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Responsible Fatherhood Program for Native Men: A mixed-method evaluation of the Good Road of Life Training

Allyson Kelley

Allyson Kelley and Associates, kellyallyson@gmail.com

Clayton Small Dr.

Native PRIDE, claytonsmall@aol.com

Maha Charani

Native PRIDE, mcharani@yahoo.com

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INTRODUCTION

A father's involvement in his children's lives is critical. Previous research indicates that when fathers are positively involved, children are healthy, balanced, and do well in school (Hossain & Anziano, 2008; McBride et al, 2005). Williams and colleagues reported that a father's involvement in his child's school performance has a positive impact (1996). The reciprocal benefits of fathering have also been documented, as fathers that are involved in their children's lives have an increased sense of self and accomplishment and a sense of purpose (Shears, Bubar, and Hall, 2011). Community benefits of father involvement have also been documented, with father involvement identified as a key component in maintaining healthy families and communities (Wilson, Obure, Omokaro, Salihu, et al., 2020).

Fathering roles have shifted in recent years. Traditionally, fathers were viewed as providers, protectors, role models, and teachers. Today, the contemporary roles of fathers include being caregivers, partners with the child's mother, and an important source of support (White, Godfrey, & Moccasin, 2006). Oster and colleagues conducted a qualitative study with six Nehiyaw fathers and found that when fathers supported their partners during pregnancy, it helped them overcome challenges related to intergenerational colonial impacts and helped fathers reclaim their roles as leaders in families, communities, and nations (2018).

Drug use among American Indian men and fathers impacts their ability to be present in the lives of their children and families. Previous research on the Navajo Nation describes the impact of drug and alcohol use on multiple generations of fathers and the importance of early intervention and prevention efforts to improve fatherhood outcomes in American Indian men (Neault, Mullany, Powers, et. al. 2012). Research with Urban American Indian fathers' points to the importance of increasing relationship qualities between couples and the importance of emotional support with physical activity (Padilla, Ward, & Limb, 2013).

However, most of what we know about fathering is based on non-Native fathers and their social and cultural norms and standards (Furman & Collins, 2005). This is problematic because social and cultural norms are different in tribal communities. What we do know about American Indian fathers comes from oral histories, observations, and limited research. American Indian fathers are strong, resilient, and have roles in their families and communities as leaders, language keepers, ceremonial people,

teachers, and mentors. The traditional roles of American Indian fathers vary based on a Tribe's traditions, cultures, language, and values. However, some similarities that can be found, such as being in nature and the outdoors, telling creation stories, guided by values of humility and respect for elders, cultural customs of sharing, and the central role of the family in all ways of life (Author 1996; Brave Heart, Chase, Elkins, & Altschul, 2011). American Indian children benefit from close relationships with their fathers, similar to non-Native children, but they also have extended kinship systems that support them. Involvement from grandparents, aunts, uncles, and cousins—often growing up in the same household—is a unique source of support that American Indian children experience. For many Tribes, fathering is not just the role of the biological father, but also the grandfathers and uncles, by providing guidance and emotional support (Hossain & Anziano, 2008).

For some American Indian fathers, these important roles have been lost (Author, 1996). Colonization, discrimination, persistent poverty, acculturation, forced relocation, unemployment, and present-day trauma have created conditions where many fathers are unable to cope with the daily demands of being a parent (Neault, Mullany, Powers, Coho-Mescal, et al. 2012). These conditions are related to the large number of American Indian children living in single-parent households. Data from the Annie E Casey Foundation 2018 Kids Count Data Center illuminates these disparities, where 53% of American Indian children in the U.S. live in single-parent homes, compared with just 24% of non-Hispanic White children (2020). Drug use among American Indian men is higher than any other racial or ethnic group in the nation (Beals, Novins, Whitesell, et al., 2005; Whitesell, Beals, Crow, Mitchell, et al., 2012), and previous researchers reported that drug and alcohol abuse takes away from traditional fatherhood roles (White, Godfrey, & Moccasin, 2006). American Indian men are overrepresented in prisons and jails throughout the U.S. For example, in Montana, American Indians represent 6% of the state population but 22% of the prison/jail population (Prison Policy Initiative, 2020). Research indicates that when fathers are incarcerated, their children are more likely to experience depression and delinquency (Swisher & Roettger, 2012).

Fatherhood curricula are often designed to address these risk factors. Some curricula focus on building self-awareness, fathering skills, parenting skills, relationship skills, and self-care (Wilson, et al., 2020). Curricula for American Indian fathers often includes these components and more, such as addressing trauma, including culture, language, spirituality, values, and the importance of forgiveness. Most American Indian fatherhood programs are included under parenting program curricula such

as the Family Circle Program (Belone, Orosco, Damon, Smith-McNeal, et al., 2017), Positive Indian Parenting Program (Ritland, Jongbloed, Mazzuca, Thomas, et al., 2020), and Fatherhood is Sacred Motherhood is Sacred (Hall, 2017). Limited evaluations have been conducted on these programs, and additional research is needed to understand more about what American Indian fathers need to reclaim their roles as fathers, partners, and leaders of their families and communities. This evaluation answers the call for more research by providing evaluation results from American Indian fathers enrolled in the Good Road of Life Curriculum.

Good Road of Life

Many men have lost sacred connections to their cultural identity due to colonization and racism (Author, 1996; Oster et al., 2018). The Good Road of Life (GRL) training was developed in 2007 by Dr. Clayton Small for Native American Men and families who are being faced with extraordinary challenges. The Administration for Native Americans (ANA) awarded Native PRIDE, a four-year grant to develop and pilot the GRL curriculum. GRL received a prestigious designation as an exemplary project from ANA (<https://www.acf.hhs.gov/ana/success-story/native-nonprofit-teaches-the-good-road-of-life>). Since 2007, GRL training has been implemented in more than 20 states, reaching more than 15,000 participants (<http://www.nativeprideus.org/>). GRL continues to receive endorsement and accolades from federal agencies, such as the Substance Abuse and Mental Health Services Administration, the Indian Health Service, and ANA.

GRL is a culture and resilience-based curriculum designed to use the sources of strength that Native people possess, including spirituality, culture, and humor, to assist in the development of personal wellness, leadership, healthy relationships, and family preservation. The GRL curriculum is supported by a 225-page training manual that each participant receives and uses throughout the training. Training is offered over a 3-day period for approximately 18 hours. Chapter topics include the following: norms, curriculum overview, clan formation, colonization and racism, multigenerational trauma and breaking unhealthy cycles, sobriety, hostility and anger management, domestic violence, healing, forgiveness, grief, suicide prevention, sexual orientation, conflict resolution and healthy communication skills, and developing a personal wholeness plan for returning home. Expected outcomes from the GRL training include, improving skills to overcome barriers and deal with stress, increasing cultural resilience using culturally appropriate activities, increasing communication and conflict resolution skills that strengthen relationships, reducing suicide risk factors by offering prevention education and

awareness, providing peer counseling skills that support each other's wellness and facilitate friendships, increasing leadership skills, and empowering participants to make healthy decisions.

This evaluation documents the experiences of American Indian men enrolled in GRL training by Native PRIDE from October 1, 2010 to September 30, 2011. The first objective of our evaluation was to document the impact of the curriculum on American Indian fathers. The second objective was to explore how American Indian fathers apply the skills gained in their lives. These objectives were supported by our primary research question, "What is the impact of GRL training on Native men?"

METHODS

Participants/Sample

Native PRIDE recruited participants using fliers, email communications, a website, advisory board members, outreach to tribal mental health professional organizations, and in-person communications. Eligibility was not limited to American Indians, but all participants that attended were American Indian. The following sites partnered with Native PRIDE to host the training: Billings, Montana, Wind River Reservation, Wyoming; Omaha Nation, Nebraska; and Confederated Tribes of Warm Springs, Oregon. Four separate trainings occurred in these locations beginning in November 2010 in Billings Montana and ending June 2011 in Warm Springs Oregon. The average number of participants at each location was 15. Due the small sample size, other demographic information about participants is not included in this report.

Procedures

We used a cross-sectional, mixed-methods study design to answer our primary research question. Data sources that were used include pre- and post-surveys and qualitative data from evaluations. All data were collected in-person using paper and pen survey methods. Verbal consent was obtained from all individual participants before the GRL training. All measurement procedures and activities were reviewed and approved by the Native PRIDE advisory board prior to data collection consistent with community protocols for collecting evaluation data in participating communities. All GRL participants were invited to participate in the pre- and post-assessments, although it was not required.

Pre- and Post-Survey

Our team administered a 20-item pre- and post-survey to document changes in knowledge, skills, and perspectives before and after the GRL training. The survey was developed by Dr. Clayton Small and designed to assess constructs related to healthy relationships, communication, confidence, belongingness, historical trauma, generational trauma, addictions, spiritual practices, sexual orientation, cultural activities, and resilience. Response options were based on a Likert-type scale.

Qualitative Data

At the end of the training, participants were asked, “What is something that you learned that rocked your world?” Qualitative responses were handwritten on the survey instrument.

Analysis

We reviewed paper copies of pre- and post-assessment scores that were recorded in 2012 by an external evaluator. Scores were entered into Excel and SPSS version 24.0. Because all surveys were anonymous, we ran descriptive statistics for all pre- and post-survey items. We used a paired *t*-test to compare pre- and post-mean scores by question type. All assessments were included in the analysis, including those with missing data. Qualitative data were typed into a Microsoft Word document and analyzed using a template analysis approach (Brooks, McCluskey, Turley, & King, 2015). Consistent with previous literature, the template analysis approach was warranted because the analysis was guided by assumptions that certain aspects of the GRL training should be explored, for example help seeking behaviors, healthy relationships, and skill building areas. The qualitative analysis process included creating a coding scheme from a priori codes, hand-coding text, sorting segments into one document, reading segments, and making connections between the data and the initial assumptions. Themes and supporting text were reviewed by the four study authors and individuals involved in the GRL training. Validation of the study results occurred by sharing the results with one another, comparing results with existing literature, and consensus of results through verbal agreement of each author.

RESULTS

There were 60 GRL participants from four communities in Montana, Wyoming, Oregon, and Nebraska. All participants were American Indian males between the ages of 20 and 55. Tribal affiliation varied, and most participants were from Tribes close to the community where the training

occurred. In urban locations such as Billings and Omaha, Tribal affiliation varied, although most were from Tribes located in these two states. No other demographic information is included to maintain anonymity of participants and responses described in this evaluation.

To answer the primary question, “What is the impact of GRL training on American Indian fathers?” we used GRL pre- and post-assessment scores. Scores for each of the survey items pre and post are described in the tables that follow.

We asked fathers, “What degree of satisfaction do you feel about your roles as a responsible, healthy, and happy father?” Response options were based on a 7-point Likert Type Scale where 7= Perfectly Satisfied and 1= Very Unhappy. There was a statistically significant increase in satisfaction in father role before and after the training (M=60, SD=1.0) and after training (M=5.55, SD=1.0) $t(-2.71)$, $p<.01$, CI .95, -0.952 - -0.148). Further, Cohen’s effect size value ($d=.55$), Table 1.

Table 1. *Satisfaction in Father Role*

Statements	Pre-Test Mean (n)	Post-Test Mean (n)	Difference
Q.1 Satisfaction in Father Role	5.00 (52)	5.55 (40)	+.55**

** $p<.01$

The assessment also included four questions related to help-seeking behaviors and relationships with their children and partners. Response options were based on a 6-point Likert Type Scale where 5= All the time and 1= Never. Pre- and post-mean scores for relationships and help seeking behaviors show an increase overall of .15 mean points (Pre-M=3.71, SD=.60 and Post M=3.86, SD=.60), but the difference was not statistically significant. In Table 2, the largest difference observed, a .52-point increase, was for item Q.3. “Do you speak with other men to seek their support when you are having a hard time in your relationship with your children?”

Table 2. *Relationships and Help Seeking Behaviors*

Statements	Pre-Test Mean (n)	Post-Test Mean (n)	Difference
Q.2 Things going well with children	4.59 (54)	4.68 (40)	+.08
Q.3 Speak with other men for	3.35 (54)	3.88 (40)	+.52

support when trouble with children relationships			
Q.4 Things going well with partner	3.81 (60)	3.63 (41)	-.18
Q.5 Speak with other men for support when trouble with partner relationships	3.11 (60)	3.27 (41)	+.16
Overall Mean Scores for Relationships and Help Seeking	3.71 (4)	3.86 (4)	+.15

Next, we asked fathers about their partner's approval, communication skills, opportunities in the community that support parenting, self-confidence, and self-esteem. Response options were based on a 4-point Likert Type scale where 1= Strongly Disagree and 4= Strongly Agree. Differences in pre- and post-mean scores for skills, communication, and confidence as shown in Table 3 demonstrated a statistically significant increase from before the training (M=2.71, SD=.27) and after the training (M=3.06, SD=.41) $t(-2.25)$, $p<.03$, CI.95, -0.67 - -0.02), with Cohen's effect size value ($d=.92$).

Table 3. Skills, Communication, Confidence

Statements	Pre-Test Mean (n)	Post-Test Mean (n)	Difference
Q.6 Partner approval of relating to children in home	2.98 (50)	3.15 (39)	+.17
Q.8 Effective communication and successful at resolving conflicts	2.89 (53)	2.20 (39)	-.69
Q.9 Educational opportunities that focus on fatherhood and parenting	2.65 (55)	2.59 (39)	-.06
Q.10 Feel good about self and who I am	3.51 (59)	3.49 (41)	-.02

Q.11. Feel confident that I can deal with stress	3.36 (59)	3.38 (39)	+0.02
Q.12. Sense of community and belonging	3.17 (59)	3.31 (39)	+0.14
Q.15. Know how to use sources of strength to address unhealthy addictions	3.23 (59)	3.38 (39)	+0.15
Q.16. Strong spiritual practice and ceremonial way of life that supports healing and wellness	3.22 (55)	3.27 (41)	+0.05
Q.17. I have dealt with unresolved pain, anger, shame, abandonment from my father	2.69 (55)	2.83 (41)	+0.14
Q.20. I am an excellent listener, know how to receive and give feedback to partner and children	2.96 (54)	3.08 (41)	+0.11
Overall Mean Scores for Skills, Communication, and Confidence	2.74 (10)	3.06 (10)	+0.318*

* $p < .05$

In the last set of questions, we asked fathers about their knowledge of trauma and racism, the causes of depression and suicide, and the impact of sexual orientation on relationships. Similar to previous statements, we used a 5-point Likert Type Scale where 5= Perfectly Understand and 1= Not Understood. Table 4 shows responses and differences based on pre- and post-scores, and all mean item scores increased, with the largest increase observed for the statement, “Q.19. To what degree do you understand the impact of sexual orientation on healthy family and community relationships?” Overall pre- and post-mean scores for trauma, racism,

depression, and sexual orientation, increased .86 mean points, but the difference was not statistically significant.

Table 4. Trauma, Racism, Depression, and Sexual Orientation

Statements	Pre-Test Mean (n)	Post-Test Mean (n)	Difference
Q.13 Acknowledge and understand impact of historical trauma and racism on life	2.66 (59)	2.93 (40)	+.27
Q.14 Influences of multi-generational trauma	2.39 (57)	2.56 (40)	+.17
Q.18 Causes and effects of depression and suicide	2.71 (60)	2.73 (41)	+.02
Q.19 Sexual orientation and relationships	2.43 (58)	2.83 (41)	+.40
Overall Mean Scores for Trauma, Racism, Depression, and Sexual Orientation	2.54 (4)	2.76 (4)	+.86

Table 5 shows responses to the question, “How often do you and your family participate in cultural gatherings, activities, or events all together?” Response options were based on a 4-point Likert Type Scale where 1= Never and 5= Constantly. Pre- and post-mean scores increased for participation in family events and cultural gatherings increased .24 mean points but the difference was not statistically significant.

Table 5. Participation in Cultural Gatherings and Activities

Statements	Pre-Test Mean (n)	Post-Test Mean (n)	Difference
Q.7 Family participation in events	2.59 (58)	2.83 (41)	+.24

Themes from Qualitative Data

Qualitative responses recorded on the paper survey support the interpretation of raw qualitative data. At the same time, responses provide context and descriptions for readers (King & Brooks, 2016). The final template included three main themes: 1) How GRL impacts participants; 2) How GRL supports healthy relationships; and 3) How participants plan to use information and skills gained. In the following we describe each main theme and provide quotes from GRL participants.

A summary of our final coding template for the GRL evaluation is shown in Figure 1.

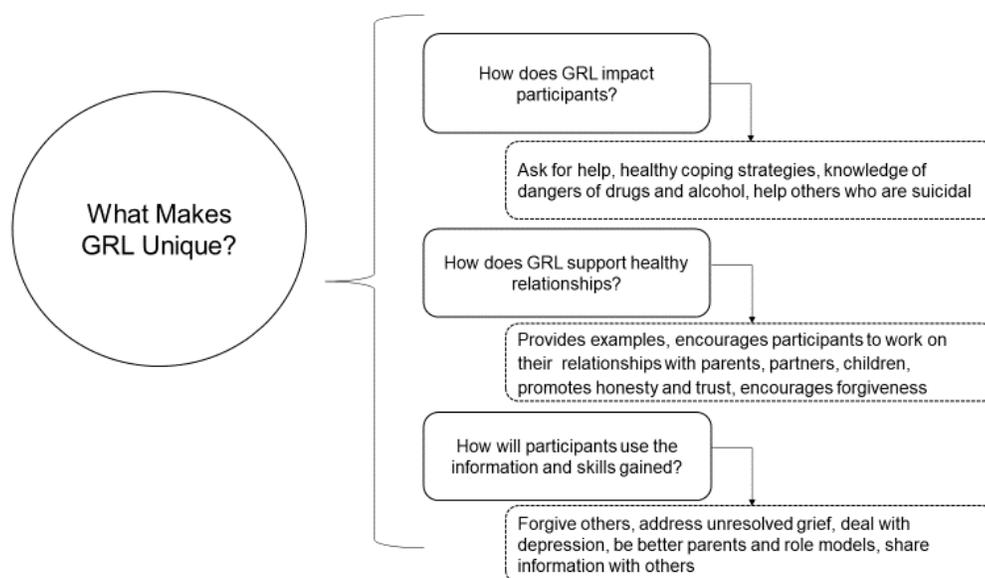


Figure 1. *Qualitative Data and Template Analysis Framework for GRL*

GRL impacts participants in multiple ways. Several wrote about the importance of asking for help when in need and learning about healthy coping strategies that do not involve alcohol or drugs. The coded text illustrates the types of understanding reported by participants. One participant wrote, “I learned I could be helpful and not be scared to ask for help.” Another wrote, “I’ve learned there are ways to cope with depression.” Related to drugs and alcohol, participants wrote, “Not to drink and drug, and fight with each other.”

GRL supports knowledge of healthy relationships and the importance of forgiveness. One participant wrote, “I know that some things I did not get from my parents growing up...not in a blaming way but more of an acceptance and awareness of that.” Another participant reflected, “I

always felt cheated on my mom who passed on early, but I was able to thank her last night and today for the blessings she left for me and my family.” One wrote, “I am not like my biological father, I forgave him and love him, but I will not abandon my kids like he did to me.”

Participants will use the skills gained during the GRL training in their lives and communities. Participants wrote about working on themselves and wanting to be better parents and partners. One wrote, “To be a better dad to my children.” Another wrote, “I need to share more with my spouse.” Other participants reflected on using the skills gained to “stay focused on the path I am on right now and I will not give up” and “I can impact people’s moods in a positive way.”

Limitations

Results show increases in skills, confidence, relationships, and parenting skills, but these must be interpreted with caution. First, results may not be generalizable to other populations. Participants were recruited using convenience sampling methods and results only reflect the responses of participants able to attend the 3-day training. Second, not all participants completed the post-assessment, and therefore comparison between the two groups is subject to attrition bias. Third, results from the evaluation were summarized in aggregate form in 2012 and submitted using paper documents rather than electronic files. In 2020, data were reviewed and entered into an Excel database, and then analyzed as presented in this evaluation. The time and differences in how data were treated and analyzed by two separate evaluators may contribute to differences in how results were interpreted. Fourth, the risk of a type 1 error cannot be eliminated, but setting the alpha at .05 reduced this potential risk. Even with these limitations, we feel this evaluation provides insight into the topics that future American Indian fatherhood training programs and curriculum should include.

DISCUSSION

Results from this evaluation document significant positive impacts on American Indian fathers attending a 3-day Good Road of Life Responsible Fatherhood Training. Findings from the quantitative analysis show statistically significant increases in overall mean pre- and post-knowledge scores for healthy relationships, help seeking behaviors, self-esteem, confidence, and communication skills. The greatest increase based on pre- and post-assessment mean scores was item Q.1. “What degree of satisfaction do you feel about your role as a responsible, healthy, happy father?” The mean pre-score was 5.0 and the post-mean score was 5.55.

This is consistent with the objectives of the GRL training, to empower and build leadership skills in American Indian fathers. The second-largest increase was for item Q.3. “Do you speak with other men to seek their support when you are having a hard time in your relationship with your children?” The pre-test mean was 3.35, representing a score of ‘More Often Than Not’, and the post-test mean was 3.88, which is closer to a 4 on the Likert Scale of ‘Most of the Time’.

Not all scores increased from pre to post and this could be related to the limitations cited earlier in this paper or point to areas of improvement for future GRL training. The largest mean decrease was observed for item Q.8. “In my relationships with my partners and children, I feel I am effective at communicating successfully and resolving any conflicts that arise.” This was 2.89 at the pre and 2.20 at the post, meaning that participants originally rated this agree or 3 on the Likert scale and this decreased closer to 2 or disagree on the Likert Scale at post.

Qualitative themes demonstrate the positive impact GRL has on American Indian fathers. Themes related to impacts include asking for help, developing healthy coping strategies, and helping others who may be suicidal. These themes are consistent with the GRL’s intended outcomes and demonstrate the importance of skill building opportunities that are strengths-based and culturally driven (Author, 1996).

From this training and our collective experiences, we offer two observations designed to contribute new knowledge about supporting American Indian fathers and the implementation of curricula for Indian Country. First, GRL is unlike other parenting curricula because it integrates culture based on the Tribes represented during the training. The curricula utilizes local elders, ceremonial people, and other fathers who are role models in their communities to serve as clan leaders and speakers during the training. These individuals remain in communities when the GRL training ends. American Indian fathers are encouraged to reach out to these mentors in the weeks and months following a GRL training to practice ceremonies, receive parenting guidance, and learn more about traditional parenting practices rooted in values, culture, language, and ceremonies. Second, it is difficult to ignore the glaring need for American Indian fathers in our communities and families. The benefits of a father’s involvement in his children’s lives are well documented, but these benefits may be even greater in American Indian communities, where extended kinship systems permeate every facet of life. When one father gets healthy and is present in his family’s lives, everyone wins. This observation is supported by previous research that has found that the use of prevention and intervention

strategies among young American Indian men who are fathers may reduce substance use while improving parenting skills (Neault, et al. 2012)

In sum, the GRL evaluation demonstrates that culture-based, resiliency-focused curricula are effective in increasing the strengths of American Indian Fathers. Continued efforts are needed that support American Indian fathers and restore their roles as warriors, leaders, and healers of their families and tribal nations.

Policy Implications

This GRL evaluation has taught us that American Indian fathers cannot be forgotten in current efforts to heal communities. GRL is an effective training for American Indian fathers living in urban and reservation settings. By investing in programs like GRL, funding agencies, prevention and intervention programs, and communities are investing in their futures. Children and communities benefit when fathers are actively involved in their children's lives. Continued efforts are needed that address the differential vulnerability of American Indian fathers concerning unequal social and economic opportunities, disproportionate rates of incarceration and justice system involvement, and limited access to effective mental health and substance use treatment services. The GRL training for American Indian fathers is effective and has a positive impact on them by developing parenting and communication skills, supporting healthy relationships, and applying skills gained in real-life situations.

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