental rules. Parents may struggle to find an appropriate balance between discipline and nurturance. Forehand (1977) reported that parents of children referred for psychological services frequently list child noncompliance as a major problem. In fact, child noncompliance was reported as the number one reason that children are initially referred for treatment (Forehand, 1977). More recent studies have also found noncompliance to be a problem faced by many parents (e.g., Hembree-Kigin & McNeil, 1995). Child misbehavior can negatively affect parents as well. Patterson (1980) found that when

parents and children have frequent conflicts the parent may start to doubt his or her parenting ability, which can influence the parent's own self-esteem. It has been shown that parents of children who have been referred for psychological services display more negative behavior than parents of nonreferred children (Johnson & Lobitz, 1974). Geller and Johnston (1995) found that the way parents viewed their children's noncompliance, and the way parents viewed their own parenting abilities, influenced how parents interacted with their children. This suggests that continued child noncompliance could result in negative outcomes for parents, and that parents may benefit from understanding how to gain child compliance. Parent-training is one method counselors can use to help parents learn how to interact with their children in a way that helps children follow rules and grow in a nurturing environment.

Most parent-training programs attempt to help parents learn what behaviors to attend to, what behaviors to ignore, how to interact with children during discipline situations, and how to interact with children during non-discipline situations. The techniques used to teach these skills may vary from one parenting program to the next, but these components are often present. Parenting programs differ in regards to how much empirical support they have received, and for what populations they are most appropriate. Most initial research examining the effectiveness of parenting programs focused on the majority culture (i.e. middle class, Caucasian families). While there are studies that have shown that many parenting programs do not vary in effectiveness based on parental culture or ethnicity, questions about how parents from different cultures might perceive and react to parenting programs remain. While it is important to examine the relationship between parenting program effectiveness and all cultural/ethnic groups,

the focus of this paper will turn to Native American families.

Native American families are as diverse and complex as they are similar to one another. Besides simple individual differences, Native American families vary by geographic location, tribal affiliation, physical and mental health issues, and level of acculturation. The type of parenting techniques utilized and values held by Native American parents also differ from family to family and community to community. There is a plethora of theoretical articles and book chapters about the ways in which Native American parenting differs from parenting in non-Native American families. However, there is little empirical evidence for these differences.

Regardless of the lack of empirical evidence for parenting differences between Native American parents and non-Native American parents, the idea that differences exist influences the parent-training provided to Native American parents. There is some debate among counselors providing services to Native American parents about the applicability of a parent-training program with intensive empirical and clinical support, Parent-Child Interaction Therapy (PCIT). The current study is intended to begin to address these issues.

In this paper, social and cultural factors influencing parenting stress and acceptability of PCIT acceptability with Native American parents will be examined. Before the current investigation is discussed, a comprehensive literature review is presented. First, Native American communities will be discussed. This will include a general description of the Native American population, a description of Native American economic and health issues, and a discussion of the impact of acculturation. Second, Native American parenting will be addressed. A general, theoretical discussion regarding

Native American parenting, including the importance of social support and parenting stress, will be followed by a discussion about child abuse and neglect. Third, behavioral parent-training (specifically PCIT) will be addressed. Fourth, topics relative to mental health treatment with Native American clients will be discussed. This will include counseling with Native American clients, possible barriers to treatment, and treatment preferences. Fifth, research with Native American populations will be addressed. This will include suggestions about research with Native American subjects as well as a discussion about qualitative vs. quantitative research. Finally, the current study will be described.

CHAPTER II  
REVIEW OF LITERATURE

Native American Communities

*Population Description*

The term “Native American” is used throughout this manuscript, partially because it is one of the most widely used terms for this population (e.g., Fleming, 2003). There are many other general terms used to describe the Native American population, including American Indian, First Americans, Native Peoples, and First Nations (e.g., Fleming, 2003; Willis & Bigfoot, 2003). The Native American population is comprised of many individual groups with their own history and culture. Many Native American people prefer to identify themselves based on specific tribal affiliation rather than a general ethnic category.

The United States federal government recognizes 562 tribes, including 223 Alaska village groups (Bureau of Indian Affairs, 2005; Fleming, 2003). For tribal groups, having federal recognition allows for certain status, which in turn allows for rights and entitlements. However, there are many tribal groups who do not have federal or state recognition. Approximately 230 tribes are currently involved in the process to gain federal recognition (Fleming, 2003).

Tribal groups also have differences regarding the criteria for tribal membership. For example, some tribes require a minimum tribal blood quantum while other tribes require proof of an ancestor on the Dawes Rolls. The US Census (U.S. Bureau of the

Census, 2000) simply requires an individual to self-identify as Native American to be included in that category. This means individuals could be considered Native American by the US Census but not be members of a federally recognized tribe or even enrolled members of any tribe or Native American nation. The US Census data on the Native American population provided in this manuscript is based on data from the “American Indian or Alaska Native tribe alone or in any combination” category (i.e. individuals identifying as Native American only or in combination with another ethnic category) on the 2000 census, primarily because this category is consistent with the inclusion criteria for the current study.

According to the U.S. Census Bureau, in 2000 there were 4,315,865 individuals self-identifying as Native Americans and Alaska Natives living in 1,420,204 households. Using this data and the US population estimate, Native Americans comprise 1.5% of the total United States population. Seventy percent of households identifying as American Indian/Alaska Native were classified as “family households.” The average family household was comprised of 3.4 people, which was slightly larger than the average family household in the United States of 3.14 members. The composition of these households varied: 20.7% were “female householder with no husband” and 44.6% were “married couple households.”

The U.S. Native American population median age is 29.4 years, which is younger than the United States population median age of 35.4 years (U.S. Bureau of the Census, 2000). The Native American population is a relatively young population, with only 6.1% of people 65 years old or older and 0.5% of people 85 years old or older. In 2000, 8.3 % of Native Americans were younger than five years, and 32.5% were younger than

eighteen years. The large number of Native American minors means that there are numerous children receiving adult supervision. Native American communities traditionally turn to elders for direction and advice. The current age of this population leaves many young Native American individuals with relatively few elders who can provide guidance and knowledge.

Native Americans live in all fifty U.S. states; however several states in the western half of the country have the largest number of Native American inhabitants (U.S. Bureau of the Census, 2000): California (634,802), Oklahoma (395,533), Arizona (294,636), Texas (225,360), and New Mexico (191,504). The distribution of Native American people is also distributed across urban and rural areas, with 2,954,411 Native Americans living in urban areas compared to 1,361,454 living in rural areas.

#### *Income and Employment*

Census information from 2000 indicated that the average household income for Native American families was \$46,429 (U.S. Bureau of the Census, 2000). This is in comparison to the U.S. general population average income for family households of \$50,046 during the same time period. There are many more Native American families living in poverty compared to the general U.S. population. In 2000, 18.6% of Native American families were below the poverty level compared to 9.2% of the general population. The unemployment rate is higher for the Native American population (6.3%) than the general U.S. population (3.5%) for individuals between 25 and 54 years old. Considering this information, it appears that Native Americans are likely to have a lower household income compared to the general population. One possible explanation for the disparities in income is education level.

### *Education*

In 2000, 74.7% of Native Americans and 80.4% of the U.S. population had a high school or higher education (US Dept of Health & Human Service, 2001). During this same time period, 14.3% of Native Americans and 24.4% of the general U.S. population had a bachelor's or higher degree.

### *Health*

In general, the health of the Native American population is gradually improving, but there are still many health problems facing this population (US Dept. of Health & Human Service, 2001). For example, diabetes is over two times more common among Native Americans compared with Caucasians. Alcohol related deaths are approximately five times more likely to occur in the Native American population compared to the Caucasian population. Infant mortality rates have gradually decreased, going from 13 per 1,000 in 1990 to 9 per 1,000 in 1997 (Indian Health Service, 1997). The Native American population does have lower rates of some health problems. For example, deaths due to cancer or heart disease are lower in Native American population compared to the Caucasian population (US Dept. of Health & Human Service, 2001).

The Native American population may also differ from the general population in regards to mental health issues. Unfortunately, there is little empirical data regarding the incidence and prevalence rates of psychiatric disorders within the overall Native American population. A study conducted by the Centers for Disease Control and Prevention (1998) found that Native Americans reported a higher level (13%) of "mental distress" compared to the general population (9%). According to the Indian Health Services in one state, Native American children comprise approximately 45% of children



served by the state psychiatric units and 65% of children in residential homes due to mental health problems even though Native American children make up only 7% of the total child population of that state (Glover, 2001). Suicide rates appear to be higher in the Native American population. According to a report by the Surgeon General (U.S. Department of Health and Human Services, 1999), the suicide rate for the Native American population was 1.5 times greater than the national suicide rate between 1979 and 1992.

The American Indian Service Utilization, Psychiatric Epidemiology, Risk, and Protective Factors Project (AI-SUPERPFP) examined the prevalence of mental disorders among 3,084 Native American individuals between fifteen and fifty-four years old (Beals, Manson, Whitesell, Spicer, Novins, & Mitchell, 2005). All individuals lived on or near one of two reservation communities in the southwest and northern plains. Lifetime prevalence of any DSM-IV disorder was 41.9% for individuals from the southwest tribe and 44.5% for the northern plains tribes. The most common lifetime disorders for men were alcohol abuse (21.7% southwest tribe, 20.5% northern plains tribes) and alcohol dependence (17% southwest tribe, 20.5% northern plains tribes). The most common disorder for women was posttraumatic stress disorder (19.5% southwest tribe, 19.2% northern plains tribes). It is difficult to determine if this prevalence data can be generalized to the Native American population as a whole. The participants in the AI-SUPERPFP were from two distinct communities and lived on or near reservation lands. The general Native American population could differ from the participants in many ways. Besides the potential differences expected between individuals from different tribes or nations, differences could also be present between individuals who hold traditional

Native American beliefs compared to individuals who have beliefs more similar to mainstream culture. This notion will now be more fully addressed in a discussion of acculturation (i.e. level of association with traditional vs. mainstream culture).

### *Acculturation*

In the late 1800s and early 1900s the US government began the process of enrollment for Native Americans. This was largely influenced by the Dawes Act of 1887 (i.e. the General Allotment Act) which divided tribal lands among Native American families and individuals. Individuals had to enroll with the federal government as Native Americans in order to receive allotments. This process led to the concept of Native American blood quantum. However, many Native American people recognize that blood degree is not the only measure of what makes a person Native American. The level of importance a person places on traditional Native American values and beliefs versus the values and beliefs of the majority culture is also important. This concept has been called acculturation.

Acculturation is a broad measure of the sociocultural identity of an individual (Choney, Berryhill-Paapke, & Robbins, 1995). Acculturation can be defined as “the process of adopting the cultural traits or social patterns of another group, especially a dominant one” (Random House Webster’s College Dictionary, 1991, p. 10). Several levels of acculturation have been previously identified: traditional level (hold only traditional values and beliefs), transitional/marginal level (hold some values and beliefs of both the traditional and majority culture), bicultural level (hold both traditional and majority values and beliefs), assimilation level (hold only majority culture values and beliefs), and pantraditional level (assimilated but have chosen to return to a traditional

cultural lifestyle) (Garrett, 1995; Herring, 1996).

All Native American people are likely somewhat acculturated to the majority culture, however the level of acculturation differs from community to community and individual to individual. Various researchers have made this point. For example, Bennett and BigFoot-Sipes (1991) stated that Native Americans, like all minority groups, should not be stereotyped as one homogeneous group. These researchers went on to state that minority groups “have identified cultural commitment or stage of racial/ethnic identity development as a within-group variable that could be used to assess this diversity” (p. 440).

The acculturation levels of Native American individuals have been linked to a multitude of social and psychological outcomes. For example, the unproportionately high occurrence of suicide and psychological disorders among Native American adolescents, compared to non-Native American adolescents, has been explained as being partially due to the added stress Native American adolescents face from having to associate with both their traditional culture and the majority culture (U.S. Office of Technology Assessment, 1990; Choney, et al., 1995). Alcoholism in Native American communities is believed by some researchers to be related to the alcoholic individuals’ struggle with acculturation (e.g., Choney, et al., 1995). Whether the relationship between acculturation and problems in the Native American community are as strong as some researchers suggest, it appears that the study of acculturation and its effects on an individual’s functioning is important to include when studying a Native American population.

Measuring acculturation levels can be a difficult process. Poor acculturation measures have been cited as a possible cause of discrepancies present in the mental health

literature regarding Native Americans (Choney et al., 1995). Choney et al. (1995) drew attention to the fact that even the best measures of acculturation are attempting to simplify a complex factor, and that all acculturation models are “imperfect small-scale replicas of reality” (pg. 84).

### *Boarding Schools*

Whether acculturation has occurred naturally or reluctantly within the Native American community may be a matter of opinion. Unfortunately, the Native American population has been subjected to forced acculturation (i.e. assimilation) attempts throughout history. The extent of atrocities, including assimilation, faced by the Native American population at the hands of the US government is beyond the scope of this manuscript. However, the boarding school movement of the late 1800s and early 1900s is particularly relevant to the topic of Native American parenting. The first off-reservation boarding school was opened in 1879 (Fleming, 2003) and there were 26 off-reservation boarding schools by 1899 (US Dept of Health & Human Service, 2001). Children between six and eighteen years old were often forcefully taken from their families by US government officials and placed in boarding schools. Children were not allowed to speak their native languages and were forced to practice majority culture ways. The boarding school movement resulted in many Native American children being raised without their families and traditional ways. Thus, children raised in boarding schools were likely limited in their knowledge of traditional Native American parenting practices.

### Contemporary Native American parenting

Glover (2001) summarized the hopes Native American parents have for their children as follows:

“Native Americans have the same hopes and dreams for their children and families that the general population does. Most want their children to get a good education and become productive members of society. In the most traditional families, these desires include learning about tribal values, beliefs, and customs. These families want successful children in a manner consistent with cooperative, noncompetitive tribal, community, and family values and aspirations” (p. 210).

While many theoretical books and articles suggest that there are several differences in Native American parenting compared to the majority culture, there are also studies which suggest that Native American parents are very similar to the majority culture in their parenting values (e.g., Glover, 2001; Peterson, 1984). Most parents probably hope their children will be responsible, generous, and respectful; however, Native American parents may use different parenting techniques (e.g., storytelling) to help their children understand how these behaviors are part of “being Indian” (Glover, 2001).

Native American parents do have the responsibility of raising their children as minorities in a majority culture. As a result, many Native American parents teach their children to be cautious in their interactions with individuals from the majority culture (Glover, 2001). Many Native American parents want their children to be proud of their individual culture as well as succeed in American society (Glover, 2001).

#### *Traditional values*

A discussion of contemporary Native American parenting would not be complete without addressing traditional Native American values. Each Native American tribe or nation holds a unique set of traditional values and ceremonies, and it is well beyond the

scope of this manuscript to provide a thorough review. However, many individuals acknowledge a set of values that can be applied more generally across tribes and nations. Bigfoot (1989) summarized traditional Native American values into seven main principles: (a) children should be treated with respect and allowed to grow without strict rules imposed by adults; (b) people should live in harmony with the natural world; (c) generosity and sharing are more important than individual achievement; (d) cooperation and politeness are valued over competition and confrontation; (e) time is oriented to the present not the future; (f) age and experience are greatly respected; and (g) children should learn about the traditions of their culture, including history, ceremony, life-style, and place in society. There are several ways traditional Native American values can be expressed in contemporary Native American parenting, including community involvement, individual freedom, and discipline.

#### *Community involvement*

Elders in traditional Native American families and communities often play important roles in raising children. Elders are often consulted when parents have problems, and they may use reassurance and praise in their interactions with parents and children (Glover, 2001). Elders may also help teach children traditional values, such as generosity, respect for elders, and individual freedom (Glover, 2001). Elders are not the only people parents may rely on in Native American communities. A “kinship system” is often in place to provide support to parents, and may be composed of extended family members as well as others in the community and tribe (Harrison, Wilson, Pine, Chan, & Buriel, 1990). Parents typically serve as the primary caregivers, but other individuals are

also actively involved in raising children. These other individuals may include grandparents, aunts, and uncles (LaFromboise & Low, 1998).

### *Social Support and Parental Stress*

Community involvement with and support of parents in traditional Native American communities is often considered a necessary component for parents to deal with the stressors associated with parenting by many people within these communities. Some individuals within traditional Native American communities hold the opinion that many of the problems faced by Native American parents who are not in touch with their traditional culture are caused by the lack of community involvement and support.

Social support can be defined as receiving assistance, warmth, and encouragement from family members, friends, and neighbors (Simons & Johnson, 1996). Natural support systems are often present in many ethnic minority communities (e.g., San Miguel, Morrison, & Weissglass, 1998). Social support has been shown to buffer many of the effects of stress (e.g., Lieberman, 1982; Hobfoll, 1986). Some researchers have found that daily parenting stress is buffered by parental social support (e.g., Crnic & Greenburg, 1990). Other researchers (e.g., Quittner, Glueckauf, & Jackson, 1990) have proposed that social support mediates the relationship between parenting stress and various outcomes. The perception of level and quality of social support can effect how parents adjust to their parenting roles (Dalla & Gamble, 1998). Additionally, Meyers (1998), in a study designed to examine ecological variables that influence parenting behavior, found that parental perceived social support had a significant effect on mother/child interactions. Specifically, mothers who reported having adequate social support interacted in a warmer manner and had more effective control over their children than mothers who did not

report having adequate social support. This finding led Meyers (1998) to speculate that lack of social support may cause or maintain poor parenting skills, and may contribute to obstacles faced during interventions and treatments for parenting problems.

It is possible that members of ethnic or racial minority groups may gain something from same-group social support (i.e. support from others of similar ethnic group status) that cannot be gained from social support from individuals outside their ethnic group (Sonn, 2002). Social support from individuals or groups within a person's own ethnic group, especially if the person belongs to a minority ethnic group, may provide a sense of acceptance and belonging. Participation in social activities within one's own ethnic group may help individuals develop a shared sense of ethnic identity, meaning about life, and ways of relating to the world (Sonn, 2002). Individuals who belong to a minority ethnic group, but who are denied access to (or choose to refrain from) cultural activities may not have the same sense of belonging or overall psychological well-being compared to individuals who do participate in cultural activities (Sonn, 2002). It should be noted that it should not be assumed that all members of a traditional Native American community receive the same levels or types of social support. Dalla and Gamble (1998), in a study examining networks and social support among Navajo adolescent mothers living on a single reservation, found that mothers differed in the sources and levels of social support they received. This study helps illustrate that even in a very homogenous sample subjects differed in their reported social support.

While social support and participation within one's own cultural community has been linked to many positive outcomes, it is also possible that individuals who do not



have access to their own cultural community may find other communities which can fulfill the need for support. Individuals from minority groups could find social support within the majority culture that may contribute to psychological well-being (Sonn, 2002). A study of migrants from East Berlin (Schwarzer, Jerusalem, & Hahn, 1994) found that individuals who were removed from their cultural communities, but who were able to recreate a social support system within their new environments, had better physical and psychological health compared to individuals who had not found a new social support system. Social support appears to be one variable that may influence the parenting skills and actions of individuals within the Native American community.

#### *Individual freedom*

Individual freedom can be defined as freedom to make choices and being responsible for the consequences of actions (Glover, 2001). Individual freedom often applies not only to adults, but also to children in many Native American communities. This idea can be related to the importance Native American parents often place on childhood development of autonomy. Autonomy development may be fostered by parents by allowing children to make their own choices at an early age with the understanding that the children will face natural consequences (LaFromboise & Low, 1998). This of course does not typically apply to situations which may be life-threatening to children.

#### *Discipline*

The discipline of children may be handled differently by Native American parents than parents from the majority culture. According to LaFromboise and Low (1998), Native American parents often use inductive discipline with their children. Inductive discipline, frequently referred to as shame in Native American communities, includes

parental behaviors such as ignoring, using disapproving words, having the child apologize for embarrassing the family, and telling other family members about the child's misbehavior.

Physical discipline is not often used in traditional Native American families. However, physical discipline is used in many Native American families today (Willis, Dobrec, & BigFoot-Sipes, 1992). While many families may be able to use physical discipline in an appropriate manner, there are parents who carry this too far, resulting in child physical abuse. Physical abuse is not the only type of abuse that occurs in Native American families. Unfortunately, all types of child maltreatment occur in Native American families and communities.

#### *Child Abuse and Neglect*

Child maltreatment, which encompasses physical, sexual, and psychological abuse and neglect, has been shown to have negative effects on all aspects of child development (i.e. cognitive, behavioral, and psychological) (Willis, Holden, & Rosenberg, 1991). Child maltreatment is unfortunately a problem all cultures face, and parents are most frequently (75%) the perpetrators of the abuse (U.S. Department of Health and Human Services, 1999). This is also true for Native American communities. Although there is limited information about child abuse in Native American communities, it appears to occur at the same rate as in non-Native American communities (Willis et al., 1991). However, Lujan, DeBruyn, May, and Bird (1989), in a study reviewing child abuse and neglect cases involving Native Americans, found that the incidence of maltreatment differs greatly from tribe to tribe and community to community.

Several factors have been identified as affecting the occurrence of child abuse in Native American communities, including problems fitting in to the majority culture, isolation from extended family and community support with child rearing, and poor parenting skills (Glover, 2001). Also, as mentioned above, some Native American communities have been negatively affected by poverty. Research has shown that child maltreatment is more likely to occur, possibly by seven times, in families with incomes below \$15,000 than in families with incomes above \$15,000 (National Center on Child Abuse and Neglect, 1988). Low socioeconomic status is believed to be related to a higher level of parental stress, which in turn is thought to be related to less effective parenting strategies such as spanking (e.g., Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000; McLoyd, 1990).

Traditionally, Native American parents received support from family and community members, especially in times of trouble. Today, parents may not have this support due to factors such as urban relocation, adding additional stress to the parenting process. When it is discovered that parents are maltreating their children, the children are often removed from their home. The re-placement of children outside their biological homes, while necessary for child protection, serves to perpetuate the lack of family and community connections.

The response to child abuse and neglect in Native American families differs in some ways compared to the response in non-Native American families due to the Indian Child Welfare Act of 1978. The Indian Child Welfare Act was enacted to help protect Native American children while considering cultural aspects of families, not removing children from their families unless necessary, and not placing children in non-Native

American foster or adoptive homes (e.g., Willis et al., 1992; Plantz, Hubbell, Barrett, & Dobrec, 1989). This act was partially a reaction to the large number of Native American children being removed from their biological homes, and often their communities, (by non-Native American individuals and organizations) and placed in non-Native American homes. While there are measures in place to safeguard against this, some tribal leaders may still be uneasy about removing children from their biological homes, and may not actively cooperate with legal systems in the investigation and treatment of child abuse and neglect. Reluctance to remove children from their biological homes is likely seen in all communities, including non-Native American communities; however, this still presents an additional hurdle to addressing the problem of child maltreatment with Native American families and communities.

Psychological prevention, intervention, and treatment of child abuse and neglect varies by level of service and effectiveness between Native American communities. Like many other physical and mental health services, child abuse and neglect services in many Native American communities are few and far between. This is true not only for reservation communities, but also for many rural and urban communities. While Native American parents have access to private, state, and federal services, they may prefer to seek and receive services at tribal and/or Indian Health Service clinics and hospitals. Many of these agencies, while often providing appropriate treatment, are understaffed and limited in their resources.

When child protective agencies (e.g., Department of Human Services and Indian Child Welfare) are alerted to cases of child maltreatment, a family treatment plan is typically implemented. This is true for both Native American and non-Native American

families. A common component of a treatment plan is some form of parent-training. Parents may be either encouraged or required to receive parent-training by child protective agencies.

### Parent Training

As stated above, a common service provided to parents in response to child maltreatment is parent training. Parenting training is not only provided to parents who have abused their children, but also to parents who desire to improve parent and child relationships and/or decrease child misbehavior. There are several forms of parent training, each based on different theoretical models, and with different empirical evidence.

#### *Behavioral Parent Training*

One form of parent training that has received significant empirical support is behavioral parent training. Behavioral parent training programs are based on social learning theory and operant conditioning principles. Behavioral parent training programs are typically brief and combine direct teaching and modeling of skills.

In 1989, Bigfoot developed a behavioral parent training program for Native American parents of children between six and twelve years old. The program attempted to integrate traditional Native American beliefs with a skills training model. This program is divided into six parent training sessions, and addresses praising positive behavior and ignoring or using time-outs for misbehavior. Videotapes and discussion are used to teach the parenting skills and parents are given the opportunity to role-play newly learned skills. Each parenting skill is linked to traditional Native American values. Several traditional Native American ceremonies and rituals are incorporated into the

program, including a family talking circle and storytelling. There are currently no studies examining the efficacy of this parenting program.

### *Parent-Child Interaction Therapy*

Parent-Child Interaction Therapy (PCIT) is a frequently used form of parent training. It was originally developed for parents with children between two and seven years old having behavioral problems (Herschell, Calzada, Eyberg, & McNeil, 2002), and has since been applied to other child and family problems, such as child abuse and neglect with children between four and twelve years old (Chaffin, Silovsky, Funderburk, Valle, Brestan, Balachova, Jackson, Lensgraf, & Bonner, 2004). The following section will address the major components of PCIT, review the empirical support for PCIT, and then discuss the application of PCIT to various populations.

There are two main phases of PCIT: Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI). The CDI phase typically spans four sessions, and the PDI phase typically spans six sessions. These sessions, combined with an initial intake session and a final termination session, make-up the twelve session protocol for PCIT.

The Child-Directed Interaction (CDI) phase is intended to help build positive parent/child relationships and increase child self-esteem (Herschell, et al., 2002). In order to achieve these goals, parents are taught to use specific skills, and avoid using certain behaviors, while playing with their children. There are five specific skills parents are taught to use: praise, reflection, imitation, description, and enthusiasm. Parents are taught to use labeled praise with their children. Labeled praise involves specifically stating what a child is doing correctly (e.g., “I like the way you are playing quietly today” instead of simply “I like the way you’re playing”). When parents use labeled praise,

children not only receive nurturance but also get clear feedback about their behavior. Reflection involves the parent verbally repeating what the child says to the parent. For example, if a child said, “the blocks fall down,” the parent would use reflection by saying, “yes, the blocks did fall down.” Reflection can show a child that their parent is attending to his or her behavior. Imitation involves the parent physically imitating the child’s play. If a child drives a car around a table, the parent would imitate this play by driving his or her own car around the table, for example. Imitation is way for parents to actively play with their children without controlling the play. Description involves the parent verbally stating what the child is doing. This has been described as the parent acting as a commentator to the child’s play. Just as a sports commentator verbally describes each step of a sporting event, in PCIT the parent describes each step of the child’s play. For example, a parent might state, “oh, you’re picking up the blue block now, and you’re putting it on top of the red block.” Just like reflection, description is a technique that shows a child that his or her parent is attending to them. Finally, enthusiasm involves components such as the parent’s tone, facial expressions, and level of involvement during the child’s play. The parent is taught not only to use praise, reflection, imitation, and description, but they are taught to utilize these skills with a high level of enthusiasm (e.g., smiles, positive tone of voice, and high level of involvement in child’s play). Enthusiasm adds a component of nurturance and actively involves the parent in the child’s play.

There are three behaviors parents are asked to avoid during the CDI phase of PCIT: questions, commands, and criticism. As stated above, Child-Directed Interaction is intended to build positive parent/child relationships and child self-esteem. Parental use of

questions, commands, and criticism does not help accomplish these goals, and may hinder the process. Many parents ask frequent questions during child's play (e.g., "what do you want to do now", or, "what are you building"), which may be a subtle way parents can gain control of the play situation. Children are under direct adult control in most areas of their lives (e.g., home, school, and daycare), and play can allow children to have some freedom to express themselves. Therefore, avoiding questions is thought to achieve this. Commands are parental requests with the expectation of child compliance, such as "pick up that toy." Commands are not conducive to children having freedom during play. Finally, criticism involves parental corrections (e.g., "no, you're doing it wrong") or negative comments (e.g., "well that was dumb") toward a child. The use of criticism by parents does not contribute to positive parent/child interactions nor does it foster high self-esteem in children.

The Parent-Directed Interaction (PDI) phase is intended to teach parents appropriate techniques for gaining child compliance and dealing with child noncompliance. Parents are taught how to give effective commands. Commands are considered effective in PCIT training if they are direct, positively stated, simple, specific, and developmentally appropriate (Herschell, et al., 2002). Parents are also taught how to differentiate child compliance from noncompliance, and how to respond to each. Parents are instructed to respond to child compliance by using labeled praise and attention. Child noncompliance is followed by an immediate time-out for the child. Time-out consists of a short period of time (e.g., three minutes) during which the child quietly remains in a specified location (e.g., a chair) and receives no attention from the parent. After a child



successfully completes a time-out, the child must comply with the initial parental command.

There are five additional components of PCIT that deserve attention: 1) involving parents and children in treatment; 2) assessing each family's progress to guide treatment; 3) using coaching as the main method of therapy; 4) adapting treatment to meet each family's needs; and, 5) continuing treatment until parents are able to adequately use the skills and child behavior is appropriate (Herschell, et al., 2002). During the course of PCIT, both the parent and child attend the majority of the counseling sessions. With the help of a therapist, parents practice the skills with their child during the sessions. Therapists track each family's progress from session to session, often by videotaping portions of each therapy session. Families are expected to master each step of PCIT before moving on to the next. During the majority of the sessions of PCIT, therapists utilize a live-coaching technique. Therapists provide immediate and direct feedback to parents by either speaking to parents from outside the therapy room via a bug-in-the-ear device or by quietly speaking to the parent from within the therapy room. By using this technique, the therapist can praise the parent for correct use of PCIT skills, or can help the parent realize when the parent is not correctly using the skills. As mentioned above, families are expected to master each step of PCIT, as this is related to successful outcomes. Thus, therapists adapt treatment to meet each family's needs and continue treatment until parents are able to adequately use the skills and child behavior is appropriate.

*Empirical Support for PCIT*

Over the past two decades, numerous studies have been conducted to examine the effectiveness of PCIT. PCIT has been found to decrease child noncompliance and disruptive behavior, decrease parenting stress, increase child self-esteem, and improve child language skills, and treatment gains have been found to be maintained at two-years post-treatment (e.g., Eyberg, Funderburk, Hembree-Kigin, McNeil, Querido, & Hood, 2001; Schuhmann, Foote, Eyberg, Boggs, & Algina, 1998). The majority of the initial efficacy studies with PCIT were conducted with middle-class Caucasian families. Eyberg (2005) discussed the lack of PCIT efficacy studies with diverse populations by stating that “PCIT is an empirically supported treatment for disruptive behaviors in Caucasian preschoolers” (p. 199). There is one currently unpublished study (Fernandez & Eyberg, 2004) that has been reported to show PCIT treatment efficacy with African American families (Eyberg, 2005). However, there is a growing body of literature that supports the use of several behavioral parent training programs with parents from diverse ethnic and socioeconomic backgrounds. For example, Reid, Webster-Stratton, and Beauchaine (2001) assessed treatment gains and treatment satisfaction for a parent training program (The “Incredible Years”) with a low socioeconomic sample, with families from diverse ethnic backgrounds (Caucasian, Hispanic, Asian American, and African American). They found positive treatment gains and treatment satisfaction, with no significant differences based on ethnic background.

PCIT has been identified as an empirically supported treatment in the areas of child disruptive behavior disorders and child physical abuse. Brestan and Eyberg (1998) reviewed over eighty controlled research studies examining treatments for child disruptive behavior disorders (conduct disorder and oppositional defiant disorder). Using

criteria developed by the Division 12 Task Force on Promotion and Dissemination of Psychological Procedures chaired by Diane Chambless, PCIT was found to be a “probably efficacious” treatment for child disruptive behavior disorders. Saunders, Berliner, and Hanson (2004) classified PCIT as a “supported and acceptable treatment” for the treatment of physically abusive parents. The Chadwick Center for Children and Families (2004) classified three treatments as “best practices” in the area of child abuse and neglect, including PCIT for physically abusive families and families at-risk for physical abuse.

#### *PCIT with Native American Parents*

As noted above, the empirical support for PCIT has been well-established, but this empirical support stems from studies utilizing predominantly Caucasian parents and children. Several studies have found that parent ethnicity impacts parent preferences for general parent-training (e.g., Wood, 2000; Wood & Baker, 1999; Rowland & Wampler, 1983), however, parent socioeconomic status and education were often possible confounds. A review of this literature suggests that there may be a preference for the integration of culturally appropriate components into parent-training programs, but this relationship is not clear. Kellogg (1982) examined general parenting and skills development programs implemented in Native American communities. This study indicated that the communities wanted materials with more cultural relevance, more involvement of community elders and other community members, and more discussion about traditional vs. majority values. This is only one illustration of considerations that may need to be made when working with Native American parents.

The applicability and acceptability of PCIT with Native American parents has not been empirically investigated, and it is possible that these factors may not differ for Native American parents compared to parents associated with the majority culture. If this is the case, PCIT should be as effective for Native American families as the empirical literature has shown it is for middle class Caucasian families. However, if differences do exist, PCIT may not be as effective for Native American families compared to parents associated with the majority culture. Many theoretical articles purport that, due to cultural differences, current treatments may not be effective with Native Americans.

Even though there is little empirical evidence regarding the effectiveness of PCIT with Native American parents, many practicing counselors are adapting PCIT to be “more appropriate” for Native American parents or are avoiding PCIT altogether, and using parent-training methods with less overall empirical support. This issue should be addressed to ensure that Native American parents and families receive the most appropriate and effective parent-training available.

### Counseling with Native American Clients

#### *Clinical Considerations*

There has long been recognition of a possible conflict between traditional Native American culture and Western psychology (e.g., Cross, 1997; Williams & Ellison, 1999). Some researchers believe that some “Western” psychological assessments and treatments innately ignore cultural differences of Native American peoples, and thus result in undeserving Native American individuals and continuing negative stereotypes (Choney et al., 1995). Traditional Native American culture relies on techniques such as ceremony and rituals, not Western medicine, to deal with illness and problems. Native American

communities may view illness and problems within the context of overall wellness and harmony, and see family and tribal members as the best sources for help in restoring wellness and harmony (Geenen, 1998). For this reason, it has been proposed that the treatment of traditional Native American individuals include extended family, tribal community members, and/or traditional ceremonies and rituals (e.g., LaFromboise, 1988; Choney, et al., 1995). Another barrier between Western psychology and traditional culture involves the typical mode of interaction in counseling, verbal interaction and disclosure. Traditionally, Native American people are not fond of verbally discussing feelings and family trouble with outsiders (Glover, 2001). Geenen (1998) noted that “the brief, efficient, and quick-fix approach style of communication many professionals exhibit during [meetings] may be particularly alienating to people who are accustomed to a slower, more personalized style of communication” (pg. 32). It has been suggested that therapists communicate with Native American clients from a traditional viewpoint when appropriate (Weaver, 1999). Besides the verbal barriers that may be present between Native American clients and “Westernized” psychologists (regardless of the ethnicity of the therapist), Native American clients may be distrusting of non-Native American therapists (Willis et al., 1992), thus increasing the possibilities for communication problems.

Therapists may also need to have certain skills when working with Native American clients, such as patience, respect for silence, humor, humility, and open-mindedness (Glover, 2001). It should be mentioned again that each family, Native American or non-Native American, deserves to be treated individually, and not simply treated as members of a specific ethnic group. Therapists should also be aware of any

barriers which Native American clients may face regarding seeking psychological services.

### *Barriers to Treatment*

Native Americans both on and off reservations may encounter several barriers to treatment. As mentioned earlier, tribal and IHS services are often provided in a limited number of locations. The results of this situation include clients often having to commute to receive treatment. Besides the inconvenience of having to travel, sometimes for several hours, parents are sometimes faced with additional barriers, such as lack of transportation and lack of telephones (Willis et al., 1992).

Abeita (2001) examined the barriers to health service utilization for Native American people, and identified several historical barriers including specific cultural beliefs about illness and health, historical distrust and fear of the majority culture and majority medicine, and structural barriers within the health care systems providing care to Native Americans. Additional barriers were identified by Abeita (2001), such as lack of resources (e.g., lack of childcare, transportation, or money), awareness of services (e.g., uncertainty about what is available or what services entail), fear of procedure (e.g., fear of pain/discomfort associated with services or fear of the service provider), and reliance on traditional healing methods (e.g., holistic medicine, traditional healers, and/or traditional ceremonies).

Other researchers have also identified the above-mentioned barriers, as well as additional barriers, to treatment for Native American individuals. Dinges, Trimble, Manson, and Pasquale (1981) identified lack of knowledge about available services as a barrier. Other identified barriers include negative attitudes toward non-Native American

psychologists (Manson & Trimble, 1982) and mistrust and fear about therapy (Dukepoo, 1980).

It is clear that Native American parents often have many barriers to face before they ask for help for themselves and/or for their children. Professionals must be responsible for actively working to assure that once parents present for help they are provided the best help available. This includes consideration of individual family needs and the need for culturally appropriate treatment. As mentioned, Native American parents differ greatly from one another in their level of acculturation. While more traditional (low acculturation) parents may view mental health within the larger context of harmony and balance versus the Westernized view of mental health, the view of parents who are less traditional (high acculturation) may fit well with the Westernized view and practice (Choney, et al., 1995; Locust, 1985; Trimble & Hays, 1984; LaFromboise, Trimble, & Mohatt, 1991). Native American parents may have different expectations, preferences, and values that could enhance or impede treatment if not considered.

#### *Treatment preferences*

Several studies have examined various treatment preferences of Native American clients, however these studies have not focused on parent training preferences. Two studies will be presented that examined Native American individuals' preferences for counselor characteristics.

One study (BigFoot, Dauphinais, LaFromboise, Bennett, & Rowe, 1992) examined Native American secondary school students' preferences for counselors. This study sought to understand why past research had found that many Native American students in need of psychological assistance would not seek treatment when they

perceived cultural barriers (LaFromboise, Trimble, & Mohatt, 1990). The participants in this study (BigFoot et al., 1992) were 242 Native American (Chippewa) junior high and high school students in North Dakota. Participants completed a demographic questionnaire which assessed their involvement with both Native American and Anglo cultures. Participants also completed a questionnaire, developed by the researchers, that presented therapy preference items in a forced-choice format. The preference items all focused on counselor characteristics (ethnicity, gender, age, education, values and attitudes), and assessed these preferences for both academic and personal problems. The results of the study indicated that students closely identifying with traditional Native American culture had a preference for a Native American counselor, but students identifying with the non-Native America culture did not have this preference. Other therapy preferences identified by the study included female student preferences for female counselors, and student preferences for counselors of similar age and education level to themselves when their problems were academic in nature.

Another study (Bennett & BigFoot-Sipes, 1991) assessed the counselor preferences of 73 Native American (the majority of whom identified themselves as Choctaw, Commanche, Creek and Cherokee) and 81 Caucasian college students in Oklahoma. The participants completed a demographic questionnaire which included an assessment of their cultural identification. Participants also completed a questionnaire similar to one in the above-mentioned study that presented therapy preference items in a forced-choice format. These preference items also focused on counselor characteristics (ethnicity, gender, age, education, values and attitudes), and assessed these preferences



for both academic and personal problems. Results from this study indicated that students most preferred counselors who shared similar attitudes and values.

The two studies mentioned above (BigFoot et al., 1992; Bennett & BigFoot-Sipes, 1991) utilized a questionnaire with a forced-choice, paired-comparison format to assess therapy preferences. These questionnaires were modified versions of one created by Adkinson, Furlong, and Poston (1986) to assess therapy preferences of African-American students. Twelve counselor characteristics (same age, older; same sex, opposite sex; same education, more education; similar attitudes and values, different attitudes and values; similar personality, different personality; and similar ethnicity, different ethnicity) were matched with each other, resulting in 66 total items. All questions were phrased as follows: “If you were going to see a counselor to discuss a . . . problem, would you prefer to see a counselor who is (choice 1) or (choice 2)” (Bennett & BigFoot-Sipes, 1991). Bennett and BigFoot-Sipes (1991) analyzed this questionnaire by first averaging the number of times each counselor characteristic was chosen, then by converting the averages to percentages of the number of times each counselor characteristic was presented, and finally, by rank ordering the percentages from highest to lowest. The Native American participants’ data were examined in two groups: 1) strong Native American involvement (low acculturation), and 2) weak Native American involvement (high acculturation).

The above mentioned studies addressed both barriers to treatment and treatment preferences of a Native American population. Now, general research considerations with Native American populations will be addressed.

Research with Native American communities

The study of Native Americans has been laden with controversy. While there have been individuals who have faced the study of Native Americans with thoughtfulness and respect, some individuals have been perceived to have conducted studies that lack such components. As a result, some studies with this population may make large generalizations based on stereotypes of all Native Americans. An additional issue regarding research with Native American populations is that due to traditional beliefs and the historical mistreatment of Native Americans by outsiders, many Native American people are hesitant to disclose community ways to individuals not from their communities. In contrast with this issue, many characteristics (e.g., mental health problems and acceptable treatments) have been applied to Native American communities from studies which were conducted with European-American communities or included small numbers of Native American individuals. Professional suggestions have been made to facilitate appropriate research practices with Native American populations.

#### *Professional Suggestions*

The Counsel of National Psychological Associations for the Advancement of Ethnic Minority Interests, in collaboration with the Society of Indian Psychologists, developed criteria for conducting research with Native American participants (McDonald, 2000). Criteria and considerations will be presented here, and will focus on three research stages, research design, methodology, and research dissemination.

Suggestions for the research design phase of a study were presented in the above-mentioned publication (McDonald, 2000). Researchers should be certain about why they want to do research with Native American participants. Unless the researchers are clear about their intentions, research should not progress. Researchers should clearly think

through the negative and positive impacts their study could have on the tribes and/or communities participating in their research. The research question should be culturally meaningful, appropriate, and sensitive. Additionally, research proposals should not only be submitted to and approved by university review boards, but this procedure should also be followed with tribal review boards.

Several suggestions were made regarding methodology issues in research with Native American participants. The selection of instruments should be conducted carefully. Test development questions should be addressed. Authors should be culturally competent, Native Americans should be included in the item generalization and standardization, and test psychometrics should have been determined with Native American populations. Measures should have cultural appropriateness (e.g., appropriate topics) and utilize adequate language levels for bilingual speakers when appropriate. The length of measures is an important consideration. If a measure (or set of measures) is too lengthy it may result in high subject mortality with Native American participants. Lengthy measures or sets of measures may also be seen as greediness on the part of the researcher, and might increase participants' suspiciousness about the intentions of the researcher.

Considerations may need to be addressed regarding the participants involved in a study. One area that deserves attention involves expected sample sizes. The Native American population is small compared to other minority groups. It may not be realistic to expect a large sample when the number of potential participants is low to begin with. Since a low sample size is likely, care should be taken in the interpretation of the data collected. Besides issues about small sample sizes, issues concerning the many distinct

tribes and communities making up the Native American population must be considered. Generalizations should not be made from a sample consisting of participants from one, or even several, local tribes to all people of the over 600 tribes recognized in America. Research samples should be examined and discussed without making these inappropriate leaps. Also, measures should be taken to gain information about individual variables, such as socioeconomic status, geographic location, and level of acculturation, and to examine the influences of these variables on the study's outcome.

Certain considerations should be addressed in studies with Native American participants regarding research procedures. First, contacts should be established within the communities participating in the research, and these contacts should be consulted during every step of data collection. This will not only help to improve the quality of the study, but may also help reduce the skepticism of participants. Second, tribal officials, families, and participants should always be treated with the utmost respect. Third, gifts given to subjects for their participation should be appropriate for the individual communities and families. For example, in some communities it may be considered inappropriate to offer money, so an alternative gift should be provided. Fourth, researchers must consider the extent of their relationship with the tribes, communities, and/or families after the study is complete. Researchers should keep in contact after data collection by doing things such as presenting the research findings to the communities. Fifth, considerations should be addressed regarding data analysis. Both clinical and statistical significance should be examined. Simple analyses examining group differences should be avoided or used with caution. Analyses should be guided by theory when possible. Also, results which validate the null hypothesis should not be thrown out as

unimportant, as these results may still be meaningful to both the scientific community and the tribal communities.

Finally, considerations should be addressed regarding the dissemination of research results. Researchers should carefully consider who will benefit from the publication of the results, who the audience should be, and whether the best interests of the Native American participants are kept in mind. These issues can be further discussed within the context of qualitative and quantitative research designs.

### *Quantitative vs. Qualitative Research*

Many Native American communities are skeptical about research with Native American participants involving only quantitative measures. This is mainly due to the low number of (or lack of) Native American people included in the development and psychometric evaluation processes of most standardized measures. This skepticism may also be due to the improper way that quantitative data collected in Native American communities may have been used in the past.

Quantitative research can allow for an examination of group differences in an empirical framework. Qualitative research can allow for an examination of contextual and process components. A combination of both quantitative and qualitative methodologies allows for an examination of both of these aspects, as well as allowing information gathered by different techniques to be compared and contrasted (Geenen, 1998). Studies with Native American communities may benefit from a combination of both quantitative and qualitative methodologies.

### Summary

Cultural differences may be present between Native American parents and non-

Native American parents in regards to social support, parenting stress, and parenting education preferences and acceptability. While there is little empirical evidence supporting clinically relevant differences between Native American and non-Native American parents, the idea that differences exist may influence the parent-training provided to Native American parents. Parent Child Interaction Therapy (PCIT) now has much empirical support, and is commonly utilized by counselors and therapists working with parents. It is important to determine if PCIT is equally effective with Native American parents as it has been shown to be with non-Native American parents. Other barriers that may impede the effectiveness of parent education or parent training, such as parental social support and parental stress, also deserve attention so that Native American parents are best served by parenting programs.

As mentioned above, it has been suggested that there are differences between Native American parents and non-Native American parents. It is the opinion of the author that just stating that there is a difference between Native American and non-Native American parents is inadequate. Besides large family and individual differences, the various tribal and cultural differences within the larger Native American community most likely make population descriptions based on these large generalizations inaccurate. A more descriptive explanation of differences within the Native American community can be gained by assessing an individual's level of acculturation, or level of involvement in the majority culture versus the traditional Native American culture. Researchers have pointed out the importance of acculturation in understanding the Native American population, especially in mental health research. For example, Choney, et al., (1995) stated that, "We believe that without an understanding of acculturation and the

acculturation process, practitioners working with Indian people suffer a distinct disadvantage” (pg. 87). The sentiments of this statement are narrowed in this paper to focus on understanding the impact acculturation has on the Native American parent population in regards to parental stress, social support, and PCIT acceptability.

Parents in traditional Native American communities are believed to be provided with a built-in support system. It is not uncommon for parents to have the support of community elders, extended family members, and other community members in their roles as parents (Glover, 2001; Harrison, et al., 1990; LaFromboise & Low, 1998)). These individuals often do not only provide support to the parents, but also take active roles in the upbringing of the children. This extensive community support system may serve as a buffer against the stresses associated with parenting. Social support has been found to provide such a buffer against the daily stressor of parenthood (Crnic & Greenburg, 1990). The relationships between parental involvement in traditional Native American communities, or parental acculturation, parental social support, and levels of stress associated with parenting deserves further attention.

Parental acculturation may influence Native American parents’ preferences for counselors, specifically preferences for parenting education counselors (e.g., BigFoot, Dauphinais, LaFromboise, Bennett, & Rowe, 1992; Bennett & BigFoot-Sipes, 1991). Native American parents may also differ in their treatment acceptability for behavioral parent-training programs, such as Parent-Child Interaction Therapy (PCIT), due to different levels of acculturation. Researchers have found a relationship between the cultural identification and involvement of parents and parent preferences for parent-training (e.g., Wood, 2000; Wood & Baker, 1999, Rowland & Wampler, 1983). Parents

in Native American communities have also expressed the interest in adapting common parenting education program to include culturally relevant materials and activities (Kellogg, 1982). While these differences have been documented, the acceptability of PCIT with Native American parents has not been empirically investigated. The treatment acceptability of PCIT with Native American parents may not differ from the PCIT acceptability of parents associated with the majority culture, which would indicate that PCIT would be as effective for Native American families as the empirical literature has shown for their non-Native American counterparts. However, research is needed to assess this issue to make sure that Native American parents are receiving appropriate and effective parent-training.

The importance and need for research that addresses these issues was stated by Choney, et al., (1995), “Little is known about counseling process or outcome with American Indian clients, particularly adults. Preferences for counselors, attitudes and beliefs about counseling, the utility of particular counseling techniques, and methods for increasing service utilization are all areas that require further investigation” (pg. 89).

#### Current Investigation

The present study examined the relationship between acculturation, parenting stress, perceived social support, and PCIT acceptability with Native American parents in the state of Oklahoma. The study included parents with children between the ages of six and twelve years, and attempted to determine if current parent training approaches are appropriate with Native American populations. A combination of both quantitative and qualitative methodology was used to gather the most comprehensive information. Questionnaires were completed by participants to assess demographic variables, child



behaviors of concern to parents, parental level of acculturation, perceived social support, parental stress, and treatment acceptability of PCIT. Several components of past studies were utilized in order to facilitate comparisons between studies, and to more accurately determine the parent training preferences of Native American parents. Fifteen participants participated in an interview to gain a qualitative understanding of the questions proposed by this study.

Descriptive information was examined on all variables, and variables believed to have an influence on parent-training with Native American parents were further examined. There were two main foci of the current study: factors influencing parental stress and PCIT treatment acceptability.

First, the role of factors influencing parental stress was examined. It was predicted that there would be a relationship between parental stress and social support. A negative relationship between parental stress and social support was expected. It was expected that parents with high levels of parental stress would report low levels of social support. The negative relationship between parental stress and social support has been documented. Also, it appears that parents with adequate social support are buffered from many of the negative consequences of parental stress (e.g., Crnic & Greenberg, 1990).

It was predicted that there would be a relationship between parent acculturation and level of reported social support. A negative relation between acculturation and social support was expected. It was expected that parents with low levels of acculturation (high involvement with the traditional Native American community) would report high levels of social support (and visa versa). Even though individuals with high levels of acculturation may find social support in the majority community, social support within

the traditional Native American community may contribute an added benefit not found elsewhere. For example, social support from within the traditional community may provide an added sense of acceptance and belonging (Sonn, 2002).

A relationship was also predicted between parent acculturation and total level of reported stress due to parenting. A positive relationship between parental acculturation and parental stress was expected. Parents with high levels of acculturation (low involvement with the traditional Native American community) were expected to have high levels of parental stress (and visa versa). This hypothesis was based on two main assumption gleaned from past research. The first assumption involves the negative relationship between parental stress and social support as discussed above. The second assumption is that there is a negative relationship between parental stress and acculturation. Parents who are highly acculturated (low level of involvement with the traditional Native American community) are assumed to have less social support and thus experience more parental stress (e.g., Harrison, et al., 1990; Glover 2001).

As discussed above, social support is thought to be related to parental stress. Parental education level and income are also thought to influence parental stress (e.g., Hashima & Amato, 1994). Additional analyses were conducted to examine the effects of social support, parental education, and parental income on parental stress.

The second major focus involved PCIT treatment acceptability. The relationship between parental acculturation and treatment acceptability for PCIT was examined. This relationship has not been clearly defined, but the relationship between parental acculturation and parent training preferences has been documented (e.g., Wood, 2000; Kellogg, 1982). Due to the lack of empirical studies examining the relationship between

acculturation and PCIT acceptability within the Native American community, this relationship was examined as a research question without specific hypotheses.

## CHAPTER III

### METHOD

#### Participants

Fifty-seven caregivers, who self-identified as Native American and had children between the ages of six and twelve, participated in the questionnaire portion of the current study. Six participants were excluded after review of their completed questionnaires (two did not have children within the specified age range or four had not completed significant portions of the questionnaires). Fifty-one participants were included in final analyses. Fifteen of these fifty-one caregivers also participated in the interview portion of the study.

Historically, mothers have been the primary participants in parenting research, and it has often been impossible to equally distribute fathers and mothers across conditions due to lack of father participation. The current study attempted to gather information from both primary caregivers (primarily mothers and fathers); however, only one caregiver from each family was asked to participate in the study.

Forty-four participating caregivers were biological parents, two were step-parents, two were adoptive parents, and three were “other” caregivers (e.g., grandparents with primary caregiving responsibilities). Refer to Table 1 for a detailed participant demographic summary. Forty-two participants were female, and nine were male. Twenty-four participants self-identified as Cherokee and the other twenty-seven participants

identified with a variety of other tribes or nations (Cherokee-UKB, Cherokee/Cheyenne Arapaho, Cherokee/Choctaw, Cherokee/Creek/ Chickasaw, Chickasaw, Choctaw, Comanche, Creek, Crow, Iowa, Iowa/Otoe, Navajo, Otoe-Missouria, Papago, Pawnee/Otoe, Ponca, Seminole/Creek, Seminole, Shoshone/Piaute, and Sisseton-Wahpeton Sioux). Refer to Table 2 for detailed ethnicity information. Thirty-nine participating caregivers were married or living with partners. The participating caregivers' mean age was 36.39 years (22 to 68 years), and the mean age for partners was 38.23 years (19 to 77 years). The participants' mean years of education was 13.65 (8 to 17 years), and the mean years of education for partners was 13.39 (8 to 17 years). Thirty-nine percent of the participants had a monthly family income of over \$2,500, 25.5% between \$2,001 and \$2,500, 13.7% between \$1,501 and \$2,000, and 21.6% under \$1,500. Thirty-one caregivers lived in rural communities, eighteen lived in urban communities, one lived in a reservation community, and one lived in an "other" community. The mean length of time the caregivers lived in their current communities was 17.29 years (< 1 to 58 years).

Caregivers were asked to complete the questionnaires and interviews in regards to their children between six and twelve. If caregivers had more than one child in this age range they were asked to choose one child and keep that child in mind throughout the study. The children of the participating caregivers had a mean age of 9.04 years, ranging from six to twelve years. These children included 15 girls and 36 boys in the study. The number of siblings of the children ranged from 0 to 4. Five children had no siblings, seventeen had one sibling, twenty-two had two siblings, five had three siblings, and two

had four siblings. The ethnic backgrounds for the children were as follows: Native American (n = 43), Bi-racial (n = 6), Caucasian (n = 1), and Other (n = 1).

## Materials

### *Demographic Questionnaire*

The parents completed a demographic questionnaire for descriptive purposes. The questionnaire assessed the participants' income, occupation, age, level of education, and gender (see Appendix A).

### *Native American Acculturation Scale (NAAS)*

The NAAS (Garrett & Pichette, 2000) is a 20-item, multiple-choice scale which assesses acculturation across several factors, including language, cultural identity, friendship choices, daily behavior, background, and general attitudes (see Appendix B). A total mean score is gained, ranging from 1 to 5, with 1 representing a low level of acculturation and 5 representing a high level of acculturation. A total score of 3 represents the cut-off score, with a total score below 3 identifying people holding traditional Native American values and beliefs, and a total score above 3 identifying people holding the majority culture's values and beliefs. The NAAS has been deemed culturally appropriate by a panel of experts from various geographic, professional, and tribal affiliations. Initial psychometric properties are promising. A study with 139 high school student participants yielded an alpha coefficient of 0.91 (Garrett & Pichette, 2000). The Cronbach's alpha for the current sample was .89.

### *Parent Stress Index (PSI): Short form*

The PSI- Short Form (Abidin, 1990) is a 36-item parent self-report instrument designed to measure the relative degree of stress in a parent-child system and to identify

the sources of distress. Three major sources of stress, child characteristics (Difficult Child), caregiver characteristics (Parental Distress), and caregiver-child interactions (Parent-child Dysfunction), are assessed by the instrument. A total score ranging from 36 to 180 is also generated, with higher scores indicating higher levels of parental stress. Total scores above 86 fall within the clinical range. The total score was used in the current study as a measure of parental stress. The short-form of the PSI is significantly correlated with the longer version of the instrument (Abidin, 1990). The longer version of the PSI has alpha coefficients for the total score and subscores ranging from .89 to .95. and has been found to be significantly related to other measures of parenting. The Cronbach's alpha for the current sample was .94.

#### *Perceived Social Support from Friends and Family (PSS)*

The PSS (Procidano & Heller, 1983) is a 40-item measure which measures the amount of perceived support individuals feel they receive from their friends and family members. Twenty items deal with support from friends, and twenty items deal with support from family. Separate scores are generated for perceived support from friends (PSS-Fr) and perceived support from family (PSS-Fa). These subscores were combined to create a total score for perceived support. For the purposes of the current study, only the total score was used. This measure has adequate reliability and validity. When examined separately, the PSS-Fr was found to have an alpha coefficient of .88, and the PSS-Fa was found to have an alpha coefficient of .90. The PSS appears to be relatively stable (Procidano & Heller, 1983). The Cronbach's alpha for the current sample was .92.

### *Parenting Education Questionnaire (PEQ)*

PCIT acceptability was assessed via 26 scenarios (see Appendix C). Three scenarios focused on general PCIT components, eleven scenarios focused on the child-directed interaction component of PCIT, and twelve scenarios focused on the parent-directed interaction component. The scenarios were based on descriptions of PCIT interactions in previous literature written by PCIT experts, and were reviewed by several clinicians trained in PCIT. Two questions accompanied each scenario: 1) how would you feel about this part of the parenting program, and 2) does this sound like something you would practice in your home. A five-point scale was used to answer the first question, and a three-point scale was used to answer the second question. Ten additional questions assessed parents' interest in having Native American cultural activities incorporated into parent training. The Cronbach's alpha for the current sample was .78. This questionnaire was used for exploratory purposes only.

### *Qualitative interview*

A semi-structured interview was developed for the purposes of this study (see Appendix D). The interview consisted of seven open-ended questions assessing child misbehavior, parenting techniques, parental stress, social support, opinions about seeking professional parenting help, counselor preferences, and ideal components of parenting programs. Each question had several desired response categories attached. Interviewers were allowed to ask additional questions if participants did not respond to each desired category.

As mentioned earlier, qualitative data allows for an examination of contextual and process components. Since there are few empirical data regarding Native American



parenting, and even less about adapting PCIT to a Native American population, qualitative data are necessary to help clarify data and develop a more realistic understanding of the needs of Native American parents. Also, qualitative methodology allows for participants to share individual, subjective experiences that quantitative methods cannot capture (Walker & Todis, 1991).

#### Procedure

Approval for the current study was gained from the institution review boards (IRB) of Oklahoma State University and Cherokee Nation before beginning recruitment. Cherokee Nation has the largest representation of Native Americans in Oklahoma, and it was assumed that a large number of participants would be members of Cherokee Nation, so IRB approval from Cherokee Nation was deemed appropriate. Approval was always gained from appropriate authorities (e.g., event coordinators) before recruitment was initiated in all settings.

#### *Quantitative*

Recruitment of participants was done through three primary methods: (a) letters describing the project distributed to childcare facilities and public schools, (b) flyers on campus and in the community, and (c) questionnaire packets directly distributed at cultural events (e.g., pow wows), tribal health fairs, tribal clinics, and by past participants. Each packet included a brief description of the project, a consent form, the demographic questionnaire, the Native American Acculturation Scale, the Parenting Stress Index, the Perceived Social Support, the Parent Education Questionnaire, and a debriefing questionnaire. Participants either returned completed packets to the researchers at the time of recruitment or returned the packets via postage-paid envelopes at a later

date. Caregivers were given ten dollars for participating in the questionnaire portion and were provided a list of services for children offered in the area of recruitment.

### *Qualitative*

Participants were asked to indicate whether or not they were interested in participating in the interview portion of the study. All participants who indicated interest in the interview portion were contacted by the researcher. Twenty-five of the fifty-one participants indicated interest in the interview portion. When contacted, five were no longer interested in the interview portion, and five could not be located. Fifteen caregivers were interviewed. Caregivers participating in the interview portion of the study were entered in a drawing for an additional fifty dollars. Interviews were conducted at the participants' convenience (i.e. date, time, location) by one of two researchers (MB and TW). The interviewer asked a short series of seven semi-structured, open-ended questions. The questions assessed typical child misbehaviors, parenting techniques, parental stress, sources of support for parents, reasons parents would seek professional assistance for parenting problems, and expectations and preferences parents would have if participating in a parent training program. Parents were allowed as much time as needed to complete the interview, but interviews lasted an average of 17.6 minutes. Open-ended questions were asked, with additional questions asked for clarification when needed. The researcher conducting the interview recorded nonverbal information that was observed during the interview (e.g., physical setting, distractions, and participant nonverbal communications). Interviews were recorded, with permission, using a digital voice recorder. The two researchers who conducted the interviews used the auditory recordings to transcribe the interviews verbatim. The researchers transcribed each other's

interviews (i.e. researcher MB transcribed interviews conducted by researcher TW and visa versa). The steps taken to code the transcribed interviews and identified themes will be presented in the results section.

## CHAPTER IV

### RESULTS

#### Quantitative Data

##### *Descriptive Information*

Descriptive statistics were used to summarize data collected, including acculturation, social support, and parental stress. Acculturation was measured using the NAAS. Social support was measured using the PSS. Parental stress was measured using the PSI.

##### *Native American Acculturation Scale (NAAS)*

The NAAS total score was utilized as a measure of participant acculturation level. Total scores on the NAAS range from 1 to 5, with 1 representing a low level of acculturation and 5 representing a high level of acculturation. A total score of 3 represents the cut-off score, with a total score below 3 identifying people holding traditional Native American values and beliefs, and a total score above 3 identifying people holding the majority culture's values and beliefs. In the current study, NAAS total scores ranged from 1.9 to 4.55. The mean NAAS score was 3.44 ( $SD = .61$ ), which is slightly above the mid-range level of acculturation. The majority of the sample ( $n = 39$ ; 76.5%) fell within the highly acculturated range, indicating an identification with the majority culture. There were participants ( $n = 9$ ; 17.6%) who fell within the low acculturation range, indicating an identification with the traditional Native American

community. Only three participants (5.9%) obtained a cut-off score of 3, placing them within the midrange of acculturation.

#### *Perceived Social Support from Friends and Family (PSS)*

The PSS friends and PSS family scales were combined to create a PSS total score. The total score was utilized as a measure of perceived social support. Total scores on the PSS range from 0 to 40, with higher scores indicating higher levels of perceived social support. In the current study, the PSS total scores ranged from 6 to 40. The mean PSS total score was 28.29 ( $SD = 8.6$ ). Approximately half of the sample ( $n = 26$ ; 51%) had scores of 30 or greater, indicating a relatively high level of perceived social support. Approximately thirty percent of the sample ( $n = 15$ ; 29.4%) had scores between 21 and 30, indicating a moderate level of perceived social support. The remainder of the sample ( $n = 10$ ; 19.6%) had scores between 6 and 20, indicating a low level of social support.

#### *Parenting Stress Index –Short Form (PSI)*

The PSI total score was utilized as a measure of parenting stress. Total scores on the PSI range from 36 to 180, with higher scores indicating higher levels of stress. A total score of 86 or above represents the clinical range. In the current study, total PSI scores ranged from 37 to 115. The mean PSI score was 71.04 ( $SD = 20.8$ ), which falls within the normal range of parental stress. Approximately a quarter of the sample ( $n = 12$ ; 23.5%) had scores between 37 and 54, a quarter ( $n = 13$ ; 25.5%) had scores between 55 and 70, and a quarter ( $n = 13$ ; 25.5%) had scores between 72 and 84. Thirteen participants (25.5%) had total PSI scores within the clinical range ( $> 86$ ; range = 90 to 115).

#### *Main Analyses*

### *Parental Stress*

A series of analyses addressed the first major focus, factors related to parental stress. Refer to Table 3 for the correlation table. The first hypothesis predicted that a negative relationship would be found between parental stress and social support. It was expected that parents with high levels of parental stress would report low levels of social support. A Pearson product-moment bivariate correlation was used to assess this relationship. The total score from the Parenting Stress Index (PSI) and total score from the Perceived Social Support from Friends and Family Scale (PSS) were utilized for this analysis. A significant negative relationship was found between parental stress and social support ( $r = -.303, p = .031$ ).

The second hypothesis predicted that a negative relationship would be found between acculturation and social support. It was expected that parents with low levels of acculturation would report high levels of social support. A Pearson product-moment bivariate correlation was used to assess this relationship. The total score from the Native American Acculturation Scale (NAAS) and the total score from the Perceived Social Support from Friends and Family Scale (PSS) were utilized for this analysis. The relationship between acculturation and social support was not significant ( $r = .109, p = .445$ ).

The third hypothesis predicted a positive relationship between acculturation and parental stress. Parents with high levels of acculturation were expected to have high levels of parental stress (and visa versa). A Pearson product-moment bivariate correlation was used to assess this relationship. The total score from the Native American Acculturation Scale (NAAS) and the total score from the Parenting Stress Index- Short

form (PSI) were utilized for this analysis. The relationship between acculturation and parental stress was not significant ( $r = -.052, p = .717$ ).

As stated above, past studies have found a relationship between social support and parental stress and this relationship was present in the current study. Parental income and education have also been linked to parental stress. The relationships between social support, parental stress, parental income, parental education, and acculturation were examined using bivariate correlations. Only the significant correlations will be presented here. Significant relationships were found between parental income and parental education ( $r = .327, p = .019$ ), parental income and parental stress ( $r = -.368, p = .008$ ), parental income and acculturation ( $r = -.528, p = .000$ ), and parental education and social support ( $r = .284, p = .043$ ). Refer to Table 3 for the correlation table.

The relationship between parenting stress, perceived social support, and income was further examined using regression analyses. Specifically, the potential moderator effect of income in the relationship between parenting stress and perceived social support was explored. A moderator variable influences the direction or strength of a relationship between two additional variables (Baron & Kenny, 1986). Barron and Kenny (1986) describe “three causal paths” (pg. 3) leading to a criterion or dependent variable that are examined when testing for moderation. In the current example, the three paths leading to parenting stress would be the impact of social support as a predictor, the impact of income as a moderator, and the interaction of social support and income. Income could be considered a moderator in the relationship between social support and parenting stress if the interaction path is significant. The other paths can also be significant, but this is not a criterion for moderation. Also, it would be preferable if income was uncorrelated with

social support and parenting stress, but since this is not a requirement to test moderation the significant relationship between income and parenting stress does not hinder the process. All variables were centered to zero to reduce multicollinearity and to partially address the distribution of income by subtracting the sample mean for each variable from individual scores (e.g., Rose, Holmbeck, Coakley, & Franks, 2004; Holmbeck, 2002). Income and perceived social support (PSS) were entered into the regression equation on step 1. Next, an interaction variable was created for income and perceived social support, and the interaction variable was entered into the regression equation on step 2. The results of these regression analyses can be found in Table 4. Perceived social support and income together captured 19.8% of the variance,  $F(2, 51) = 5.93, p = .005$ . The addition of the interaction of perceived social support and income accounted for an additional 7% of incremental variance,  $F \text{ Change}(1, 51) = 4.13, = .048$ , supporting income as a moderator in the relationship between social support and parenting stress. Refer to Figure 1 for a graphic representation of the moderator model.

In order to further examine the moderating effects of income on the relationship between parenting stress and perceived social support, new variables were created for high income and low income, and new interaction terms were calculated using these variables (e.g., Holmbeck, 2002). Two additional regression analyses were conducted using the new high or low income variables and corresponding interaction terms. In the first regression analysis, low income and perceived social support (PSS) were entered into the regression equation on step 1, and the interaction variable for low income and perceived social support was entered into the regression equation on step 2. In the second regression analysis, high income and perceived social support (PSS) were entered into the



regression equation on step 1, and the interaction variable for high income and perceived social support was entered into the regression equation on step 2. The simple regression slope for perceived social support with high income was significant,  $t(1) = -3.11, p = .004$ . The simple regression slope for perceived social support with low income was not significant,  $t(1) = .530, p = .604$ . Perceived social support was significantly associated with decreased parenting stress when parent income was high, but was unrelated to parenting stress when parent income was low. Refer to Figure 2 for a graphic representation of the interaction relationship.

### *PCIT Acceptability*

The second major focus, parent-training treatment acceptability, examined the relationship between parental acculturation and the treatment acceptability levels for PCIT. This research question was exploratory in nature. The Parent Education Questionnaire (PEQ) was developed to assess PCIT treatment acceptability. The PEQ is comprised of 36 questions, including 11 questions assessing acceptability of the Child-Directed Interaction (CDI) component, 12 questions assessing acceptability of the Parent-Directed Interaction (PDI) component, 3 questions assessing general components of PCIT, and 10 questions assessing the interest in the incorporation of traditional Native American cultural activities into PCIT.

Two questions accompanied each general, CDI, and PDI scenario: 1) how would you feel about this part of the parenting program, and 2) does this sound like something you would practice in your home. A five-point scale (very good, good, neutral, bad, or very bad) was used to answer the first question, and a three-point scale (yes, maybe, or no) was used to answer the second question. Unfortunately, several questions addressing

the use of parenting skills in the home were not completed by some participants, making analyses based on total scores difficult. Pilot participants completed all questions, and it is unclear why some participants chose not to answer all questions. Descriptive statistics were used to summarize the PEQ responses. For the purpose of this study, participants indicating feeling “very good” or “good” about a PCIT component are considered to feel positive about that component, and participants answering “yes” to the question regarding whether a scenario sounded like something they would try at home are considered to have endorsed an item.

*General components.* Over 60% of participants indicated feeling positive about the general PCIT components. It appears that the majority of participants were accepting of the general components (the stated purpose of PCIT and the use of modeling and coaching) of PCIT.

*Child-Directed Interaction.* Over 70% of participants indicated feeling positive about eight of the eleven CDI component questions. A total of 68% of participants felt positive about the scenario explaining the description component of CDI, 64% felt positive about the scenario explaining refraining from using parental questions during CDI, and 51% felt positive about the scenario explaining the use of ignoring for minor misbehavior during CDI. Over 70% of participants indicated that the CDI components sounded like something they would practice in their homes for seven out of eleven questions. A total of 58% of participants endorsed home practice for the scenario describing the use of description, 69.4% endorsed home practice for the scenario describing the use of imitation, 59.2% endorsed home practice for the scenario describing refraining from using questions, and only 46.9% endorsed home practice for the scenario

describing the use of ignoring for minor misbehavior. Overall, the majority of participants was accepting of the CDI components of PCIT. However, there was some variability across CDI components. For example, less than half of the participants indicated that they would practice ignoring minor misbehavior at home.

*Parent-Directed Interaction.* Over 70% of participants indicated feeling positive about all of the PDI component questions. Over 70% of participants also indicated that the PDI components sounded like something they would practice in their homes for nine out of twelve questions. A total of 67.4% of participants endorsed home practice for the scenario providing an overview of the time-out protocol, 59.6% endorsed home practice for the scenario explaining the designation of a time-out area, and 68.1% endorsed home practice for the scenario explaining the use of time-limits for time-outs. Overall, the majority of participants was accepting of the PDI components of PCIT.

*Cultural activities.* Participants were asked to indicate whether they would like specific traditional Native American cultural activities included in a parenting program on a 3-point scale (yes, maybe, or no). Participants were split between not having interest (no) in the inclusion of an activity and having interest in the inclusion of an activity (yes or maybe) for all questions addressing cultural activities. The most strongly endorsed cultural activities were historical walks (76%) and involvement of elders (74%). The least endorsed activity was pipe or other honoring ceremonies (46%).

*PCIT acceptability and acculturation.* In order to explore the influence of acculturation on PCIT acceptability, acceptability scores were created for each of the four components examined with the PEQ: general PCIT components, Child-Directed Interaction (CDI), Parent-Directed Interaction (PDI), and cultural activities. Participants

with incomplete PCIT acceptability questions on the PEQ were not included in the PEQ component scores, resulting in general PCIT components ( $n = 44$ ), CDI ( $n = 48$ ), PDI ( $n = 45$ ), and cultural activities ( $n = 50$ ) having varying total participants. Scores were not created for the home use of PCIT skills due to incomplete questionnaires. The relationships between four PEQ component scores and NAAS total scores were examined using bivariate correlations. No significant relationships were found between acculturation and general PCIT components ( $r = .179, p = .246$ ), CDI ( $r = .045, p = .760$ ), or PDI ( $r = -.055, p = .719$ ). A significant negative relationship was found between acculturation and cultural activities ( $r = -.308, p = .029$ ). The relationship between acculturation and interest in cultural activities was further explored by examining the relationships between acculturation and each cultural activity question on the PEQ. Significant negative relationships were found between acculturation and five of the nine questions assessing the interest in having traditional Native American cultural activities included in a parent education program, including sweats or other healing activities ( $r = -.450, p < .001$ ), medicine wheel, sacred hoop, or sacred circle ( $r = -.337, p < .017$ ), pipe or other honoring ceremonies ( $r = -.372, p < .008$ ), sacred objects such as feathers or stones ( $r = -.300, p < .034$ ), and involvement of traditional healers ( $r = -.445, p < .001$ ). Refer to Table 5 for the correlation table.

### *Qualitative Data*

As stated above, fifteen interview participants were asked a series of seven open-ended questions and additional questions asked for clarification when needed. The questions assessed typical child misbehaviors, typical parenting responses to child misbehavior, parental stress, sources of support for parents, reasons parents would seek

professional assistance for parenting problems, counselor preferences, and expectations and preferences parents would have if participating in a parent training program. Using a developed protocol (e.g., Geenen, 1998), several steps were followed in analyzing the qualitative data. First, a list of themes was generated based on previous studies and theoretical articles on Native American parenting. Themes in participants' responses during the interview process were also identified throughout data collection (e.g., Patton, 1990). Second, codes and coding definitions were created based on these identified themes. Third, the researcher coded each statement from each participant's interview transcript. Fourth, additional codes and coding definitions were created if needed. Fifth, data from the transcripts were collated by statements for each coding category. Sixth, the researcher determined if codes should be collapsed into larger categories. Refer to Appendix E for coding definitions and coding sheet. Seventh, for reliability purposes, a research assistant coded 30% of the interviews, and inter-observer reliability was determined via intraclass correlation coefficients. The intraclass correlation coefficient was 1.0 for 93 out of 102 coding categories. The intraclass correlation coefficients for the remaining nine coding categories ranged from .93 to .98. Lastly, examples of the major themes were chosen for presentation below.

### *Child Misbehavior*

Participants presented a range of behaviors that they considered to be typical misbehaviors for their children between the ages of six and twelve. Twenty percent of the participants listed behaviors in each of the following categories: aggression or anger, horseplay, and school problems. Aggression or anger included behaviors such as slamming doors, hitting, or "having a temper" that did not involve siblings. Horseplay

included behaviors such as rough play and rowdy behavior. School problems included not doing homework and talking back at school. Twenty-six percent of participants listed problems with siblings as typical child misbehavior. Problems with siblings included fighting, not sharing, or “pestering.” The majority of participants (86.7%) listed disrespectful behaviors as the typical type of misbehavior displayed by their children. Disrespectful behaviors included talking back, giving dirty looks, not minding, and arguing with parents:

“It just would be something like, ‘Take out the trash,’ or, ‘Do your chore.’ ‘Well, I can do that later when I get this done. I need to do this. I need to see somebody or visit somebody,’ for him to do that. And he would have all sorts of reasons not to do it.”

Almost half of the participants (46.7%) reported that their children engaged in misbehavior frequently, defined as misbehavior occurring once a day or seven or more times per week. Twenty percent of participants said their children misbehaved one to six times per week. One participant reported that her child misbehaved less than once per week but more than once per month. Twenty percent of participants reported a low rate of misbehavior, defined as misbehavior occurring less than or equal to one time per month. One participant reported fears that her child’s behavior might become more serious, and one participant did not provide an answer. The majority of participants (86.7%) described their children’s typical misbehavior as minor:

“No, not serious at all. I mean, it’s just play. I mean, it’s not, I can’t think of anything that he’s done that was ever really bad or anything.”

#### *Parent Response to Child Misbehavior*

Several parental responses to child misbehavior were reported. Eighty percent of participants reported usually having a verbal response to child misbehavior. Verbal responses included behaviors such as talking to the child about a problem and reminding the child of expected behavior or consequences. Eighty percent of participants reported removing privileges in response to child misbehavior. Removal of privileges included taking away toys, video games, or television, not allowing the child to play with friends, play outside, or do something that the child wants to do, and grounding. More than half of participants (53.3%) reported using physical discipline with their children. Physical discipline included spanking, hitting, and “popping.” Slightly less than half of participants (46.7%) reported removing the child from the situation in response to misbehavior. Removal from the situation included using time-outs, sending the child to his or her room, and telling the child to take a nap. Twenty percent of participants reported using natural consequences to deal with child misbehavior. Natural consequences consisted of responses such as making a child return a stolen item and apologize to someone who was wronged. Two participants (13.3%) reported that they would make their children do extra chores in response to misbehavior. One participant reported using ignoring to deal with minor child misbehavior, and one participant reported that she would consider calling the police to come talk to her child in response to misbehavior. Many participants reported typically using a combination of the above techniques:

“We just start out with verbal warnings, let him know that I’m not approving of what he’s doing, and then it progresses into [more]. You remove him from the

situation, or if we're like, for example, if we're at home, he loses a privilege, no TV for awhile, or sometimes we make him do maybe a chore.”

“Usually he gets grounded. He gets his games taken away, and then he gets his friends taken away, and he can't do anything. As an extreme, extreme last resort he gets spanked.”

Sixty percent of participants described themselves as very consistent in their responses to child misbehavior. Several other participants (26.7%) described themselves as fairly consistent. A fairly consistent response to child misbehavior included statements of fairly, pretty consistent, or depends on the situation. Two participants (13.3%) reported that they are not consistent in their responses to child misbehavior. Approximately half (53.3%) of participants reported typically following through with child discipline:

“I'm very strict about that. I always go back and make sure that they've done something and done it well. If they don't then I call them back in to have them redo it.”

The other half (46.7%) of participants reported variable follow-through. Variable follow-through included parents who responded that their follow-through depends on the situation, discussed difficulties following through, or discussed “giving in” to child:

“I try, but depending on the situation, sometimes I don't, and I think that's probably what costs me in the long run. Then he'll try again. I would say I'm probably 75% consistent, depending on if I'm tired, if I don't feel good. I told him, ‘We were going to not do this,’ but it's a lot easier just to go ahead and let him do it and forget it.”

### *Parental Stress*



Parents were asked to discuss the amount of parenting stress they experience, sources of parenting stress, and how similar the reality of parenting has been compared to their expectations. Sixty percent of participants reported experiencing a high amount of stress. Statements were considered to indicate high amounts of stress if a participant reported high, a lot, or quite a bit of stress, pretty stressful, or gave a high rating (>60% or 6/10). Two participants (13.3%) reported average amounts of stress. Average amounts of stress included responses such as normal amounts and about like other parents. Four participants (26.7%) described their amount of parenting stress as low. Low stress included statements such as not much and little to none.

Eighty percent of participants reported that the source of parenting stress was related to daily routine and hassles, such as balancing work and home life, keeping up with family schedules, and feeling like there is not enough time in the day:

“I guess whenever I have things to do at work and thinking, ‘Oh, I’ve got to hurry up and get this done and get home with the kids and get dinner ready,’ or whatever. Or whenever I’m off on business thinking, ‘Oh, I hope they’re okay.’”

Sixty percent of participants reported parent and child issues as a source of parenting stress. Parent and child issues included stress caused by interactions between parents and children or child behavior:

“[My son] and I have very similar personalities, and sometimes I feel like I’m doing stuff because I’m looking at myself. Like I’m not really trying to get him to do something, I’m really saying, ‘No, you probably shouldn’t do that because further on down the road it’s going to get you in trouble.’”

Approximately thirty percent (33.3%) of participants listed family limitations, including financial issues and issues related to single parenthood, as sources of parenting stress. Forty percent of participants reported that the reality of parenting was similar to their expectations:

“I was older when my mother had my brother, my mom and dad. My sister was 13 and I was 12, so it was like we were always, you know, we were teenagers when he was being brought up. I can see from when I had my kids, I was never scared because we had always been around kids or babies or something, so I just learned from my expectations. There have been things that happened that I wish never happened raising my kids, but all in all I think we’ve done a pretty good job.”

Twenty percent of participants said the reality of parenting was harder than expected.

Approximately thirteen percent (13.3%) said that it was better than expected:

“It’s much better than I thought it was going to be. I really didn’t see myself as a parent, and so I feel like I’m handling it well compared to what I thought I was going to do as a parent. And so, yeah, it’s going much better than I thought. Much better.”

### *Social Support for Parenting Issues*

The majority (86.7%) of participants listed extended family as a source of parenting support. Friends (66.7%), spouses (46.7%), and community (33.3%) were also discussed as sources of support for parenting issues. One participant reported having no sources of parenting support. Many participants who listed one source of parenting support also listed other sources:

“My husband and I share [the parenting] responsibility. We have a church bible group with the women folks, and that’s who I usually turn to. And my older sister.”

“My parents or my grandparents. I feel fortunate that, well not my grandpas, but my grandmothers are still living. I think that working in education and also the people that work with different committees, it’s good and we’re as a community. I think now, my oldest son, he’ll be twenty – his senior year, all I did was make sure he made it to class and, oh my gosh, it was wild. And there were things that he was doing that I didn’t approve of and I would go to the tribe and then talk to the substance abuse people. So, yeah, I think that there’s always somebody, especially in our little community, that we can turn to.”

Approximately half (46.7%) of the participants reported having high levels of parenting support, and approximately thirteen percent (13.3%) of the participants reported having low levels of parenting support. Over a quarter (26.7%) of participants reported having some support without elaborating or said that they rarely ask for parenting help but would receive help if they asked. The remaining two participants (13.3%) did not provide a response about their level of parenting support. Most participants (66.7%) said they receive the support they need as parents. Two participants (13.3%) said the adequacy of parenting support varied, and the remaining three participants (20%) did not provide responses.

#### *Seeking Professional Help for Parenting Problems*

All participants reported that they would consider seeking professional help for parenting problems. The majority (73.3%) of participants listed serious child behaviors as

reasons for seeking help. Serious child behaviors included drug or alcohol use, violence or aggression, promiscuity, failing in school, and disobeying family moral standards:

“You know, alcohol, drugs, acting out all the time. Anger, getting really angry all the time.”

Many participants (66.7%) listed issues related to parent support as reasons for seeking professional help. Issues related to parent support included parenting stress, parent depression, and the parent feeling overwhelmed or unable to solve child issues.

Approximately thirty percent (33.3%) of participants listed minor child behaviors, such as talking back, fighting with siblings, and general problems in school, as reasons to seek professional help. Additional reasons provided included communication issues (26.7%), including communication problems between the parent and child or the child asking to talk to someone besides the parent, child concerns (26.7%), including concerns about the child’s cognitive ability or self-esteem, and major stressors (6.7%), including divorce, abuse, and death in the family.

More than half (53.3%) of participants said they would prefer a trained therapist, such as a counselor, psychologist, or social worker. Two participants (13.3%) said they would prefer to speak to a pastor, minister, or clergy about parenting issues. Two participants (13.3%) reported that they would ask a professional for a brief consultation or reading material before seeking more intense help.

Forty percent of participants reported issues related to privacy or shame would be barriers to seeking help. Participants reported issues including not wanting to share their problems with outsiders and feelings of embarrassment:

“I don’t want to say ‘embarrassment issue,’ but the idea of people in the community knowing that you lost control or that you can’t fix the child’s problem. That would be an issue with my husband and I both. Definitely. We don’t want people to see you as a failure, and that would be something that I would probably stop and think about before I would [seek help]. I would not want anybody to know we were going. Isn’t that funny? You want to help your kid 100%, but you don’t want everybody to know that you failed. And maybe that’s why you see the things that happen.”

Twenty percent of participants listed lack of resources, including transportation, child care, money, and time, as potential barriers to seeking help. Four participants (26.7%) of participants reported no barriers to treatment, and the remainder of participants did not provide a response.

#### *Counselor Characteristics*

Participants were asked to discuss the characteristics they would prefer a counselor to have if they were going to see a counselor for a parenting problem. Most participants (80%) reported preferences for a counselor with an inviting personality, including traits such as easy to talk to, warm, friendly, down to earth, relaxed, unpretentious, and able to joke with family:

“Easy to talk to. Able to talk to the person comfortably, and feel like they’re talking your language, not big words. And make the kids feel comfortable. That would be the big thing.”

Twenty percent of participants reported preference for a counselor with a direct or straightforward approach.

Almost half (46.7%) of participants reported no preference for counselor age. The majority (26.7%) of participants who did report an age preference reported that they would prefer a counselor who is older with more life experience or experience with his or her own children:

“Well, that’s what I meant in terms of experience. Age wouldn’t matter, but I’d like to know that person has had some experience.”

Twenty percent of participants said they would prefer a younger counselor:

“Oh probably, maybe a younger person who maybe can understand, because with the doctor at the health service, he was a psychiatrist, my son would have to go see him before he got his medication. He was so old, oh my gosh, and nobody liked seeing him. You know, there were different people to take the kids that would have to see him. And he was just like a robot. He was probably eighty years old.”

One participant said she would prefer a counselor who was similar to her own age.

Most participants (80%) did not have a preference for a counselor’s gender. No participants reported preferring a male counselor. Three participants (20%) reported a preference for a female counselor, and two of these participants said they would prefer a female counselor because their children are girls.

Sixty percent of participants reported that counselor education would be important to them. Participants were considered to place importance on education if they discussed wanting a counselor with a college degree, a large amount of education, or training for their position. Forty percent of participants reported that specific education was not important, and the life experience of the person was more important:

“We’re talking Native, we’re talking about Indians, and with that I don’t think there’s very much, that’s not a requirement for me. Because the way we were raised and the traditional, in our customs and all that and everything, that’s a fact that it’s a whole lot different than, you know. You can get that from a person who doesn’t have a degree at all.”

Four participants (26.7%) reported that they would prefer a counselor with religious or spiritual values. This included preferences for Christian counselors or non-Atheist counselors. Four participants reported preferences for counselors who are good citizens. This included counselors with good standing or reputations in the community and good moral or family values.

While approximately half (53.3%) of participants did not report a preference regarding a counselor’s ethnicity or cultural identity, approximately half of participants did voice a preference. Five participants (33.3%) reported preference for a Native American counselor, and an additional two participants (13.3%) reported preference for a counselor who has an understanding of Native American culture regardless of the counselor’s ethnicity:

“An understanding of Native American families would play big, the main thing, especially if they were coming into my home and doing it that way. Mainly open to the Native American ways and culture, and knowing that they’re not the same as everybody else. My family would not, [a counselor] would probably have to be a Native American so they could get through to them, to get them to open up. Take this for example. They sometimes think that you’re not doing very well with your kids if you have an open door policy to friends and family. If your friend’s in

trouble and they need a place to stay, okay, you can open your, that's Native American, they open their homes to friends and family. Well, a lot of people don't understand that and think that might be abusive to your kids or that it's, you know, putting them at risk. Well, at the same time if we take that and close that door we're cutting our throats as Native Americans, because once you get told, once it gets around that you do not or will not open your door to this person all your support is gone. Another thing is death. We view death a totally different way. If you had a counseling session on this day and you had a family member that just passed away, they would have to be [understanding] enough to say, 'Okay, that's important to that family. We can't schedule. We have to reschedule.' It just takes so long to get through death, and the main tribe that we're associated with, it just takes so long and [the funerals] are usually three days and most people don't understand that."

#### *Parenting Program Components*

Participants were asked what they would expect to gain from participation in a parenting program. This could include specific outcomes or skills learned. About half (53.3%) of participants reported interest in learning new skills or parenting ideas, including new ways to deal with child behavior:

"I guess maybe kind of like a collage of all the different types of parenting types, or discipline. Because I have gone through the time out, the 1-2-3 counting, and of course I've spanked, and we've had time to ourselves and stuff like that, and sometimes it works and sometimes it doesn't, and sometimes things work in different situations. I was never able to ever completely understand how I was



supposed to do it and when I was supposed to do it. All I knew is that I'd get frustrated. I would like something that was just so crystal clear on trying to discipline my children.”

About half (53.3%) of participants reported interest in improvement in the relationships between parents and children or within the family, including improved communication, building family bonds, and increasing understanding within the family:

“I think the main thing that I would like is just how to learn how to talk to my kids. Especially to him about everything, about drugs, about sex, about relationships, because some of that stuff is just kind of ‘Oh, I don’t want to talk about that.’”

Five participants (33.3%) reported interest in learning how to be prepared for child issues that might present in the future and how to deal with parenting situations before problems develop:

“We would learn how to deal with other things that would come up later in the future that would be better as far as figuring out what was going on and notice it early.”

Five participants (33.3%) reported interest in learning how to deal with parent specific behaviors or problems, such as anger management, parenting stress, or low patience. Two participants (13.3%) reported interest in outcomes that dealt with child specific behaviors or problems, including a reduction in child misbehavior.

Participants discussed the processes by which they would prefer to learn information and skills in a parenting program. Over sixty percent (66.7%) of participants reported an interest in a group format:

“I think listening to other parents would probably be my thing. Just hearing other parents talk about how [they dealt with] their kids I guess.”

Forty percent reported an interest in an individual format. Four participants (26.7%) reported interest in in-home services. Four participants (26.7%) reported interest in the inclusion of videotapes or reading materials. Two participants (13.3%) reported an interest in role play, and one participant indicated interest in a parenting hotline.

Finally, participants discussed their interest in the inclusion of cultural activities into parenting programs. The majority (66.7%) of participants discussed interest in the inclusion of material that would teach children about Native American history and heritage, including interest in children learning about Native American activities, games, dress, or traditional roles:

“I would think that [the inclusion of cultural activities] is a good idea, because you are who your past is, who your ancestors are. That’s all a part of it and I think that would be really good. Because there could be something in your culture that would bring out help where you didn’t know it existed.”

Approximately one third (33.3%) of participants listed specific traditional Native American ceremonies or cultural activities that they would like to see incorporated in to parenting programs, including sweats, peyote meetings, burning cedar, and the inclusion of a traditional healer. Two participants (13.3%) reported a general interest in the inclusion of Native American cultural activities in parenting programs but did not provide specific examples. Three participants (20%) did not have a preference for the inclusion of Native American cultural activities in parenting programs.

## CHAPTER V

### DISCUSSION

The current investigation was designed to examine the relationship between acculturation, parenting stress, perceived social support, and PCIT acceptability with Native American parents in the state of Oklahoma. The study included parents with children between the ages of six and twelve years, and attempted to determine if current parent training approaches are appropriate with Native American populations. A combination of both quantitative and qualitative methodology was used to gather the most comprehensive information. Several components of past studies were utilized in order to facilitate comparisons between studies, and to more accurately determine the parent training preferences of Native American parents. The following section will first discuss the findings of the current study, then discuss the limitations and strengths of the study, and finally discuss future directions.

#### Factors Influencing Parenting Stress

##### *Perceived Social Support*

It was predicted that there would be a relationship between parental stress and social support. This relationship has been found consistently across many studies (e.g., Koeske & Koeske, 1990; Crnic & Greenberg, 1987; Hobfoll, 1986; Lieberman, 1982). Social support has been purported to buffer the effects of stress (e.g., Hobfoll, 1986; Lieberman, 1982), and specifically parenting stress support (e.g., Crnic & Greenburg,

1990). Social support has also been shown to influence the quality of parenting (e.g., Meyers, 1998). A negative relationship between parental stress and social support was expected, and this hypothesis was supported. Parents with high levels of parental stress reported low levels of social support and visa versa. The relationship between social support and parenting stress found in the current study is consistent with previous studies.

### *Acculturation*

It was predicted that there would be a relationship between parent acculturation and level of reported social support. A negative relation between acculturation and social support was expected. While there are limited empirical studies examining the influence of acculturation on social support, there are theoretical articles that suggest that social support from within one's cultural community adds a sense of belonging and increased well-being that social support from outside one's cultural community cannot (Sonn, 2002). Traditional Native American communities are often described as having a built-in support system consisting of elders, extended family, and others in the community (e.g., Glover, 2001; Harrison, et al., 1990). A relationship between acculturation and social support was not found in the current study. Thus, the hypothesis was not supported. There are several possible explanations for this finding. There may be no relationship between acculturation and social support. It is possible that individuals associating with traditional Native American culture do not receive the level of social support from traditional communities as believed. All traditional Native American communities may not provide a high level of support. It is possible that individuals associating with traditional Native American culture may not take advantage of available community support. There could also be a high level of social support available in traditional Native

American communities that also increases stress in parents' lives. It is also possible that there is significant within group variability regarding social support. For example, Dalla and Gamble (1998) found variability in levels social support within a sample of parents from one traditional Native American community. Additionally, Native American individuals associating with the majority culture may find adequate social support outside of traditional Native American communities. There could also be a relationship between acculturation and social support that the current study was unable to detect due to an inadequate sample size or a small number of participants with low levels of acculturation.

Based on the assumption that individuals associating with traditional Native American culture would receive a high level of social support from traditional Native American communities, and the large body of research supporting the negative relationship between social support and parenting stress, a relationship was also predicted between parent acculturation and total level of reported stress due to parenting. A positive relationship between parental acculturation and parental stress was expected. It was expected that parents who associated with the majority culture (high acculturation) would report high levels of parenting stress, and parents who associated with traditional Native American culture (low acculturation) would report lower levels of parenting stress. A relationship between acculturation and parenting stress was not found in the current study. Thus, the hypothesis was not supported. This hypothesis strongly relied on the assumption that acculturation would be negatively related to social support, and it is not surprising that the hypothesis was not supported considering that a significant relationship between acculturation and social support was not found. It is possible that there simply is not a relationship between acculturation and parenting stress. As

mentioned above, it is also possible that a relationship between acculturation and parenting stress does exist, but the current study was unable to detect the relationship. Acculturation was not related to social support or parenting stress in the current study.

### *Income*

Additional factors such as parental education level and income are assumed to also influence parental stress (e.g., Hashima & Amato, 1994). Additional analyses were conducted to examine the relationships between acculturation, social support, parental education, and parental income on parental stress. Significant relationships were found between parental income and parental education, parental income and parental stress, parental income and acculturation, and parental education and social support. The relationship between parenting stress, perceived social support, and income was further examined using regression analyses. Income was found to moderate the relationship between social support and parenting stress. Perceived social support had a significant influence on parenting stress when parent income was high, but no significant influence when parent income was low. Parents with high social support and high income had the lowest amount of parenting stress.

The relationship between social support and parenting stress appears to be complex. This is not to say that parents with low incomes cannot receive the same benefits of social support on parenting stress, but it suggests that other factors like income may play an important role. Ceballo and McLoyd (2002) examined the relationship between social support and parenting factors in a sample of African American mothers with low incomes. They found that the buffering effects of social support on parenting factors lessened as parental poverty increased. Parents with very

low incomes were more likely to live in communities with higher crime and worse environmental conditions, and the authors concluded that community conditions may moderate the relationship between social support and parenting factors. Quittner, Glueckau, and Jackson (1990) examined the relationship between social support and parenting stress among mothers of children with and without hearing impairments. Overall, social support did not appear to buffer parenting stress in this study. The authors concluded that social support might not buffer chronic parenting stress, as measured by parenting a child with special needs, in the same way as more short-term stress. It is possible that low income could serve as a more chronic stressor that affects the relationship between social support and parenting stress.

#### PCIT Acceptability

The relationship between parental acculturation and treatment acceptability for PCIT was examined. No predictions were made regarding treatment acceptability for PCIT, and the PEQ was used for exploratory purposes only.

#### *General Acceptability*

The majority of participants indicated acceptability of the general components of PCIT, including the overview of treatment and the use of modeling and coaching. Most participants also indicated acceptability of the Child-Directed Interaction components and the Parent-Directed Interaction components. Compared to the overall responses, fewer participants endorsed acceptance of the use of ignoring for minor misbehavior, but almost half of participants found this skill acceptable. Overall, there was no evidence to suggest that the main components of PCIT would be unacceptable to the Native American parents in the current study.

Based on the findings of the current study, there is also no evidence to suggest that PCIT requires modification to be more acceptable to Native American families in Oklahoma. Eyberg (2005) defines modification to treatment as “universal changes in established treatments” (p. 200) and contrasts this to tailoring, which is defined as “changes made in the focus or delivery style of essential elements [of treatment]” (p. 199). PCIT is designed to be adapted to meet each family’s needs (Herschell, et al., 2002), which includes tailoring the treatment process and content for each family (Eyberg, 2005). It does not appear that PCIT requires more drastic modification, including changes to the core elements of PCIT, when utilized with Native American families. For example, it does not appear that PCIT should be modified by deleting the use of coaching as the main method of therapy. However, the manner in which the use of ignoring for minor misbehavior is presented may need to be tailored to individual families to increase acceptability. For example, additional time may need to be dedicated to the discussion of the rationale for and use of ignoring for this component to be acceptable to some families.

There was considerable variability regarding participant interest in the incorporation of traditional Native American cultural activities into parent training programs. Participants were most interested in the inclusion of historical walks and involvement of elders and least interested in pipe or other honoring ceremonies. This is consistent with prior research conducted with parents in Native American communities. Kellogg (1982) found that Native American parents were interested in the incorporation of culturally relevant material and involvement of community elders into parenting programs. It should not be assumed that all Native American parents would have an



interest in the inclusion of traditional cultural activities in parenting programs. This issue should be addressed on an individual basis. Parents' interest also differed in the type of traditional activities that could be incorporated into parenting programs. Tribal differences or individual familiarity with specific activities could impact parental interest. Certain cultural activities, such as involvement of elders, may be more appropriate in the context of a parenting program compared to other activities, such as pipe or honoring ceremonies, which may not be appropriate for that context. Willis et al. (1992) recommended that therapists working in Native American communities gain an understanding about the customs of not only local tribes but also individual families. This recommendation appears to be supported by the findings of the current study.

#### *Cultural Differences*

Exploratory analyses were conducted to explore the influence of acculturation on PCIT acceptability. No significant relationships were found between acculturation and acceptability of general, CDI, or PDI components; however, acculturation was significantly related to several cultural activities. These findings give further support to the conclusion that it is inappropriate to assume that PCIT needs to be modified to meet the needs of Native American families in Oklahoma. Parents' association with traditional Native American culture was not related to low PCIT acceptability. Families who associate with traditional Native American culture may be more interested in the inclusion of certain cultural activities in parenting programs compared to families who associate with the majority culture. Instead of creating a separate PCIT protocol for Native American families based on the assumption that all Native American families

would find certain cultural activities appealing additions to PCIT, the interest in the inclusion of specific cultural activities should be addressed for each individual family.

### Qualitative Data

Additional information was gathered through qualitative interviews with fifteen participating caregivers. Caregivers were asked a variety of questions regarding typical child misbehaviors, parenting techniques, parental stress, sources of parenting support, reasons for seeking professional assistance for parenting problems, and expectations and preferences if participating in a parent training program. The majority of participants reported disrespectful child behaviors, such as talking back and not minding, as typical misbehavior for their children. This focus on disrespectfulness is consistent with the traditional Native American value regarding emphasis on cooperation and politeness (Bigfoot, 1989). Of course, this value can be seen in non-Native American families, also. Many of the behaviors that were classified in this study as disrespect included behaviors of noncompliance. Considering that noncompliance has frequently been cited as a common problem faced by parents (e.g., Hembree-Kigin & McNeil, 1995; Forehand, 1977), it is not surprising that these behaviors were reported by the majority of caregivers in the current study. Other child misbehavior was also reported, including problems with siblings, aggression and anger, horseplay, and school problems. Approximately half of the participants reported that their children misbehaved about one time per day, and the other half reported less frequent misbehavior. The majority of participants described their children's typical misbehavior as minor. Caregivers reported utilizing a variety of parenting techniques, with verbal responses and removal of privileges being most common, followed by physical discipline, removing a child from the situation, and

natural consequences. The majority of participants described themselves as consistent in their responses to child misbehavior, but participants were almost equally split between having good follow through and having variable follow through.

The majority of caregivers reported experiencing relatively high amounts of stress associated with parenting. Issues related to the daily routine of a family were the most frequently reported sources of stress, followed by parent and child issues and family limitations. Most participants reported receiving an adequate amount of parenting support. Support from extended family was the most frequently reported source of parenting support. While non-Native American caregivers may receive support from extended family members, this type of support is commonly reported as a characteristic component of traditional Native American communities (e.g., LaFromboise & Low, 1998; Harrison, et al., 1990). Participants also reported receiving parenting support from friends, spouses, and community sources. The qualitative information regarding parenting stress and social support does not necessarily clarify the issues raised by the quantitative data about the relationship between acculturation and social support and parenting stress. Parents who participated in the interview portion did not report a general lack of social support from Native American communities or extended families. On the contrary, support from extended families was the most frequently cited source of support. Several interview participants did report a hesitancy to ask for parenting support, which may add credibility to the possibility that Native American communities may have the potential to provide the high level of social support but parents may not take advantage of the social support available.

Participants indicated a general willingness to seek professional help related to parenting, and the majority of participants reported a preference for a trained therapist. The majority of participants listed serious child behaviors as a reason for seeking professional help, followed by a need for parenting support, minor child behaviors, communication problems, child concerns, and major stressors. Many participants reported issues related to privacy or shame as the largest potential barrier to seeking professional help for a parenting problem. This is consistent with descriptions of traditional Native American people having a dislike of sharing family trouble with outsiders (Glover, 2001). A lack of resources was also reported as a potential barrier to treatment. This barrier has been previously identified as a common barrier to treatment within the Native American community (e.g., Abeita, 2001).

While individual participants endorsed differences in counselor preferences, the majority of participants indicated interest in a counselor who has an inviting, friendly, unpretentious personality and an ability to use humor. This is consistent with recommendations that therapists working with traditional Native American individuals have skills including humor, humility, and open-mindedness (Glover, 2001). Most participants did not have a preference for the age or gender of a counselor. Most participants felt that a counselor should have appropriate education, but many participants said that life experience was just as or more important than education. This emphasis on experience is consistent with the traditional Native American value of respecting age and experience (Bigfoot, 1989). Participants were almost equally split in their preference regarding a counselor's ethnicity. Approximately half of participants did not state a

preference, while the other half reported having a preference for a Native American counselor or a counselor who understands Native American culture.

Participants discussed a wide variety of desired outcomes or areas of focus for parenting programs. Learning new parenting skills and improving family relationships were the most frequently reported areas. The preferred format for parenting programs varied, also. Group parenting programs were the most commonly discussed format, followed by individual, in-home, and video or reading formats. Most participants endorsed interest in the inclusion of cultural activities in parenting programs, but specific activities were rarely indicated. The majority of participants discussed an interest in activities that helped children learn about Native American history and heritage. This is consistent with the traditional Native American value (Bigfoot, 1989) involving the importance of children understanding traditional culture, history, ceremony, life-style, and place in society.

#### *Qualitative Data and PCIT Acceptability*

The information gained from the qualitative portion of the current study generally supported the conclusion that PCIT could be an appropriate and acceptable treatment for Native American parents. The behaviors described as typical child misbehaviors, such as noncompliance, aggression, problems with siblings, and school problems, are all behaviors that could be addressed through PCIT. Participants described a variety of typical parental responses, including verbal responses, removal of privileges, physical discipline, removing a child from the situation, and natural consequences, none of which suggest parenting behaviors that dramatically differ from the parenting skills encouraged in PCIT. In fact, parents are encouraged to provide children with clear verbal

explanations regarding expected behavior and consequences and use sources of reinforcement (e.g., privileges or situational factors) to deal with child behavior. Physical punishment is not a core component of PCIT, however, a brief spanking is discussed as a possible backup for children who do not comply with time-out procedures (e.g., Hembree-Kigin & McNeil, 1995). Several participants discussed having difficulty following through with consequences for child misbehavior, which is an area that is explicitly addressed during the course of PCIT. Learning new parenting skills and improving family relationships were the most frequently reported desired outcomes for parenting programs. These desired outcomes are especially interesting in the context of PCIT acceptability. One of the primary purposes of the Child-Directed Interaction (CDI) portion of PCIT is to build the relationship between parent and child. Additionally, one of the primary purposes of the Parent-Directed Interaction (PDI) portion of PCIT is to teach new parenting skills to parents (Herschell, et al., 2002).

There may be several ways that PCIT could be tailored to better meet the needs of some Native American families based on the qualitative data from the current study. First, therapists working with Native American families may need to devote additional time or energy to developing adequate rapport with family members. This could serve to reduce potential fears regarding sharing family problems with outsiders and feelings of shame. Participants also reported preferring a counselor that presented in a warm, friendly, and nonjudgmental manner, which are characteristics that could be important to convey when developing rapport with a family. In a study with primarily Caucasian families, Harwood and Eyberg (2004) found that therapist behavior, especially the use of active listening, predicted PCIT treatment completion. All families seeking PCIT,

regardless of cultural identification, would likely benefit from a good relationship with their therapist. This issue may be of particular importance when working with Native American families, however. It should be noted that it is generally recommended that therapists using PCIT develop good rapport with families and take care to present information to parents in a manner that minimizes parental guilt for child misbehaviors (e.g., Hembree-Kigin & McNeil, 1995). Second, therapists working with Native American families may want to consider sharing not only information about their educational background, but also information about life experiences relevant to working with parents and children, including experiences with their own children if applicable. Several participants discussed preferences for a therapist with experience in addition to appropriate training. While some therapists may be hesitant to share personal information with families, some families may be more trusting of a therapist who appropriately does so. Third, therapists should respect the culture of all families, but this may be a particularly important consideration when working with Native American families. Many participants reported a preference for a counselor who understood Native American culture. Therapists working with Native American families may benefit from learning about what cultural identity means to each family in addition to learning about the culture of local Native American communities (Willis et al., 1992). This includes being aware of cultural issues that could interfere with therapy, such as the need to miss a scheduled therapy session due to the death of a tribal member. Fourth, PCIT is typically presented in an individual format, but group formats may need to be considered with Native American families. Many participants reported interest in group parenting programs. Group PCIT programs have been developed (e.g., Niec, Hemme, Yopp, & Bresten, 2005)

and could be utilized with Native American families. Finally, therapists working with Native American families may want to assess the interest each family has regarding the incorporation of cultural components into parenting programs. Families who are not interested in the inclusion of specific traditional Native American cultural activities may still have an interest in the inclusion of information about Native American history or heritage.

### Conclusions and Future Directions

Several conclusions can be drawn from the findings of the present study. First, based on the quantitative portion of the current study, consistent with previous research (e.g., Koeske & Koeske, 1990; Crnic & Greenberg, 1987; Hobfoll, 1986; Lieberman, 1982) a significant negative relationship appears to exist between parenting stress and social support. Second, a significant relationship does not appear to exist between acculturation and parenting stress or social support. Third, parental income appears to moderate the relationship between social support and parenting stress, with the strongest relationship occurring under conditions of high income. Fourth, the Native American parents in the current study reported acceptance of the basic components of Parent Child Interaction Therapy (PCIT). Fifth, interest in the incorporation of traditional Native American cultural activities into parenting programs appears to be related to parent acculturation.

Additionally, based on the qualitative portion of the current study, it appears that the participants were caregivers who used a variety of discipline techniques to deal with a variety of frequent child misbehavior. The participants reported relatively high amounts of parenting stress, mainly caused by external factors such as the stress associated with



daily family routine. Participants reported receiving adequate parenting support from extended family, spouses, friends, & community. Participants were willing to seek professional help for parenting issues for variety of reasons, but saw issues related to privacy and shame as potential barriers. Counselor preferences were reported, including preference for counselors with welcoming personalities and either Native American ethnicity or an understanding of Native American culture. The participants were interested in parenting programs that used primarily a group format to teach new parenting skills and improve family relationships. Most participants were interested in cultural activities incorporated into parenting programs. Participants' qualitative responses did not reveal any reasons to modify the core components of PCIT for Native American parents. In fact, responses regarding child misbehavior, parenting techniques, parental follow-through, and preferences for treatment outcome were quite consistent with PCIT. The acceptability of PCIT could possibly be enhanced for some Native American families if therapists present in a warm and nonjudgmental manner, ensure that a solid therapeutic relationship is established, disclose professional and personal experience working with parents and children, gain an understanding of Native American culture, consider group formats for parenting programs, and consider the inclusion of cultural information in parenting programs.

There are several limitations of the present study that deserve attention. First, several factors may have impeded the ability to find significant relationships between acculturation and parenting stress and social support. Fifty-one parents participated in the current study. Several parenting factors, including acculturation, may not have had enough variability due to the small sample size. While small sample sizes are to be

expected in a study with Native American participants (McDonald, 2000), it is possible that the current sample size is inadequate. Future studies examining the relationship between acculturation and parenting stress and social support may benefit from larger sample sizes. Second, the measures utilized in the current study, with the exception of the Native American Acculturation Scale (NAAS), did not involve an adequate number of Native American individuals in the standardization process and did not have test psychometrics available for Native American populations. The measure utilized to measure PCIT acceptability was developed for the current study. Future studies may benefit from the incorporation of measures with established reliability and validity with Native American populations. However, it should be noted that the current study did not produce any evidence that the measures used were unacceptable to or inappropriate for the study participants. Third, as with all qualitative studies, the information gained from that portion of the current study should be viewed with caution. Not all study participants chose to participate in the interview portion, and information is not available to understand why some participants made that decision. While all efforts were made to approach the interpretation of the qualitative interviews in a systematic and theoretically driven manner, subjectivity was involved in the process. Finally, the results of the current study cannot be generalized to all Native American parents. The participants in the current study were Native American parents of Oklahoma, and the information gained is not assumed to apply to parents from other Native American communities. Future studies may benefit from independent samples from additional Native American communities.

While there are several limitations of the present study, there are also several strengths that should be mentioned. First, the current study attempted to begin to fill the

gap in the empirical literature involving Native American parenting and parent training programs. This is an important step to take in order to ensure that Native American families are receiving the best possible care. Second, this study incorporated many of the research suggestions made by The Counsel of National Psychological Associations for the Advancement of Ethnic Minority Interests (McDonald, 2000) regarding research with Native American participants. Substantial thought about purpose and usefulness went into the design phase of the current study. In addition to submitting the study to the author's university research review board, the study was submitted to and approved by the research review board of the Cherokee Nation. Appropriate approval was gained for all data collection in communities outside of Cherokee Nation. The length of individual measures was deemed appropriate for the target population, and the set of measures was adapted to be appropriate as well. Efforts were made to avoid making inappropriate generalizations from the participants of the current study to individuals from all Native American communities. Factors such as socioeconomic status and acculturation were examined. Third, the current study used both quantitative and qualitative measures to gain a rich understanding of the participants' responses and to better meet the needs of Native American communities.

In addition, there are further areas to be explored. As noted above, ideally measures used with a Native American sample would have an adequate number of Native American individuals involved in the standardization process and have test psychometrics for Native American populations. Unfortunately, many commonly used measures for children and parents do not currently meet these criteria. It would be useful for future studies to examine the appropriateness of psychological measures with Native American

individuals. Also, the relationship between social support and parenting stress appears to be complex. Future studies should continue to address this relationship with various samples, and examine the role of additional variables such as income. Finally, more research is needed to fully understand the appropriateness and effectiveness of PCIT with Native American families. It would be useful for future studies to examine the effectiveness of unmodified PCIT with Native American families through treatment outcome studies, as well as examining the potential added benefits of the incorporation of Native American cultural activities into PCIT.

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## APPENDICES

APPENDIX A

Demographic Questionnaire

Demographic Questionnaire

*Please fill in the blanks below. All responses will be kept confidential.*

Location at which survey materials are being completed

\_\_\_\_\_ powwow

\_\_\_\_\_ IHS/ Tribal Clinic

\_\_\_\_\_ Other \_\_\_\_\_  
Please describe

Your relationship to the child:

\_\_\_\_\_ Biological parent

\_\_\_\_\_ Step-parent

\_\_\_\_\_ Adoptive parent

\_\_\_\_\_ Other

Your age: \_\_\_\_\_

Your sex: \_\_\_\_\_ Female

\_\_\_\_\_ Male

Your ethnicity:

\_\_\_\_\_ Caucasian

\_\_\_\_\_ American Indian \_\_\_\_\_  
Tribe or Nation

\_\_\_\_\_ African-American

\_\_\_\_\_ Biracial \_\_\_\_\_  
Please describe

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Other \_\_\_\_\_  
Please describe

\_\_\_\_\_ Asian/Asian-American

Type of community in which you currently reside:

\_\_\_\_\_ Rural

\_\_\_\_\_ Reservation

\_\_\_\_\_ Urban

\_\_\_\_\_ Other \_\_\_\_\_  
Please describe

Length of time in this community: \_\_\_\_\_

8. Type of community at previous residence:

Rural                       Reservation  
 Urban                       Other \_\_\_\_\_  
Please describe

9. Your highest level of education completed (circle year):

1 2 3 4 5 6 7 8 (Grade school)  
9 10 11 12 (High school)  
13 14 15 16 (College)  
17 and over (Graduate School)

Your occupation \_\_\_\_\_

Your total family income per month (check one):

Less than \$800     \$800-\$1,000     \$1001-\$1,500  
 \$1,501-\$2,000     \$2,001-\$2,500     over \$2,500

Marital Status (check one):

Married     Divorced     Separated     Single  
 Widowed     Living with partner

If married or living with partner, please provide the following information about your spouse/partner:

a. Spouse/Partner's relationship to the child:

Biological parent  
 Step-parent  
 Adoptive parent  
 Other

b. Spouse/Partner's age \_\_\_\_\_

c. Spouse/Partner's ethnicity:

Caucasian     American Indian \_\_\_\_\_  
Tribe or Nation  
 African-American     Biracial \_\_\_\_\_  
Please describe  
 Hispanic/Latino     Other \_\_\_\_\_



Please describe

\_\_\_\_\_ Asian/Asian-American

d. Spouse/Partner's highest level of education completed (circle year):

1 2 3 4 5 6 7 8 (Grade school)

9 10 11 12 (High school)

13 14 15 16 (College)

17 and over (Graduate School)

e. Spouse/Partner's occupation: \_\_\_\_\_

Please provide the following information about the child participating in this study:

a. Date of birth: \_\_\_\_\_ (month/day/year)

b. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

c. Child's ethnicity:

_____ Caucasian	_____ American Indian	_____
		Tribe or Nation
_____ African-American	_____ Biracial	_____
		Please describe
_____ Hispanic/Latino	_____ Other	_____
		Please describe
_____ Asian/Asian-American		

Does the child have siblings?

_____ No	_____ Yes	Age	Sex	Living in the home
		(in years)	(please circle)	(please circle)
		_____	M F	Y N
		_____	M F	Y N
		_____	M F	Y N
		_____	M F	Y N
		_____	M F	Y N

Including you and your child, how many people are living in your home? \_\_\_\_\_

## APPENDIX B

### Native American Acculturation Scale

ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

**INSTRUCTIONS:** *This questionnaire will collect information about your background and cultural identity. For each item, choose the one answer that best describes you by filling in the blank.*

**1. What language can you speak?**

- Tribal language only (e.g., Cherokee, Navajo, and Lakota)
- Mostly tribal language, some English
- Tribal language and English about equally well (bilingual)
- Mostly English, some tribal language
- English only

**2. What language do you prefer?**

- Tribal language only (e.g., Cherokee, Navajo, and Lakota)
- Mostly tribal language, some English
- Tribal language and English about equally well (bilingual)
- Mostly English, some tribal language
- English only

**3. How do you identify yourself?**

- Native American
- Native American and some non-Native American  
(e.g., White, African American, Latino, and Asian American)
- Native American and non-Native American (bi-cultural)
- Non-Native American and some Native American
- Non-Native American  
(e.g., White, African American, Latino, and Asian American)

**4. Which identification does (did) your mother use?**

- Native American
- Native American and some non-Native American  
(e.g., White, African American, Latino, and Asian American)
- Native American and non-Native American (bi-cultural)
- Non-Native American and some Native American
- Non-Native American  
(e.g., White, African American, Latino, and Asian American)

**5. Which identification does (did) your father use?**

- Native American
- Native American and some non-Native American  
(e.g., White, African American, Latino, and Asian American)
- Native American and non-Native American (bi-cultural)
- Non-Native American and some Native American
- Non-Native American  
(e.g., White, African American, Latino, and Asian American)

**6. What was the ethnic origin of friends you had as a child up to age 6?**

- Only Native Americans
- Mostly Native Americans
- About equally Native Americans and non-Native Americans
- Mostly non-Native Americans  
(e.g., Whites, African Americans, Latinos, and Asian Americans)
- Only non-Native Americans

**7. What was the ethnic origin of friends you had as a child 6 - 18?**

- Only Native Americans
- Mostly Native Americans
- About equally Native Americans and non-Native Americans
- Mostly non-Native Americans  
(e.g., Whites, African Americans, Latinos, and Asian Americans)
- Only non-Native Americans

**8. Who do you associate with now in you community?**

- Only Native Americans
- Mostly Native Americans
- About equally Native Americans and non-Native Americans
- Mostly non-Native Americans  
(e.g., Whites, African Americans, Latinos, and Asian Americans)
- Only non-Native Americans

**9. What music do you prefer?**

- Mostly Native American music
- Equally Native American and other music
- Other music only
- Native American music only  
(e.g., pow-wow music, traditional flute, contemporary, and chant)
- Mostly other music (e.g., rock, pop, country, and rap)

**10. What movies do you prefer?**

- Native American movies only
- Mostly Native American movies
- Equally Native American and other movies
- Mostly other movies
- Other movies only

**11. Where were you born?**

- Reservation, Native American community
- Rural area, Native American community
- Urban area, Native American community
- Urban or Rural area, near Native American community
- Urban or Rural area, away from Native American community

**12. Where were you raised?**

- Reservation, Native American community
- Rural area, Native American community
- Urban area, Native American community
- Urban or Rural area, near Native American community
- Urban or Rural area, away from Native American community

**13. What contact have you had with Native American communities?**

- Raised for 1 year or less on the reservation or other Native American community
- Occasional visits to the reservation or other Native American community
- No exposure or communications with people on reservation or other Native American community
- Raised for 1 year or more on the reservation or other Native American community
- Occasional communications with people on reservation or other Native American community

**14. What foods do you prefer?**

- Native American food only
- Mostly Native American foods and some other foods
- About equally Native American foods and other foods
- Mostly other foods
- Other foods only

**15. In what language do you think?**

- Tribal language only (e.g., Cherokee, Navajo, and Lakota)
- Mostly tribal language, some English
- Tribal language and English about equally well (bilingual)
- Mostly English, some tribal language
- English only

**16. Do you ...**

- Read only a tribal language (e.g., Cherokee, Navajo, Lakota)
- Read a tribal language better than English
- Read both a tribal language and English about equally well
- Read English better than a tribal language
- Read only English

**17. Do you ...**

- Write only a tribal language (e.g., Cherokee, Navajo, Lakota)
- Write a tribal language better than English
- Write both a tribal language and English about equally well
- Write English better than a tribal language
- Write only English

**18. How much pride do you have in Native American culture and heritage?**

- Extremely proud
- Moderately proud
- A little proud
- No pride, but do not feel negative toward group
- No pride, but do feel negative toward group

**19. How would you rate yourself?**

- Very Native American
- Mostly Native American
- Bicultural
- Mostly non-Native American
- Very non-Native American

**20. Do you participate in Native American traditions, ceremonies, occasions, and so on?**

- All of them
- Most of them
- Some of them
- A few of them
- None at all

APPENDIX C

Parenting Education Questionnaire

ID: \_\_\_\_\_

Date: \_\_\_\_\_

### PARENT EDUCATION QUESTIONNAIRE

The following questions ask you to pretend you are going to a counselor for parenting education. This questionnaire will ask you how you would feel about certain parts of common parenting programs.

How would you feel about this part of the parenting program?

Does this sound like something you would practice in your home?

**On your first visit with a parent education therapist, the therapist explains the program you will be participating in this way:**

1. The type of parent education that we'll be doing here is for young children with problem behaviors just like the problems your child has. Working together, you and your child will learn how to get along with each other better and be more loving to one another. Your child will likely be more helpful at home and have better behavior at school after you complete this program. Special playtime has been shown to help build a strong relationship between parents and children and to help build a child's self-esteem.

Very Good	Good	Neutral	Bad	Very Bad
1	2	3	4	5

**On your second visit with the parent education therapist, your therapist introduces a special playtime activity for you and your child. Please answer the questions for each statement.**

2. Special playtime is a five-minute playtime that you will do each day with your child. So, you won't just practice this during our sessions, but you will also practice this each day at your home.

Very Good	Good	Neutral	Bad	Very Bad	Yes	Maybe	No
1	2	3	4	5			



- |  |                   |           |              |          |                  |     |       |    |
|--|-------------------|-----------|--------------|----------|------------------|-----|-------|----|
| 3. During special playtime, it is important that you let your child lead the play. This means that you will let your child pick what he or she wants to play with and you will play along. | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
|--|-------------------|-----------|--------------|----------|------------------|-----|-------|----|

**How would you feel about this part of the parenting program?**

**Does this sound like something you would practice in your home?**

- |  |                   |           |              |          |                  |     |       |    |
|--|-------------------|-----------|--------------|----------|------------------|-----|-------|----|
| 4. There are several things you will be asked to do during special playtime. You will be asked to watch your child during play and describe what he or she is doing. We usually tell parents that this is like being a baseball announcer for a radio station. You will talk about everything your child is doing during play. For example, if your child is playing with blocks you might say, Oh, your putting the green block on top of the red block. Now you're knocking all the blocks down. This lets your child know that you are really paying attention to what they are doing and are interested in them. | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
|--|-------------------|-----------|--------------|----------|------------------|-----|-------|----|

- |   |                   |           |              |          |                  |     |       |    |
|---|-------------------|-----------|--------------|----------|------------------|-----|-------|----|
| 5. Another thing that you will be asked to do during special playtime is reflect what your child says. This means that you will repeat what your child says. For example, if your child says, "I drew a picture of you," you could say, "You drew a picture of me by a tree." This is another way to let your child know that you are listening and are interested. | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
|---|-------------------|-----------|--------------|----------|------------------|-----|-------|----|

<p>6. You will also be asked to imitate your child during play. Imitation means that you will play with the same toys in the same way as your child. For example, if your child's choice of play is pushing around a toy car, you would also push around a toy car. Besides being a great way to show your child that you are paying attention, this is also a good way to make sure that you are letting your child be in charge of the play during special playtime. Imitation also makes sure that the play during this time is right for your child's age and level of development.</p>	<p>Very Good 1</p> <p>Good 2</p> <p>Neutral 3</p> <p>Bad 4</p> <p>Very Bad 5</p>	<p>Yes</p> <p>Maybe</p> <p>No</p>
<p>7. Finally, you will be asked to give your child lots of positive attention and praise. This includes telling your child you like his or her good behavior during playtime. You'll be asked to praise your child at least five times each minute. Praising your child can help improve his or her behavior and can help improve his or her self-esteem.</p>	<p>Very Good 1</p> <p>Good 2</p> <p>Neutral 3</p> <p>Bad 4</p> <p>Very Bad 5</p>	<p>Yes</p> <p>Maybe</p> <p>No</p>
<p>8. There are several things you shouldn't do during special playtime. You shouldn't give your child any commands during this time. Commands include statements like Put that down, or Why don't you play with the blue block now? During special playtime, commands take the lead away from the child and can cause the child to act up.</p>	<p>Very Good 1</p> <p>Good 2</p> <p>Neutral 3</p> <p>Bad 4</p> <p>Very Bad 5</p>	<p>Yes</p> <p>Maybe</p> <p>No</p>
<p>9. Another thing you shouldn't do during special playtime is ask questions. Parents and other grownups ask children questions all the</p>	<p>Very Good 1</p> <p>Good 2</p> <p>Neutral 3</p> <p>Bad 4</p> <p>Very Bad 5</p>	<p>Yes</p> <p>Maybe</p> <p>No</p>
<p><b>How would you feel about this part of the parenting program?</b></p>	<p><b>Does this sound like something you would practice in your home?</b></p>	

time. Too much questioning overwhelms some children, which can add to their problem behaviors. Also, asking questions during special playtime can take the control away from the child and put the parent back in the lead.

1      2      3      4      5

10. Finally, during special playtime it is important that you don't criticize your child at all. Criticism can sometimes end up making a child's behavior worse, and can cause the child to act up during special playtime. Also, criticism can hurt a child's self-esteem, so it should be avoided.

Very Good    Good    Neutral    Bad    Very Bad  
1      2      3      4      5

Yes    Maybe    No

11. Even if you do everything right to set up a positive and fun special playtime for your child, your child may still misbehave. Dealing with misbehavior during special playtime is tricky because it is supposed to be a positive experience for both you and your child. Disciplining your child during special playtime can make it less positive for both of you. Instead of using your regular disciplining during special playtime, you'll be asked to ignore your child's minor misbehaviors like whining and back talking. By ignoring I mean that you won't talk or look at your child while he or she is acting up.

Very Good    Good    Neutral    Bad    Very Bad  
1      2      3      4      5

Yes    Maybe    No

12. Just as you'll be asked to use your attention to your child to deal with misbehaviors, you'll also be asked to use your attention to reward your child's good behavior. Most children love attention from their parents, and will do just about anything to get it. During special playtime, when your child is being good, like playing with his or her toys right or being polite, you should give lots of positive attention and praise.

Very Good    Good    Neutral    Bad    Very Bad  
1      2      3      4      5

Yes    Maybe    No

How would you feel about this part of the parenting program?

Does this sound like something you would practice in your home?

After you and your child have learned and practiced special playtime for several weeks, your therapist introduces the discipline part of the parent education program. Please answer the questions for each statement.

13. There are many reasons parents need to have some control over their children’s behavior. For example, children who know how to follow rules at home are more likely to follow rules outside the home. So children who can follow rules will be more likely to behave at school and play well with their friends. Also, there are certain times when children need to listen to their parents for their own safety, like when a parent tells a child to stop before running out into a busy street.

Very Good    Good    Neutral    Bad    Very Bad  
 1            2            3            4            5

14. Children need structure. This is especially true when disciplining your child. You need to be predictable and consistent when disciplining your child. This means that you will discipline your child in the same way no matter where you are or what type of mood you are in. Also, you need to follow through when you say you are going to do something. So if you tell your child that he or she will go to time-out if they throw food on the floor, then you must send him or her to time-out if they do it.

Very Good    Good    Neutral    Bad    Very Bad    Yes    Maybe    No  
 1            2            3            4            5

- |   |                   |           |              |          |                  |     |       |    |
|---|-------------------|-----------|--------------|----------|------------------|-----|-------|----|
| 15. There are certain things you should do when you tell your child what you want them to do or not to do. You should tell your child exactly what you want him or her to do. Be very clear.  | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
| 16. You should tell your children what you want them to do, not what you don't want them to do. For example, if your child is about to eat a cookie that you don't want him or her to have, you would say, "Please put down the cookie," instead of saying, "Please don't eat the cookie."  | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
| 17. Young children sometimes can't remember a whole list of things you want them to do. It will be easier for your children to mind when you give them one instruction at a time. So, instead of saying, "Put down your toys, go upstairs, and brush your teeth," you would first say, "put down your toys," then follow with the rest one at a time. | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |

**How would you feel about this part of the parenting program?**

**Does this sound like something you would practice in your home?**

- |   |                   |           |              |          |                  |     |       |    |
|---|-------------------|-----------|--------------|----------|------------------|-----|-------|----|
| 18. There are several reasons why time-out is a good choice for disciplining your child. Most children will not want to go to time-out because it means that children are temporarily removed from things they really enjoy, like their toys. Parents can usually put children in time-out right after the child misbehaves which helps children learn from the discipline. Also, parents can put their children in time-out several times a day if they need to. | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
|---|-------------------|-----------|--------------|----------|------------------|-----|-------|----|

- |  |                   |           |              |          |                  |     |       |    |
|--|-------------------|-----------|--------------|----------|------------------|-----|-------|----|
| 19. A time-out can be done just about anywhere, but it's helpful to have a set time-out spot in your home. Most parents find a chair placed in the middle of a room works well. It's important that the child can't see the television or other fun things while in the time-out chair.  | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
| 20. After your child misbehaves you will give a two-choice statement. For example, if you want your child to stop jumping on the couch and he or she don't stop, you would say, "Okay, you have two choices. You can either sit down on the couch or you can go to time-out." This lets the child know exactly what you expect him or her to do and what will happen if he or she doesn't do it. | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
| 21. If your child chooses to not mind, then you will have to put him or her in time-out. To do this, you will say something like, "Well, since you didn't choose to mind you have to go to time-out." If your child doesn't go to the time-out chair on his or her own then you will need to gently take him or her there.   | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
| 22. Once your child is sitting in the time-out chair, you will need to tell him or her to set there until you tell them it's time for them to get up. Children should typically stay in time-out for about three minutes to be effective.  | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
| 23. After your child completes time-out, you will ask him or her to obey your original command. For example, if your child is in time-out because he or she wouldn't pick up his or her toys , you would say, "Are you ready to come back over here and pick up your toys?"  | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |
| 24. If your child won't comply with your original command, then you will let him or her stay in time-out until he or she will do it. If your child does comply, you should say something simple like, "Thank you."   | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 | Yes | Maybe | No |

**How would you feel about this part of the parenting program?**

**Many parent education programs have components not yet mentioned. Below are a few examples of other things your counselor might say. Please answer the questions for each statement.**

- |  |                   |           |              |          |                  |
|--|-------------------|-----------|--------------|----------|------------------|
| 25. When we are practicing special playtime and time-out during our sessions we will use role-playing. This means that you will pretend I am your child and will practice saying to me what you would say to your child.   | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 |
| 26. When we are practicing special playtime and time-out during our sessions I will coach you through the practice with your child. This means that I will either talk to you from out of the room through a device you will wear in your ear, or I will sit next to you and talk quietly. As you practice the skills you have learned, I will let you know what you are doing right and what things you could do differently. | Very<br>Good<br>1 | Good<br>2 | Neutral<br>3 | Bad<br>4 | Very<br>Bad<br>5 |

**Listed below are several Native American cultural activities. If you were participating in a parent education program would like to have these activities included?**

**Would you like to have this included?**

- |   |     |       |    |
|---|-----|-------|----|
| 27. Sweats or other healing activities            | Yes | Maybe | No |
| 28. Talking circle or talking stick               | Yes | Maybe | No |
| 29. Medicine wheel, sacred hoop, or sacred circle | Yes | Maybe | No |
| 30. Pipe or other honoring ceremonies             | Yes | Maybe | No |

31. Special naming or renewal ceremonies	Yes	Maybe	No
32. Historical walks	Yes	Maybe	No
33. Sacred objects such as feathers or stones	Yes	Maybe	No
34. Involvement of elders	Yes	Maybe	No
35. Involvement of traditional healers	Yes	Maybe	No
36. Other, please list::	Yes	Maybe	No



APPENDIX D  
Qualitative Interview

PARENT INTERVIEW

ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_ Location: \_\_\_\_\_

**1A. What kinds of things does your child usually do to misbehave?**

Rephrase: In other words, what sort of child misbehaviors do you deal with on a regular basis?

Are there certain things your child does on a regular basis that you don't approve of?

	<b>Home behavior</b> What kinds of misbehaviors does your child display at home?
	<b>Public behavior</b> What kinds of misbehaviors does your child display outside of the home?
	<b>Frequency</b> How often would you say your child typically misbehaves (e.g. several times a day, once a day, hardly ever, etc.)?
	<b>Intensity</b> When your child misbehaves, how serious is it usually?

**2A. What do you usually do when your child misbehaves?**

Rephrase: In other words, what are parenting techniques do you usually use to deal with misbehavior?

How do you react to your child's misbehavior?

	<b>Minor misbehavior</b> How do you respond to minor misbehavior (e.g. whining or talking back)?
	<b>Major misbehavior</b> How do you respond to more serious misbehavior (e.g. hitting or stealing)?
	<b>Consistency</b> Would you say that you are fairly consistent in your discipline? That is, do you typically react to your child's misbehavior in the same way each time?
	<b>Follow-through</b> Would you say that you follow through with your discipline? That is, if you tell your child that you are going to something do you typically do it?

**3A. How much stress do you have due to being a parent, and what causes this stress?**

Rephrase: In other words, what about being a parent causes you to feel stressed?  
Is being a parent ever stressful for you?

	<b>Environmental stress</b> Do other stressors in your life (e.g. work) ever make you feel more stressed about your role as a parent? In what way?
	<b>Parent/child stress</b>

	Do you ever feel stress due to your interactions with your child? In what way?
	<b>Expectations</b> Is being a parent what you thought it would be? In what way?

**4A. Who can you turn to when you need support as a parent?**

Rephrase: Are there certain people or certain places you get parenting support from?  
Where can you get support as a parent?

	<b>Family</b> Are there people in your family that give you support as a parent?
	<b>Community</b> Are there people in your community that give you support as a parent?
	<b>Level of Support</b> How much support do you get from others for your parenting?
	<b>Adequacy</b> Do you think that you get the support you need as a parent?

**5A. Would you ever seek professional help for parenting problems? For what reasons?**

Rephrase: What sort of parenting problems would cause you to seek professional help?  
Why would you decide to go to a professional for a parenting problem?

	<b>Problem types</b> What types of problems would warrant seeking help?
	<b>Type of help</b> What type of professional help would you most likely choose?
	<b>Barriers</b> What would keep you from seeking help?

**6A. If you were going to see a counselor for a parenting problem, what characteristics would you like your counselor to have?**

Rephrase: What type of counselor would you like to have for a parenting problem?  
If you could describe the perfect counselor for a parenting problem, what would you say?

	<b>Age</b> Would you prefer a counselor of a certain age?
	<b>Gender</b> Would you prefer a male or female counselor?
	<b>Education</b> Would a counselor's level of education be important to you? How so?
	<b>Values</b> What type of values would you prefer a counselor have?
	<b>Personality</b> Would you prefer a counselor with a certain type of personality?

	<p><b>Cultural identity</b>  Would a counselor's cultural identity (ethnicity, cultural involvement) be important to you? How so?</p>
--	---

**7A. What would you want in a parenting program?**

Rephrase: If you were going to participate in a parenting program, what would you want it to be like?

What would you want a parenting program to include? Not include?

	<p><b>Purpose/Outcome</b>  What would you want to get out of a parenting program?</p>
	<p><b>Skills</b>  What types of skills would you want a parenting program to teach you? (Including discipline)</p>
	<p><b>Process</b>  How would you like to learn the information and skills in a parenting program?</p>
	<p><b>Cultural Activities</b>  Would you be interested in having cultural activities or ceremonies included in a parenting program? If so, what type of activities/ceremonies?</p>

**Behavioral observations:**

**Environmental concerns/observations:**

**Other comments:**

## APPENDIX E

### Interview Coding Definitions and Coding Sheet

## PARENT INTERVIEW CODING MANUAL

### 1A. Child Misbehaviors:

- Disrespect: talking back, verbally acting out, dirty looks, not listening, not doing chores
- Aggression/Anger: slamming doors, hitting, throwing things, not involving siblings
- Problems with siblings: fighting, not sharing, jealousy, “pestering”
- Horseplay: rowdy behavior, hyper, rough play
- School Problems: not doing homework, talking back at school
- Other: (responses that don’t fit in above categories) stealing (1), leaving mom’s sight in public (1), misbehaving to go along with group of kids (1)

### 1B. Frequency of Child Misbehavior

- Note: code highest rate, for example if parent said “several times per month to once a week” code as “often”
  - Hardly ever: child doesn’t misbehave much, good kid
  - Occasionally: less than once a week, but specific example given (e.g., “a few times per month” vs. “doesn’t really misbehave” – which would be coded as hardly ever)
  - Often: once a week to six times per week
  - Frequently: once a day or seven or more times per week

### 1C. Intensity of Child Misbehavior:

- Minor: All parents said minor. One parent said she sometimes worries it will become more serious (e.g., child might hurt someone without thinking).

### 2A. Typical Parent Response to Child Misbehavior:

- Verbal response: talk to child about problem, remind of expected behavior (includes persistence), warn of consequences, allow child to “vent” to parent, yell
- Ignore: ignore minor misbehavior
- Removal of privileges: take away toy, video game, TV; not allowed to play with friends or outside; grounding
- Physical discipline: spanking, paddling, hitting, popping
- Removal from situation: Time-outs, send to room, take nap
- Natural consequences: child made to apologize to others, return item if stolen
- Other: (responses that don’t fit in above categories) extra chores (1), talk to police (1)

### 2B. Consistency of Parental Response to Child Misbehavior:

- Very consistent: includes parents who answered always consistent, or simply answered with “yes”
- Fairly consistent: includes parents who answered fairly, probably, or depends on situation

2C. Follow-through (Parental Response):

- Typically: includes parents who answered always, probably, typically, usually, or simply “yes”
- Variable: includes parents who said it depends on situation, discussed difficulties following through, or discussed times when parent gives in to child

3A. Amount of Parenting Stress:

- High stress: high, a lot, pretty stressful, quite a bit, or large rating (e.g., > 60% or 6/10)
- Average stress: normal amount, about like other parents
- Low stress: low, not much, little to none

3B. Sources of Parenting Stress:

- Daily Routine: daily hassles, balancing work/school and home life, family schedules (e.g., taking children to appointments), difficulties of being a single parent, financial issues
- Parent/Child Issues: arguments, siblings fighting, child & parent have similar personalities, parent frustrated (low patience) with child behavior, child acts too clingy
- Other: (responses that don't fit in above categories) disagreements with spouse on parenting issues (1), worry about exposure to society problems (morality) (1)

3C. Expectations Regarding Parenting:

- Similar to expectations: prepared, exposed prior to own children
- Harder than expected: have to make hard decisions, more time consuming, children more demanding, hard to refrain from acting like own parents
- Better than expected: less time consuming, parent able to be more responsible than expected
- Other: (responses that don't fit in above categories) “no” with no explanation given

4A. Sources of Parenting Support:

- Spouse: husband or wife
- Extended family: parents, siblings, grandparents, aunts, uncles, in-laws
- Friends: includes coworkers
- Community: church, school/university, tribal clinic/services, professional connections
- No support: parent could not identify a source of support

4B. Level of Parenting Support:

- Note: code highest rate; for example if parent said husband provides a lot of support but other provide little, code as “high”
  - Low: not much, low rate (<30% or 3/10)

- Average: some, receive support when ask but rarely ask
- High: a lot, high rate (>70% or 7/10)

4C. Adequacy of Parenting Support:

- As Much As Needed: All parents said as much as needed. One parent said she sometimes gets poor advice.

5A. Would you ever seek professional help for parenting problems?

- Yes: All parents said yes

5B. Problems that would warrant seeking professional help:

- Parent Support: parenting stress, parental depression, feeling overwhelmed, needing guidance, feeling unable to deal with child problem, problem cannot be solved within own support system, feel like “bad parent”
- Serious child misbehaviors: drug or alcohol use, violence, aggression, child disobeying family moral standards, child “out of control”
- Minor child misbehaviors: whining, talking back, fighting with sibling
- Major Stressors: divorce, death in family, abuse
- Communication problems: communication problems between parent and child, child will not talk to parent about problems, child needs someone to talk to
- Child Concerns: concerns about child’s cognitive ability, child being bullied, school problems (outbursts, grades), ADHD symptoms, concerns about child’s access to computer sites

5C. Type of professional help:

- Trained Therapist: counselor, psychologist, psychiatrist, social worker, university clinic, professional at tribal clinic or health department
- Religious: preacher, pastor, minister, clergy, healer, shaman
- Periphery: wait to establish therapeutic relationship until try other options; get brief professional consultation, read parenting books on own first
- Other: (responses that don’t fit in above categories) not sure what options are available (1)

5D. Barriers:

- Privacy/Shame: Not wanting to share family problems with outsiders; not wanting others to know family problems; family attitude that counselors interfere in life; embarrassment if others found out, feeling like “failed” as parents; feeling judged by therapist
- Lack of resources: transportation, child care, money, time
- No barriers: no barriers reported

6A. Counselor characteristics/Age:

- Younger: not out of touch, able to relate to child
- Similar age: as parent



- Age/Experience: prefer someone older with more experience, more life experience, more experience with own children
- 6B. Counselor characteristics/Gender:
- Female: for self or because children are girls
  - No preference
- 6C. Counselor characteristics/Education:
- Education important: good education, lots of education, training for position
  - Age/Experience: specific education not important, but want life experience (e.g., tribal elders); person can do good job without education but with experience (e.g., pastors); person with own children
  - No preference
- 6D. Counselor characteristics/Values:
- Religious: includes Christian values, non-Atheist
  - “Good citizen”: good standing/reputation in community, moral, outstanding person, parent doesn’t know anything bad about counselor (e.g., abuses family, can’t support self)
  - Similar: similar values as family or ability to understand family’s values, non-religious
- 6E. Counselor characteristics/Personality:
- Inviting: easy to talk to, unpretentious, warm, friendly, relaxed, able to joke around with family, open, honest, confidential, nonjudgmental, creates comfortable environment, makes parent and child feel comfortable, appears comfortable around children
  - Direct Approach: direct, straightforward
- 6F. Counselor characteristics/Cultural identity:
- Native American counselor: prefer Native American counselor or person of same ethnicity, family would be most comfortable with N.A. counselor, prefer counselor who understands N.A. culture (even if not N.A.)
  - No preference: cultural identity not an issue
  - Other: (responses that don’t fit in above categories) no Middle Eastern counselors or counselors from cultures who believe “women have their place”
- 7A. Parenting Program/ Purpose/Outcome/Specific Skills:
- New ideas: parent learns new ways to deal with child behavior, problem solving, ways to improve parenting, learn how to parent in a different way, including discipline
  - Better prepared: parent learns how to deal with current and future issues, learn how to stop future problems before they start, includes adolescent issues and peer pressure

- Outside perspective: counselor able to figure out problem; help child see problems with behavior, get through to child as parents couldn't; someone child can talk to
- Child behavior: reduction in child misbehavior; increase in positive child behavior; child "works out issues", includes bedtime help
- Parent behavior: decrease parent stress, increase patience, anger management
- Parent/child relationship: improvement in parent/child relationship, improved communication, build parent/child bond, help bring family together, help parents work together

7B. Parenting Program/ Process:

- Combination: combination of components listed below
- Group: talk to other parents, parents with similar problems, similar backgrounds; separate child group; entire family
- Individual: one-on-one, individual therapy
- In home: in home therapy, live modeling or coaching, bring in home videos for counselor to watch & give feedback
- Role play: role play, interactive
- Video tapes or Reading material: videos, books, handouts
- Hotline: emergency hotline, after hours help available

7C. Parenting Program/ Cultural Activities:

- General interest: interested in cultural activities but no specifics listed or known, activities to help child feel more connected; teach child about culture/history/heritage
- Learn traditional activities/roles
- Sweats
- Peyote meeting
- Burning cedar
- Learn traditional language
- Medicine man
- Not interested

Interview #: \_\_\_\_\_

CODING SHEET

Coder: \_\_\_\_\_

<b>1A</b>	Disrespect		<b>3A</b>	High stress		<b>5A</b>	Yes		<b>7A</b>	New ideas	
	Aggression/ Problems			Average						Better prepared	
	Horse Play			Low stress		<b>5B</b>	Parent support			Outside	
	School		<b>3B</b>	Daily			Serious child			Child behavior	
	Other			Parent/child			Minor child			Parent behavior	
				Family			Major stressors			Parent/child	
<b>1B</b>	Hardly ever			Other			Communication			Other	
	Occasionally						Child concerns				
	Often		<b>3C</b>	Similar to		<b>5C</b>	Trained therapist		<b>7B</b>	Combination	
	Frequently			Harder than			Religious/Spiritual			Group	
				Better than			Periphery			Individual	
<b>1C</b>	Minor			Other			Other			In home	
	Other									Role play	
										Video/Reading	
						<b>5D</b>	Privacy/Shame			Hotline	
							Lack of resources				
							No barriers		<b>7C</b>	General interest	
										History/Heritage	
										Learn traditional	
<b>2A</b>	Verbal		<b>4A</b>	Spouse		<b>6A</b>	Younger			Sweats	
	Ignore			Extended			Similar age			Peyote meeting	
	Removal of			Friends			Age/Experience			Burning cedar	
	Physical			Community			No preference			Learn traditional	
	Removal			No support						Medicine man	
	Chores					<b>6B</b>	Female			No preference	
	Natural		<b>4B</b>	Low			Same as child				
	Other			Average			No preference				
				High							
<b>2B</b>	Very					<b>6C</b>	Education				
	Fairly		<b>4C</b>	As much as			Age/Experience				
	Not			Variable			No preference				
<b>2C</b>	Typically					<b>6D</b>	Religious				
	Variable						Good citizen				
							Similar				
						<b>6E</b>	Inviting				
							Direct approach				
						<b>6F</b>	Native American				
							Understanding of				
							No preference				
							Other				

## APPENDIX F

### Tables

Table 1

Summary of Participant Demographic Information

Caregiver Variables

Caregiver Age	<i>M</i> = 36.39, <i>SD</i> = 9.61					
Caregiver Gender	<u>Male</u> n = 9		<u>Female</u> n = 42			
Caregiver level of education	<i>M</i> = 13.65 years, <i>SD</i> = 2.22					
Family monthly income	<u>&lt; \$800</u> n = 4	<u>\$800- \$1000</u> n = 4	<u>\$1001- \$1500</u> n = 3	<u>\$1501- \$2000</u> n = 7	<u>\$2001- \$2500</u> n = 13	<u>&gt; \$2500</u> n = 20
Caregiver Marital Status	<u>Married</u> n = 36	<u>Live-in Partner</u> n = 3	<u>Divorced</u> n = 4	<u>Separated</u> n = 2	<u>Single</u> n = 2	<u>Single</u> n = 4
Caregiver Relationship to Child	<u>Biological Parent</u> n = 44		<u>Step-parent</u> n = 2	<u>Adoptive Parent</u> n = 2	<u>Other</u> n = 3	
Type of Community of Residence	<u>Rural</u> n = 31		<u>Urban</u> n = 18	<u>Reservation</u> n = 1	<u>Other</u> n = 1	

Child Variables

Child Age	<i>M</i> = 9.04, <i>SD</i> = 1.88				
Child Gender	<u>Male</u> n = 36		<u>Female</u> n = 15		
Child Ethnicity	<u>Native American</u> n = 43	<u>Bi-racial</u> n = 6	<u>Caucasian</u> n = 1	<u>Other</u> n = 1	

Table 2

Summary of Participating Caregiver Self-reported Ethnicity

<u>Tribe/Nation</u>	<u>n</u>
Cherokee	24
Cherokee-UKB	1
Cherokee/Cheyenne Arapaho	1
Cherokee/Choctaw	1
Cherokee/Creek/ Chickasaw	1
Chickasaw	1
Choctaw	4
Comanche	1
Creek	3
Crow	1
Iowa	1
Iowa/Otoe	1
Navajo	2
Otoe-Missouria	1
Papago	1
Pawnee/Otoe	1
Ponca	1
Seminole/Creek	1
Seminole	2
Shoshone/Piaute	1
Sisseton-Wahpeton Sioux	1

Table 3

Zero-order Correlations for Parenting Stress, Perceived Social Support, Acculturation, Income, and Education.

	PSI	PSS	NAAS	Income	Education
PSI	1.00				
PSS	-.303*	1.00			
NAAS	-.052	.109	1.00		
Income	-.368**	.149	.528**	1.00	
Education	-.207	.284*	.273	.327*	1.00

\*  $p < .05$ , \*\*  $p < .01$

Table 4

Summary of Regression Analyses Examining Perceived Social Support, Income, and Parenting Stress.

Step		$\beta$	$t$ for within step predictors	$R^2$ Change for step	$F$ Change for step
1				.198	5.94**
	PSS Total	-.253	-1.94		
	Income	-.330	-2.53*		
2				.07	4.13*
	PSS Total X Income	-.257	-2.03*		

\*  $p < .05$ , \*\*  $p < .01$

Table 5

Significant Zero-order Correlations for PCIT Acceptability and Acculturation

	General components	CDI	PDI	Cultural Activities	Sweats or other healing ceremonies	Medicine wheel, sacred hoop, or sacred circle	Pipe or other honoring ceremonies	Sacred objects such as feathers or stones	Involvement of traditional healers
NAAS	.179	.045	-.055	-.308*	-.450**	-.337*	-.372**	-.300*	-.445**

H = home acceptability

\*  $p < .05$ , \*\*  $p < .01$



## APPENDIX G

### Figures

Figure 1.

Moderator Relationship: Family income moderates the relationship between perceived social support (predictor) and parenting stress (outcome). (Adapted from Rose et al., 2004)

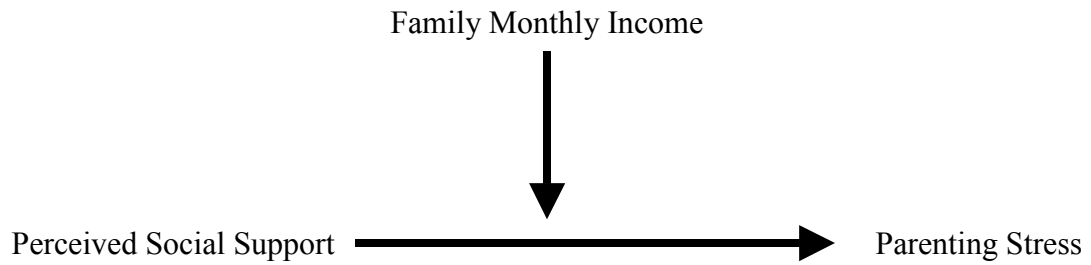
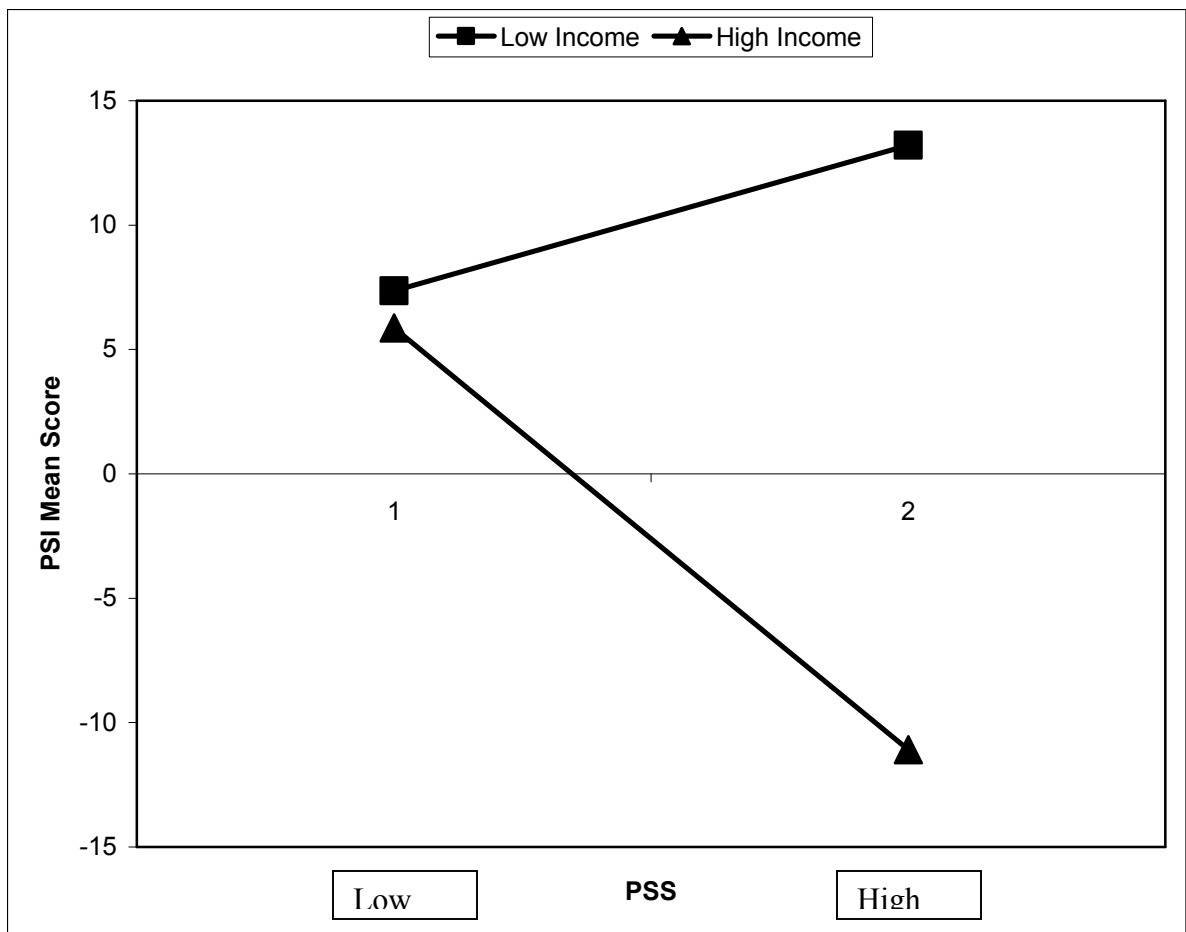


Figure 2.

Interaction of Perceived Social Support (PSS) and Income on Parental Stress (PSI)



APPENDIX H

Institutional Review Board Approval Forms

Oklahoma State University  
Institutional Review Board

Protocol Expires: 7/15/2004

Date: Wednesday, July 16, 2003

IRB Application No AS0396

Proposal Title: CHARACTERISTICS OF PARENTING WITH NATIVE AMERICAN FAMILIES

Principal  
Investigator(s):

Megan S. Dunlap  
215 N. Murray  
Stillwater, OK 74078

Tamara Wilburn  
215 N. Murray  
Stillwater, OK 74078

Maureen Sullivan  
215 N Murray  
Stillwater, OK 74078

Reviewed and  
Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved

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Dear PI :

Your IRB application referenced above has been approved for one calendar year. Please make note of the expiration date indicated above. 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.

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.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. 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 this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved projects are subject to monitoring by the IRB. If you have questions about the IRB procedures or need any assistance from the Board, please contact Sharon Bacher, the Executive Secretary to the IRB, in 415 Whitehurst (phone: 405-744-5700, sbacher@okstate.edu).

Sincerely,



Carol Olson, Chair  
Institutional Review Board

Oklahoma State University  
Institutional Review Board

Protocol Expires: 7/8/2005

Date: Friday, July 09, 2004

IRB Application No: AS0396

Proposal Title: CHARACTERISTICS OF PARENTING WITH NATIVE AMERICAN FAMILIES

Principal  
Investigator(s):

Megan S. Dunlap  
215 N. Murray  
Stillwater, OK 74078

Tamara Wilburn  
215 N. Murray  
Stillwater, OK 74078

Maureen Sullivan  
215 N Murray  
Stillwater, OK 74078

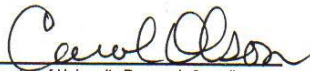
Reviewed and  
Processed as: Expedited

Approval Status Recommended by Reviewer(s) : Approved

**Modification/Continuation**

---

Signature :



Carol Olson, Director of University Research Compliance

Friday, July 09, 2004

Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modifications to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

## VITA

Megan S. Dunlap Ballew

Candidate for the Degree of

Doctor of Philosophy

Thesis: THE ROLE OF CULTURAL AND SOCIAL VARIABLES IN PARENTING  
STRESS AND ACCEPTABILITY OF PARENT-TRAINING WITH NATIVE  
AMERICAN PARENTS

Major Field: Psychology (option: Clinical)

Biographical:

Personal Data: Born in Stillwater, Oklahoma, on June 20, 1975, the daughter of Jimmie and Kathy Dunlap, the wife of Jed Ballew, the mother of Jackson Ballew.

Education: Graduated from Claremore High School in Claremore, Oklahoma in May 1993; received a Bachelors of Science degree in Special Education from Northeastern State University in Tahlequah, Oklahoma in May 1997; received a Masters of Science degree in Psychology (option: Clinical) from Oklahoma State University in December 2002; completed predoctoral internship in clinical psychology at West Virginia University in Morgantown, West Virginia in June 2005; completed the Requirements for the Doctor of Philosophy degree in Psychology (option: Clinical) at Oklahoma State University in December 2005.

Professional Memberships: Association for Advancement of Behavior Therapy, American Psychological Association, American Professional Society for the Abuse of Children, Society of Indian Psychologists

Name: Megan S. Dunlap Ballew

Date of Degree: December, 2005

Institution: Oklahoma State University

Location: Stillwater, Oklahoma

Title of Study: THE ROLE OF CULTURAL AND SOCIAL VARIABLES IN  
PARENTING STRESS AND ACCEPTABILITY OF PARENT-TRAINING WITH  
NATIVE AMERICAN PARENTS

Pages in Study: 142

Candidate for the Degree of Doctor of Philosophy

Major Field: Psychology (option: Clinical)

Scope and Method of Study: The present study examined the relationship between acculturation, parenting stress, perceived social support, and parent child interaction therapy (PCIT) acceptability with Native American parents. The study included 51 caregivers who self-identified as Native American and had children between the ages of six and twelve years. A combination of both quantitative and qualitative methodology was used. Fifteen participants participated in a qualitative interview. All participants completed the demographic questionnaire, Native American Acculturation Scale, Parent Stress Index (PSI): Short form, Perceived Social Support from Friends and Family, and Parenting Education Questionnaire. As part of another study, participants also completed the Eyberg Child Behavior Inventory, Parenting Scale, and Native American Parenting Scale.

Findings and Conclusions: A significant negative relationship was found between parental stress and perceived social support. No significant relationships were found between acculturation and parental stress or perceived social support. Income was found to moderate the relationship between social support and parental stress. Participants were generally accepting of the major components of PCIT. Acculturation was significantly related to several aspects of PCIT acceptability involving the inclusion of cultural activities in parenting programs. Participants reported relatively high amounts of parenting stress and adequate parenting support from multiple sources. Participants were willing to seek professional help for parenting issues, but saw issues related to privacy and shame as potential barriers. Counselor preferences were reported. The participants were interested in parenting programs that taught new parenting skills and improved family relationships. Most participants were generally interested in cultural activities incorporated into parenting programs.

ADVISER'S APPROVAL: Maureen A. Sullivan, Ph.D.

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