

**MATERNAL GAMBLING, PARENTING IN THE HOME ENVIRONMENT, AND
CHILD OUTCOMES IN NATIVE AMERICAN FAMILIES**

by

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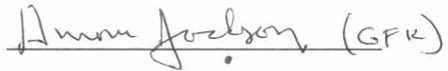
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CHILD OUTCOMES IN NATIVE AMERICAN FAMILIES**

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University of Pittsburgh, 2005

This mixed method study examined the relations between and among women's casino gambling, parenting in the home environment, parenting self-efficacy beliefs, social supports, and child behavior problems in a sample of 150 Native American mothers with a child between 6 and 15 years of age. Respondents were recruited from a tribal casino on a Great Lakes Indian Reservation. Hypotheses were: 1) higher scores on measures of gambling frequency among Native American mothers will be associated with more behavior problems in their children; 2) greater access to emotional and instrumental support, higher parenting self-efficacy, and more adequate parenting in the home environment among Native American mothers will be associated with fewer behavior problems in their children; and 3) greater access to social support, higher parenting self-efficacy, and more adequate parenting in the home environment among Native American mothers will moderate the relationship between maternal gambling and child behavior problems. As expected, correlational analyses indicated that pathological gambling was associated positively and significantly with child behavior problems, while greater access to instrumental support, higher parenting self-efficacy, and more adequate parenting in the home environment were each associated significantly with fewer child behavior problems. Multiple regression analyses revealed that greater maternal financial strain and less adequate parenting in the home environment together explained 9 percent of the variance in child behavior problems and that access to social support from family moderated the relationship between maternal

gambling frequency and child behavior problems. Social support from family explained an additional 5 percent of the variance in child behavior problems. Boys were more negatively affected by their mothers' frequent gambling than girls in this study. Qualitative themes were: Mothers' concerns regarding spending money and time at the casino, and guilt and remorse over how these affect their children and families; mothers' reports of the positive economic benefits of the jobs and educational opportunities now available to them; mothers' concerns that while there are increased opportunities to socialize and reduce their stress while gambling, that there is no culturally appropriate gambling treatment program on the reservation.

DEDICATION

I dedicate this dissertation to my nephew Thomas J. Clark Jr., who is presently in Afghanistan, may you always be safe; you are my hero.

I also dedicate this dissertation to those who have passed and who I know are beside me every day encouraging me to continue on this journey: my mother, Betty Christiansen Connors, my father, Chris Christiansen, my grandmother, Agnes Connors, Uncle Fred and Aunt Rachel Connors, and of course---my companion and friend for 12 years, Chuckie, and his calm comforting friend Alice. You are all loved very much by me and your love kept me on the path towards completing this dissertation. Miigwetch

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1.0 CHAPTER ONE: INTRODUCTION

The purpose of this dissertation was to study whether and how the gambling behaviors of Native American mothers are associated with outcomes for their children. This study also examined Native American mothers' parenting practices and access to social support as factors that might moderate the negative effects of gambling on their children. There is evidence that parental gambling can have negative effects for children (Lesieur, 1989; Lorenz, 1987). Evidence also suggests that there are relationships between and among mothers' parenting practices, access to social support, and child outcomes (Bogenschneider, Small, & Tsay, 1997; Jackson, Brooks-Gunn, Huang, & Glassman, 2000; Meyer, et al., 1994). None of this research, however, has focused on Native American families. A recent study of gambling on a northern Minnesota reservation recommends that future research should investigate the effects of parental gambling on Native American children, given the increase in gambling rates among Native American women on reservations (Peacock, Day, & Peacock, 1999a; see, also, Cozzetto and Larocque, 1996).

This study utilized both quantitative and qualitative methods to examine the relations between and among women's gambling, parenting in the home environment, parenting self-efficacy beliefs, social support, and child behavior problems in a sample of 150 Native American mothers with a child between 6 and 15 years of age. The areas of interest included the frequency of gambling; the amount of warmth, support, and structure provided for children in the home

environment; perceptions of parenting self-efficacy; availability of support from family and friends; children's behavior problems; and the following background variables: the child's age, gender; the mother's educational attainment, marital status, employment status; and household income. Also of interest were mothers' perceptions of financial strain. Prospective respondents were recruited from the Bad River Casino, administered by the Chippewa Indians in Odanah, Wisconsin.

1.1 BACKGROUND AND SIGNIFICANCE

In 1988, the Indian Gaming Regulatory Act allowed Native Americans to open gambling casinos on reservations. By 1997, gambling was legal in 48 states and over 115 tribes had gaming operations (Peacock, Day, & Peacock, 1999b). Although increased revenue from gambling has benefited tribes (see, for example, Costello, Compton, Keeler, & Angold, 2003), problem gambling among Native Americans also has increased. A review of studies estimating gambling prevalence indicates that Native Americans are 2 to 5 times more likely to be problem gamblers than their non-Native American counterparts (Wardman, El-Guegaly, & Hodgins, 2001). Native American problem gamblers also are more likely than others to be women (Cozzetto & Larocque, 1996; Volberg & Abbott, 1997). An accumulating body of evidence suggests that parental problem gambling has negative effects on children (Lorenz, 1987). For example, studies show that children of problem gamblers experience a loss both of emotional and financial support in the home (Custer & Milt, 1985; Darbyshire, Oster, & Carrig, 2001; Lesieur, 1992; Lorenz & Yaffee, 1986); have inadequate coping skills, poor interpersonal relationship skills, serious behavior problems; and are more likely than their counterparts whose

parents are not problem gamblers to become problem gamblers as adults (Browne & Browne, 1993; Fisher, 1993; Griffiths, 1995; Jacobs, 1989; Ladouceur, Boisvert, Pepin, Loranger, & Sylvain, 1994; Lesieur & Klein, 1987; Moody, 1989). Although this evidence demonstrates an association between problematic parental gambling and negative child outcomes, little is known about the associations between and among mothers' gambling, parenting in the home environment, and child outcomes in Native American families. The present study will begin to fill this gap in current knowledge by presenting data on the extent to which gambling among Native American mothers is associated with their children's behavioral adjustment (i.e., socioemotional development) and the factors that might moderate negative effects.

Using the ecological perspective as an overarching framework and incorporating ideas from social cognitive theory, the following questions were addressed: (1) Is maternal gambling associated with children's behavioral functioning in Native American families? (2) Are access to helpful emotional and instrumental support, higher parenting self-efficacy beliefs, and more adequate parenting in the home environment associated with child outcomes in Native American families in which mothers gamble? (3) Is the effect of maternal gambling on children's behavioral functioning moderated by the mothers' access to helpful social support, parenting self-efficacy beliefs, and more adequate parenting in the home environment?

Theoretically, positive relationships were expected between maternal gambling and child behavior problems, and between access to helpful emotional and instrumental support and more adequate (and efficacious) parenting in the home environment. The further expectation was that the negative influence of maternal gambling and child developmental outcomes would be moderated by increased access to emotional and instrumental support from friends and family, by higher parenting self-efficacy beliefs, and by more adequate parenting in the home

environment. These expectations are discussed more fully in subsequent sections of this dissertation.

There are several key concepts. While a gambling problem is defined as a loss of control over gambling behaviors leading to negative consequences (Lesieur & Blume, 1987), in this study gambling was measured by an indicator of frequency, as well as a measure of pathological gambling. Child problem behaviors were assessed by mothers' report. Since mothers' reports have been found to correlate positively with teachers' reports of children's behaviors (Conrad & Hammen, 1989; Richters & Pellegrini, 1989; Schaughency & Lahey, 1985), such reports are not just reflections of maternal characteristics, although parental depressed mood also has been found to correlate positively with child behavior problems (Downey & Coyne, 1990). Mothers' social supports were operationalized by including measures of their access to emotional and instrumental resources from family and friends. Mothers' perceived parenting self-efficacy was defined by their perceptions of how they are performing with regard to five dimensions of parenting: love, control, communication, education, and general efficacy. Parenting in the home environment was assessed by the Home Observation for Measurement of the Environment (HOME), a measure of the amount of warmth, support, and structure provided for children in the home (Caldwell & Bradley, 1984).

These issues were examined on the basis of cross-sectional, self-report data, using a survey research design and qualitative interviews with a small subsample of mothers. Results, therefore, address associations among Native American mothers' gambling, parenting in the home environment, parenting self-efficacy beliefs, social support, and child behavior problems, not causal relations. Findings from this study will be used to inform policies and programs that

target Native American families at greatest risk for poor outcomes associated with problem gambling and the interventions that might address their needs most effectively.

1.2 ORGANIZATION OF STUDY

Chapter 2 presents a review of the relevant theoretical and empirical evidence with respect to the central issues of concern to this study. Theoretically, the ecological theoretical perspective and social cognitive theory provide a framework for examining mothers' gambling behaviors, parenting self-efficacy beliefs, parenting behaviors, access to emotional and instrumental support and the impact of these on children's developmental outcomes. Then, the empirical evidence on parenting in the home environment, parenting self-efficacy, access to social and instrumental supports, and child developmental outcomes is reviewed. Finally, the questions and hypotheses that guided the study are presented.

Chapter 3 presents the methods and procedures, including the overall design of the study, its setting, the piloting and testing of the instruments, the measures comprising the questionnaire, and data collection procedures.

Chapter 4 presents the results. As expected, correlational analyses indicated that pathological gambling was associated positively and significantly with child behavior problems, while greater access to instrumental support, higher parenting self-efficacy, and more adequate parenting in the home environment were each associated significantly with fewer child behavior problems. Multiple regression analyses revealed that greater maternal financial strain and less adequate parenting in the home environment together explained 9 percent of the variance in child behavior problems and that access to social support from family moderated the relationship

between maternal gambling frequency and child behavior problems. Social support from family explained an additional 5 percent of the variance in child behavior problems. Boys were more negatively affected by their mothers' frequent gambling than girls in this study.

Qualitative results also are discussed in Chapter 4. From this analysis, the following themes emerged: Mothers' concerns regarding spending money and time at the casino, and guilt and remorse over how these affect their children and families; mothers' reports of the positive economic benefits of the jobs and educational opportunities now available to them (because of the casino); mothers' concerns that while there are increased opportunities to socialize and reduce their stress while gambling, that there is no culturally appropriate gambling treatment program on the reservation.

Chapter 5 contains a summary, a discussion of findings, policy implications, and suggestions for future research.

2.0 CHAPTER TWO: REVIEW OF LITERATURE

This study uses an ecological theoretical perspective as an overarching framework, while also incorporating notions from social cognitive theory, which focuses on people's self-efficacy beliefs. In the paragraphs that follow, a review of the relevant theoretical and empirical literature is presented. This is followed by the research questions and hypotheses.

2.1 ECOLOGICAL PERSPECTIVE

Even though the family is the principal context in which child development occurs, it is but one of several environments or ecological systems that influence children's lives (Rich, 1998). Bronfenbrenner's (1979, 1986) person-process-context model is a paradigm for assessing the impact on child developmental outcomes of personal characteristics of family members (for example, mothers' gambling behaviors and parenting self-efficacy beliefs), family processes (for example, parenting behaviors and relationships) and particular external environments (such as parents' access to emotional and instrumental support, as well as risk factors that operate as external stressors). It is assumed that the processes operating in different ecological contexts are interrelated. These interrelationships are called proximal processes. Proximal processes occur between parents and children, and their efficiency is determined by biopsychological

characteristics of the individual, the immediate and distant environments in which the processes occur, and the developmental outcome being examined.

The ecological environment is defined by Bronfenbrenner and Ceci (1994) as a set of “nested structures” composed of microsystems, mesosystems, exosystems, macrosystems, and chronosystems. The microsystem is “a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics” (Bronfenbrenner, 1979, p. 22). The home environment, including the parent-child relationship, is an example of a microsystem. A mesosystem includes the interrelations among two or more microsystems in which the developing child participates (for example, the relations between parents and extended family members and friends). The exosystem refers to processes between or among two or more settings, only one of which contains the developing child (for example, relations between children and their mothers and between mothers and the gambling casino). The macrosystem includes influences of the broader cultural or socioeconomic environments, such as the 1988 Indian Gaming and Regulatory Act (IGRA) and employment opportunities in the larger social environment that are available to families. The chronosystem accounts for the influence on the child’s development of consistency and change over the life course, such as consistency and stability of developmentally appropriate parenting behaviors and activities. These ecological structures serve as an overarching framework for this study.

The application of an ecological perspective to the study of Native Americans is particularly appropriate, inasmuch as Native Americans have practiced balance in their ecosystems and value this ideal (Good Tracks, 1973; Joe, 1989; Gross, 1995). Native Americans place a great deal of importance on human ecology through tribal structures, clan formation and

family interdependence (Red Horse, 1980). Native American children are “born into two relational systems, a biological family and a kinship network such as a clan or band” (Blanchard & Barsh, 1980, p. 351), and research indicates that Native American parenting practices emphasize cooperation in interpersonal relationships (microsystem), and the development of close-knit social support networks (mesosystem) (Harrison, Wilson, Pine, Chan, & Buriel, 1990).

Studies have shown that economic stress and hardship are associated with less competent parenting and less optimal child outcomes (Conger et al., 1992; Elder, Eccles, Ardel, & Lord, 1995; Jackson et al., 2000, Lempers, Clark-Lempers, & Simons, 1989; McLloyd, 1998). According to the Bureau of Indian Affairs the unemployment rate on reservations is 80%, and 603,000 Native Americans live below the poverty level (Troster, 1996). Poverty places families under great stress and forces parents to devote an inordinate amount of time and energy to tasks of day-to-day survival. A recent study of Native American families reported that families who moved out of poverty due to the opening of a gambling casino scored higher on a parenting supervision measure and had children with fewer behavior problems than their counterparts who remained poor (Costello et al., 2003). This indicates the importance of macrosystemic events, such as the 1988 IGRA, on parenting and child outcomes.

2.2 SOCIAL COGNITIVE THEORY

Social cognitive theory advances a view of people as self-organizing, proactive, and self-regulating agents of their psychosocial development (Bandura, 1986). Social cognitive theory is an outgrowth of social learning theory. Bandura altered the label to “cognitive” to distance it from social learning theories and to emphasize the notion that cognition plays a critical role in

people's capabilities to construct reality, self-regulate, encode information, and perform behaviors (Pajares, 1997). Social cognitive theory has its roots in the belief that individuals are *agents* proactively engaged in their own development and can make things happen by their own actions. Key to this sense of *agency* is that individuals possess self-efficacy beliefs; i.e., judgments about their capabilities "to organize and execute courses of action required to attain designated types of performances" (Bandura, 1986, p. 391).

Self-efficacy beliefs can influence choices people make. They also can help determine how much effort people will place on an activity. Studies have found, moreover, that self-efficacy is an effective predictor of various life experiences (Sherers et al., 1982; Eden & Kinnar, 1991). Social cognitive theory postulates that personal satisfaction in activities is highly related to self-efficacy (Bandura, 1997). As a result, parents with high self-efficacy beliefs are more likely to be personally satisfied with their parenting than those with low self-efficacy beliefs. Parents' beliefs in their ability to positively influence the behavior and development of their children largely predict their ability to do so (Coleman & Karraker, 2000; Johnston & Mash, 1989; Schneewind, 1995). In addition, Bandura contends that people with high self-efficacy are more likely to seek support from friends and family and that such support serves as a protective factor in difficult social contexts (McLloyd, 1990; Rutter, 1987). Supportive interactions with others reduce negative affect, enhance self-esteem, and increase the likelihood that individuals will show persistence in the face of difficult tasks such as those often faced by parents (Bandura, 1986). Social support has been shown to contribute to greater parental self-efficacy and to foster a sense of confidence in the ability to deal with problems (Cutrona & Troutman, 1986; Sandler, Miller, Short, & Wolchik, 1989).

Social cognitive theory posits that parenting self-efficacy and access to helpful social support can influence children's developmental outcomes through their impact on family processes. It is likely, then, that higher levels of parenting self-efficacy and greater access to helpful social support in a sample of Native American mothers who gamble will be associated with more adequate parenting and more positive behavioral outcomes for the children.

2.3 PARENTING IN THE HOME ENVIRONMENT AND CHILD OUTCOMES

Extensive empirical evidence links parenting in the home environment to children's socioemotional development (Bradley & Caldwell, 1984; Goldberg, 1977, 1990; Gray & Steinberg, 1999; Jennings & Connors, 1989; Kurdek & Fine, 1994; McLeod & Shanahan, 1993; Parceel & Menaghan, 1994). For example, Bronstein et al. (1996) found that parenting characterized by affection, approval, attentiveness, responsiveness, guidance, and receptivity to emotions was associated with fewer behavior problems in children. Others have linked this type of parenting to self-efficacy beliefs. For example, Elder and his colleagues (1995) studied low-income Black families in Philadelphia and found that parents higher in self-efficacy beliefs were more likely to engage in promotive and preventive strategies (e.g., assisting with homework, enforcing curfews) than their less efficacious counterparts. They interpreted these findings to mean that higher parental self-efficacy is a protective factor for children living in difficult social and economic environmental contexts. Others similarly have found that higher perceived self-efficacy—defined as parents' expectations about the degree to which they can perform competently and effectively as parents (Teti & Gelfand, 1991)—predicts more adequate parenting in the home environment and fewer child behavior problems (Bogenschneider, Small,

& Tsay, 1997; Coleman & Karraker, 1997, 2000; Donovan, Leavitt, & Walsh, 1997; Elder et al., 1995; Jackson & Huang, 2000; Johnston & Mash, 1989; Mash & Johnston, 1983).

On the other hand, there is considerable evidence demonstrating that economic hardship and financial strain are associated with less nurturant parenting and, thereby, less optimal child outcomes (Conger et al., 1992; Jackson, et al., 2000; Lempers et al., 1989; McLoyd, 1990), and that boys may be more negatively affected by family problems than girls (see, for example, McLoyd, 1990; Werner & Smith, 1982). Given this evidence, it is reasonable to expect that the socioeconomic circumstances (income, employment status, educational attainment, and perceptions of financial strain) of Native American mothers who gamble and the focal child's gender might be associated with parenting in the home environment and, thereby, child outcomes.

2.4 ACCESS TO SOCIAL AND INSTRUMENTAL SUPPORT AND MATERNAL AND CHILD OUTCOMES

A growing number of studies underscore the importance of access to helpful social and instrumental support in adequate parenting, especially among low-income populations (Colletta & Lee, 1983; Crnic & Greenberg, 1987; Jackson, 1993; Jackson et al., 2000; McLoyd & Wilson, 1991; MacPhee, Fritz, & Miller-Heyl, 1996; Pianta & Ball, 1993; Simons, Lorenz, Conger, & Wu, 1992; Yoshikawa, 1994). For example, MacPhee et al. (1996) studied ethnic variations in personal social networks and parenting and found that Native Americans often have frequent contact with an interconnected web of kin and that this is consistently related to more competent parenting. They also found that parental self-efficacy is strongly related to child-rearing

practices across ethnic groups and that social support is more critical when risk levels are greatest (see, also, Alesch, 1997).

In another study, Pianta & Ball (1993) examined maternal social support as a predictor of child academic adjustment and found a positive relationship between maternal social support and child competence. This relationship was especially strong when mothers had low education and low income. Some believe that social support, when helpful, has a positive influence on parenting because it makes mothers feel less isolated and overwhelmed by their parenting situation (McLoyd et al., 1994). Others believe that supportive family and friends help mothers to develop realistic child-rearing expectations, thereby, improving the quality of their interactions with their child (Dinnebell, 1999; Mahoney & Kaiser, 1999; Vostanis, Tischler, Cumella, & Bellerby, 2001).

2.5 HYPOTHESES

Using the ecological perspective, social cognitive theory, and the empirical evidence linking parenting in the home environment, parenting self-efficacy beliefs, access to emotional and instrumental support, and child behavioral outcomes, this study examined three questions in a sample of Native American mothers of a child between 6 and 15 years of age who over a 2-month period (May – June, 2004) visited the Bad River Casino located on the Bad River Indian Reservation in Odanah, Wisconsin: 1) Is maternal gambling associated with children's behavioral functioning? 2) Are access to helpful emotional and instrumental support, higher parenting self-efficacy beliefs, and more adequate parenting in the home environment associated with child outcomes? 3) Is the effect of maternal gambling on children's behavioral functioning

moderated by the mothers' access to helpful social support, parenting self-efficacy beliefs, and more adequate parenting in the home environment? Positive relationships were expected between maternal gambling and child behavior problems, and between access to helpful emotional and instrumental support and more adequate (and efficacious) parenting in the home environment. The further expectation was that the negative effect of maternal gambling on child developmental outcomes would be moderated by increased access to emotional and instrumental support from friends and family, by higher parenting self-efficacy beliefs, and by more adequate parenting in the home environment.

Research that tests these propositions in a sample of Native American mothers who gamble fills an important gap in current knowledge about maternal gambling on Indian reservations and factors that might moderate negative effects for Native American children. In so doing, the following hypotheses—that incorporate the questions and expectations above—were tested in this study:

- H₁** Higher scores on measures of gambling frequency among Native American mothers will be associated with more behavior problems in their children.
- H₂** Greater access to emotional and instrumental support, higher parenting self-efficacy, and more adequate parenting in the home environment among Native American mothers will be associated with fewer behavior problems in their children.
- H₃** Greater access to social support, higher parenting self-efficacy, and more adequate parenting in the home environment among Native American mothers will moderate the relationship between maternal gambling and child behavior problems.

3.0 CHAPTER THREE: RESEARCH DESIGN AND METHODS

3.1 OVERALL DESIGN

This research included 150 Native American mothers and caretakers with a child between 6 and 15 years of age who spent time at the Bad River Casino on the Bad River Indian Reservation in Odanah, Wisconsin. Data collection occurred in two phases. In phase one, respondents completed a questionnaire comprised of self-report measures about their gambling behaviors, access to social support, parenting self-efficacy, parenting in the home environment, and child behavior problems. The questionnaire took 30 to 45 minutes to complete. In the second phase, an in-depth interview was administered to a subgroup of twenty mothers, selected randomly from the total sample until the desired *n* of 20 was achieved. This enabled the Investigator to be available to engage mothers and answer questions vis-à-vis the questionnaire. The focus was to further explore the perceptual components of gambling by allowing them to tell their stories. This semi-structured ethnographic interview involved open-ended questions and follow-up probes concentrating on mothers' views about reservation gambling and its effects on their families. Of particular interest were themes concerning the mothers' perceptions of the effects of gambling, mothers' attitudes about the positive and negative consequences of gambling for the reservation community and for their families; the mothers' perceptions of economic changes on the reservation associated with the gambling enterprise; changes in family

life associated both with the gambling enterprise and their own gambling behaviors, including employment opportunities (at the casino and otherwise), child care issues, and available support networks. This interview took 45 minutes to an hour to complete, and was tape-recorded and transcribed for detailed review (after mothers gave written consent).

3.2 SETTING

The Bad River Band of the Lake Superior Tribe of Chippewa Indians lives on the shores of Lake Superior in northern Wisconsin. The Bad River Reservation, established by the Treaty of 1854, includes over 124,000 acres. There are 6,291 Bad River Band members; 1,199 reside on the reservation and 5,092 live off-reservation. The Band manages social services, natural resources, education, health, and housing, as well as the administration of legal departments and the Bad River Lodge and Casino. The members elect a six-person Tribal Council and a Tribal Chairman to govern the Band.

The Bad River Casino has been in operation since 1991. It has 400 slot machines, 9 blackjack tables, and employs 400 people, 95 percent of whom are tribal members. Although the casino has helped the Bad River Band gain revenue, the tribe remains among the poorest in the state (Jensen-DeHart, 1999). Even so, profits from the casino are used to fund tribal social services and educational programs. This site was an ideal location for gathering a sample of Native American mothers who gamble. The Bad River Tribal Council gave written permission to the Investigator to conduct this study, and provided office space.

3.3 PILOTING OF INSTRUMENTS AND QUALITATIVE INTERVIEW PROTOCOL

A pilot study of 15 respondents was conducted in February of 2004. The respondents were observed, their questions were answered, and feedback was encouraged. The questionnaire, which averaged 30 to 45 minutes to complete, was well received. Respondents found it culturally appropriate, and a significant number indicated that they were glad the method of payment was \$20 in cash rather than in casino tokens because they said they could use the money for something other than gambling. Some said the questionnaire made them think in new ways about their lives.

The qualitative interview protocol—consisting of a series of general probes with relevant follow-up questions about perceptions, attitudes, and behaviors related to gambling—was developed in January 2004 and administered to respondents in February 2004. Three tape-recorded ethnographic interviews were completed. Each interview began with an open-ended introductory statement—“now I am interested in learning about your impressions of gambling on the reservation”—followed by general and specific probes. Potential emerging themes included the following: family changes, more jobs for Native women, more home-based day care centers, and broader unexpected insights into environmental and political issues. Based on their feedback, the qualitative interview protocol was refined to include additional probes. A preliminary coding scheme was developed and revised as the study interviews were conducted. (See Appendix E for the interview protocol). The transcribed interviews were reviewed by the ethnographic consultant, Dr. Carol Anderson, to control for bias and for training purposes. As an additional control for researcher bias, the Chairperson, Dr. Aurora Jackson, debriefed the Investigator after the pilot study.

3.4 RECRUITMENT OF PARTICIPANTS AND DATA COLLECTION PROCEDURES

A sample of 150 participants was recruited from women who entered the Bad River Casino from May – June, 2004. The researchers were stationed at a table located near the entrance to the casino with flyers describing the study. Every woman (who appeared to be older than 18) who entered the casino was approached. We introduced ourselves, described the study as a dissertation about Native American mothers and their children, and when they identified themselves as Native American, over 18 years of age, and having a child between 6 and 15 years of age who presently resided with them, we invited them to participate in the study. If a participant had more than one child, the eldest child was the focal child vis-à-vis this study. Inasmuch as Native American children are “born into two relational systems, a biological family and a kinship network such as a clan or band” (Blanchard & Barsh, 1980, p. 351), the Investigator reasoned that it was culturally appropriate to include caretakers in the sample. Thus, biological mothers made up 75% of the sample and the rest were grandmothers (19%), stepmothers (4%), and great grandmothers (1%). For the purposes of this study, all are considered mothers because that is how they defined themselves in relationship to the focal child.

Potential participants who met the selection criteria were given a written and verbal description of the study’s purpose and procedures. The purpose of the study was described as twofold: 1) it is a requirement for the completion of this Investigator’s doctoral studies, and 2) it is a study about gambling and Native American family life. Informed consent was explained and the consent form, in addition to describing the study’s purpose, included the following information: 1) participation in the study is voluntary; 2) no one will know who the information

is about because respondents' names will never be attached to the questionnaires (which were identified by numbers only); 3) risks and benefits (both minimal) of participation; 4) random assignment with respect to the qualitative interview (i.e., that some mothers would be asked to participate in an interview that would take an additional hour of their time). Questions were encouraged and answered.

Respondents who agreed to participate were given \$20 for their time; those who were selected randomly for the qualitative interviews and who agreed to participate received an additional \$20 for their time. Questionnaires were completed at a table and chairs in a private area of the casino. The qualitative interviews occurred in a private room. The Investigator (or the research assistant) was present during the completion of the questionnaires so that questions could be answered, issues clarified, and each questionnaire checked for missing data before each mother left. The Investigator carried out all of the qualitative interviews. All of the respondents agreed to participate in the study; consequently the response rate was 100%.

In keeping with the recommendations of Indian researchers that Indians should conduct research on Indians (Brown, 1980; LaFromboise & Plake, 1983; Robbins, & Tippeconnic, 1985; Swisher, 1986, 1996), this investigator is Native American. An elder Native American tribal member from the Bad River Indian Reservation was hired and trained as a Research Assistant. The training consisted of information regarding the study aims, purposes, procedures, and ethics, as well as how to engage prospective respondents.

3.5 STUDY MEASURES

3.5.1 Child Behavior Problems

Child Behavior problems were assessed using the 30-item Behavior Problem Index (BPI) developed by Peterson and Zill (1986) for children aged 4 years and older. Most BPI items were modeled after items from the Child Behavior Checklist of Achenbach and Edelbrock (1983), and were chosen because of their reliability, high loading on the subscales of the CBCL, and adaptability to an interview situation. The BPI was designed to encompass domains of behavior similar to the CBCL, but to be much shorter. The BPI provides an overall behavior problems score and scores for six subscales: antisocial behavior (bullies or is cruel or mean to others), anxious/depressed mood (is unhappy, sad, or depressed), headstrong behavior (is disobedient at home), hyperactive behavior (has difficulty concentrating), peer conflict/social withdrawal behavior (has trouble getting along with other children), and immature behavior (clings to adults). Parents indicated on a 3-point scale, from 1 (often true) to 3 (not true), the extent to which the previous statements described the child's behavior during the last three months. The 30 items were reverse coded and summed to construct a total score. Higher scores indicate more behavior problems. The properties of the BPI's overall score and subscale scores have been shown to be satisfactory via factor analyses of the items using principal components analyses followed by a principal components analysis with varimax rotation (Weitzman, Gortmaker, & Sobol, 1992). Based on Cronbach's alpha the total BPI scale has an estimated internal consistency reliability of .90, and reliability averages .70 across the subscales (Gortmaker, Walker, Weitzman, & Sobel, 1990). Cronbach's alpha for the current study was .92. The

CBCL, which the BPI models, has been widely used with Native Americans (see, for example, Chester, Mahalish, & Davis, 1999; Oesterheld, & Haber, 1997).

3.5.2 Gambling Behaviors

Two scales measured gambling: the Pathological Gambling Diagnostic Scale and a measure of gambling frequency. The Pathological Gambling Diagnostic Scale (PGDS), developed by Stinchfield and Winters (2001) from DSM-IV (1994) criteria for pathological gambling, is a 10-item measure of gambling over the past year. Response options are “Yes” (score = 1) or “No” (score = 0). The “Yes” responses are added up and the higher the number of “yesses,” the higher the problem gambling behavior. The ten binary coded items were summed to create a total score. A score of 5 or more indicates a diagnosis of pathological gambling (Stinchfield, 2003). Sample questions include the following: “In the past year, have there been periods when you spent a lot of time thinking about past gambling experiences, thinking about future gambling ventures, or thinking about ways of getting money with which to gamble?” “In the past year, did you feel quite restless or irritable after you tried to cut down or stop gambling?” Stinchfield (2003) reported that the PGDS demonstrated satisfactory reliability, validity, and classification accuracy (vis-à-vis DSM-IV diagnostic criteria) in a study of two groups: a general population sample and a gambling treatment sample. The internal consistency coefficients for the ten criteria were (alpha =) .81, and .77, respectively, for the general population group, and the gambling treatment group. The Cronbach’s alpha coefficient for the present sample was .87.

Gambling frequency was assessed by mothers’ answers to the following question: “On average how often would you say you typically gamble at the casino?” Response options were 0

= hardly ever, 1 = once a month, 2 = 1-3 days a month, 3 = 1-2 days a week, 4 = 3-6 days a week, 5 = daily.

3.5.3 Parenting in the Home Environment

The Home Observation for Measurement of the Environment (HOME) is designed to measure the quality and quantity of emotional support, cognitive stimulation, and structure parents provide to a child in the home environment (Caldwell & Bradley, 1984). The self-report Mother Supplement (MS) version of the 24-item Middle Childhood (MC) HOME (6-10 years) and the 23-item Early Adolescent (EA) HOME (10-15 years) were used in this study. All items were recoded into dichotomous zero-one variables and summed to construct a total score. Higher scores indicate more adequate parenting in the home environment. Every respondent received a home environment score, the younger children from the MC, and the older children from the EA HOME measures. Items from each scale were similar in content and range, and the scoring manual indicates that items encompass characteristic activities of both younger and older children (Caldwell, & Bradley, 2004). Sample questions are: “About how often do you read aloud to your child?” “Does your family encourage your child to start and keep doing hobbies?” “About how many books does your child have?” The HOME was chosen for this study because it is reported to be a useful screening tool for diverse populations (Bradley et al., 2000), was previously used successfully in a Minnesota Department of Health (2002) study of Chippewa Indians, and is consistently found to be associated with child outcomes (Bradley, 1995). Bradley, Caldwell, and Rock (1988) reported an alpha coefficient of .90 for the entire scale. The Cronbach’s alpha coefficients for the present study were low: .52 for the Middle Childhood HOME and .67 for the Early Adolescent HOME. Other studies report alpha coefficients of .52

to .80 for the Middle Childhood HOME, and .53 to .75 for the Early Adolescent HOME (Bradley, Caldwell & Rock, 1988; Bradley et al., 1992).

3.5.4 Parenting Efficacy

The Parenting Efficacy Scale (PES) (Allen, 1993; Dorsey, Klein, & Forehand, 1999) was used to assess mothers' perceived parenting self-efficacy. The original 34-item scale was designed to assess parents' perceptions of their performance with regard to five dimensions of parenting: love (e.g., "I am good at showing my child that I love him/her"), control ("I know how to set the right limits on my child's behavior"), communication ("I am good at communicating my feelings to my child"), education ("I feel that I am doing a good job at teaching my child values"), and general efficacy ("I am confident in my ability as a parent"). In order to utilize parenting efficacy as a single construct, Dorsey et al. (1999) conducted a confirmatory factor analysis which resulted in the present 25-item scale which loaded .40 or above (final alpha=.93). Items are rated on a 4-point Likert-type scale, ranging from never to always. Higher summed scores indicate greater perceived parenting self-efficacy. In the present study the Cronbach's alpha was .95.

3.5.5 Emotional and Instrumental Social Support

Three social support scales were used. To assess emotional support from family and emotional support from friends, mothers were asked to respond "Yes," "No," or "Don't know" to 20 declarative statements regarding support received from family and 20 comparable statements regarding support received from friends (Procidano & Heller, 1983). Scale scores are the total of

item scores and higher scores reflect more perceived social support. Sample items include: “My family (friends) give me the emotional support I need,” “My family (friends) are good at helping me solve problems.” The Perceived Social Support Scale (PSS) has excellent internal consistency, with a reported alpha of .90 (see, for example, Procidano & Heller, 1983). In addition, the test-retest coefficient of stability over a thirty-day period was reported to be .83 (Procidano & Heller, 1983). Items 3, 4, 16, 19 and 20 of the family scale, and items 2, 6, 7, 15, 18, and 20 of the friends scale, were reverse coded and then summed. Higher scores reflect more perceived social support. In the present study the Cronbach’s alpha coefficient was .88 for the Perceived Social Support from Family Scale (PSS-FA) and .90 for the Perceived Social Support from Friends Scale (PSS-FR).

The availability of instrumental support (4 items) was assessed by asking mothers to indicate the level of instrumental help they could acquire from others if such support were needed (McLoyd et al., 1994). Mothers were asked to indicate on a six-point scale, from 0 (never true) to 5 (true all of the time), how true the following statements were for them: 1) “If I need to do an errand, I can easily find a friend or relative living nearby to watch my child (ren);” 2) “If I’m feeling exhausted or depressed, like at the end of a long day, I have to cope alone. There is no one to help me;” 3) “ If I need to buy a pair a shoes for my child(ren) but I am short of cash, there is someone who would lend me money;” and 4)“If I need a ride to get my child to the doctor, there are friends I could call to help me.” Higher scores indicate more availability of instrumental support. Item 2 was reverse coded. Reported alphas have been acceptable, ranging from .63 to .73 (Jackson, Gyamfi, Brooks-Gunn, & Blake, 1998; McLoyd et al., 1994). The Cronbach’s alpha for the present study was .72.

3.5.6 Financial Strain

Financial strain was measured by a scale developed by McLoyd et al. (1994) which asks mothers three questions: 1) “How often in the last 2 years to make ends meet have you borrowed money from family/friends to help pay bills?” 2) “How often in the last 2 years have you decided not to buy something you really needed because you couldn’t afford it?” [Response options are from 1 (not at all) to 4 (a lot).]; and 3) “How difficult is it to pay bills lately?” [Response options are from 1 (not difficult at all) to 4 (very difficult).] Scores were summed to create a total score. Higher scores indicate more financial strain. The Cronbach’s alpha coefficient was .83.

3.5.7 Background Variables

The following background variables were included in analyses: the child’s age and gender (0 = boy; 1 = girl); the mother’s educational attainment (5 point-scale ranging from 1 = grade school to 5 = some education beyond high school), marital status (married, cohabitating, single; coded as not cohabitating = 0, cohabitating = 1, and not single = 0, and single = 1), employment status (“Are you currently working for pay?” Coded as 0 = not employed, and 1 = employed); and household income (10 categories: less than \$5,000 to \$80,000 and above).

3.6 QUALITATIVE DATA MANAGEMENT

Subgroup data consisted of field notes and transcripts of the audio-taped interviews. Data collection and content analysis were concurrent. Step one consisted of developing, checking, and revising patterns, themes and summaries that emerged from the interviews. This process informed subsequent interviews. Step two consisted of transcribing, reading, marking, sorting and counting themes; manual coding and then entering codes into the Atlas-ti qualitative software package to crosscheck the manually gathered data to identify and match patterns as well as build theory. To address the issues of reliability and validity, a second reader read and coded transcripts and consensus with the Investigator was achieved. The final analysis focused on contextual themes related to the mothers' perceptions of what gambling is like for the reservation and for their families.

3.7 HUMAN SUBJECTS

The University of Pittsburgh adheres to all federal regulations pertaining to studies involving human subjects. An institutional Review Board oversees compliance for individual investigators. IRB approval was received for the proposed study.

3.8 DATA COLLECTION

All data were obtained specifically for the research purposes of the present study. The data specifically obtained for this project were collected via confidential questionnaires and interviews. The questionnaires were identified by numbers only; i.e., no specific identifying information was stored with the questionnaires. In particular, consent forms and subject contact information was immediately separated from the questionnaires to protect the confidentiality of participants. These forms were stored and locked separately in a file cabinet. The data were coded and the scales scored by the Principal Investigator; access to the raw data was limited to the Principal Investigator.

4.0 CHAPTER FOUR: RESULTS

The analyses that follow investigated the relationships between and among Native American mothers' gambling behaviors, parenting in the home environment, parenting self-efficacy beliefs, social support, and child behavior problems, both additively and with tests of a series of interactions involving cross-product terms representing gambling times (x), respectively, social support, parenting self-efficacy, and parenting in the home environment. Themes that emerged from the qualitative data also are presented.

The following variables were transformed: Behavior problems (negative reciprocal: skewness = 0.59; kurtosis = -0.14), pathological gambling (square root: skewness = 0.77, kurtosis = -0.63), support/family (squared: skewness = -0.52; kurtosis = -0.78), support/friends (squared, skewness = -0.50; kurtosis = -0.92), and instrumental support (squared: skewness = -0.09; kurtosis, .93). The multiple regression diagnostics suggested no violations of assumptions: residuals were normally distributed and a residual analysis revealed no apparent violations of normality, homoscedasticity, or linearity.

4.1 DESCRIPTION OF THE SAMPLE

There were 150 respondents. Of these, 113 were biological mothers and 35 were non-biological mothers. In this study, all respondents are called mothers because all indicated that they assumed the primary maternal parenting role with the focal child. The mothers ranged in age from 22 to 82 years, with a mean of 41.0 years, and the children (81 girls, 69 boys) ranged in age from 6 to 15 years, with a mean of 10.5 years. Close to a third of the mothers (27.3%) had completed high school, over half (53.3%) had some education beyond high school, and, of these, 6.0% had a bachelors degree. Of the 150 mothers, 111 were employed (98 on the reservation) and 39 were nonemployed. The majority (58.7%) were single, 25.3% were married, and the rest were cohabitating (16.0%). About a fourth of the mothers had a total yearly household income of between \$20,001 and \$30,000 (26.0%). Means, standard deviations, and ranges for the study variables are depicted in Table 1.

Table 1: Means, Standard Deviations, Ranges, and Percentages of the Study Variables

Variable	Mean/Mdn	SD	Range	Percentage
Mother's education	4.09	1.07	1-5	---
Child's age	10.52	3.14	6-15	---
Employed	.74	.44	0-1	74.0
Cohabiting	.16	.37	0-1	16.0
Single	.59	.49	0-1	58.7
Household income ^a	3.46	1.87	0-8	---
Financial strain	2.47	1.03	1-4	---
Pathological gambling ^b	0.00	2.28	0-10	---
Gambling frequency	1.95	1.50	0-5	---
Parenting (HOME)	16.35	3.12	0-22	---
Parenting efficacy	3.37	.44	1-4	---
Support/family ^b	16.00	4.65	0-20	---
Support/friends ^b	16.00	4.99	0-20	---
Instrumental support ^b	3.75	.79	0-5	---
Behavior problems ^b	1.27	.30	1-3	---

Note. ^a Household income is based on 10 categories: less than \$5,000 to \$80,000 and above. A mean of 3.46 would be less than \$20,000 per year. ^b For these transformed variables the median is reported as the measure of central tendency.

4.2 DESCRIPTIVE ANALYSES

Correlational analyses for the sample as a whole revealed that higher symptoms of pathological gambling were associated with more frequent gambling ($r = .50, p < .01$), less adequate parenting in the home environment ($r = -.20, p < .05$), and more child behavior problems ($r = .24, p < .01$) (see Table 2). More adequate parenting in the home was associated with higher parenting self-efficacy ($r = .23, p < .01$), greater access to social support from family/friends (respectively, $r = .29, p < .01$; $r = .36, p < .01$), more instrumental support ($r = .19,$

$p < .05$), and fewer child behavior problems ($r = -.36, p < .01$). Higher parenting efficacy was associated with higher social support from family/friends respectively ($r = .18, p < .05$; $r = .28, p < .01$), higher instrumental support ($r = .19, p < .05$), and fewer child behavior problems ($r = -.23, p < .01$). Social support from friends was positively associated with social support from family ($r = .48, p < .01$). Higher instrumental support was associated with fewer child behavior problems ($r = -.18, p < .05$).

Higher educational attainment was associated with being employed ($r = .23, p < .01$) and having higher income ($r = .28, p < .01$). Being single was associated with less income ($r = -.41, p < .01$), more financial strain ($r = .22, p < .01$), and less adequate parenting in the home environment ($r = -.31, p < .01$). Higher income was associated with being employed ($r = .22, p < .01$), less financial strain ($r = -.17, p < .05$), more adequate parenting in the home ($r = .19, p < .05$) and greater access to social support from family ($r = .19, p < .05$). Financial strain was associated positively with symptoms of pathological gambling ($r = .25, p < .01$) and child behavior problems ($r = .31, p < .01$), and negatively with parenting in the home environment ($r = -.23, p < .01$) and parenting self-efficacy ($r = -.20, p < .05$).

Table 2: Correlations Between Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Mother's education	---															
2. Child's gender	-.17*	---														
3. Child's age	.05	-.01	---													
4. Employment status	.23**	.01	.17*	---												
5. Cohabiting	.03	.04	-.07	.05	---											
6. Single	-.06	-.01	-.10	-.06	-.52**	---										
7. Household income	.28**	-.06	.19*	.22**	.07	-.41**	---									
8. Financial strain	.06	.11	-.09	-.06	.04	.22**	-.17*	---								
9. Pathological gambling	.09	-.07	.03	.02	-.01	.04	.07	.25**	---							
10. Gambling frequency	.05	.07	.11	-.01	.06	-.12	.07	-.02	.50**	---						
11. Parenting (HOME)	.14	-.03	-.04	.06	.09	-.31**	.19*	.23**	-.20*	-.03	---					
12. Parenting efficacy	-.12	.06	.03	-.02	.07	-.13	-.02	-.20*	-.12	-.02	.23**	---				
13. Support/family	.06	.03	.15	.07	.01	-.13	.19*	-.11	-.07	.11	.29**	.18*	---			
14. Support/friends	.10	-.09	.05	.11	-.01	-.12	.14	-.14	-.09	-.08	.36**	.28**	.48**	---		
15. Instrumental support	.03	-.01	-.08	.04	-.08	.07	-.06	-.07	-.02	-.04	.19*	.19*	.07	.13	---	
16. Behavior problems	.06	-.01	.17*	.03	-.01	.12	.06	.31**	.24**	.14	-.36**	-.23**	-.07	-.12	-.18*	---

Note. Dummy codes for gender: 0 = boy; 1 = girl. Dummy codes for employment status: 0 = nonemployed; 1 = employed. Dummy codes for cohabiting: 0 = not cohabiting; 1 = cohabiting. Dummy codes for single: 0 = not single; 1 = single. * $p < .05$. ** $p < .01$. *** $p < .001$.

4.3 MULTIPLE REGRESSION ANALYSES

To investigate predictors of child behavior problems, a series of multiple regressions was conducted. The first regression equation tested the additive effects on child behavior problems of the mothers' education, marital and employment statuses, gambling behaviors, parenting behavior and efficacy, access to social support, the child's age and gender, and the economic variables (see Table 3, Model 1). Most of the cross-product terms, added one at a time to the additive model, were nonsignificant. Two achieved significance (gambling frequency x social support from family and gambling frequency x the child's gender) and are depicted in Models 2 and 3 of Table 3.

Table 3 indicates that the additive model accounted for 26% of the variance in child behavior problems and that more financial strain ($\beta = .22, p < .01$), and less adequate parenting in the home environment ($\beta = -.26, p < .01$) were each found to be unique predictors of child behavior problems, accounting for 9% of the variance. Model 2 (Table 3) shows the test of whether the relationship between gambling frequency and child behavior problems was moderated by social support from family. Total variance in child behavior problems in this model was 31% and the interaction between gambling frequency and social support from family was significant ($\beta = -.59, p < .01$). Social support from family moderated the relationship between maternal gambling frequency and child behavior problems. More explicitly in a subgroup analysis, as gambling frequency increased, child behavior problems increased, especially when mothers had less access to social support from family (low support: $\beta = .33, p < .05$; high support: $\beta = -.05, p > .10$). Model 3 (Table 3) shows the test of whether the relationship between

gambling frequency and child behavior problems was moderated by the child's gender. The total variance accounted for was 30% and the results show that the interaction between gambling frequency and gender was significant ($\beta = -.36, p < .05$). The child's gender seems to moderate the relationship between maternal gambling frequency and child behavior problems. More explicitly, in a subgroup analysis, mothers with boys ($\beta = .28, p < .05$) but not those with girls ($\beta = -.06, p > .10$) were more likely to have a child with behavior problems when they gambled more frequently.

Table 3: Multiple Regression Analyses for Variables Predicting Child Behavior Problems

Variable	Additive	Interaction	Interaction
	Model 1	Model 2	Model 3
Mother's education	.01	.01	-.02
Child's gender	-.03	-.04	.20
Child's age	.15	.16*	.15
Employment status	.01	-.01	.01
Cohabiting	.05	.08	.08
Single	.09	.12	.11
Household income	.13	.13	.14
Financial strain	.22**	.22**	.23**
Pathological gambling	.05	.02	.05
Gambling frequency	.09	.57**	.28*
Parenting (HOME)	-.26**	-.25**	-.25**
Parenting efficacy	-.10	-.12	-.13
Social/family	-.01	.24*	.01
Social/friends	.04	.04	.03
Instrumental support	-.08	-.07	-.07
Gambling frequency \times social/family		-.59**	
Gambling frequency \times gender			-.36*
F	3.23***	3.72***	3.52***
R ²	.26	.31	.30
Adj. R ²	.18	.23	.21

Note. Dummy codes for gender: 0 = boy; 1 = girl.

Dummy codes for employment status: 0 = nonemployed; 1 = employed.

Dummy codes for cohabitating: 0 = not cohabitating; 1 = cohabitating.

Dummy codes for single: 0 = not single; 1 = single.

* $p < .05$. ** $p < .01$. *** $p < .001$.

4.4 QUALITATIVE ANALYSIS

Quantitative and qualitative data collection occurred concurrently. The quantitative statistical procedures were prioritized and the qualitative content analysis of the subgroup (n = 20) served as a complement to the quantitative data. The subgroup sample consisted of 15 mothers, 4 grandmothers, and 1 stepmother.

Using the constant comparative method, the codes and themes were compared continually within and between each other until the substantive properties of the overall themes were defined (Riessman, 1994). A theme is a pattern in the data that describes and organizes concepts (Boyatzis, 1998). Several themes emerged from the data; some were anticipated from the pilot study but others were unanticipated. To generate themes, repeating ideas (Auerbach & Silverstein, 2003) were first manually organized into 35 coding categories. From these 35 coding categories 8 codes related to the study hypotheses regarding gambling behaviors and symptoms, families, and children were chosen for analysis with the Atlas-ti software program (see Table 4).

From this analysis, which included output on the frequency of quotations related to the codes, the following themes emerged: 1) mothers' concerns regarding spending money and time at the casino, and guilt and remorse over how these affect their children and families; 2) mothers' reports of the positive economic benefits of the jobs and educational opportunities now available to them; 3) mothers' concerns that while there are increased opportunities to socialize and reduce their stress while gambling, that there is no culturally appropriate gambling treatment program on the reservation. In the following section interpretations are intertwined with quotations to illustrate the themes.

Table 4: Atlas-ti Codes

Codes	
1.	Addiction.
2.	Ten Pathological Gambling Diagnostic Scale items.
3.	Four gambling behaviors items.
4.	Participant's gambling problems.
5.	Participant's family gambling problems.
6.	Options for women.
7.	Free time and socializing.
8.	Stress reduction.

1. *Mother's concerns regarding spending money and time at the casino, and guilt and remorse over how these affect their children and families.*

Qualitative data analysis supported findings from the quantitative data analyses, and provided information not available in those analyses. Two themes regarding gambling behaviors dominated the narratives: the “amount of money” and the “amount of time” spent gambling at the casino. Respondents commented that these gambling behaviors affected their families and they felt guilty and remorseful because of this. For example, one mother described how she felt guilty because her gambling took “money” away from her family and away from her own personal basic needs:

You have feelings of, or pangs of guilt, even though it's not three hundred dollars or three thousand dollars, it's still something that I took away from my family or myself, I could of gotten...those new pair of shoes

that I needed...or on Monday I won't be able to buy my kids meals for the week, I'm going to have to figure out how to do that.

One respondent talked about how the “amount of money” spent at the Casino is related to Indian peoples’ love of games in an historical and cultural sense and how that “love of games” has affected their gambling behaviors to the point where they now have a gambling problem:

You know they love gambling, and that's something about Indian people, too, I believe is true, that they love games of chance, and this has been you know growing here a little bit every year, and every year it's been getting bigger and bigger, and, well people go and people spend more money you know they just, it escalates in their lives.

A recurrent comment related to the “amount of money” spent gambling was respondents’ feelings of being “down” because of this loss of money and how they made a conscious effort to “self-correct” their gambling behaviors because they realized they were addicted to gambling. One respondent decided to spend less money gambling as she became aware of the destructiveness of her own behaviors and her inability to get a handle on it. She shared her reasons for the change in her gambling behaviors:

It can bring you down, because sometimes you gamble away all your bill money, and you gamble away money that you could use to buy stuff for your house, and you just got to decide what's important, gambling, or living, that's the way I looked at it.

Another respondent recalled how she limits the “the amount of time” spent gambling because of the effect on the children. She stated, “I realize I could be doing something else. I'm aware of...other situations where children would wonder, when is my parent coming home?”

2. *Mothers’ reports of the positive economic benefits of the jobs and educational opportunities now available to them.*

A widespread theme was the effect of the existence of the casino on the lives of the tribal women in terms of opportunities available to them in the form of jobs and education. The following comments are related to the women's jobs and the effect on welfare enrollment:

- * I think it's good; it's put a lot of people to work.
- * Most of our young mothers are employed by the casino.
- * Our casino's a big benefit to us, it helps us pay the bills and, it took a lot of people off welfare.
- * Some mothers... most of the kids don't have their fathers, and all the moms got to work and...they were home taking care of the kids and, you know struggling to find, where are we going to get enough food, where are we going to get the money for the rent, ...you only got so much you get from AFDC.

Other respondents talked about their ability to attend school while working for the tribe at the casino or at other newly opened tribal businesses. Recall that the results of the quantitative data established that 80 of the women had some education beyond high school.

- * I went to school, they had the Community College, they had it down here...and that's why I went because they offered it here, I never probably would of went, because I got married, and had my kid, and I was planning on going to school but...then I went down here and I actually, I made honors, I graduated with high honors...they're good educators but they're also lenient because they know, the women on the rez...have kids, and they're working, and they're trying to take care of their kids.
- * I signed up for school...full time for three years...they were really flexible...they would work around my school schedule.

3. *Mothers' concerns that while there are increased opportunities to socialize and reduce their stress while gambling, that there is no culturally appropriate gambling treatment program on the reservation.*

A consistent theme among the women was how much socializing occurred with family and friends while gambling:

- * Sometimes people will just go there and they'll, you know go up to one of their friends and just sit there and ...visit with them.
- * I've got five siblings there's been times all five of us, but then my Mom and Dad walk in...we have our little family gathering down at the casino.
- * And for the elders that sit in their room all day, do nothing...that is their excitement to get out and go to the casino.
- * It was a socialization thing to get out of the house because I don't drink, and I don't go out and socialize.
- * Indian or white or whatever and...they're sharing more, talking.

Also, women said that gambling reduced their stress:

- * And then they go home and they feel a little better, less stressed out, because they went and they just kind of got it out of their system... and for the kids, besides, that's the benefits because you know the parent leaves and isn't stressed.
- * I work...I have the eight kids...it's my time to just sit, to think about my day...to be waited on with soda...you're treated actually pretty nice... plus you can talk with people, I've had good conversations with women, you know we sit and laugh, and talk versus sitting at home, sweeping the floor, mopping...for me...it's interaction time...about socializing versus [at work] and at home.

It was common for the women to openly discuss their own gambling problems and their need for a culturally appropriate treatment program to address the problem. Recurring comments about gambling problems and the need for a treatment program are the following:

- * I think I have a gambling problem you know.
- * I really am in denial...I think it would be helpful if they had something right here on the Reservation...a group that you know that will be right there in case you needed that help immediately...you really have to have those resources close by.
- * I'd like to see is, I don't know that we have a really strong gambling cessation program here.

- * I also believe that in our community we have the ability to help ourselves, that we don't have to go outside of our community to find experts...it would make our community stronger if we had something here that was Native American and culturally relevant.

One woman talked about her efforts to treat her gambling problem via a traditional Native American healing method, which did help to reduce her gambling behaviors:

I started going to sweats and I started talking to the Creator about, that I had a problem, and I know what it's like to have an addiction. I started asking the Creator to help me, help me get rid of that urging; give me something else I could do.

5.0 CHAPTER FIVE: DISCUSSION AND CONCLUSION

Studies have not addressed maternal gambling behaviors of Native American women and the effect on child outcomes. This study begins to fill this gap by examining the relations between and among Native American women's gambling, parenting in the home environment, parenting self-efficacy beliefs, social support, and child behavior problems in a sample of Native American mothers recruited from the Bad River Casino. Theoretically, positive relationships were expected between maternal gambling and child behavior problems, and between access to helpful emotional and instrumental support and more adequate (and efficacious) parenting in the home environment. The further expectation was that the negative influence of maternal gambling and child developmental outcomes would be moderated by increased access to emotional and instrumental support from friends and family, by higher parenting self-efficacy beliefs, and by more adequate parenting in the home environment. Social cognitive theory posits that parenting self-efficacy and social support can influence children's developmental outcomes through their impact on family processes.

In this chapter, first, the findings are summarized. Then, the research hypotheses are discussed in the context of the overarching framework of the ecological perspective, social cognitive theory, and the empirical evidence. This is followed by a discussion of the qualitative results, which complement the central study. The chapter ends with policy implications and suggestions for future research.

5.1 SUMMARY AND DISCUSSION

This study investigated whether and how the gambling behaviors of Native American mothers are associated with outcomes for their children. It also examined the mothers' parenting practices and access to social support as factors that might moderate the negative effects of gambling on their children. In so doing, three hypotheses were tested:

- Higher scores on measures of gambling frequency among Native American mothers will be associated with more behavior problems in their children.
- Greater access to emotional and instrumental support, higher parenting self-efficacy, and more adequate parenting in the home environment will be associated with fewer child behavior problems.
- Greater access to social support, higher parenting self-efficacy, and more adequate parenting in the home environment will moderate the relationship between maternal gambling and child behavior problems.

These hypotheses were partially supported. Correlational analyses indicated that higher pathological gambling scores (but not greater gambling frequency), greater access to instrumental support (but not emotional support from friends and family), higher parenting self-efficacy, and more adequate parenting in the home environment were associated significantly and in the expected directions with child behavior problems. In addition, multiple regression analyses revealed that greater maternal financial strain and less adequate parenting in the home environment together explained 9 percent of the variance in child behavior problems and that access to social support from family moderated the relationship between maternal gambling

frequency and child behavior problems. Social support from family explained an additional 5 percent of the variance in child behavior problems. Although no direct associations were found between social support from friends and family and child behavior problems, the results do show that social support from family seems to matter for its moderating effect on the relationship between mothers' gambling frequency and child behavior problems. More precisely, the significant and negative interaction effect of gambling frequency \times social support from family in the multiple regression of child behavior problems suggests that when mothers gambled more frequently, their children's behavior problems increased, especially when there was less access to social support from family. Stated differently, more frequent maternal gambling predicted fewer behavior problems in children whose mothers had greater access to social support from family. These findings are consistent with the ecological perspective, social cognitive theory, and with other empirical studies.

For example, Bronfenbrenner's (1979, 1986) person-process-context model posits that personal characteristics of family members (mothers' gambling and parenting self-efficacy), family processes (parenting in the home environment), and particular external environments (mothers' access to social and instrumental support, financial strain) are associated with children's developmental outcomes. Recall that in this study, the child's ecological environment was composed of the microsystem (the home environment), the mesosystem (relations between the mothers and extended family members and friends), and the exosystem (relations between children and their mothers and between the mothers and the gambling casino). The macrosystem would include broader cultural or socioeconomic environments and these are represented in this study by the mothers' perceptions of financial strain, their qualitative perceptions of the casino (discussed later), as well as the ecological cultural heritage of Native American peoples. By the

latter is meant that Native Americans, as stated earlier, have practiced balance in their ecosystems and value this ideal (Good Tracks, 1973; Joe, 1989; Gross, 1995). A great deal of importance is placed on human ecology by way of tribal structures, clan formation, and family interdependence (Red Horse, 1980). The finding in this study that gambling was less harmful to children when social support from family was present is consistent with the importance of interpersonal relationships (microsystems) and social support networks (mesosystems) in the Native American culture vis-à-vis communal parenting of children (Harrison, Wilson, Pine, Chan, & Buriel, 1990). Others have found that the quality of support received is consistently related to the quality of parenting and, thereby, positive child developmental outcomes (MacPhee et al., 1996). The mechanism, some believe, may be that parenting behavior is regulated by other tribal members (MacPhee et al., 1996).

Social cognitive theory postulates that parents with higher self-efficacy are more likely to seek and get helpful support from others (Bandura, 1997). Such support, as suggested above, serves as a protective factor in difficult social contexts (McLoyd, 1990; Rutter, 1987). In this study, in addition to the finding vis-à-vis the interaction of social support from family and gambling frequency as a predictor of fewer behavior problems, child behavior problems also were associated negatively with mothers' self-efficacy beliefs.

The importance of parenting in the home environment, parenting self-efficacy, and access to helpful social and instrumental support in low-income populations is well documented (Bradley & Caldwell, 1984; Colletta & Lee, 1983; Jackson, 1993; McLoyd & Wilson, 1991; Simons et al., 1992; Yoshikawa, 1994). Thus, the findings in this study are consistent with past research.

In this study, it appears that the effect of mothers' gambling frequency was more negative for boys than for girls. Explicitly, the significant and negative interaction effect of gambling frequency \times gender in the multiple regressions of child behavior problems—a supplementary analysis suggested by previous research (Conger et al., 1992; Jackson et al., 2000; McLoyd, 1990; Werner & Smith, 1982)—indicates that mothers with boys in comparison to those with girls were more likely to have a child with behavior problems when they gambled frequently. One explanation for this finding, as suggested earlier, is that boys may be more vulnerable than girls to negative influences in the family (McLoyd, 1990; Werner & Smith, 1982). Others have found gender differences favoring girls in outcomes for children associated with maternal psychological functioning and parenting in the home environment (Jackson et al., 2000; Kohn & Rosman, 1973; Crijinen, Achenbach, & Verhulst, 1997, for example).

Maternal pathological gambling did not achieve significance in the additive regression model, even though correlational analyses indicated that it was positively associated with child behavior problems. The nonsignificance of this variable in the multiple regression analyses may be attributable to the fact that the average mother in this study was not a pathological gambler (89%). The mean of 1.49 (range = 0-10) on this measure in this study was quite low; e.g., in another study, a mean of 8.6 was reported (Stinchfield, 2003). Secondary analysis revealed that with a three category rescoring (80 respondents who reported “no gambling problems”, 53 respondents who reported “some gambling problems”, and 17 respondents who reported “pathological gambling problems”) the one way ANOVA was ($F = (2, 147) = 5.043, p < .01, \eta^2 = .06$). A Bonferroni post hoc analysis revealed that there was a significant difference in child behavior problems at the $p < .05$ level between those reporting no gambling problems (mean = 7.96) and those reporting pathological gambling problems (mean = 12.41). Still, given that the

present sample was both small and nonrandom, it is not known whether only nonpathological gamblers came to the casino on the days the sample was recruited or whether the measure of pathological gambling used in this study was not sufficiently sensitive to distinguish between pathology and non-pathology among Native American women. This is a matter for future research.

Finally, lending weight to the significance of financial strain in the multiple regression of behavior problems—i.e., that financial strain, together with less adequate parenting in the home environment, predicted more child behavior problems—is a recent longitudinal study on another Indian reservation that found that when the financial resources of families improved (due to the opening of a casino), so did behavior problems among Native American children on the reservation (Costello, Compton, Keeler, & Angold, 2003).

Turning now to the qualitative results, recall that the emergent themes of the qualitative results were the mothers' concerns about spending money and time at the casino, their perceptions of the economic benefits of the jobs and educational opportunities available to them, increased opportunities to socialize and reduce their stress while gambling, and the need for culturally appropriate gambling treatment programs on the reservation.

The mothers' concerns about spending time and money at the casino and the effects of these on their own and their children's lives confirms the findings of a recent qualitative study of 15 children of parents who gambled. In the latter study, the children stated that they were not being cared about, that they lost trust in their parents, and that their celebratory family events were not occurring because their parents spent money and time at the casino (Darbyshire, Oster & Carrig, 2001).

On a more positive note, mothers in the present study indicated that the impact of gambling on tribal economic resources benefited the women in terms of increased employment, decreased welfare, and increased educational opportunities. As casino operations support economic development models they also bring an increase in employment opportunities (Felsenstein, Littlepage, & Klacik, 1999), especially for women. Brzuzy, Stromwall, Sharp, Wilson, and Segal (2000) reported that gambling casinos offer economic opportunities for Native American women who, along with their children, are one of the poorest groups in the nation. Recall that in the present study, 74% of the women were employed and, of these, 65% were employed on the reservation. One Tribal official estimated that, since the opening of the casino, the number of families on welfare on the Bad River Indian Reservation has gone from 234 to 15 (S. Kolodziejcki, personal communication, June 21, 2004). The present results indicate, moreover, that just over half of the mothers in this study ($n = 80$) had some education beyond high school. The latter, in turn, was associated significantly with being employed and having higher income. Worthy of note also is the fact that a tribal community college is now located on the reservation (in rooms at the casino facility).

Additionally, the dominant qualitative theme in this study—that the women had more opportunities to socialize and reduce their stress while gambling at the casino—is consistent with the findings of others. More explicitly, Vander Bilt, Dodge, Pandav, Shaffer, & Ganguli (1999) found that gambling was associated with increased social support, lower depression scores, and better health. Similarly, Lesieur, & Blume (1991) found that gambling was associated with reduced stress among women with personal and/or familial problems.

5.2 POLICY IMPLICATIONS AND FUTURE RESEARCH

Returning now to the quantitative data, it is noteworthy that even though few mothers gambled pathologically (11%), correlational analysis indicated that scores on pathological gambling were significantly related to more behavior problems in the children. This is consistent with previous studies that suggest that maternal pathological gambling has negative effects on children (Lorenz, 1987, Darbeyshire et al., 2001). Even though the majority of the mothers in this study indicated that they were not pathological gamblers, there is a need to educate mothers and tribal council members about the potential for child behavior problems to occur if maternal gambling behaviors are at a high level.

Another important finding of this study is that the effect of more frequent maternal gambling on behavior problems in children seems to depend on the mothers' access to social support from family. Within Native American families, some have found that family structure is essential to the economic and social survival of members (Horejsi & Craig, 1992). Others have found that on reservations, social support from family is already typically provided because of living arrangements that ensure that there are more family members living nearby, or in the home, and contributing to the household income (Yee, 1990; Williams, 1980). Intervention programs on the reservation that enhance supportive networks and that educate mothers about the links between and among social support from family, more adequate parenting in the home environment, and outcomes for children in families in which parental gambling may be a problem would be an important first step in reducing the effect of frequent gambling on children. Studies have found that helpful social support influences children's development through its effect on maternal behavior (see, for example, Crnic et al., 1983).

Additionally, the findings in the present study that child behavior problems depend on the level of mothers' financial strain and the quality of mothers' parenting in the home environment are in accord with the spirit of the federal Indian policy of self-determination. Specifically, according to a report to the National Gambling Impact Study Commission (Cornell, Kalt, Krepps, & Taylor, 1998), this self-determination policy led to the passage of the Indian Gaming Regulatory Act in 1988 which encouraged gambling on reservations to foster economic development and to raise the standard of living on poverty-stricken reservations; i.e., those whose per capita income was 40% of the national average (Cornell et al.). This report indicates further that the gambling self-determination policy was the only federal policy that produced lasting effects for tribes, inasmuch as the unemployment rate (38%) on 214 reservations with casinos decreased by 13% from 1989 to 1995. Studies have shown that the financial and psychological benefits associated with maternal employment are so considerable that children whose mothers are employed demonstrate better developmental outcomes than low-income children whose mothers are not employed (Desai, Chase-Lansdale, & Michael, 1989; Jackson, 2003; Vandell & Ramanan, 1992). And, although the casino jobs available to Native American women on the reservation are lower paying than off-reservation jobs, they are higher paying than other reservation jobs (Cornell et al.). These jobs need to continue to exist to provide mothers with a living wage, and benefits.

Limitations in the research should be noted. First, the results of a study on one reservation cannot be generalized beyond the sample, setting, and population. Second, the data are cross-sectional and, therefore, provide no basis for inferences about causality. Third, because numerous interaction tests were explored, the obtained significant interactions may have emerged due to chance. It should be noted, however, that the significant interactions that did

emerge were consistent with expectations based on theory and past research. Fourth, the study measures were obtained from maternal self-reports and the extent to which they correspond to actual behaviors is not known.

Finally, this study is important because it contributes to the much needed data base concerning gambling on Indian reservations. However, these findings need to be replicated and extended to include other bands of the Chippewa tribe and tribes on other reservations. Since financial strain was a significant predictor of child behavior problems, an important question is: How do families on per-capita and non-per-capita reservations differ in their experiences of economic hardship and financial strain? Another is: How are economic hardship and financial strain, in turn, associated with parenting in the home environment and child outcomes in Native American families in which mothers gamble? And further: What factors moderate negative effects associated with financial strain and maternal gambling for Native American children? Studies of this kind might also include multiple sources of information about the perceived social and economic consequences of reservation gambling for Native American families and children. Data could be gathered on children's behavioral functioning using multiple sources, including teachers and other professionals (in addition to parents). Also, in the present study, since mothers in the qualitative subsample spoke quite openly about being problem gamblers—even though the mean for pathological gambling in the full sample was quite low—it might be appropriate for future studies to include focus groups of Native Americans who might review existing gambling measures in order to provide feedback on their utility and cultural suitability.

APPENDIX A

UNIVERSITY OF PITTSBURGH IRB APPROVAL




University of Pittsburgh

Institutional Review Board

3500 Fifth Avenue
Ground Level
Pittsburgh, PA 15213
(412) 383-1480
(412) 383-1146 (fax)

MEMORANDUM:

TO: Sandra Momper, M.S.W.

FROM: Christopher Ryan, Ph.D., Vice Chair 

DATE: March 15, 2004

SUBJECT: IRB#: 0402078: Maternal Gambling, Parenting in the Home Environment, and Child Outcomes in Native American Families

The above-referenced proposal has received expedited review and approval from the Institutional Review Board under 45 CFR 46.110 (7).

Please note that the advertisement that was submitted for review has been approved as written.

If applicable, please include the following information in the upper right-hand corner of all pages of the consent form:

Approval Date: 03/15/2004
Renewal Date: 03/14/2005
University of Pittsburgh
Institutional Review Board
IRB# 0402078

Adverse events which occur during the course of the research study must be reported to the IRB Office. Please call the IRB Adverse Event Coordinator at 412-383-1145 for the current policy and forms.

The protocol and consent forms, along with a brief progress report must be resubmitted at least **one month prior** to the expiration date noted above for annual renewal as required by Assurance No. M-1259, given to DHHS by the University of Pittsburgh.

Please be advised that your research study may be audited periodically by the University of Pittsburgh Research Conduct and Compliance Office.

APPENDIX B

TRIBAL COUNCIL APPROVAL LETTER

Momper, Sandra L.

BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

CHIEF BLACKBIRD CENTER

P.O.Box 39 • Odanah, Wisconsin 54861

February 23, 2004

To Whom It May Concern:

Sandra Momper was present at a Special Meeting of the Bad River Tribal Council on September 11, 2003.

The Tribal Council has granted her permission to conduct her dissertation on Indian women and Gambling on the Bad River Reservation.

She has recently conducted a successful pilot study here on February 23, 2004, and has permission to conduct the full study here, also.

If further information is needed, please call.

Sincerely,



Sandra M. Kolodziejki
Tribal Council Secretary

Cc: file

APPENDIX C

CONSENT FORM

LETTERHEAD

University of Pittsburgh
Institutional Review Board
Approval Date: 3/15/2004
Renewal Date: 2/16/2005
IRB Number: 0402078

CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY

TITLE: Maternal Gambling, Parenting In the Home Environment, And Child Outcomes In Native American Families.

PRINCIPAL INVESTIGATOR: Sandra L Momper, Ph.D. Candidate
School of Social Work
2203 Cathedral of Learning
Pittsburgh, PA 15260
(412) 624-0071

DISSERTATION CHAIRPERSON: Aurora P. Jackson, Ph.D.
Associate Professor of Social Work
2217 C Cathedral of Learning
Pittsburgh, PA 15260
(412) 624-6643

SOURCE OF SUPPORT: None

Why is this research being done?

We are conducting a study of mothers and their children. The study will help us learn more about gambling and Native American family life. The study will include filling out a questionnaire about you and your child, which will take about 30 to 45 minutes to complete. You may also be asked to participate in an interview that will take an additional hour to complete. In this interview we want to know about your views on this subject. This information will be used to inform policies and programs for Native American families.

Who is being asked to take part in this research study?

This study will include 150 Native American mothers with a child between 6 and 15 years of age.

Participant's Initials _____

What procedures will be performed for research purposes?

If you decide to participate in this research study, you will be asked to fill out a questionnaire which will take 45 minutes to an hour to complete. You can ask any questions regarding the questionnaire any time during or after the completion of the questionnaire.

You may be asked to participate in an interview that will involve going to a private room to talk with the principal investigator for about an hour about your views on this subject. This interview will be audio-taped. Participants for this portion of the study will be randomly selected (like a lottery).

What are the possible risks, side effects, and discomforts of this research study?

Risks are minimal. You do not have to answer any questions that you would feel uncomfortable answering, you may skip those questions. You may stop answering questions at any time. However, a potential risk in participation in any kind of study in which information of a personal nature is obtained is that this information could be used for purposes other than those agreed to. To eliminate these risks, all records, related to your involvement and your child's involvement in this research study will be stored in a locked file cabinet. The only place your name appears is on this consent form, which will be kept separate from the completed questionnaire. Your identity on the questionnaire will be indicated by a case number rather than your name, and the information linking these case numbers with your identity will be kept separate from the research records. If you participate in the audio-taped interview this tape will be labeled with a case number rather than your name, and will be kept in a separate locked file. Any information about you and your child obtained from this research will be kept as confidential (private) as possible. You will not be identified by name in any publications of the research results. You should be aware, however, that if the researchers learn that you or someone with whom you are involved is in serious danger of potential harm, they will need to inform, as required by Wisconsin law, the appropriate agencies.

What are the possible benefits from taking part in this study?

You will likely not receive direct benefits from taking part in this research study. However, the information you provide will add to our understanding of gambling and Native American family life. This information can be used to inform programs and policies that might benefit Native American families.

Will I be paid if I take part in this research study?

You will be paid \$20 when you complete the questionnaire. If you are randomly selected for the hour long audio-taped interview you will be paid an additional \$20.

Who will have access to identifiable information related to my participation in this research study?

In addition to the investigators listed on the first page of this authorization (consent) form and her research assistant, the following individuals will or may have access to identifiable information related to your participation in this research study:

Authorized representatives of the University of Pittsburgh Conduct and Compliance Office may review your identifiable research information for the purposes of monitoring the appropriate conduct of this research study.

Participant's Initials _____

In unusual cases, the investigator may be required to release identifiable information related to your participation in this research study in response to an order from a court of law. If the investigators learn that you or someone with whom you are involved is in serious danger of potential harm, we will need to inform, as required by Wisconsin law, the appropriate agencies.

For how long will the investigators be permitted to use and disclose identifiable information related to my participation in this research study?

The investigators may continue to use and disclose, for the purposes described above, identifiable information related to your participation in this research study for a minimum of 5 years and for as long (indefinite) as it may take to complete this research study.

Is my participation in this research study voluntary?

Your participation in this research study, to include the use and disclosure of your identifiable information for the purposes described above, is completely voluntary. Whether or not you provide your consent for participation in this research study will have no affect on your current or future relationship with the Bad River Lodge and Casino.

May I withdraw, at a future date, my consent for participation in this research study?

You may withdraw, at any time, your consent for participation in this research. To formally withdraw your consent for participation in this research study you should provide a written and dated notice of this decision to the principal investigator of this research study at the address listed on the first page of this form. Your decision to withdraw your consent for participation in this research study will have no affect on your current or future relationship with the Bad River Lodge and Casino.

Participant's Initials _____

VOLUNTARY CONSENT

The above information has been explained to me and all of my current questions have been answered. I understand that I am encouraged to ask questions about any aspect of this research study during the course of this study, and such future questions will be answered by the researcher listed on the first page of this form.

Any questions which I have about my rights as a research participant will be answered by the Human Subject Protection Advocate of the IRB Office, University of Pittsburgh (1-866-212-2668).

By signing this form, I agree to participate in this research study.

Participant's Signature

Date

CERTIFICATION OF INFORMED CONSENT

I certify that I have explained the nature and purpose of this research study to the above-named individual(s), and I have discussed the potential benefits and possible risks of study participation. Any questions the individual(s) have about this study have been answered, and we will always be available to address future questions as they arise.

Printed Name of Person Obtaining Consent

Role in Research Study

Signature of Person Obtaining Consent

Date

APPENDIX D

MOTHERS QUESTIONNAIRE

Respondent # _____

MOTHERS QUESTIONNAIRE

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BOOZHOO
ABOUT YOUR CHILD

1. Is your focal child a boy or a girl? **(Circle number)**

1 BOY

2 GIRL

2. How old is he/she? _____ **YEARS OLD.**

3. When was she/he born?

_____ **19** _____
(MONTH) (DAY) (YEAR)

ABOUT YOUR HOME

FILL THIS SECTION OUT IF YOUR CHILD HAS HAD HIS/HER 6TH BIRTHDAY, BUT NOT HAD HIS/HER 10TH BIRTHDAY.

SKIP TO PAGE 14 IF YOUR CHILD HAS HAD HIS/HER 10TH BIRTHDAY.

INSTRUCTIONS TO MOTHER:

- We are interested in your family's lifestyle and rules.
 - Some questions you answer with a **YES** or **NO** or other word or phrase. Please **circle** the number that goes with the answer you choose.
 - Other questions have lines for you to write your answer on.
 - If any question is not clear, please circle the entire question and ask one of us about it when you have finished the survey.
-

1. About how many books does your child have?

(CIRCLE ONE)

- NONE..... 1**
1 OR 2 2
3 TO 9 3
10 OR MORE 4

2. About how often do you read aloud to your child?

(CIRCLE ONE)

- NEVER... 1**
SEVERAL TIMES A YEAR..... 2
SEVERAL TIMES A MONTH..... 3
ABOUT ONCE A WEEK..... 4
AT LEAST 3 TIMES A WEEK..... 5
EVERY DAY..... 6

3. In addition to reading story books adults sometimes tell stories to their child about their life or tribal history. How often in the past week did you do this with your child?

(CIRCLE ONE)

- NEVER..... 1
 NOW AND THEN..... 2
 MOST DAYS..... 3
 EVERY DAY..... 4

4. How often is your child expected to do each of the following?

(CIRCLE ONE NUMBER FOR EACH QUESTION)

	ALMOST NEVER	LESS THAN HALF THE TIME	HALF THE TIME	MORE THAN HALF THE TIME	ALMOST ALWAYS
a. Make his/her own bed?	1	2	3	4	5
b. Clean his/her own room?	1	2	3	4	5
c. Clean up after spills?	1	2	3	4	5
d. Bathe him/herself?	1	2	3	4	5
e. Pick up after him/herself?	1	2	3	4	5

5. Is there a musical instrument (for example, piano, drum, guitar, etc.) that your child can use at home?

(CIRCLE ONE)

- YES 1
 NO 0

6. Does your family get a daily newspaper, or the tribal newsletter, the "News from the Sloughs?"

(CIRCLE ONE)

- YES 1
 NO 0

7. About how often does your child read for enjoyment?

(CIRCLE ONE)

- EVERY DAY 1
- SEVERAL TIMES A WEEK2
- SEVERAL TIMES A MONTH3
- SEVERAL TIMES A YEAR4
- NEVER5

8. Does your family encourage your child to start and keep doing hobbies?

(CIRCLE ONE)

- YES 1
- NO 0

9. Does your child get special lessons or belong to any organization that encourages activities such as sports, music (for example, drumming, singing), art (for example, beading), dance, drama, etc.?

(CIRCLE ONE)

- YES 1
- NO 0

10. How often has a family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, Native American, etc.) **within the past year?**

(CIRCLE ONE)

- NEVER 1
- ONCE OR TWICE2
- SEVERAL TIMES 3
- ABOUT ONCE A MONTH 4
- ABOUT ONCE A WEEK OR MORE OFTEN..... 5

11. How often has a family member taken or arranged to take your child to any type of musical or theatrical performance (for example, a Pow Wow, a high school play) **within the past year?**

(CIRCLE ONE)

- NEVER 1
- ONCE OR TWICE 2
- SEVERAL TIMES 3
- ABOUT ONCE A MONTH 4
- ABOUT ONCE A WEEK OR MORE..... 5

12. About how often does your family get together with relatives or friends?

(CIRCLE ONE)

- ONCE A YEAR OR LESS 1
- A FEW TIMES A YEAR2
- ABOUT ONCE A MONTH3
- TWO OR THREE TIMES A MONTH.....4
- ABOUT ONCE A WEEK OR MORE 5

13. Think for a moment about a typical **weekday** for your family. How much time would you say your child spends watching television on a typical **weekday** (in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKDAY**) _____

Less Than 1 Hour Per **Weekday**0

14. Now, think for a moment about a typical **weekend (Saturday or Sunday)** for your family. How much time would you say your child spends watching television on a typical **weekend day** (in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKEND DAY**) _____

Less Than 1 Hour Per **Weekend Day** 0

15. Does your child ever see his or her father, stepfather, or father-figure?

(CIRCLE ONE)

YES1

NO 0

16. Is this man your child's biological father, stepfather, or a father-figure?

(CIRCLE ONE)

BIOLOGICAL FATHER1

STEPFATHER 2

FATHER-FIGURE 3

NO FATHER, STEPFATHER,
OR FATHER-FIGURE 4

17. What is his relationship to you?

(CIRCLE ONE)

YOUR SPOUSE 1

YOUR EX-SPOUSE 2

YOUR PARTNER 3

YOUR EX-PARTNER 4

YOUR BOYFRIEND 5

YOUR EX-BOYFRIEND 6

YOUR FIANCE 7

YOUR FRIEND 8

YOUR FATHER 9

YOUR GRANDFATHER 10

YOUR BROTHER11

YOUR UNCLE12

SOMEONE ELSE
(PLEASE WRITE WHO-NO NAMES)..... 13

NO FATHER, STEPFATHER,
OR FATHER-FIGURE14

18. About how often does your child spend time with his father, stepfather, or father-figure?

(CIRCLE ONE)

- ONCE A DAY OR MORE OFTEN 1
- AT LEAST 4 TIMES A WEEK 2
- ABOUT ONCE A WEEK 3
- ABOUT ONCE A MONTH4
- A FEW TIMES A YEAR OR LESS5
- NEVER 6
- NO FATHER, STEPFATHER,
OR FATHER-FIGURE 7

19. How often does your child spend time with his/her father, stepfather, or father-figure in **outdoor activities** (for example, hunting, fishing, gathering wild rice, canoeing, etc.)?

(CIRCLE ONE)

- ONCE A DAY OR MORE OFTEN 1
- AT LEAST 4 TIMES A WEEK 2
- ABOUT ONCE A WEEK 3
- ABOUT ONCE A MONTH4
- A FEW TIMES A YEAR OR LESS5
- NEVER 6
- NO FATHER, STEPFATHER,
OR FATHER-FIGURE 7
- DON'T KNOW 98

20. How often does your child eat a meal with **both** mother and father (stepfather or father-figure)?

(CIRCLE ONE)

- MORE THAN ONCE A DAY 1
- ONCE A DAY 2
- SEVERAL TIMES A WEEK 3
- ABOUT ONCE A WEEK.. 4
- ABOUT ONCE A MONTH..... 5
- NEVER 6
- NO FATHER, STEPFATHER,
OR FATHER-FIGURE 7

21. When your family watches TV together, do you or your child's father (or stepfather or father-figure) discuss TV programs with him/her?

(CIRCLE ONE)

- YES 1
- NO 0
- DO NOT HAVE A TV 2

22. How close does your child feel toward..... (see below)

(CIRCLE ONE NUMBER FOR EACH QUESTION)

	EXTREMELY CLOSE	QUITE CLOSE	FAIRLY CLOSE	NOT AT ALL CLOSE	DOES NOT HAVE THIS PARENT
a. you?	1	2	3	4	
b. his/her biological father?	1	2	3	4	5
c. his/her stepmother?	1	2	3	4	5
d. his/her stepfather?	1	2	3	4	5

23. Sometimes children get so angry at their parents that they say things like “I hate you” or swear in a temper tantrum. Please **circle** which action(s) you would take if this happened.

(CIRCLE ALL THAT APPLY)

GROUNDING..... 1

SPANKING2

TALK WITH CHILD 3

GIVE HIM OR HER HOUSEHOLD CHORE4

IGNORE IT 5

**SEND TO ROOM
FOR MORE THAN 1 HOUR 6**

TAKE AWAY HIS/HER ALLOWANCE 7

TAKE AWAY TV OR OTHER PRIVILEGES ... 8

PUT CHILD IN A SHORT “TIME OUT”..... 10

OTHER (*PLEASE WRITE WHAT ELSE*).....9

24. If your child brought home a report card with grades lower than expected, how likely would you be to ... (see below)

(CIRCLE ONE NUMBER FOR EACH QUESTION)

	VERY LIKELY	SOMEWHAT LIKELY	NOT SURE HOW LIKELY	SOMEWHAT UNLIKELY	NOT AT ALL LIKELY
a. contact his/her teacher or principal?	5	4	3	2	1
b. lecture him/her?	5	4	3	2	1
c. keep a closer eye on his/her activities?	5	4	3	2	1
d. punish him/her?	5	4	3	2	1
e. talk with him/her?	5	4	3	2	1
f. wait and see if he/she improves on his/her own?	5	4	3	2	1
g. tell him/her to spend more time on schoolwork?	5	4	3	2	1
h. spend more time helping him/her with school work?	5	4	3	2	1
i. limit or reduce his/her non-school activities (play, sports, clubs, etc.)?	5	4	3	2	1
j. Other (<i>PLEASE WRITE WHAT ELSE YOU WOULD DO</i>)					8

25. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good. How many times in the past week have you ... (see below)

PLEASE ANSWER EACH QUESTION.

**(WRITE IN # TIMES IN PAST WEEK)
(write 0 for no times in the past week)**

a. had to spank your child? _____

b. grounded him/her? _____

c. taken away TV or other privileges? _____

d. praised child for doing something worthwhile? _____

e. taken away his/her allowance? _____

**f. shown child physical affection
(kiss, hug, stroke hair, etc.)?** _____

g. sent child to his/her room? _____

**h. told another adult (spouse, friend, co-worker,
visitor, relative) something positive about child?** _____

ABOUT YOUR HOME

FILL THIS SECTION OUT IF YOUR CHILD HAS HAD HIS/HER 10th BIRTHDAY OR HIGHER.

INSTRUCTIONS TO MOTHER:

- We are interested in your family's lifestyle and rules.
 - Some questions you answer with a **YES** or **NO** or other word or phrase. Please **circle** the number that goes with the answer you choose.
 - Other questions have lines for you to write your answer on.
 - If any question is not clear, please circle the entire question and ask one of us about it when you have finished the survey.
-

1. About how many books does your child have?

(CIRCLE ONE)

- NONE..... 1**
1 TO 9 2
10 TO 19..... 3
20 OR MORE..... 4

2. Adults sometimes tell stories to their child about their life or tribal history. How often in the past week did you do this with your child?

(CIRCLE ONE)

- NEVER..... 1**
NOW AND THEN..... 2
MOST DAYS..... 3
EVERY DAY..... 4

3. How often is your child expected to do each of the following?

(CIRCLE ONE NUMBER FOR EACH QUESTION)

	ALMOST NEVER	LESS THAN HALF THE TIME	HALF THE TIME	MORE THAN HALF THE TIME	ALMOST ALWAYS
a. Make his/her own bed?	1	2	3	4	5
b. Clean his/her own room?	1	2	3	4	5
c. Pick up after him/herself?	1	2	3	4	5
d. Help keep shared living areas clean and straight?	1	2	3	4	5
e. Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?	1	2	3	4	5
f. Help manage his/her own time (get up on time, be ready for school, etc.) ?	1	2	3	4	5

4. Is there a musical instrument (for example, piano, drum, guitar, etc.) that your child can use at home?

(CIRCLE ONE)

YES1

NO0

5. Does your family get a daily newspaper, or the tribal newsletter, the “News from the Sloughs?”

(CIRCLE ONE)

YES1

NO0

6. About how often does your child read for enjoyment?

(CIRCLE ONE)

EVERY DAY 1

SEVERAL TIMES A WEEK 2 (continued on next page)

- SEVERAL TIMES A MONTH 3
- SEVERAL TIMES A YEAR..... 4
- NEVER 5
- DON'T KNOW 8

7. Does your family encourage your child to start and keep doing hobbies?

(CIRCLE ONE)

- YES1
- NO 0

8. Does your child get special lessons or belong to any organization that encourages activities such as sports, music (for example, drumming, singing), art (for example, beading), drama, etc.?

(CIRCLE ONE)

- YES1
- NO 0

9. How often has a family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, Native American, etc.) **within the past year?**

(CIRCLE ONE)

- NEVER 1
- ONCE OR TWICE 2
- SEVERAL TIMES 3
- ABOUT ONCE A MONTH 4
- ABOUT ONCE A WEEK OR MORE OFTEN..... 5

10. How often has a family member taken or arranged to take your child to any type of musical or theatrical performance (for example, a Pow Wow, a high school play) **within the past year?**

(CIRCLE ONE)

- NEVER 1
- ONCE OR TWICE2
- SEVERAL TIMES 3
- ABOUT ONCE A MONTH 4
- ABOUT ONCE A WEEK OR MORE 5

11. About how often does your family get together with relatives or friends?

(CIRCLE ONE)

- ONCE A YEAR OR LESS1
- A FEW TIMES A YEAR2
- ABOUT ONCE A MONTH3
- TWO OR THREE TIMES A MONTH.....4
- ABOUT ONCE A WEEK OR MORE.....5

12. Think for a moment about a typical weekday for your family. How much time would you say your child spends watching television on a typical weekday (in your home or elsewhere)?

(WRITE IN HOURS PER WEEKDAY) _____

Less Than 1 Hour Per Weekday0

13. Now, think for a moment about a typical weekend (Saturday or Sunday) for your family. How much time would you say your child spends watching television on a typical weekend day (in your home or elsewhere)?

(WRITE IN HOURS PER WEEKEND DAY) _____

Less Than 1 Hour Per Weekend Day.....0

14. Does your child ever see his or her father, stepfather, or father-figure?

(CIRCLE ONE)

- YES1
- NO 0

15. Is this man his/her biological father, stepfather, or a father-figure?

(CIRCLE ONE)

- BIOLOGICAL FATHER1
- STEPFATHER2
- FATHER-FIGURE3
- NO FATHER, STEPFATHER,
OR FATHER-FIGURE4

16. What is his relationship to you?

(CIRCLE ONE)

- YOUR SPOUSE1
- YOUR EX-SPOUSE2
- YOUR PARTNER3
- YOUR EX-PARTNER4
- YOUR BOYFRIEND5
- YOUR EX-BOYFRIEND 6
- YOUR FIANCE.....7
- YOUR FRIEND 8
- YOUR FATHER 9
- YOUR GRANDFATHER 10
- YOUR BROTHER11
- YOUR UNCLE12
- SOMEONE ELSE
(PLEASE WRITE WHO-NO NAMES)13

- NO FATHER, STEPFATHER,
OR FATHER-FIGURE14

17. About how often does your child spend time with his father, stepfather, or father-figure?

(CIRCLE ONE)

- ONCE A DAY OR MORE OFTEN1
- AT LEAST 4 TIMES A WEEK.....2
- ABOUT ONCE A WEEK3
- ABOUT ONCE A MONTH4
- A FEW TIMES A YEAR OR LESS5
- NEVER6
- NO FATHER, STEPFATHER,
OR FATHER-FIGURE7

18. How often does your child spend time with his/her father, stepfather, or father-figure in **outdoor activities** (for example, hunting, fishing, gathering wild rice, canoeing, etc.)?

(CIRCLE ONE)

ONCE A DAY OR MORE OFTEN 1
AT LEAST 4 TIMES A WEEK 2
ABOUT ONCE A WEEK 3
ABOUT ONCE A MONTH 4
A FEW TIMES A YEAR OR LESS 5
NEVER6
NO FATHER, STEPFATHER,
OR FATHER-FIGURE7
DON'T KNOW98

19. How often does your child eat a meal with **both** mother and father (stepfather or father-figure)?

(CIRCLE ONE)

MORE THAN ONCE A DAY1
ONCE A DAY2
SEVERAL TIMES A WEEK.....3
ABOUT ONCE A WEEK..4
ABOUT ONCE A MONTH.....5
NEVER6
NO FATHER, STEPFATHER,
OR FATHER-FIGURE7

20. When your family watches TV together, do you or your child's father (or stepfather or father-figure) discuss TV programs with him/her?

(CIRCLE ONE)

YES 1
NO0
DO NOT HAVE A TV 2

21. How close does your child feel toward..... (see below)

(CIRCLE ONE NUMBER FOR EACH QUESTION)

	EXTREMELY CLOSE	QUITE CLOSE	FAIRLY CLOSE	NOT AT ALL CLOSE	DOES NOT HAVE THIS PARENT
a. you?	1	2	3	4	
b. his/her biological father?	1	2	3	4	5
c. his/her stepmother?	1	2	3	4	5
d. his/her stepfather?	1	2	3	4	5

22. Sometimes children get so angry at their parents that they say things like “I hate you” or swear in a temper tantrum. Please **circle** which action(s) you would take if this happened.

(CIRCLE ALL THAT APPLY)

- GROUNDING.....1
- SPANKING2
- TALK WITH CHILD3
- GIVE HIM OR HER HOUSEHOLD CHORE.....4
- IGNORE IT5
- SEND TO ROOM FOR MORE THAN 1 HOUR6
- TAKE AWAY HIS/HER ALLOWANCE7
- TAKE AWAY TV, PHONE, OR OTHER PRIVILEGES8
- PUT CHILD IN A SHORT “TIME OUT”10
- OTHER (PLEASE WRITE WHAT ELSE)9

23. If your child brought home a report card with grades lower than expected, how likely would you be to ... (see below)

(CIRCLE ONE NUMBER FOR EACH QUESTION)

	VERY LIKELY	SOMEWHAT LIKELY	NOT SURE HOW LIKELY	SOMEWHAT UNLIKELY	NOT AT ALL LIKELY
a. contact his/her teacher or principal?	5	4	3	2	1
b. lecture him/her?	5	4	3	2	1
c. keep a closer eye on his/her activities?	5	4	3	2	1
d. punish him/her?	5	4	3	2	1
e. talk with him/her?	5	4	3	2	1
f. wait and see if he/she improves on his/her own?	5	4	3	2	1
g. tell him/her to spend more time on schoolwork?	5	4	3	2	1
h. spend more time helping him/her with school work?	5	4	3	2	1
i. limit or reduce his/her non-school activities (play, sports, clubs, etc.)?	5	4	3	2	1
j. Other (<i>PLEASE WRITE WHAT ELSE YOU WOULD DO</i>)					8

24. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good. How many times in the past week have you ... (see below)

PLEASE ANSWER EACH QUESTION.

**(WRITE IN # TIMES IN PAST WEEK)
(write 0 for no times in the past week)**

a. had to spank your child? _____

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d. praised child for doing something worthwhile? _____

e. taken away his/her allowance? _____

**f. shown child physical affection
(kiss, hug, stroke hair, etc.)?** _____

g. sent child to his/her room? _____

**h. told another adult (spouse, friend, co-worker,
visitor, relative) something positive about child?** _____

ABOUT YOUR CHILD - II

Please indicate by **circling the number** to the right of each statement the extent to which each of the following items describes the focal child's behavior **during the last three months**.

	1	2	3
	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE
During the last three months, he/she...			
1.	Has sudden changes in mood or feeling	1	2 3
2.	Feels or complains that no one loves him/her	1	2 3
3.	Is rather high strung, tense, and nervous	1	2 3
4.	Cheats or lies	1	2 3
5.	Is too fearful or anxious	1	2 3
6.	Argues too much	1	2 3
7.	Has difficulty concentrating, cannot pay attention for long	1	2 3
8.	Is easily confused, seems to be in a fog	1	2 3
9.	Bullies or is cruel or mean to others	1	2 3
10.	Is disobedient at home	1	2 3
11.	Does not seem to feel sorry after he/she misbehaves	1	2 3
12.	Has trouble getting along with other children	1	2 3
13.	Is impulsive, or acts without thinking	1	2 3
14.	Feels worthless or inferior	1	2 3
15.	Is not liked by other children	1	2 3
16.	Has a lot of difficulty getting his/her mind off certain thoughts (has obsessions)	1	2 3
17.	Is restless or over active, cannot sit still	1	2 3
18.	Is stubborn, sullen, or irritable	1	2 3
19.	Has a very strong temper and loses it easily	1	2 3
20.	Is unhappy, sad, or depressed	1	2 3
21.	Is withdrawn, does not get involved with others	1	2 3

During the last three months, he/she ...

	1	2	3
	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE
22.	Breaks things on purpose or deliberately destroys his/her own or others' things.....	1	2 3
23.	Clings to adults	1	2 3
24.	Cries too much	1	2 3
25.	Demands a lot of attention	1	2 3
26.	Is too dependent on others	1	2 3
27.	Feels others are out to get him/her	1	2 3
28.	Hangs around with kids who get into trouble	1	2 3
29.	Is secretive, keeps things to himself/herself	1	2 3
30.	Worries too much	1	2 3

