Resiliency Factors Related to Substance Use/Resistance: Perceptions of Native Adolescents of the Southwest

MARGARET A. WALLER AND SCOTT K. OKAMOTO

Arizona State University

BART W. MILES

Wayne State University

DONNA E. HURDLE

University of North Carolina at Wilmington

This exploratory, qualitative study examined risk and protective factors influencing drug and alcohol use and/or resistance of Native youth in the Southwest. Thirty-two Native middle school students participated in 10 focus groups that explored their experiences with alcohol and drugs in their school and reservation communities. The findings indicate a complex interaction of both risk and protective factors related to substance use. Respondents' cousins and siblings, in particular, played a key role in their decisions to use or resist drugs. Implications for social work practice are discussed.

Keywords: Native, Indigenous, youth, substance use, family

Grounded in resiliency theory (Waller, 2002), this exploratory, qualitative study examined the operative risk and protective factors influencing drug and alcohol use and/or resistance of urban Native seventh graders in the Southwest. The purpose of this study was to explore the impact of cultural context on drug use/resistance among Native youth as reflected through their narratives. Particular attention was given to the way in which respondents conceptualized and experienced "family." In this

paper, the terms Native, First Nations, and Indigenous are used interchangeably, as contemporary Native scholars prefer them to the linguistic colonialism implied in the terms Indians, American Indians, and Native Americans.

Historical Context of Native Alcohol and Other Drug Abuse (AODA)

The usefulness of research on substance abuse among Indigenous youth is limited when data are decontextualized. Analyses that present quantitative data independent of context may identify problems but present an incomplete picture of these problems and how Indigenous people experience and respond to them (Weaver, 1999). Many researchers have attributed alcohol and other drug abuse (AODA), family violence, and other manifestations of psychosocial distress among Native people to deficits, euphemistically termed cultural or genetic "differences" between Native and non-Native people. Suggested cultural determinants include lax moral codes (Holmes & Antell, 2001) and loss of traditional cultural values and norms (Caetano, Clark, & Tam, 1998). In addition, for many years, researchers believed that Native people had a genetic predisposition to alcoholism. However, repeated clinical studies have demonstrated that no such genetic predisposition exists (Bennion & Li, 1976; Chan, 1986; May, 1994).

By contrast, a growing number of researchers maintain that contemporary social problems can only be understood in the context of historical trauma related to colonization. European colonizers, by means of force or deception, have destroyed or appropriated Native people's lives, lands, resources, wealth, cultures, and languages, and have repeatedly violated treaties, and both sovereign and civil rights. Contemporary researchers are examining the relationship between historical trauma related to these human rights abuses and contemporary social problems such as substance abuse and its sequelae in Native communities (Frank, Moore, & Ames, 2000; Beauvais, 1998).

Finally, institutionalized oppression of Native people is not just a historical artifact—it persists in contemporary life. Examples include federally-run, Eurocentric Indian health care, education, social service, and criminal justice systems that have always been and continue to be underfunded and poorly administered,

resulting in culturally inappropriate and substandard services. Poverty, geographic isolation, and lack of access to needed resources further restrict the range of opportunities available to Native youth (Schaefer, 2000).

The Impact of Alcohol and Other Drug Abuse (ADOA) on Native Youth

ADOA is a powerful risk factor impacting the psychosocial well being of Native youth (Ehlers, Wall, Garcia-Andrade, & Phillips, 2001). One intertribal study of 1464 Native high school adolescents found that forty percent of them had used marijuana at least once a month (Novins & Mitchell, 1998). Novins and Mitchell also found that marijuana use was associated with the use of other illicit substances, antisocial behavior, and lower grades in school. Native youth drink alcohol at earlier ages than non-Native youth, consume greater quantities, and suffer higher levels of negative drinking-related consequences (Beauvais, 1996). In fact, compared to other ethnic groups, some research indicates that Native youth have higher overall rates of gateway drug use (see Kulis, Napoli, & Marsiglia, 2002, for review).

The prevalence of substance use among Native youth is related to the fact that Native families have higher rates of ADOA than families of any other ethnic group in the U.S. (U.S. Department of Health and Human Services, 1996). Accordingly, many Native adolescents live in families experiencing ADOA and its traumatic sequelae, including family violence, mental health problems, accidents, homicides, suicides, illnesses, and child abuse and neglect (Bachman & Peralta, 2002; Hamby, 2000; Wall, Garcia-Andrade, Wong, Lau, & Ehlers, 2000). For example, the rates of suicide and homicide are 39 percent higher for Native people than for other groups combined, and ninety percent of these deaths are alcohol related (Bachman, 1992).

These social problems impact many Native youth, not as statistics, but rather as searing personal experience. Because of the prevalence of ADOA in Native families, Native youth typically learn ADOA behaviors not only from peers, as is most often the case in the dominant culture, but also from parents, elder siblings and cousins, and other relatives.

"Family" Defined

Among Native people, "family" is typically defined as a complex web of relationships that includes relations by blood, clan, tribe, and formal and informal adoption. Accordingly, in many Native families, the distinction between "immediate" and "extended" family does not pertain. In many Indigenous languages, for example, there are no terms for "extended family" such as niece, nephew, or cousin. Instead, cousins and other children in the extended family/clan are perceived in the same way that the dominant culture views members of the "immediate" family (Cross, 1986). Further, in some Native communities, the distinction between actual and ascribed filial relationships is blurred (C. Lujan, personal communication, February 24, 2003). In effect, a cousin might be blood-related or a close family friend. Despite these distinctions, ties to family are much stronger than extrafamilial ties. In fact, a person's social network may consist almost entirely of family relations (Austin, 1993). For people living in urban or rural areas away from reservation communities, social networks would likely include more non-family individuals.

Collectivism and Role Expectations. Among many Indigenous cultures, interdependence, cooperation, and mutual assistance are core values. Traditionally, Native people live in "relational networks" consisting of extended family, clan, or tribal group in order to support these values (LaFromboise & Low, 1998). In contrast to the dominant culture in which individual gain is a key measure of success, in Indigenous cultures, individual standing is typically related to the extent to which individuals fulfill their responsibility to be helpful to other members of the family/clan/tribal group. One earns respect by prioritizing the needs of others over one's own needs (Nofz, 1998). Further, individuals are typically expected to fulfill prescribed relationship roles. For example, children are cared for not just by their biological parents, but by all of their relations. Similarly, children are expected to care for one another and may assume parental roles when parents are not available (Cross, 1986). The emphasis on collectivism among Native youth is consistent with stage three of Kohlberg's (1969) theory of moral development, which is char-

acterized by "good interpersonal relations." In this stage, people conceptualize social interactions as an empathic response to the needs of others.

Non-interference. While family members are expected to care for one another, many Native traditions also include the teaching that family members (or others) should not interfere with an individual's decisions and choices. The belief is that individuals, including children, should be allowed to "work things out in their own manner" (Brendtro, Brokenleg, & Van Bockern, 1991). For example if a Diné person asks a relative for advice, a likely response is "It's up to you" (R. Walker, personal communication, May 14, 1998). There is a value in autonomy in many Native cultures, where children are expected to make their own decisions and operate semi-independently at an early age (LaFromboise & Low, 1998). Oftentimes, family members allow children choices and the experience of natural consequences as a result of those choices (LaFromboise & Low, 1998). The value of non-interference is grounded in respect for the unique meaningfulness of each individual's life path and the right each person has to fulfill his or her own destiny. The juxtaposed values of collectivism and non-interference may be difficult to understand from the perspective of the dominant culture; nevertheless, they are core values that make perfect sense in the context of many Native cultures. Accordingly, with such families, it would be inappropriate for substance abuse professionals to do individual therapy with an adolescent without involving key family members. Similarly, it would be inadvisable to conduct an intervention in which family members simultaneously confront a substance-abusing adolescent.

Resilience

Resilience, simply stated, is *positive adaptation in response to adversity* (Waller, 2002). Adversity is typically indexed by two categories of *risk factors*: (1) challenging life circumstances (e.g., racism, parental drug use, etc.) and (2) trauma (e.g., experiencing family or community violence, death of a parent, etc.; see Masten & Coatsworth, 1998). Risk factors are influences occurring at any systemic level (i.e., individual, family, community, societal) that are associated with later psychosocial problems (e.g., alcoholism,

drug abuse, teen pregnancy, delinquency, and dropping out of school; Jessor, 1993).

Whereas risk factors are thought to jeopardize positive adaptational outcomes (Fraser, 1997), *protective factors* are thought to facilitate positive outcomes by operating as buffers between individuals and risk factors. Research suggests that the right combination of protective influences can outweigh the negative impact of exposure to multiple risk factors (Werner & Smith, 1992). In fact, it appears that if reasonably good resources are present, outcomes are generally good, even in the context of severe stressors (Matsen et al., 1999).

It should be noted that risk and protective factors are not dichotomous categories. The same circumstance might constitute risk in one situation and protection in another, or might simultaneously present both risk and protection. For example, social support from peers can be a protective factor, but might also be a risk factor if the supportive peer group pressures the individual to participate in self destructive behavior (Waller, 2002). Similarly, if an adolescent's social world is comprised mainly of relatives, the youth may benefit from a strong sense of belonging, but at the same time may suffer from the lack of access to protective extra-familial relationships and resources.

Grounded in resiliency theory within an ecosystemic framework, this study examined the unique risk and protective factors reflected in the narratives of urban Native youth in the Southwest. In particular, two interrelated questions were examined: (1) How were risk and protection manifested for this group of adolescents with regard to substance use/resistance? (2) How did "family" as perceived by the respondents influence their choices related to substance use/resistance?

Method

Qualitative research methods have been used to gain insight into an individuals' or groups' conflicts or routines and the meanings they place upon those experiences (Denzin & Lincoln, 2000). Qualitative research methods have also been identified as an effective means to build upon knowledge related to drug prevention for Native youth (Ma, Toubbeh, Cline, & Chisholm, 1998).

In this study, these methods were used to gain understanding about Native youths' everyday experiences with alcohol and drugs. Urban Native students' narratives related to risk and protective factors were obtained in focus groups held in 3 middle schools.

Participants and Procedures

All of the respondents lived in reservation communities adjacent to a large metropolitan area and attended mainstream metropolitan middle schools. Accordingly, these adolescents literally lived in two worlds. Thirty-two Native students (12 male and 20 female) participated in this study. The youth were between 12 and 15 years of age, and attended one of three public middle schools. These schools were selected for this study because the percentage of Native youth exceeded the statewide average for middle schools in the state. The tribal affiliations of the youth in this study included Pima, Apache, Mojave and Yavapai, and they resided in two urban First Nations communities.

This study used a focus group methodology guided by a semi-structured interview schedule. Focus groups are thought to promote a safe environment in which respondents can share ideas, beliefs, and attitudes in the company of peers from the same socioeconomic, ethnic, and gender backgrounds (Madriz, 2000). In each of the schools, the school counselor recruited participants and obtained parental permission for youth participation in the study. Prior to beginning data collection, the researchers provided orientation sessions in order to (1) establish rapport with the participants, (2) explain the purpose of the study and confidentiality procedures, and (3) respond to questions and concerns from the participants. Ten focus groups ranging from 45 to 60 minutes were conducted either during lunch hour or after school. Groups were gender specific, with four boys groups and six girls groups, and ranged from two to five members each.

The semi-structured interview schedule utilized in the focus groups was composed of questions related to perceived risk and protective factors relevant to high-risk behavior, particularly substance use. Within a "storytelling" format, participants shared their experiences related to questions such as "Have you ever been offered cigarettes, drugs, or alcohol, and if so, what did you

do?," "Where do kids go to use alcohol or drugs?," "What makes it hard to resist drugs or alcohol?," and "If your parents found out that you had been using [drugs], what would they do?" Typically, each of the participants in their respective groups was given the opportunity to respond to each of the questions. Oftentimes, this led to an open discussion regarding Native-specific aspects related to drug and alcohol use, such as the environmental and familial contexts where drug and alcohol use were most likely to occur. In addition to the youth participants, one or two faculty members or graduate students affiliated with a local university in the Southwest facilitated the discussion. The group facilitators were the same gender as the focus group participants.

Data Analysis

All group sessions were tape-recorded, transcribed verbatim, and analyzed using a qualitative research software program (QSR NUD.IST, 1999). QSR NUD.IST is one of the most widely utilized code-based theory-building programs (Weitzman, 2000). It has the ability to index textual data as codes, and allows the researcher to build higher-order classifications and categories. In effect, this software makes it possible to develop or expand upon existing theory. Proposed interactions between codes and categories can be evaluated and analyzed by using this program.

Results

The respondents in this study described perceived risk and protective factors related to high-risk situations involving drugs and alcohol in their home communities, in the surrounding communities, and at school. In the scenarios described by respondents, cousins and siblings sometimes pressured respondents to use drugs and alcohol. In other instances, cousins and siblings discouraged respondents from using alcohol and other drugs. Accordingly, relationships with cousins and siblings were a risk factor in some instances and a protective factor in others. The situations described by the participants varied in the degree to which cousins and siblings either pressured participants to use alcohol and drugs or refrain from their use.

Cousins as Risk and Protection

The respondents described a high degree of contact in the school and community with their cousins. Many of these respondents stated that it was common for their cousins to pressure them into using drugs and alcohol. One male respondent described a situation in which he and his friend were being pressured by the respondent's cousin to use alcohol. Within the scenario, the respondent's ability to resist the drug offer coupled with his cousin's permission to not drink both served as protective factors for him.

> I guess about a week ago, or three weeks ago, he asked me because we were driving around in the car, [we] just got [into] my friends truck, and we went to [my cousin's] house. He said, "you want a drink?" We said, "no." I said, "no, I don't want to," and sometimes he says "you don't have to if you don't want to." [Sometimes] It's like alright [with him].

In some instances, the dual roles of both peers and family often appeared to have a profound impact on the respondents' ability to resist substances. One female respondent described a situation where her cousin's negative peer pressure influenced her to use drugs.

> A: OK. One time I was at my cousin's house and then, um, I don't know, she was smoking marijuana, but I didn't want to smoke it. But she was like, putting peer pressure on me . . . She was like, "Come on, just do it," and stuff like that. But then I didn't want to. But then I ended up getting high. And then after that I never did it again cause it just made me feel weird and uncomfortable. It like scared me? Yeah. And like after [smoking] it like, I don't know, it just felt really weird.
> C: How old were you?
> A: 12.
> MW: So what happened that made you go along with it?
> A: She was bugging me too much. [She] kept asking and asking, [even after] I said no. It's just peer pressure, I guess.
> MW: Or was she just offering it over and over again.
> A: Yeah. I got tired of her asking.

In other scenarios, respondents described situations in which cousins served a protective function for them. One female respon-

dent described how her cousins protected her from the drug and alcohol use of her father by becoming surrogate "fathers" to her.

> S6: I tell him, he's not our dad because of the way he is. I tell him that my three cousins, they're my dad[s], because they help me.
> DH: Are your cousins older adults?
> S6: Yeah, yeah. They've tried to stop too, drinking and doing drugs, and two of them have. One of them has a son and the other one has four children. And they're stopping and one of them is moving to Tucson with their cousin.

Siblings as Risk and Protection

The respondents' siblings also functioned as both risk and protection to them in situations involving drugs and alcohol. In terms of risk, one male respondent described how his brother exposed him to a risky situation involving both marijuana and alcohol in their home community.

> We were out all night too, drinking. I was not drinking, I was just, I mean I drunk the tequila, [a] bottle of tequila, and I was like messed up and I was walking down the canal. [I] stumbled into my brother, and we went to this girl's house and then we kicked it inside the house. She just got drunk the whole night and then my brother got high the whole night.

While some of the respondents' siblings exposed them to high-risk situations, oftentimes they were also a source of protection from dangerous or volatile situations involving drugs and alcohol. Siblings appeared to "look out" for the welfare and well being of their brothers or sisters. One female respondent, for example, described how she "rescued" her older sister from potentially being physically or sexually abused at a party where drugs and alcohol were most likely present.

> S1: My sister, my older sister, had to take me places, and she'd take me to her parties and stuff and I'd get along with all her friends. I'd get scared, cause the boys [who go to the parties] are, like, rough and mean. There was this one time when she was in the room with this boy and he was, like, getting mad at her because she wouldn't do whatever he wanted her to do. And, then, I was like, "Just leave her alone!" [I told my sister] "I want to go home. I don't want to stay here no more."
> MW: She came out of the room and took you home?

S1: Yeah
MW: So, you kind of rescued her.
S1: She told me that.

Another female participant described how she protected her younger brothers and sisters by confronting her father and his friends when they were intoxicated.

> . . . I went back in there and I told them to get out. I [said], "You guys either get out or you guys need to be quiet and stop drinking in here." Somebody said something, and I told them to be quiet. I [said], "This ain't your house, so don't be talking to me like that." I was getting mad at them. My dad [said], "Go back in your room and go to sleep," 'cause like, he's always getting drunk. And, he used to chase us out of our house, too . . . We used to go to my grandma's [house].

At times, respondents described how their siblings would function as both risk and protection for them. One male respondent, for example, described how his older brother would use marijuana in front of him, but then would simultaneously protect him from drug offers from his friends. In this scenario, the respondent's brother risked his social reputation with peers to protect his brother.

> D: My brother, he did care [about me] and, if he caught me smoking a joint, he would sock me in the arm a couple of times.
> SO: So, he smoked, but he didn't want you to smoke?
> D: Yeah. If one of his friends offered [drugs] to me, he'd turn around to his friend and say, "Hey fool, don't offer that stuff to my brother. You want to get socked?"

This last quote illustrates the complexity in examining risk and protection with Native youth, as same-generation family members oftentimes both promoted and discouraged substance use with the respondents. Similar to the other scenarios, this scenario illustrates how community and family blend in unique ways to expose respondents to situations involving both risk and protection.

Discussion

Our findings illustrate that same-generation family members can provide both risk and protection for the use of substances,

depending upon the individual and the situation. By examining the ecological context in which they live, it is apparent that various familial and cultural factors influence their choice of behavior in particular situations. Likewise, cultural traditions and practices can simultaneously promote drug and alcohol abstinence and use. The interaction of family, school, and community described in this study appears to intensify risk for these youth, as they can never "escape" from these risk factors, but may also intensify protection, as the family is constantly "looking out" for them in the school, community, and home.

Our findings illustrate how cousins and siblings support substance *use* in some situations and support *abstinence* in others. Family kinship networks in Native families are often the most influential sources of social support for Native youth. Further, younger family members often occupy the role of peers in Anglo cultures. While the literature indicates that peers are more influential than family members regarding substance use behaviors of Anglo youth, it is the family that is most influential for Native teens (Swaim, Oetting, Thurman, Beauvais, & Edwards, 1993). As this study indicates, this family influence can be both a protective and a risk factor, with the influence of same-generation family members (cousins and siblings) heightening the effect of negative peer pressure while simultaneously providing a protective buffer against outside influences.

Similar to school peers in the Anglo culture, cousins and siblings appear to provide a strong peer influence inside and outside of the school setting. However, unlike the Anglo culture, the family influences of collectivism and non-interference in the Native culture appear to have an added significant impact on same-generation family members in the school setting. In terms of risk, participants in the study often stated that it was more difficult to refuse drug offers from family members such as cousins or siblings than from friends at school. Implicit in this statement is the participants' expressed need to respect the behavioral and social expectations of same-generation family members. In terms of protection, our findings suggest that cousins and siblings had a greater sense of responsibility and investment in their same generation family members versus non-related peers. Thus, although same generation family members

sometimes exposed participants to risky environments involving drugs or alcohol, they often compensated through protective behaviors, such as defending the best interests of their cousins and siblings.

Implications for Social Work Practice

Most school-based substance abuse prevention programs have a problem focus, and attempt to teach youth generic skills to resist drug offers. Studies on these programs have described how they have been developed and evaluated with primarily White, middle-class youth samples (e.g., Life Skills Training; Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995). There is little acknowledgement of the unique worldviews of youth of color and the cultural specificity and applicability of resistance skills. This study highlights the importance of working directly with family networks to either affect current drug use or to prevent future use. Substance abuse prevention for Native youth might entail working with small, family-specific groups in the school setting and larger family networks in the reservation community. Native-based substance abuse prevention in the schools might involve re-inforcing protective behaviors elicited by same-generation family members, such as efforts to redirect or avoid situations involving drugs and/or alcohol (see Okamoto, Hurdle, & Marsiglia, 2001, for a review of Native-specific drug resistance strategies). On the reservation, a similar process involving other extended family members and elders might occur. In effect, substance use preven-tion would incorporate the use of environmental strengths and culturally specific resistance strategies that are already present in the schools and on the reservation.

Limitations of the Study

There were several limitations of this study. First, youth from only two tribes in the Southwest United States were studied. As there are significant differences between Native tribes, this data may not be representative of all Native youth. Second, the small number of adolescents participating in the study may not reflect the beliefs and practices of all adolescents in the two tribes studied. Future research in the area of Native youth substance use/resistance might explore youth resiliency to substance use

in other tribes, for comparison purposes, and with other cultural groups.

In conclusion, this study advances the study of resiliency by identifying the multiple layers of both risk and protection that exist in Native families and kinship systems. Unlike other cultural groups, Native communities may have more complex and inter-twined risk and protective factors due to strong extended family kinship systems, more prevalent use of alcohol by youth and adults, and the consequences of habitual use (e.g., legal, medical, violence, separation due to incarceration). When examining the substance use behaviors of various groups of adolescents, it is crucial to consider the ecological context as it both supports and resists youth drug use.

References

Austin, R. (1993). Freedom, responsibility and duty: ADR and the Navajo peace-maker court. *The Judges Journal, 32*(2), 8–11, 47–48.

Bachman, R. (1992). The social causes of American Indian homicide as revealed by the live experiences of thirty offenders. *American Indian Quarterly, 15*, 469–492.

Bachman, R., & Peralta, R. (2002). The relationship between drinking and vio-lence in an adolescent population: Does gender matter? *Deviant Behavior, 23*, 1–19.

Beauvais, F. (1996). Trends in drug use among American Indian students and dropouts, 1975 to 1994. *American Journal of Public Health, 86*, 1594–1598.

Beauvais, F. (1998). American Indians and alcohol. *Alcohol Health and Research World, 22* (4), 253–259.

Bennion, L. J., & Li, T. K. (1976). Alcohol metabolism in American Indians and whites: Lack of racial differences in metabolic rate and liver alcohol dehydrogenase. *The New England Journal of Medicine, 294*(1), 9–13.

Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a White middle-class population. *JAMA, 273*(14), 1106–1112.

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (1991). The circle of courage. *Beyond Behavior, 2*, 5–11.

Caetano, R., Clark, C. L., & Tam, T. (1998). Alcohol consumption among racial ethnic minorities—Theory and research. *Alcohol Health & Research World, 22*(4), 233–241.

Chan, A. W. K. (1986). Racial differences in alcohol sensitivity. *Alcohol and Alcoholism, 21*, 93–104.

Cross, T. L. (1986). Drawing on cultural tradition in Indian child welfare. *Social Casework, 67*, 283–289.

Denzin, N. K., & Lincoln, Y. S. Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2ⁿᵈ Ed.) (pp. 1–28). Thousand Oaks, CA: Sage.

Ehlers, C. L., Wall, T. L., Garcia-Andrade, C., & Phillips, E. (2001). Effects of age and parental history of alcoholism on EEG findings in mission Indian children and adolescents. *Alcoholism-Clinical and Experimental Research, 25*(5), 672–679.

Frank, J. W., Moore, R. S., & Ames, G. M. (2000). Historical and cultural roots of drinking problems among American Indians. *American Journal of Public Health, 90*(3), 344–351.

Fraser, M. W. (1997). The ecology of childhood: A multisystems perspective. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 1–9). Washington, DC: NASW Press.

Hamby, S. L. (2000). The importance of community in a feminist analysis of domestic violence among American Indians. *American Journal of Community Psychology, 28*(5), 649–669.

Holmes, M. D., & Antell, J. A. (2001). The social construction of American Indian drinking: Perceptions of American Indian and white officials. *Sociological Quarterly, 42*(2), 151–173.

Jessor, R. (1993). Successful adolescent development among youth in high risk settings. *American Psychologist, 48*(2), 117–126.

Kohlberg, L. (1969). Stage and sequence: The cognitive-developmental approach to socialization. In D. Goslin (Ed.), *Handbook of socialization theory and research* (pp. 347–480). Chicago, IL: Rand McNally.

Kulis, S., Napoli, M., & Marsiglia, F. F. (2002). Ethnic pride, biculturalism, and drug use norms of urban American Indian adolescents. *Social Work Research, 26*(2), 101–112.

LaFromboise, T. D., & Low, K. G. (1998). American Indian children and adolescents. In J. T. Gibbs & L. N. Huang (Eds.), *Children of color: Psychological interventions with minority youth* (2ⁿᵈ Ed.) (pp. 112–142). San Francisco: Jossey Bass.

Ma, G. X. Q., Toubbeh, J., Cline, J., & Chisholm, A. (1998). The use of a qualitative approach in fetal alcohol syndrome prevention among American Indian youth. *Journal of Alcohol and Drug Education, 43*(3), 53–65.

Madriz, E. (2000). Focus groups in feminist research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2ⁿᵈ Ed.) (pp. 835–850). Thousand Oaks, CA: Sage.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments—Lessons from research on successful children. *American Psychologist, 53*(2), 205–220.

Masten, A., Hubbard, J., Gest, S., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology, 11*, 143–169.

May, P. A. (1994). The epidemiology of alcohol abuse among American Indians:

The mythical and real properties. *American Indian Culture and Research Journal, 18*(2), 121–143.

Nofz, M. P. (1988). Alcohol abuse and culturally marginal American Indians. *Social Casework, 69*(2), 67–73.

Novins, D. K., & Mitchell, C. M. (1998). Factors associated with marijuana use among American Indian adolescents. *Addiction, 93*(11), 1693–1702.

Okamoto, S. K., Hurdle, D. E., & Marsiglia, F. F. (2001). Exploring culturally-based drug resistance strategies used by American Indian adolescents of the Southwest. *Journal of Alcohol and Drug Education, 47*(1), 45–59.

QSR NUD.IST 4.0 [computer software]. (1999). Thousand Oaks, CA: Sage Publications.

Schaefer, R. T. (2000). *Racial and ethnic groups* (8th Ed.). Upper Saddle River, NJ: Prentice-Hall.

Swaim, R. C., Oetting, E. R., Thurman, P. J., Beauvais, F., & Edwards, R. W. (1993). American Indian adolescent drug use and socialization characteristics. *Journal of Cross-Cultural Psychology, 24*(1), 53–70.

U. S. Department of Health and Human Services. (1996). *Trends in Indian health, 1996* (IHS Publication). Rockville, MD: Author.

Wall, T. L., Garcia-Andrade, C., Wong, V., Lau, P., & Ehlers, C. L. (2000). Parental history of alcoholism and problem behaviors in Native American children and adolescents. *Alcoholism-Clinical and Experimental Research, 24*(1), 30–34.

Waller, M. A. (2001). Resilience in ecosystemic context: Evolution of the concept. *American Journal of Orthopsychiatry, 71*(3), 290–297.

Weaver, H. (1999). Indigenous people and the social work profession: Defining culturally competent services. *Social Work, 44*, 217–225.

Weitzman, E. A. (2000). Software and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd Ed.) (pp. 803–820). Thousand Oaks, CA: Sage.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, New York: Cornell University Press.