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Beyond the Nuclear Family: A Qualitative Examination of Extended Family Involvement Among American Indian Families

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Beyond the Nuclear Family: A Qualitative Examination of Extended Family Involvement Among American Indian Families

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The construct of family has various definitions and determinants for inclusion and exclusion of members. Extant literature has traditionally described families within a nuclear model, including immediate family members only. This traditional idea of family systems has dominated psychological research, neglecting the potential impact that family members outside of the “nuclear” definition have on family processes and parent-child interactions. This is particularly important considering previous research on the key impact of extended family members on family processes and family members’ wellbeing (Jones & Lindahl, 2011). Previous research has indicated that the nuclear model is not an accurate representation of many ethnic minority families, which often include family-based relationships with extended family members and community members (Jones & Lindahl, 2011). Across minority families, a common value and practice is a focus on the family, which comprises members of the nuclear family, extended family, and community. Community members are those non-biological relatives who hold a close relationship with the family and are acknowledged as family.

For example, within ethnic minority families, it is a common practice to involve both the nuclear and extended family members in child rearing, which has been identified as a protective factor for families, facilitating strong social support networks (Robbins, Scherman, Holeman, & Wilson, 2005). As such, research expanding the nuclear model is needed to highlight the diversity of family structures across cultures and the impact of these larger networks on psychosocial outcomes. Jones & Lindahl (2011) provided an extensive literature review of family system models across various ethnicities, along with the associated effects for parents, extended family members, and children. The authors discussed the role of extended family members in coparenting and helping raise children rather than providing childcare alone. As such, there are broader definitions of the family system, including multigenerational effects, which may be more applicable to minority families.

The involvement of extended family and community members in child rearing has been shown to have differential impacts on the parent, child, and extended family member. For example, among African American families, the inclusion of extended family members has been linked to various aspects of adjustment for the parent and child and is considered a buffer against negative outcomes (Jones & Lindahl, 2011). These members, also described as “other mothers,” are often relied upon for parental support and instilling sociocultural values and practices in children (Collins, 1992). Similarly, others have found positive effects on extended

family members. Latino grandmothers, who were involved in childcare and served in the capacity as a coparent essentially, reported greater life satisfaction and emotional health compared to those only providing custodial care (Goodman & Silverstein, 2006). The extent to which these effects are either positive or negative on the family member is dependent on the relationship quality between the parent and extended family member. While several studies have examined the impact of the family system on parent and child behavior among some ethnic minority groups, there continues to be a dearth of systematic research examining these relationships among American Indian (AI) families. The available research investigations among AI families have been more narrowly focused on grandparents' roles as custodial guardians (e.g., Byers, 2010), cultural teachers (e.g., Robbins, Scherman, Holeman, & Wilson, 2005), and extended family member participation enhancing treatment effects (Garrett et al., 2014). Other broader scope articles that have described AI family structure are typically anecdotal in nature rather than systematic investigation. As such, there continues to be a dearth of research systematically examining these relationships among AI families to include a variety of roles, generations, and impacts among extended family.

Available research on AI families has depicted the involvement of extended family members as a central characteristic. Specifically, within AI families, extended family members have demonstrated involvement in child-rearing practices (e.g., discipline; Glover, 2001; LaFromboise & Dizon, 2003) as well as mentoring and teaching younger generations by sharing cultural knowledge and customs (e.g., BigFoot & Funderburk, 2011; Garrett et al., 2014; Glover, 2001; LaFromboise & Dizon, 2003; McMahan, Kenyon, & Carter, 2013). Due to this high level of involvement of extended family members, it is suggested that they provide a range of support to parents and thus help nurture the parent-child relationship and reduce parental stress (Glover, 2001). Current systematic research on extended family involvement among AI families has established the cultural and practical importance of involving grandparents in child raising. As but one example, Hossain & Anziano (2008) described grandmothers as those that teach and care for children and the family as a whole, and in return the grandmother is taken care of (e.g., housing and transportation). Grandmothers participate in various activities such as “perform(ing) ceremonies or practice(ing) their skills” (Hossain & Anziano, 2008, p. 17) by creating and sharing their knowledge of cultural values and customs. These authors indicated that a major role of grandmothers is to contribute to the passing of culture to the next generation and the maintenance of the tribal community (Hossain & Anziano, 2008, p. 10).

Others have described grandparents and elders in AI families and communities as helping to maintain the health and balance of the family by teaching and reinforcing expectations of appropriate child behavior (Deacon, Pendley, Hinson, & Hinson, 2011; Martin & Yurkovich, 2014; Robbins et al., 2005). AI families included in Martin & Yurkovich's (2014) study defined balanced and healthy families as those who easily adapt to situations, are close-knit, provide and receive support from extended family, and are spiritually and culturally involved. As such, the immediate and extended family members coexist in a reciprocal, interdependent type of relationship. Despite these descriptions of extended family involvement, research is limited in understanding parents' and extended family members' experiences with extended family involvement, how extended family members are involved in raising children, and how their involvement directly impacts parents and the family members themselves.

Given the substantial involvement of extended family members and the potential impact of their involvement on children and their parents, further investigation is warranted among AI families. The current project aimed to understand the role of extended family, specifically grandparents, in helping to raise children and supporting parents among AI families. Implications for treatment with AI families and involvement of extended family members are discussed.

Purpose of the Study

The purpose of the current study was to examine how extended family members help support AI families from multigenerational perspectives. Specifically, the study gained an emic perspective from AI parents on experiences with extended family involvement. Secondly, the authors sought to gain extended family members' perspectives on supporting parents and helping raise children. Extended family members' perspectives on their personal families' involvement during their own childhood was also gathered.

The current study included a qualitative examination of both parents and grandparents' perspectives and was exploratory in nature. Research questions informing the study involved exploration of: 1) the types of support provided to parents, 2) the impact of support on the caregiver and on the extended family member; and 3) the history of extended family member involvement in helping raise the caregiver and the extended family member themselves.

Method

Prior to data collection, approval was obtained from the Institutional Review Board at the primary researcher's university. Data collection occurred in collaboration with several tribal community partnerships and at tribal community events using purposive sampling. The current study is part of a larger, mixed-methods examination of extended family involvement. Qualitative participants were recruited from the larger study, which included the following inclusion criteria: self-identifying as AI, being the primary caregiver of an AI child between the ages of 6 and 12, and having extended family involved in raising their child. Convergent Parallel Research Design (Creswell & Plano-Clark, 2011) was used in the study, which allowed for simultaneous data collection and analysis. The qualitative method of data collection and analysis served to enhance, further explain, and gain additional insight.

Each parent/caregiver who received a questionnaire packet as part of the larger study was asked to identify and provide contact information for an extended family member significantly involved and influential in their family. The researcher contacted the extended family members identified by parents/caregivers to participate in the qualitative interviews. These interviews were scheduled based on caregivers' and extended family members' availability and were conducted separately via telephone. The researcher provided an option for the interview to take place in a private location (e.g., in lab, their home, room at local library) or over the phone. The majority of the participants ($n=10$; 83.3%) chose to interview via telephone. Two parents and one extended family member were interviewed in-person. Each interview ranged in length from 30 minutes to an hour. Parents and extended family members who participated in qualitative interviews were compensated \$10 for their time. Interviews were transcribed by a third-party company, Managed Outsource Solutions (MOS). The company guarantees up to 99% accuracy rate in transcription services (MOS, 2017).

Participants

A total of eight parents and four extended family members were interviewed. All parents were female, and seven were biological parents. One participant was a kinship adoptive parent. Parents ranged in age from 28-52 ($m = 37.71$ years, $sd = 9.16$) and represented six tribal nations. Extended family members identified as grandmothers of families participating in the study (average age of 67.5 years, $sd = 1.29$, $range = 66-$

69) and represented six tribal nations. Notably, only one dyad (parent + extended family member) was from the same family.

Measurement

The semi-structured qualitative interview was created by the researchers to assess research aims and was comprised of questions based on extant literature (e.g., Glover, 2001; LaFromboise & Dizon, 2003; Lindahl & Jones, 2011). The interview included 13 semi-structured questions assessing extended family involvement, roles in child rearing, support provided to parents, and personal history of extended family involvement in their own life. Follow-up questions were utilized to gain clarity and additional descriptions.

Separate interviews were created for caregivers and extended family members. Each set of interview questions were adapted to reflect the participant's role in the family (parent/caregiver versus extended family member). The caregiver interview diverged from the extended family member interview by probing for additional information on parents' perspectives of extended family involvement as positively or negatively influencing parenting and child behavior.

Analyses

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

Major themes and subthemes were initially identified during the first cycle of coding in order to develop a "codebook." Following the identification of "codebook," the remaining interviews were independently coded by a coder and the primary researcher, who met to discuss coding and reach consensus on themes. Through this process, the codebook was amended and refined. Intercoder reliability was calculated using simple percent agreement (Lombard, Snyder-Duch, & Bracken, 2002; Stemler, 2004) for each transcript. Average intercoder reliability was at least 80%. A second cycle of coding involved recoding and reorganization (Saldaña, 2013) of

major themes and subthemes by the researcher. The resulting themes are presented with representative quotes to illustrate. Of note, Research question 1 includes themes and representative quotes from caregiver interviews. Research questions 2 and 3 include data from both caregiver and extended family member interviews.

Results

Research Question 1: Support Provided to Families

Across interviews, caregivers identified multiple family members as significantly involved in their family (e.g., grandparents, aunts and uncles, cousins). Additional individuals outside the “traditional” extended family were also identified and included family members’ partners and their partners’ families, individuals in the community (e.g., elders, church members), and close friends. Notably, several caregivers shared their perspective on both immediate and extended family providing similar levels of support, suggesting that extended family members play an equal role in supporting families. One caregiver shared:

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

Four major themes emerged from the interviews with caregivers describing how family members are involved in child raising, which included: teaching and reinforcing cultural practices, values, and history; providing verbal and emotional support for children; participation and physical presence; and shaping children’s behavior.

Teaching and reinforcing of cultural practices, values, and history. Caregivers most frequently identified extended family being involved in the *teaching and reinforcing of cultural practices, values, and history*. Seven caregivers described these activities to include: speaking with children about the history and significance of ceremonies, teaching children appropriate conduct at ceremonies, and bringing children with them to cultural events. When discussing an extended family’s role in teaching her son, one caregiver described:

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

Caregivers also discussed extended family members as significant to teaching their children tribal songs, tribal language, and answering questions regarding tribal practices. Significantly, extended family members were identified as individuals that share this information with children, in that it was part of their role in the family. Other caregivers indicated that extended family members were able to fill in the gaps in the absence of a caregiver or when the caregivers were unable to answer their child's questions regarding culture. One caregiver stated:

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

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

My kids they all know they can go to their grandmother, to their aunts, you know, or their other little mommas, or mommas for, you know, well, you know, they might feel a connection to one of their other mommas and I don't mind. You know, if they want to talk with them, you know, my aunt and my sisters are always open [to] mentoring them.

Similarly, another caregiver stated: “so just knowing that there’s other people there that they can trust I think is a big, big plus.” Others discussed their appreciation for extended family members being an additional emotional support for their children. Furthermore, caregivers discussed multiple family members being present and willing to serve in the capacity of providing emotional support to children which provided caregivers a sense of security. Extended family members’ participation and physical presence is discussed in the following theme.

Participation and physical presence. The third theme refers to a broader discussion by caregivers describing extended family members’ attending children’s extracurricular activities and having a physical presence in their lives. Caregivers indicated that their physical presence and participation in supporting their children at events was significant. An example of their participation and physical presence was described as:

They go to basketball games to watch him play. They go to tumbling. If they’re doing plays at school, they’re there. My daughter’s a jingle dresser, so they—when she goes to pow wows to dance, they are there to support her. My younger son’s in band and we go to all his band concerts...I mean, they’re always there to support my kids and any and everything that they do.

Shaping children’s behavior. The last major theme identified by caregivers included extended family members helping to shape children’s behavior. Extended family members were described as significantly involved in helping shape children’s behavior using various discipline strategies. Data gained from interviews indicated that discipline strategies ranged from reinforcing caregivers’ discipline and rules, monitoring children, and reprimanding problematic behaviors. A caregiver shared:

You know, being grounded here in the house. If they’re still having trouble with not listening to me, talking back, whatever, I will get her [grandmother] to come and normally she’s sits them down one on one and talks to them and sometimes they respond more to her than they do to me.

Research Question 2: Impact of Support

The second research question assessed the reciprocal nature of support provided and received by extended family involvement. Both caregivers and extended family were asked to discuss how (their) extended

family involvement impacted them. Families were prompted for both benefits and drawbacks to extended family involvement.

Benefits of involvement for caregivers. Benefits reported by caregivers included decreased stress and anxiety, family members providing a different perspective on caregiving issues, mentorship, and learning from parental mistakes. Families discussed extended family involvement providing a sense of relief for them as caregivers. Extended family appears to add an extra layer of security for children and a safety net for caregivers. Caregivers described benefits in the following ways: “knowing that I have someone there to help back me up it, it’s a big kind of relief for me.” Another caregiver shared:

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

Benefits for extended family members. Extended family members were asked to reflect on their experiences and discuss how their involvement impacts them personally. For extended family members, they discussed their involvement as providing a new sense of purpose, keeping them active, increasing enjoyment, feeling more love in their life, and providing assistance. Two grandmothers described their involvement as keeping them active:

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

Both caregivers and extended family identified multiple benefits resulting from their inclusion in the family. Nearly half of the caregivers discussed extended family involvement reducing their own parenting stress and anxiety, whereas, 75% of extended family members indicated that their involvement resulted in them keeping physically active. Extended family members and caregivers also discussed other considerations for their involvement.

Difficulties experienced with extended family involvement. Discussions regarding this theme involved conflicting opinions on various matters, differing parenting strategies used, and receiving unwelcomed

advice. Caregivers shared difficulties that included: “Um, a lot more people telling you what to do. Sometimes it’s welcome and sometimes it might not be.” As one caregiver discusses, these difficulties may question the caregivers’ parenting:

And I’ve had extended family members come to me and tell me that I shouldn’t do that because he’s only a child and all this other stuff, but that’s my decision, that’s my choice, and they are not—they’re looking from the outside in and they don’t understand...

These challenges may help to explain some of the variability of support perceived by caregivers. Only one extended family member identified a drawback to their involvement. She specifically indicated additional worries about her grandchildren and responsibilities of caretaking as a drawback.

Research Question 3: Extended Family Involvement in Own Upbringing

The third research question evaluated how extended family were involved in caregivers’ and extended family members’ lives. Caregivers and extended family members were asked to reflect on their own childhood and discuss which family members were involved and what role they played in their upbringing.

Caregivers’ own upbringing. Similar to their own children’s upbringing, caregivers identified several family members that were significantly involved in their lives, including aunts and uncles, grandparents, and older cousins. Their involvement consisted of serving as a positive role model, creating a positive sense of self, providing care over an extended period, teaching cultural knowledge, and teaching life skills. One caregiver indicated that her extended family was only minimally involved during her childhood.

Caregivers discussed teachings, ideals, and values learned vicariously through their extended family members’ modeling. These ideals and values ranged in modeling positive parenting behavior to adaptive life skills. Their example also included modeling other prosocial behaviors such as abstaining from substance use. A representative quote includes:

Yeah, that would definitely be my grandma. Without her I’d—there’s no way I’d be the person I am today or the parent that I am today, and I’m really thankful that I had her for the 28 years that I did have her. I mean she taught me a lot of things, not only how to be a parent.

You know, how to keep my name good with certain people and certain things. She taught me how to finance.

Extended family participation in caregivers' lives was discussed as having a positive impact on developing a sense of self or identity. A caregiver explained that:

Well, it helped me come out of my shell, I think, a little bit. I was kind of awkward and backwards a little bit for years and years and years, and so it was nice...I was with my mom and safe and secure, but when I was with my cousins, my aunts, uncles and meeting new people and, you know, being in a different place and running around all the places all the time like we did, I feel like that helped shape me into a person who was able to get out and about...It caused me to get out and see different things and do different things, and I think that was good.

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

Yeah. Um, I have an aunt, like I said she's been like a mom to me and so she kind of uh, took care of me in their home. And then when she you know, moved on, um, I would stay a lot with her. Summers and weekends, you know?

Relatives also taught tribal language and values and made tribal regalia for caregivers when younger. A representative quote of this includes:

Yes. They were there for me culturally as well because my aunt was the one that made all my traditional regalia as far as dancing for powwows. She was the one that helped make it. My mom didn't make any of it. My mom, you know helped with it but my aunt was primarily the one that did that.

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

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

Based on the caregivers' responses, these familial practices of including extended family members appeared to have also been passed down to their own family. For these families, the data also suggested a possible higher frequency and wider variability of involvement by extended family members when the caregiver was younger. Despite this, the activities and impact of extended family members' involvement appeared to be largely similar across generations.

Extended family member upbringing. For extended family members, the most frequently identified family members involved in their childhoods were their grandparents. Their involvement included teaching tribal language and cultural practices, providing kinship care and serving as a surrogate parent, and teaching life skills. An example of extended family teaching tribal language and cultural practices was described by one grandmother:

And then, like I said, she's [grandmother] the one who helped me. You know, she started me out beading, you know, different things.

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

I also had a grandma and a grandpa that weren't really a grandma and grandpa, but I used to stay with them from the time I was little until the time I was maybe seven or eight. I stayed with them almost constantly.

Overall, interviews with both caregivers and extended family members demonstrated significant involvement of several extended family members during their childhood. Family members described extended family support as contributing to the development of them as a person. Older generation's support was similar to their own type of involvement in their grandchildren's lives. It also appeared that extended family often served the role of educating children of cultural traditions and practices.

Others have discussed this type of role specific to extended family (e.g., Robbins, Scherman, Holeman, & Wilson, 2005).

Discussion

The present study examined the role of extended family members in supporting parents/caregivers and raising children among AI families. Specifically, the study assessed: 1) How extended family members provided support for the family; 2) How extended family involvement impacted the family; 3) How extended family was involved in raising caregivers and extended family members.

Families endorsed a variety of individuals involved in parenting including grandparents, aunts, uncles, partners' and their families, and non-related community members. Results support previous literature describing extended family involvement in raising children among AI families (Campbell & Evans-Campbell, 2011). The current findings support literature describing the broader, more inclusive definition of extended family among AI families. Specifically, our families identified extended family to include non-biological "family" such as close friends, church family, and community/neighborhood members.

The inclusion of additional individuals beyond the traditional nuclear family in parenting activities may have implications for clinical practice and is discussed below. Although previous work has recognized a broader definition of family, few have included an examination of their involvement. Caregivers in our study reported on extended family members' involvement in their children's lives and the level of support provided to caregivers. Though less frequently involved compared to grandparents, other extended family members continued to play a significant role in child raising.

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

involvement in teaching cultural practices and language and in the narratives of both caregivers and extended family members.

The involvement of family members in teaching and reinforcing cultural knowledge and practices has been discussed as a unique role prescribed to grandparents and elders in the AI community (Schweitzer, 1999). The current findings aligned with this description and build upon this to also include aunts, uncles, and cousins in teaching cultural ways to children. Extended family members were often the link to the tribal community for many families. For example, even though caregivers were not actively involved in their tribal community or actively practicing cultural traditions, family members taught and/or brought children with them to tribal activities/ceremonies.

The current findings are also supported by Robbins et al. (2005), where grandparents intimated that it was important for children to have a relationship with their extended family as a source of support. Grandparents in Robbins et al. (2005) described the importance of socializing their grandchildren with their extended family, as these family members would be there if the children needed help. A major theme that caregivers expressed was the verbal and emotional support provided by extended family through their encouragement, participation, and physical presence. Likewise, grandparents in Robbins et al. (2005) viewed their role as complementary to caregivers. Grandparents in both our study and Robbins et al. (2005) viewed their role in the family as assisting in areas where the parent may be lacking such as quality interactions with their children or financial resources. This sentiment was also acknowledged and discussed in extended family interviews.

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

maladaptive parenting strategies, and fostering children's adjustment (Jones & Lindahl, 2011).

This buffering effect has been previously considered by Martin and Yurkovich (2014). Specifically, participants identified extended family involvement and transmission of Native culture as protective factors. They further described their involvement in maintaining the family's balance and health as helping to attenuate negative outcomes. Moreover, the presence of grandparents and elders in the family was described as necessary for the stability of the family and the modeling of healthy behaviors and cultural practices.

Conversely, families that are out of "balance" are defined as those who engage in maladaptive behaviors, like substance abuse, which has been described as typically intergenerational. Two caregivers in the current study had mentioned the modeling of maladaptive behaviors, which included substance abuse, and how they learned from extended family members' mistakes. This process of learning from others' mistakes and adopting more adaptive behaviors is described as one of the transitions a family makes into becoming more balanced by engaging in healthier, more prosocial behaviors than previous generations by Martin and Yurkovich (2014). As such, families who participated in the interviews may be functioning at a higher level of adaptability.

The current study also included an examination of extended family members' perceived benefits stemming from their involvement with their grandchildren. Family members portrayed their involvement as providing a new sense of purpose, keeping them active, and providing a chance to experience increased enjoyment and more love among others. Interestingly, the benefits family members shared are similar to those endorsed by Latino grandmothers who reported positive outcomes related to life satisfaction and emotional health (Goodman & Silverstein, 2002). Future studies may consider measures of life satisfaction and emotional health as outcome variables for extended family members.

Relatedly, caregivers and extended family members also reported on negative aspects to their involvement. Caregiver report consisted primarily of disagreements on various issues surrounding parenting and advice giving. Extended family, however, listed additional worries and responsibilities as negatives to their involvement. Jones and Lindahl (2011) found that these types of discussions were specific to those families who also reported lower relationship quality with their extended family member.

Future studies may examine these negatives in consideration of the relationship quality between the caregiver and extended family member.

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

Additional information gained from these interviews appear to take on a higher-order pattern; rather than limiting their discussion to family's participation in specific activities, caregivers and extended family members discussed how their involvement ultimately benefited them as individuals. For example, caregivers and extended family members discussed family serving as positive role models, a surrogate parent, and fostering a positive sense of self. As a result, the current findings provide further support for family involvement serving as a protective factor for AI families. Longitudinal studies examining the impact of their involvement on the individual may help to elucidate this process and allow for stronger conclusions.

The combined results from qualitative sources gives credence for the assessment of extended family involvement in helping to raise children and to support parents. An assessment of extended family involvement should include a wide range of individuals who may play a role within the family. The broad definition of extended family may also include those who are not blood-related to caregivers and children. The results further suggest that extended family members are involved in multiple activities and that some family members are more frequently involved in specific activities than others. Subsequently, it may be particularly helpful for clinicians to assess which role these individuals are involved in within the family.

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

particularly helpful in determining individuals to include in treatment of children's problematic behaviors, for example.

Strengths & Limitations

The present study has several strengths. First, the qualitative interviews provided a platform for emic perspectives to broadly discuss extended family involvement. Qualitative interviews were also chosen as a way to honor AI oral tradition (Kovach, 2009) and provide a space for participants to discuss their perspective. Given the limited research base on AI families, the main goal of this study was to learn about extended family involvement directly from those individuals' perspectives that have yet to be heard. This is especially critical to the current study, as extant literature is limited in the study of AI parent behavior and family functioning. Information gained from the qualitative interviews, including the importance of physical presence and participation of extended family members and benefits to extended family members, provided additional areas of their involvement that warrant further study.

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

The study also had several limitations. Although extended family members were included in the study, a modest sample size was included in the qualitative portion. In order to more fully examine their involvement, future studies should include a larger sample size of family members and more variability (e.g., grandfathers, aunts, uncles). Relatedly, the qualitative interviews were only conducted with female caregivers and grandmothers. Including male family members' in interviews and increasing their presence may provide for richer data that varies in their perspectives on each of the domains examined. The current study recruited extended family members by asking the family to identify an AI family member who is significantly

involved. The research team then followed up with this individual via telephone to discuss the project and ask for their participation. More targeted, personalized recruitment of extended family members may yield more participants. Recruitment may include in-person visits and recruitment with elders and family members.

Furthermore, the current study may be strengthened by including quantitative measures such as parent stress or relationship quality. These measures may contribute to predicting extended family involvement and perception of helpfulness and may be used as an outcome measure (i.e., parent stress). Research examining various levels of extended family involvement and relationship quality between members may add additional information on conditions for perceiving involvement as supportive versus unsupportive.

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

Future Directions

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

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

Conclusion

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

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