

INITIAL EVALUATION OF A CULTURAL APPROACH TO IMPLEMENTATION OF EVIDENCE- BASED PARENTING INTERVENTIONS IN AMERICAN INDIAN COMMUNITIES

Renda Dionne
Indian Child and Family Services

Betsy Davis and Lisa Sheeber
Oregon Research Institute

Luke Madrigal
Indian Child and Family Services

The current investigation puts forth the authors' conceptualization of a cultural approach to implementing evidence-based practices with American Indian (AI) families. Their approach involves two phases, the motivational phase, which sets an historical context for current difficulties; and the intervention phase, which links evidence-based skills with cultural traditions, beliefs, and values. Herein, they present preliminary evidence for the efficacy of the intervention phase, overlaid onto the Incredible Years parenting program (Webster-Stratton, 1992). Forty-nine families with American Indian children, ages 3–11 (26 boys), participated in the study; all families participated in the motivational phase and were subsequently randomized to the culturally linked intervention or a control condition. Significant pre- and postimprovements in parenting and child behavior were observed in the intervention group. Moreover, a majority of participants reported high levels of satisfaction with the intervention. Results are discussed in relation to

Data Collection Supported by California Endowment. Support for conceptualization of the larger issues within our intervention approach by the National Institute on Drug Abuse (1 R01 DA15817; 1 R01 DA17626).

Correspondence to: Betsy Davis, 1715 Franklin Blvd, Eugene, OR 97403–1983. E-mail: betsy@ori.org

JOURNAL OF COMMUNITY PSYCHOLOGY, Vol. 37, No. 7, 911–921 (2009)

Published online in Wiley InterScience (www.interscience.wiley.com).

© 2009 Wiley Periodicals, Inc. DOI: 10.1002/jcop.20336

approaches to respectful implementation of mainstream, evidence-based interventions in Indian Country. © 2009 Wiley Periodicals, Inc.

Over 500 years of contact with European culture has had a profoundly detrimental effect on Native American communities in this country (Morrisette, 1994). These communities have experienced extraordinary loss—of life, of land, of cultural identity, and of protective traditional practices (Churchill, 1998; Duran & Duran, 1995). Perhaps in no domain has the impact been greater than on the functioning and well-being of the American Indian (AI) family (Hull, 1982). The historical trauma associated with colonization disrupted the transmission of traditional cultural practices, parenting practices, and circles of care that nurtured and protected children (Brave Heart, 1999). The ripping apart of families, forced attendance in boarding schools that instilled corporal punishment as means of cultural control and elimination, along with efforts to place AI children in adoptive homes outside the culture, have led purposely to family and community breakdown through the generations (Davis, Dionne, & Sheeber, 2005; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998; Morrisette, 1994; Hull, 1982). The high level of difficulty plaguing the AI community today, including mental stress, substance use, and economic difficulties, is a direct result of this historical trauma passed through the generations, as well as ongoing prejudice and discrimination (Duran & Duran, 1995; Evans-Campbell, 2008; La Fromboise, 1998; Manson, 2000). These challenges have resulted in the display of hurtful parenting practices and insensitivity to children's needs by some AI parents that serve to continue the devastation of colonization on future generations (Brasfield, 2001; Brave Heart, 1999). Within this context, it is not surprising that AI children repeatedly find themselves in situations that contribute to self-destructive behaviors (SixKiller Clarke, 2002), including substance use and suicide (Freeman & Fox, 2005, Olson & Wahab, 2006).

Though effective, mainstream evidence-based parenting interventions exist (Yannacci & Rivard, 2006), the protection of these practices has yet to be uniformly and successfully offered to and accepted by AI communities. American Indians have commonly resisted mental health programs due to incompatibility between the values associated with modern psychotherapy and traditional Indian culture, contributing to distrust of community and government agencies created to provide needed services (Ho, 1987; La Fromboise, 1998). Because programs poorly reflecting indigenous values and thereby lacking indigenous support may fail to achieve their objectives and alienate service recipients (Department of Health and Human Services, 2001), there is a strong need to place family strengthening interventions within an honest, relevant, and respectful historical and cultural context (Dionne & Dishion, 1998; Tuhiwai Smith, 1999).

Over the past 10 years, we have conceptualized a cultural approach to building respectful bridges between mainstream effective practices and AI communities that involves two phases: the motivational phase, which places an historical context around current difficulties families may be experiencing, embedded within a message of strength and hope through the generations; and the intervention phase, which links the skills within mainstream evidence-based interventions to cultural traditions, beliefs, and values consonant with each skill. In the current investigation we overlaid the

intervention phase onto the Incredible Years parenting program (IY; Webster-Stratton, 1992). The IY program was selected as the basis of our initial implementation efforts both because of its extensive validation history (e.g., Webster-Stratton, 1994; Webster-Stratton & Hammond, 1997) and because key content and process components fit well with the values and preferred learning styles of AI communities. In particular, the collaborative nature of the therapeutic relationship and the expectation that families will choose behaviors consistent with their value structure to teach to their children provided a strong foundation. Moreover, the program has been used successfully with diverse populations suggesting that the approach transfers well across cultures (Reid, Webster-Stratton, & Beauchaine, 2004).

Relative to Phase I of our approach, all recruited parents participated in a three-session motivational interview (Indian Family Wellness Assessment, IFWA; Dionne & Dishion, 1998) designed to help parents recognize (a) the ways in which the intergenerational transmission of parenting knowledge has been disrupted as a function of historical traumas, (b) the impact of historical trauma and ongoing injustices on parenting, (c) the strengths that continue forward through the generations despite this history, and (d) their responsibility to bring forward strength and adapt parenting approaches to protect their children from societal illnesses. Motivational interviewing techniques can serve two functions, motivating participation and facilitating change (Miller & Rollnick, 2002). In the current study, the IFWA was included for its motivational value in engaging AI parents into research; hence, it was conducted with participants in both conditions.

Phase II, the intervention phase of our approach, was offered to those randomly assigned to the intervention condition and involved interventionists drawing connections between the skills taught in the IY intervention sessions and traditional American Indian beliefs, values, and traditions. Moreover, parents were encouraged to consider Pan-Indian and family-specific values in choosing target behaviors and intervention strategies. The current investigation represents the first step in evaluating our cultural approach and examines the efficacy and acceptability of the culturally linked IY, Phase II intervention.

METHOD

Participants

Participants were parents and relative guardians (85% mothers; 2% fathers; 14% relative guardians) of 49 American Indian children (26 boys). The race of the parents and guardians were 70% AI, 23% Caucasian, 5% African American, and 2% Asian, with 9% being of Hispanic ethnicity. Participants were recruited from a variety of sources: (a) fliers advertising the program posted and distributed at the Indian Health Clinic, schools, and tribal councils of area reservations; (b) letters sent to tribal members through the tribal mailing system; and (c) first author presentations to community health nurses and physician groups. Recruitment materials advertised the intervention as a family-strengthening program offered by a regional American Indian service agency, serving two southern California counties, Riverside and San Bernardino. To be included in the sample, the child was required to be identified as an American Indian. The risk for difficulties experienced by AI children is extremely high (Wright, Mercer,

Mullin, Thurston, & Harned, 1994); therefore, we did not employ additional selection criteria. Demographic data for the sample reflect: (a) child mean age, 6 years (3–10 year range); (b) parent/guardian mean age, 34 years (19–63 years); (c) mean family yearly income, \$34,800 (\$5000–\$90,000); (d) currently married, 52%; (e) ever married, 81%; and (f) currently employed, 46%.

Participants were randomized to either intervention ($n = 27$) or control ($n = 22$) conditions subsequent to Phase I (described below). Assignments were based on a “coin flip.” Prior to the final Indian Family Wellness Assessment motivational interview (IFWA; Dionne & Dishion, 1998) session with each family, the lead investigator informed the assessor conducting the IFWA of the family’s assignment. The assessor relayed this information to the family at the conclusion of the IFWA. Parents in the control condition were informed that they would have the opportunity to participate in the intervention after their T2 assessment.

Cultural Approach to Intervention Implementation

Phase I. In this investigation, Phase I consisted of the Indian Family Wellness Assessment motivational interview procedure (IFWA; Dionne & Dishion, 1998). The IFWA is a culturally sensitive assessment and feedback approach modeled on the Family Check Up (Dishion & Kavanagh, 2003) and designed to motivate American Indian parents to participate in family interventions. The assessment consists of both a semistructured interview and standardized questionnaires and typically is conducted in three sessions. Session 1, intake, involves informed consent and interview questions revolving around (a) family history, a four-generation family genogram of historical events such as boarding school attendance, adoption out, relocation; (b) tradition, how traditional parent is and how involved child is in tribal traditions; and (c) the impact of intergenerational experiences of historical trauma on parent and child functioning. Session 2, assessment, involves the administration of standardized questionnaires of parent, child, and family functioning. In the current pilot, the following measures were administered to all participants: Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999), Child Behavior Checklist and Teacher Report Form (CBCL/TRF; Achenbach & Edelbrock, 2001a,b), Alabama Parenting Questionnaire-Inconsistent Discipline and Parent Involvement subscales (APQ; Shelton, Frick, & Wootton, 1996), Parenting Sense of Competence Scale (PSOC; Gibaud-Wallstong & Wandersman, 1978; Johnston & Mash, 1989), and the Parenting Scale (APS; Arnold, O’Leary, Wolff, & Acker, 1993). Session 3, feedback, focuses on child wellness and includes discussions of the family strengths, concerns, and stressors surrounding the child. Information from the Session 2 assessments is integrated into the discussion as a motivation for positive change. As well, the impact of historical trauma events within the history of the family and community is discussed as a contributor to any concerns, stressors, or difficulties that are pressing on the family. Typically in Session 3, connections to strengthening services are offered; in the context of the current pilot, however, participants were instead randomized at this point to study conditions.

For parents/guardians of AI children who, themselves, were not of AI descent, a non-Indian version of the IFWA was conducted. In this version, the discussion focused on educating these caregivers on AI history and its impact on AI communities and families, asking about the traditional involvement of their child today, and assessing the potential impact of history on their child. As with AI caregivers, the importance of

moving towards positive change to strengthen the protection around their children because of this history was also stressed.

Phase II. Phase II for the current intervention group was overlaid onto the BASIC Incredible Years intervention (Webster-Stratton, 1992). Consistent with writings on culturally appropriate interventions for American Indian families (e.g., Swinomish Tribal Council, 1991), the intervention was implemented with individual families during home visits. The intervention was delivered in 11 weekly sessions, lasting approximately 1½ hours each. Interventionists, referred to as coaches, used the same collaborative approach, techniques, and materials for teaching parenting skills as are used in the standard group administration including watching video vignettes, discussing effective strategies, role playing, and assigning practice activities for completion between sessions. This is to say, that the IY intervention was delivered without modification to retain its effective components.

At the beginning of each session, however, coaches drew connections between the skills to be taught and traditional Indian values, traditions, and beliefs. By way of example, relationship-building play skills were taught within the context of the value that respect for others holds in American Indian families and communities. Coaches emphasized that parents are teaching the child respect by demonstrating respect for them. Similarly, in teaching noncorporal discipline approaches, coaches discussed with parents that corporal punishment was introduced into Indian families through contact with European colonists and boarding school experiences (Bonnell, 1997). They clarified that physical discipline was not part of traditional child rearing, because traditionally children were viewed as gifts from the Creator, who were never to be hurt on purpose (Two Worlds, 2008). With every skill to be taught, culturally based stories were offered to create stronger connections to the skill. Table 1 presents the cultural link to each IY skill. In the current pilot, intervention families completed an average of eight sessions (range 4–11); 55% of participants attended all sessions.

Staff Training Procedures

In the current pilot, over the course of 3 days, research assessment staff was trained in the IFWA procedures by the lead author and trained by the second and third authors on research, standardized assessment, and human subject protection procedures.

Table 1. Cultural Links to the Incredible Years Program

<i>Incredible years program focus</i>	<i>Traditional American Indian cultural context</i>
Play	The spirit of respect/learning through relationships
Learn	Importance of community support
Praise	Honoring others
Rewards	Learning through experiencing/Humility and reinforcement
Limit setting	Historical trauma
Parent-teacher	Bicultural competence
Ignoring	Modern day shunning
Time-out	An advanced form of shunning
Limits & rules	Maintaining balance in times of anger
Limits & rules	Parenting for seven generations
Prevention	Ceremony

Note. For more detail or session materials, please contact the corresponding author.

Family coaches were bachelor degree-level providers trained and supervised by the lead author, an American Indian psychologist who has completed the IY training program. Training of coaches consisted of an initial 2-day workshop followed by supervised administration of the intervention with at least one nonresearch family prior to seeing research families. Training included standard IY material and skills as well as cultural-based scripts and prompts for discussion with families. Fidelity of implementation was facilitated by use of a standardized manual and weekly individual supervision by the lead author. Coaches as well as assessment staff also participated in a 3-day cultural competency training conference focused on best practices for working with American Indian families and children sponsored by a local Indian family preservation agency.

Assessments Procedures and Adequacy

T1 measures, as described above, were administered by research staff during the second IFWA session. Of the 49 families consented into the study, 45 completed both T1 and T2 assessments. T2 assessments, consisting of measures administered at T1, were conducted on all participants at the end of the intervention period, approximately 6 months after T1. For families who completed the IY intervention, the Therapy Attitude Inventory (Brestan, Jacobs, Rayfield, & Eyberg, 1999), a measure of participant satisfaction with parent-training interventions, was added to the T2 assessment. Though participants in the control condition had the opportunity to participate in the intervention subsequent to their T2 assessment, due to resource limitations, no further assessment data was collected.

Because the norms of the standardized instruments are not based on AI participants, feedback was provided with reference to traditional Indian and family values rather than to normative data. Initial descriptive statistics and estimates of internal consistency for the assessment measures are presented in Table 2. Given adequate internal consistency estimates, total scores were computed for each scale or subscale noted above. For the CBCL/TRF, reliability estimates were calculated separately for each version (i.e., 1–5 years and 5–18 years). The *T*-scores for total externalizing were used in subsequent analyses as a consistent outcome across age group and reporter (i.e., parent or teacher). The standardized measures were

Table 2. *T1 Measure Descriptive and Reliability Statistics*

<i>Variable (N = 49)</i>	<i>M</i>	<i>SD</i>	<i>Skew</i>	<i>SE Skew</i>	<i>Coefficient Alpha</i>
ECBI Intensity Total	108.22	38.4	.09	.34	.95
CBC Externalizing <i>T</i> -score:					
Parent Report (across forms)	54.02	14.52	-.45	.34	
(Form 1–5 years)					.95
(Form 5–18 years)					.94
Teacher Report (across forms)	54.08	11.10		.22	.38
(Form 1–5 years)					.97
(Form 5–18 years)					.95
Arnold Ineffective Parenting Total	103.04	21.96	-.21	.34	.83
Parent Sense of Competence Total	58.45	9.0	.30	.34	.75
Alabama Parenting Scale:					
Inconsistent discipline subscale	15.84	4.2	.37	.34	.73
Parent involvement subscale	38.15	7.6	-.98	.35	.83

readministered at T2. The reliability estimates found for T1, as presented in Table 2, held for the T2 assessment data, as did the distributional characteristics.

RESULTS

Child and parenting outcome measures were submitted separately to a principal component analysis at T1 and T2. At both time points and for both outcome domains, a single-factor structure was obtained. The factor analytic results are presented in Table 3.

Unit weighting of factor indicants was used to create factor scores for T1 and T2 child functioning and ineffective parenting domains. Before creating factor scores, all indicants were standardized to create equal indicant scaling on each factor. For ineffective parenting, to accommodate positive and negative factor loadings, z-scores for the two negative parenting scales (i.e., Arnold Ineffective Parenting Total, Alabama Inconsistent Discipline Subscale Total) were summed together and from this sum, the sum of z-scores for the two positive parenting scales was subtracted (i.e., Parenting Sense of Competence Total, Alabama Parent Involvement Subscale Total). The correlation at T1 between Ineffective Parenting and Child Externalizing was $r = .60$, $p < .01$.

The T1 and T2 measures were submitted to repeated measures, 2 (intervention group) \times 2 (assessment period), MANOVAs. For both parenting and child outcome domains, results indicated a nonsignificant main effect for treatment group ($F = .48$, $p = .49$; $F = 2.59$, $p = .12$, respectively). However, for both parenting and child outcomes, a significant Treatment Group \times Assessment Period interaction emerged ($F = 4.48$, $p = .04$; $F = 5.27$, $p = .03$, respectively), indicating significant improvement across time for those parents and children in the intervention condition when compared to those in the delayed-intervention group.

Table 3. Factor Analytic Results: Child Functioning and Parenting

Factor Name % Variable Name	Factor loading	Comm.	Eigenvalue	Variance
T1 Child Externalizing			2.04	68.1
T1 ECBI Intensity	.89	.79		
T1 Parent CBC Externalizing T-score	.91	.82		
T1 Teacher CBC Externalizing T-score	.66	.43		
T2 Child Externalizing			2.19	72.8
T2 ECBI Intensity	.89	.79		
T2 Parent CBC Externalizing T-score	.93	.86		
T2 Teacher CBC Externalizing T-score	.73	.53		
T1 Ineffective Parenting			2.07	51.7
T1 Arnold Ineffective Parenting Total	.86	.73		
T1 Parenting Sense of Competence	-.78	-.61		
T1 Alabama Inconsistent Discipline	.61	.37		
T1 Alabama Involvement	-.60	-.36		
T2 Ineffective Parenting			2.20	55.1
T2 Arnold Ineffective Parenting Total	.89	.79		
T2 Parenting Sense of Competence	-.66	-.44		
T2 Alabama inconsistent discipline	.70	.49		
T2 Alabama involvement	-.69	-.48		

Note. ECBI = Eyberg Child Behavior Inventory; CBC = Child Behavior Checklist.

Responses of parents in the intervention group to a postintervention satisfaction questionnaire indicated that over 90% of participants saw benefits for themselves, their child, and their family from the intervention: (a) 89% reported being more confident in their ability to discipline their child; (b) 93% reported acquiring new discipline techniques and techniques for teaching their child; (c) 93% reported improvement in their child's behavior; (d) 86% reported improvement in the parent-child relationship; (e) 82% reported improvement in family difficulties not related to the child; and (f) 93% reported liking the program.

DISCUSSION

The results provide preliminary support for Phase II of our cultural approach to implementation of evidence-based programs in indigenous communities, demonstrating both improvements in parenting and child behaviors, as well as participant satisfaction with the program. More rigorous tests of our approach, overlaid onto both the IY program and the Staying Connected with Your Teen program (Hawkins & Catalano, 2004), are currently underway through funding by the National Institute on Drug Abuse. The foundation of how we approach the respectful offering of evidence-based programs to indigenous communities is predicated on the words of a great elder:

Like the Thunderbird of old, I shall rise out of the sea, I shall grab the instruments of the white man's successes, his education, his skills and with these new tools I shall build my Race into the proudest segment of your society...So shall we shatter the barriers of isolation. So shall the next one hundred years be the greatest and proudest in the proud history of our Tribes and Nations" (Tewahso Chief Dan George, 1967)

As regards the protective skills offered, our approach takes the form of retaining the effective practices within evidence-based programs shown to protect children and families from today's societal illnesses, but placing these skills within what we envision as a cultural "medicine bag" for families to take with them when they leave the program. In the current study, for example, discipline of children (e.g., time out as an advanced form of shunning) is viewed as very strong medicine to be applied cautiously, with great thought and patience. Positive play, affection, and praise are viewed as good medicine that can be administered as frequently as possible to strengthen the child. This approach, combined within an indigenous worldview of the struggles placed upon the AI community because of the problems of colonization, is an attempt to place effective practices within a decolonized framework (Tuhiwai Smith, 1999) such that a more trusting bridge can be built between the community and mainstream protective programs. We hold that when culturally sensitive, evidence-based programs are administered from within the community, wherein a respected leader is viewed as guiding families across the community-research bridge, this approach can result in successful and effective implementation and strengthening within AI families. The current results support continued efforts to follow this path as we hone the general approach used within this pilot study.

As with any study, of course, there are limitations. In this regard, we would note that the design of the study precluded an examination of the efficacy of the Phase I cultural approach. This is an important direction for our ongoing and future research. Another limitation relates to the small sample size which can lead to inaccuracy in parameter estimates and, thereby, affect the potential generalization of the current results as we move forward (Cohen, 1989). As well, the necessity of using a single respondent format for our parenting domain potentially places constraints on the validity of our parenting outcome (Haynes & O'Brien, 2000) such that when more rigorous multimethod parenting constructs are formed, results may not generalize.

These limitations noted, we are encouraged by the fact that multiple questionnaire assessments, assessing different parenting domains and reflecting both positive and negative parenting aspects, loaded in expected directions onto one ineffective parenting factor. All mainstream measures administered demonstrated adequate distributional and internal consistency characteristics. Moreover, given that historically few American Indians have taken part in research studies (Noe et al., 2005), we consider the findings to be particularly meaningful and representative of the potential feasibility for implementing evidence-based parenting interventions in Indian country. This pilot serves as a first step towards validating our cultural approach to the implementation of evidence-based practices in Indian Country. It is also our hope, however, that this initial presentation will initiate conversations regarding how we can more respectfully and effectively bridge the divide of distrust between the American Indian community and the protection offered by mainstream evidence-based practices such that the effects of colonization through the generations can be lessened (Guerin, 2004).

REFERENCES

- Achenbach, T.M., & Edelbrock, C.S. (2001a). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington, VT: University of Vermont, Psychiatry Department.
- Achenbach, T.M., & Edelbrock, C.S. (2001b). *Manual for the Teacher's Report Form and Teacher Version of the Child Behavior Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Arnold, D.S., O'Leary, S.G., Wolff, L.S., & Acker, M.M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, 5, 137–144.
- Bonnell, S. (1997). *Chemawa Indian Boarding School: The first one hundred years, 1880 to 1980*. Hanover, NH: Dartmouth College.
- Brasfield, C.R. (2001). Residential school syndrome. *BC Medical Journal*, 43(2), 78–81.
- Brave Heart, M.Y.H. (1999). Oyate Ptayela: Rebuilding the Lakota nation through addressing historical trauma among Lakota parents. *Journal of Human Behavior in the Social Environment*, 2, 109–126.
- Brestan, E.V., Jacobs, J.R., Rayfield, A.D., & Eyberg, S.M. (1999). A consumer satisfaction measure for parent-child treatments and its relations to measures of child behavior change. *Behavior Therapy*, 30, 17–30.
- Churchill, W. (1998). *Fantasies of the Master Race: Literature, cinema & the colonialization of American Indians*. San Francisco: City Lights Books.
- Cohen, J. (1989). *Statistical power analysis for the behavioural sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

- Davis, B., Dionne, R.R., & Sheeber, L.B. (November, 2005). Assessment of parenting behavior, child functioning, and historical trauma in American Indian families. Paper presented at the Sundberg Conference on Culture and Community, Eugene, OR.
- Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—supplement to mental health: Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- Dionne, R., & Dishion, T. (1998). *Indian Family Wellness Assessment manual: A culturally sensitive, family-based assessment for Native American families*. Eugene, OR: Oregon Social Learning Center.
- Dishion, T.J., & Kavanagh, K. (2003). *Intervening in adolescent problem behavior: A family-centered approach*. New York: Guilford Press.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York Press.
- Duran, E., Duran, B., Brave Heart, M.Y.H., & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In: Y. Danieli (Ed.), *International handbook of multi-generational legacies of trauma* (pp. 341–354). New York: Plenum Press.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338.
- Eyberg, S.M., & Pincus, D. (1999). *Eyberg Child Behavior Inventory and Sutter-Eyberg Behavior Inventory—Revised: Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Freeman, C., & Fox, M.A. (2005). Status and trends in the education of American Indians and Alaska Natives [Electronic version]. National Center for Education Statistics Pub. #2005108. Washington, DC: U.S. Department of Education. Retrieved March 13, 2006, from <http://nces.ed.gov/pubs2005/nativetrends/>.
- George, D. (1967). Words of courage and wisdom. Retrieved July 29, 2009, from <http://thegoldweb.com/voices/chiefgeorge.htm>.
- Gibaud-Wallstong, J., & Wandersman, L.P. (1978, August). Development and utility of the Parenting Sense of Competence Scale. Paper presented at the meeting of the American Psychological Association, Toronto, Canada.
- Guerin, B. (2004). Analyzing social contexts through time: The example of colonialism and oppression. *Handbook for analyzing the social strategies of everyday life* (pp. 237–264). Reno, NV: Context Press.
- Hawkins, J.D., & Catalano, R.F. (2004). *Staying connected with your teen program*. South Deerfield, MA: Channing Bete Co.
- Haynes, S.N., & O'Brien, W.O. (2000). *Principles of behavioral assessment: A functional approach to psychological assessment*. New York: Plenum/Kluwer Press.
- Ho, M.K. (1987). *Family therapy with ethnic minorities*. Newbury Park, CA: Sage.
- Hull Jr G.H. (1982). Child welfare services to Native Americans. *Social Casework: The Journal of Contemporary Social Work*, 63, 340–347.
- Johnston, C., & Mash, E.J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18, 167–175.
- La Fromboise, T.D. (1998). American Indian mental health policy. In: D. Atkinson, G. Morten, & D.W. Sue (Eds.), *Counseling American minorities: A cross-cultural perspective* (5th ed., pp. 137–158). Madison, WI: Brown & Benchmark.
- Manson, S.M. (2000). Mental health services for American Indians and Alaska natives: Need, use, and barriers to effective care. *Canadian Journal of Psychiatry*, 45, 617–626.

- Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. New York: Guilford Press.
- Morrisette, P.J. (1994). The Holocaust of First Nation people: Residual effects on parenting and treatment implications. *Contemporary Family Therapy*, 16, 381–391.
- Noe, T.D., Manson, S.M., Croy, C., McGough, H., Henderson, J.A., & Buchwald, D.S. (2005). In their own voices: American Indian decisions to participate in health research. In: J.E. Trimble & C.B. Fisher (Eds.), *The handbook of ethical research with ethnocultural populations and communities* (pp. 77–92). Newbury Park, CA: Sage.
- Olson, L.M., & Wahab, S. (2006). American Indians and suicide: A neglected area of research. *Trauma, Violence, & Abuse*, 7(1), 19–33.
- Reid, M.J., Webster-Stratton, C., & Beauchaine, T.P. (2004). Parent training in Head Start: A comparison of program response among African American, Asian American, Caucasian, and Hispanic mothers. *Prevention Science*, 2(4), 209–227.
- Shelton, K.K., Frick, P.J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology*, 25, 317–329.
- Sixkiller Clarke, A. (2002). Social and emotional distress among American Indian and Alaska Native students: Research findings. ERIC Digest. Retrieved February 24, 2009 from <http://www.ericdigests.org/2002-3/social.htm>.
- Swinomish Tribal Council. (1991). *A gathering of wisdoms—Tribal mental health: A cultural perspective*. Swinomish Tribal Mental Health Project. LaConner, WA: Swinomish Tribal Community.
- Tuhiwai Smith, L. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. London, UK: Zed Books.
- Two Worlds, W. (2008). The first gift from the Creator was love...the second was a child. *Smoke Signal News*, XII(7), p. 869. Retrieved February 23, 2009, from http://www.manataka.org/page869.html#Elder_Meditation.
- Webster-Stratton, C. (1992). *The parents and children videotape series: Programs 1–10*. Seattle, WA: Seth Enterprises.
- Webster-Stratton, C. (1994). Advancing videotape parent training: A comparison study. *Journal of Consulting and Clinical Psychology*, 62, 583–593.
- Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology*, 65, 93–109.
- Wright, L., Mercer, S., Mullin, S., Thurston, K., & Harned, R. (1994). Differences between Native American and non-Indian children referred for psychological services. *American Indian and Alaska Native Mental Health Research*, 5, 45–51.
- Yannacci, J., & Rivard, J.C. (2006). *Matrix of children's evidence-based interventions*. Alexandria, VA: NASMHPD Research Institute, Inc.