

“GIVING ROPE AND PULLING IT BACK”: TYPES AND PATTERNS OF STRATEGIES
USED BY PARENTS TO PREVENT ADOLESCENT SUBSTANCE (AB)USE

A Thesis
Submitted to the Graduate Faculty
of the
North Dakota State University
of Agriculture and Applied Science

By

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In Partial Fulfillment
for the Degree of
MASTER OF ARTS

Major Department:
Communication

April 2013

Fargo, North Dakota

North Dakota State University

Graduate School

Title

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Dakota State University’s regulations and meets the accepted standards for the
degree of _____

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ABSTRACT

This study contributes to the INC theory by adding the stage of prevention to the parent-child relationships' timeline. Ten parents (six mothers and four fathers) were interviewed, and a memory enhancing timeline calendar was used to encourage parents to recall and talk about when they were trying to prevent substance (ab)use. Prevention strategies were coded on the basis of Inconsistent Nurturing as Control (INC) theory. Nurturing strategies consisted of 1.) Promoting open discussions, 2.) Monitoring behavior and activities in respectful ways, and 3.) Presenting a model for responsible use. Punishing strategies consisted of 1.) Reinforcing discipline and rules, 2.) Forcing discussions, 3.) Reprimanding perceived deviant behavior. Results demonstrated that a prevention stage exists in the parent-child relationship in the context of adolescent substance (ab)use, and parents used both nurturing and control strategies for prevention.

ACKNOWLEDGEMENTS

The experience of writing this thesis was enriching and overwhelming at the same time. Working on a topic that was so close to my heart had its own challenges. My heartfelt gratitude goes to Dr. Ann Burnett, whose constant nurturing and gentle control along with her invaluable advice made this thesis attain its present form. She gave me enough rope to work at my own pace and develop my ideas, and her kind reminders kept me focused. I would also thank my committee members for their incredible reviews and their help. I am grateful to my participants who generously offered their time and experience for this study.

As I acknowledge the academic nourishment I received at NDSU, I am also grateful for my wonderful family in India. More than 8,000 miles away, I could still feel their support throughout the process of working on my thesis. Finally, if I could survive the bouts of doubt and uncertainties while I was writing my thesis, it was because of my best friend and fiancé Arpit. Completing this degree would not have been possible without knowing that there is someone who is so proud of my endeavors.

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CHAPTER 1. RATIONALE

Adolescence is a critical period in an individual's life because of the high propensity toward experimentation with substances and subsequent addiction (Chambers, Taylor & Potenza, 2003). According to the adolescent health facts posted by the World Health Organization, more than 150 million adolescents around the world use tobacco and the numbers are constantly increasing (WHO, 2012a, 2012b). Problems pertaining to adolescent alcohol use get further aggravated due to an increase in risky behaviors, accidents and premature deaths (WHO, 2012b). Substance (ab)use is a greater concern when it goes beyond normal experimenting with alcohol and drugs during adolescence (Barret & Turner, 2006). The following sections explain the current state of adolescent substance (ab)use in the United States of America (USA), followed by a description of the vulnerable period of adolescence with regard to substance (ab)use, and the need to study the strategies used by parents to prevent adolescent substance (ab)use.

1.1. Current State of Adolescent Substance (Ab)use in the United States of America

Recent statistics reveal that more than 11 percent of high school students in the USA suffer from addictive disorders (Feinstein, Richter & Foster, 2012). The National Center on Addiction and Substance Abuse (CASA) at Columbia University released a report titled *Adolescent Substance Use: America's #1 Public Health Problem*, which states that adolescent substance use in the USA is at epidemic levels. This report also states that nearly half of all the high-school students in America have used cigarettes, alcohol, or other drugs at least once (CASA, 2011). Adolescent substance use and abuse, both short-term and long-term, adversely impact the physical and psychological health of an individual. Due to high health care costs in the USA, insurers as well as health care providers are equally concerned about health issues like

substance (ab)use, as substance (ab)use and its ill-effects on health and finances can be avoided (Aarons et al., 1999).

1.2. Crucial Period of Adolescence and Impact of Substance (Ab)use

Adolescence is a crucial period for brain development. Adolescents have a high propensity toward risky behaviors like smoking, drinking, and drug use because the prefrontal cortex and reward pathways in the brain are not yet developed (Feinstein, Richter & Foster, 2012; Volkow & Fowler, 2000). These reward pathways contain a body chemical called *dopamine* which is responsible for the feelings of pleasure. Addictive substances like alcohol and drugs increase dopamine levels and eventually the body gets accustomed to the high levels of dopamine, which can only be achieved by the use of an addictive substance (Kowalski, 2010). Particularly troubling is the research finding that potential brain-damage due to substance use is much higher in adolescence as compared to adulthood (Feinstein, Richter & Foster, 2012). Hence, experimentation or “use” can be damaging, even if a child does not go down the road of substance abuse.

Furthermore, early initiation of cigarette and alcohol among adolescents is a strong predictor of late marijuana use (Griffin, Botwin, Scheier, & Nichols, 2002) and adversely affects the psychological growth of an individual (Hicks, Durbin, Blonigen, Iacono, & McGue, 2011). Each adolescent is at a risk of developing addiction, and early initiation means more problems (Kowalski, 2010, p. 18). Drug using adolescents can develop personal and social problems like depression due to isolation, and behavioral problems like risky sexual behavior (Wu, Witkiewitz, McMahon, & Dodge, 2010). Long-term effects include increased risk to heart diseases, lung

cancer, AIDS (especially due to injected drug use), indulgence in crime, and neglecting family responsibilities and unemployment (Hawkins, Catalano, & Miller, 1992).

Experimentation may not always lead to substance abuse, but the possibility of future addiction cannot be denied; in fact, nicotine addiction has been labeled a “pediatric disease” (Kessler et al., 1997, p. 518). Dr. David Kessler, a pediatrician, states that “adolescents are the gateway through which tobacco addiction enters the population” (Kessler et al., 1997, p. 518). It can be concluded that adolescents are vulnerable to substance abuse. Considering the fact that both adolescent substance use and abuse have inimical effects on adolescents’ health and future lives it is important to explore the ways to prevent the damages due to adolescent substance use and abuse.

1.3. Need to Explore the Strategies for Prevention

Even though adolescents are at a risk for developing addiction (Kowalski, 2010, p. 18), the CASA report also states that not all adolescents have similar views about substance use. Although some adolescents perceive their drug-using peers as “cool,” there are others who perceive their drug-using peers as “stupid” and “irresponsible” (CASA, 2011 p. 79). The results from this study demonstrate that majority of high school students (71.3 percent) think that being substance *free* is “very” or “somewhat” cool. However, these high school students think that their peers might be thinking differently; almost the same proportion (69.3 percent) believed that their peers *do not* think being substance free is cool (CASA, 2011 p. 80). This difference explains the reason why most adolescents feel peer pressure for substance (ab)use. Thus, it is pertinent to explore how we can prevent adolescents from getting trapped.

Family in general, and parents in particular, strongly influence adolescent substance use (Wills & Yaeger, 2003). Mayberry, Epselage, and Koenig (2009) emphasize that we can understand and treat adolescent behavior only when we understand their development with respect to their social set-up. Therefore, it is important to explore the influence of family members as a child's first social system. Furthermore, family communication is a dominant factor affecting adolescents' attraction toward risky behavior like substance use (Dong, 2005).

Family is considered to be one of the most influential "socializing forces" (p. 163) shaping adolescent behavior (Dorius, Bahr, Hoffmann, & Harmon, 2004). Adolescent substance use is strongly related to four types of family variables: a) family substance use, b) parental support and monitoring, c) parent-child conflict, and d) family life events (Wills & Yaeger, 2003). The first variable that Wills and Yaeger (2003) discuss is family substance use. Contrary to the popular belief that children imitate the behavior of parents, adult substance use or abuse in the family can affect adolescents in multiple ways. They may follow the much obvious path of imitating, but adolescents may also get scared if they witness extreme behaviors of adults engaged in substance abuse.

Second, these researchers found that parental support and monitoring has buffering effects thereby reducing the risk of adolescent substance abuse. The third variable is parent-child conflict, which can induce poor self-control in adolescents resulting in a higher risk for substance abuse. The fourth variable consists of family life events like parents' divorce could have both positive and negative impacts on self-control abilities depending upon how the adolescent processes the information related to the event.

In view of these facts, Wills and Yaeger (2003) stress the need to move beyond the study of predicted adolescent substance (ab)use to the study of prevention from a transactional

standpoint wherein the impact of mediating variables like parent-child communication and support is studied. “Parental support and communication are found to have a wide impact on other variables that are related to adolescent substance use, including adolescents’ self-control, competence, and peer affiliations” (Wills & Yaeger, 2003, p. 222). Hence, it is important to study parent-child communication in the context of substance (ab)use in order to better understand the impact of this communication.

1.4. Conclusion

High-risk factors and a high possibility of long-term harmful effects of adolescent substance use provide a clear rationale to explore the prevention stage in parent-adolescent relationships. Since parent-child communication is an ongoing process, it will be a good starting point to explore how parents approach the issues of substance use and abuse at the onset of adolescence. Hence, this study looked at the communicative attempts made by parents to prevent adolescent substance use and abuse.

A small sample of ten parents was studied to understand how prevention was approached, and parents were asked to talk about the strategies they were using or had used to prevent their child(ren) from using or abusing substances. Further, theoretical thematic analysis (Braun & Clarke, 2006) was used to identify the types and patterns of prevention strategies used by parents. This study used Inconsistent Nurturing as Control (INC) theory as a lens to understand the efforts made by parents to keep their children away from substances.

The INC theory provides a framework to study the communicative attempts made by the partners of substance abusers to control the substance abusive behavior. Le Poire (1995) argues that partners of substance abusers use both nurturing and punishing strategies *intermittently* to

control the substance abusive behavior. Non-substance abusive partners tend to use more nurturing strategies before they label their partners' behavior as problematic (pre-labeling stage), more punishing strategies after they label their partners' behavior as problematic (post-labeling stage), and a mix of nurturing and punishing strategies after they find themselves unsuccessful in controlling the substance abusive partners' behavior (post-frustration stage).

This study makes a contribution to the research on adolescent substance use and abuse by introducing the parent-child communication perspective. This study also makes a theoretical contribution by adding the prevention stage to the timeline of parent-child relationships in the context of substance abuse. Chapter 2 is a review of the literature on the influence of parents on adolescent substance use initiation, choices, and prevention. Further, INC theory is explained as a framework for this study. A research question is posed at the end of chapter 2, and the description of participants, data collection, and data analysis are explained in chapter 3. Chapter 4 explains the analysis, and chapter 5 describes how these results contribute to the existing body of research on adolescent substance use and the Inconsistent Nurturing as Control (INC) theory.

CHAPTER 2. A REVIEW OF PARENTAL INFLUENCE LITERATURE AND INCONSISTENT NURTURING AS CONTROL (INC) THEORY

A review of research on adolescent health and well-being reveals that scholars have always been interested in how parents can protect children from physical, mental, and emotional harms. In general, researchers believe that parents have a strong influential relationship with their children (Belsky, 1984), and good parenting practices can shield adolescents from the possibilities of risky behaviors and substance abuse (Steinberg, 2001). Furthermore, Steinberg (2011) argues that adolescents attract peers that have similar characteristics and traits as their own, and these characteristics and traits are imbued by parents. Even though the influence is indirect, parents influence adolescents' sense of values and opinions much before the onset of adolescence.

Parents not only influence the decision-making process of adolescents, but they are also the most influential in the initiation of adolescent drinking (Anderson, Gusterson, Hanfman, & Stull, 2010). In their 24-year longitudinal study, Brook, Brook, Zhang, and Cohen (2009) concluded that weak parent-child relationships lead to personality traits that attract drug using peers and partners, ultimately leading to increased risk of substance use. Brook et al. (2009) define this attraction toward drug-using peers and partners as “assortative peer and partner selection” (p. 235). Hence, the quality of parent-child relationships may determine whether or not the child will end up with drug-using peers or partners.

Parental substance use also affects adolescents, as they tend to take it as normative behavior (Spjkerman, Van Den Eijnden, Overbeek, & Engels, 2007). Equally important, adolescents become prone to early substance use due to violence associated with parental substance use (Zinzow et al., 2009). The factors that have been explored to date with respect to

the influence of parents on adolescent substance use include a) influence of family structure, b) influence of parenting styles, c) mediating influence of parents on peer-pressure.

2.1. Influence of Family Structure

Living situations and family structure can influence adolescent substance use in many ways. The adolescents living with a single parent have an increased risk of developing “problematic” (p. 110) substance use behavior (Barret & Turner, 2006). Further, adolescents (especially girls) living with fathers only are more vulnerable to substance use (Hemovich & Crano, 2009). Adolescents living with a biological mother or father are safer from substance use than those living with step-parent(s). Although review of research on the impact of living situations and family structure on adolescent substance use gives pointers about influential factors, the existing research discusses the correlation between these variables and does not explain the causes behind such correlations. It is quite possible that adolescents’ opinions and choices are shaped differently under different living situations.

The presence of an “influential other” (p. 946) in the family (siblings, cousins, first blood relations) increases the risk of substance use initiation (Wagner, Ritt-Olson, Soto, & Unger, 2008) because these influential others may make these substances available. Adolescents tend to form their perceptions of substance use “by observing the rewards or punishments that influential others ...receive for drug use” (Wagner et al., 2008, p. 946). On the basis of Social Cognitive Theory, Wagner et al. (2008) explain that the adolescents are more likely to use substances if they observe influential others being rewarded for substance use. Furthermore, adolescents are influenced by way of socialization (i.e., being encouraged to engage in substance use by elder

siblings or influential others) and also by easy availability of alcohol and drugs from the substance-using influential others (Wagner et al., 2008).

2.2. Influence of Parenting Styles

Parental support is a protective factor against substance use (Piko & Kovács, 2010). Dorius et al. (2004) state that “over a period of more than 60 years, researchers have reported consistently that parent support has negative associations with drug use, delinquency, and other antisocial behavior in youth” (p. 165). Adalbjarnardottir and Hafsteinsson (2001) studied the relation between adolescents’ perceived parenting styles and their substance (ab)use behavior. They compared four parenting prototypes, based on the nature of interaction (in terms of control and support): authoritative, authoritarian, indulgent, and neglectful. Authoritative parents respond with warmth, support, and encouragement while simultaneously enforcing rules and discipline. Authoritarian parents are strict on rules, but do not provide warmth and support. Indulgent parents are the exact opposite of authoritarian parents, as they are warm and supportive, but lenient on rules. As the name suggests, neglectful parents neither support nor monitor their children.

Adolescents’ substance use is related to perceptions of their parents’ parenting style. Adalbjarnardottir and Hafsteinsson (2001) reported that adolescents who considered their parents as authoritative were less prone to substance use in comparison with adolescents who perceived their parents as authoritarian or neglectful. Also, adolescents who considered their parents to be indulgent were found to be protected against experimenting with substances in comparison with those who considered their parents as neglectful.

Parenting styles have mediating effects on adolescent-substance use. For example, the authoritative parenting style is associated with a higher ability to sustain peer pressure for drug-use (Adalbjarnardottir & Hafsteinsson, 2001; Dorius et al. 2004; Weiss & Schwarz, 1996). In addition, Dorius et al. define two types of parental monitoring: Parents' knowledge about peers and activities and parents' watchfulness (p. 166). As expected, parents who know the friends of their children and keep track of their children's activities and social environments reduce the risk of substance use (Mayberry et al., 2009).

Parental influence not only determines the choice of substance and age of initiation, but also can act as a protection against substance use. In a study by Bogenschneider, Wu, Raffaelli, and Tsay (1998), paternal monitoring and strong disapproving values for substance use resulted in lower substance use by adolescents. However, associations between adolescent substance use and parent-adolescent relationships can be more complex because on one hand, parental type can influence substance use initiation and continuation; on the other hand, adolescent substance use can result in reduced parental support and warmth (Shelton & ven den Bree, 2010). This reduction in support and warmth can further increase the risk of conflict with parents, thereby increasing the risk of continued substance use.

2.3. Mediating Influence of Parents on Peer-Pressure

Substance use is less when adolescents have regular interaction with family, and their parents know their friends (Coley et al., 2008). However, the research on the impact of strictness and the impact of support on adolescents' friendship with drug-using peers is confounding. Strictness as well as warmth and support from parents are both negatively associated with adolescents establishing friendships with deviant peers and indulging in substance use

(Bogenschneider et al., 1998). On the other hand, poor parenting practices can cause adolescents to develop problematic behavior and to make bad peer choices. In fact, to an extent, parental control and support can nullify the effects of peer pressure and substance use (Dorius et al., 2004). Dorius et al. (2004) reported that the fear of being caught by parents nullified the impact of peer pressure on adolescents, but closeness to mother or closeness to father did not have a significant impact.

2.4. Unique Power Structure in Parent-Adolescent Relationships

Parent-adolescent relationships are complex, and there are unique power dynamics in these relationships (Harach & Kuczynski, 2005). Both parents and adolescents influence each other and try to control each other's behavior. They both have agency in the relationship to affect and control each other's behavior. Harach and Kuczynski (2005) define agency as the ability of humans to not only choose behavior that influences the "other" in a relationship, but also the ability to "construct meaning out of relational experiences" (p. 164). This meaning construction process can be best understood as a continual one, and not as episodic. However, the extant literature on strategies used by parents on substance use prevention in adolescents informs us about individual strategies, and our knowledge about the patterns of such preventive measures is limited.

For example, Piko and Kovacs (2010) report that paternal support is a protective factor against substance use, but we do not know if this support is used with or without discipline and/or control. Furthermore, researchers have studied the impact of parental control, warmth, support, and communication as predictors of whether or not adolescents will indulge in substance (ab)use. This body of literature has explored causal relationships between parenting practices and

the likelihood of adolescent substance (ab)use; however, understanding of such causal relationships is not enough (Wills & Yaeger, 2003).

The understanding of causal relationships reveals that some parents are successful in protecting their children from peer pressure and subsequent substance (ab)use. Experiences of such parents can be especially helpful to develop best practices for parents to prevent adolescent substance (ab)use, and, alternatively, experiences of parents who fail to prevent adolescent substance (ab)use can teach us things that need to be avoided. Hence, a fresh look at parent-child communication about substance (ab)use is required to understand prevention. The following section explains how Inconsistent Nurturing as Control (INC) theory provides a framework to study the prevention of adolescent substance (ab)use from a communication standpoint.

2.5. Inconsistent Nurturing as Control (INC) Theory

Inconsistent Nurturing as Control (INC) theory is grounded in Skinner's work of systematic examinations of patterns of encouragement and punishment of behavior. In his learning theory, Skinner proposed that reinforcement, both positive and negative, has an impact on what we learn about something. Le Poire (1995) extended this concept to the substance abuse context, and proposed the INC theory. This theory focuses on the difficulties faced by *functional partners* (whose daily functioning is not affected by substance use) in their relationship with the *afflicted partner* (substance abuser). Such relationships are paradoxical in nature due to the functional partners' simultaneous need to nurture and control their partners (Le Poire, 1995).

Le Poire (1995) identified that a common factor among different substance use conditions is that there is always "a significant other who often shares the pain of the problem" and tries to control the behavior of the substance-using partner. Furthermore, Le Poire (1995)

argued that the relationships in which one partner has a problematic behavior (chemical dependence, depression, personality disorder etc.), have a unique power-structure and are paradoxical in nature. The functional partners use nurturing and control strategies to keep the afflicted partner away from substance(s) however, the functional partners chose these strategies according to the behavior of the afflicted partner.

Three significant paradoxes exist in such relationships: First, regarding issues of control, both functional and afflicted partners have the agency to control each other's behavior. The functional partner may hide car keys to prevent the afflicted partners from going out and getting drunk, while the afflicted partner may please the functional partner, or promise to remain sober, in order to obtain the car keys. The second paradox is about issues of sacrifice and dependency – functional partners have to sacrifice their personal needs to take care of the dependent. A functional partner may have to limit his/ her own socialization with friends in order to keep a watch on the afflicted partner. The third paradox is about issues of status of the relationship; if nurturing is stopped, the relationship might cease to exist (Le Poire & Dailey, 2006). Constant nagging or strict control by functional partners may result in complete detachment, finally leading to a break-up.

INC theory not only provides a means to study communicative strategies used by functional partners to control the afflicted partners' behavior, but it also provides a framework to study the impact of communicative strategies used by functional partners during different phases of their relationship with a substance-dependent partner (Le Poire, 1995). Functional partners use more nurturing strategies before they label their substance-dependent partner's behavior as problematic. This stage is identified as the "pre-labeling stage" in INC literature. Functional partners use more punishing strategies, once the behavior is labeled as problematic. This stage is

termed as “post-labeling stage” in the INC literature. There is a third stage named as “post-frustration stage” where there is an inconsistent use of nurturing and punishing strategies when the functional partners get frustrated with substance dependent behavior of the afflicted partner (Le Poire, 1995). Functional partners use a mix of strategies in order to stop abuse and prevent relapse (Duggan, 2007). However, the functional partners may end up reinforcing the very behavior they want their relational partners (afflicted partners) to avoid (Le Poire, 1995).

INC theory provides a lens to view this dilemma of simultaneous nurturing and controlling. This theory provides a framework to study the effect of “confluence of family members’ actions” to control compulsive behaviors like substance use, depression, and eating disorders (Le Poire & Dailey, 2006). Nurturer-controllers find it difficult to maintain a relationship with a substance-dependent partner (Cropley, 2007). For instance, Prescott and Le Poire (2002) found that mothers trying to control eating disorders in daughters used mixed strategies of nurturing and control, and actually reinforced eating disorders instead of diminishing them.

In fact, mother-daughter relationships are similar to functional partner-afflicted partner relationships because mothers, as primary caregivers, have competing goals of nurturing and controlling their daughters (Prescott & Le Poire, 2002). The researchers found that mothers trying to control the eating disorder behaviors of their daughters used nurturing and punishing strategies inconsistently and actually reinforced the behavior that they wanted to extinguish. In this study, the participants (female college students) reported that their mothers were more nurturing before identifying eating disorder as a problem, more punishing after labeling the eating disorder as a problem, and reverted to a mix of nurturing and punishing strategies after finding that the efforts to control were futile.

Furthermore, the results of this study show that the mothers were not only inconsistent in their use of strategies across pre-labeling, post-labeling, and post-frustration stages, they were also inconsistent within these time periods as well. This study, however, does not account for the fact that mothers can start controlling the eating behaviors of their daughters due to prior awareness about eating disorders. It is quite possible that mothers or parents in general, who are exposed to media reports about eating disorders, start making efforts to prevent eating disorders much before the pre-labeling stage. The same could be true for substance use and abuse as well. In fact, the literature reviewed above reveals that some parents are more watchful than others, and parent-child communication is a strong protective factor against peer-pressure for drinking and other risky behaviors. Still, we do not know what types of strategies are being used by parents and what is the nature of parent-child communication about substance (ab)use. We do not know if this communication to prevent substance (ab)use is more nurturing or more punishing.

Since its inception, INC theory has been evaluated and tested in a variety of contexts (substance use, eating disorders, depression, and compulsive behavior). Most of the research is focused on substance use, and the *Handbook of Family Communication* lists INC theory as “the” theory to study the impact of substance use in families. Underlying assumptions of INC theory are: a) functional partners change their strategies to control the undesired behavior of their afflicted partners over time, and b) functional partners actually reinforce the very behavior that they are trying to extinguish.

Such paradoxes can exist in parent-child relationships, too, especially when parents are apprehensive that their children might succumb to peer-pressure and start experimenting with various substances. In the context of adolescent substance use, parents are influential in shaping

adolescents' beliefs about substance use. Parents adopt different ways of talking about alcohol use to open a channel of communication and prevent problematic or risky behaviors. Parental messages regarding alcohol use have a great impact on adolescents; however, not many parents know how to craft and use such messages effectively (Sherriff, Cox, Coleman, & Roker, 2008).

Furthermore, parents can sometimes become the cause of availability of alcohol to adolescents, in hopes that controlled availability will prevent experimentation and subsequent development of risky behaviors. As in the case of parents, they want to nurture their children, as well as control their behavior; therefore, "these competing goals may lead to inconsistent use of reinforcement and punishment strategies" (Le Poire & Dailey, 2006). Similarly, according to a research on teen drinking cultures in America, parents find it challenging to deal with the dilemmas associated with teen drinking.

Some parents will do everything they can to make sure their teens observe the legal drinking age of 21; other parents offer contained spaces for teen drinking and teen parties; still other parents allow teen drinking with the family at meals, and some ignore teen drinking altogether. Teens have varied experiences with parent conversations about alcohol and guidance provided to them, with many teens reporting no discussions at all on alcohol, and others reporting constant reminders or "nagging." (Anderson et al., 2010).

Therefore, due to widespread awareness on the multiple inimical effects of adolescent substance use on the possibility of future abuse, it is expected that parents try to protect their children in an apparent prevention stage. The need to enforce the legal drinking age, along with the desire to keep children away from illegal substances, coupled with media attention on

unconventional substances like glue, bath salts, cinnamon, etc. could be some of the reasons why parents might try to prevent substance use or abuse in adolescents. The prevention stage may cease to exist if the child starts using illegal substances before the legal drinking age, because then parental efforts would be directed to extinguish the substance use behavior instead of preventing it.

2.6. Research Question

The parental subsystem in the family provides nurturing, guidance, and control to children (Prescott & Le Poire, 2002). Hence, there is a possibility that in addition to the pre-labeling, post-labeling, and post-frustration stages explained by Le Poire (1995), a prevention stage exists in parent-child relationships in the context of adolescent substance (ab)use. Parents might have competing goals to nurture and control when it comes to prevention of adolescent substance (ab)use.

Therefore, it is important to know about the patterns of strategies used by parents to prevent substance use in adolescents for two reasons. First, given the magnitude of the problem of adolescent substance use and abuse, it is necessary to explore how parents begin to communicate with adolescents about substance use and abuse. Second, parental influence on adolescent behavior is a net result of an ongoing discourse. An understanding of this discourse will provide a foundation to develop better communication strategies that parents can adopt to prevent adolescent substance (ab)use.

Le Poire (1995) and subsequent research on INC theory have not explored the patterns of nurturing and control in the preventive stage. This stage may not exist for relational partners, but with the available knowledge about the harmful effects of substance use, parents are

apprehensive as well as proactive about preventing substance (ab)use in adolescents. This research will create a base for further studies about the pattern of these strategies in order to understand what works best in the long run. Furthermore, Le Poire (1995) predicts different behaviors of controlling partners at different stages. Controlling partners are predicted to be more nurturing before the behavior is labeled problematic, they are predicted to be more controlling when the behavior has been labeled as problematic, and there will be inconsistency in nurturing and control, once the controlling partner gets frustrated.

Given the influence of parents on substance use initiation and choices in adolescents, it is important to extend this research to the preventive stage, and explore the communicative strategies parents use to prevent adolescent substance use. To do so, following question is posed:

RQ: What are the types and patterns of strategies that parents use to prevent adolescent substance use?

The next chapter explains how this question was answered by collecting data through in-depth interviews of parents who had the experience of raising adolescents. This chapter also explains how the themes of nurturing and punishing emerged when theoretical thematic analysis was conducted on transcribed data.

CHAPTER 3. METHODS

This study had a two-fold purpose: First, it explored the types of strategies used by parents to prevent adolescent substance use; second, it looked at the patterns of these strategies in terms of consistency. INC theory provides a well-established framework to study the strategies of control used by functional partners of substance-dependent individuals. However, parents of adolescents may have to deal with a preventive stage, where they try to control the behavior of their children in order to prevent substance use. Therefore, this study looked for specific themes of nurturing and punishing, and then further analyzed the data for patterns of strategies used. As there was a theoretical and analytic purpose of this study, theoretical thematic analysis was used to fulfill this requirement.

To answer the proposed research question, a deductive qualitative approach was used, as this study aimed at extending INC theory to the strategies of prevention used by parents to prevent adolescent substance use. This research used Braun and Clarke's (2006) "theoretical thematic analysis" method (p. 84). According to Braun and Clarke (2006), this kind of analysis is "more explicitly analyst-driven" (p. 84), because instead of providing an overall analysis of data, it provides an in-depth analysis of a certain aspect of data. It is best to use this approach if there are specific research questions to be answered.

In order to test the efficacy of the interview schedule and to get familiar with the memory enhancing timeline procedure (McCrary et al. 1986), a pilot study was conducted in spring 2012. The researcher used personal contacts to interview the participants (n=4). These participants were females with an experience of raising adolescents (in long-term marriages, n=3; divorced, n=1). The participants were interviewed using a semi-structured interview schedule and the timeline calendar.

3.1. Pilot Study

The pilot study was helpful in improving the actual data collection in four specific ways. First, it helped in ironing out some of the issues related to clarity of the interview questions. The researcher particularly noted the questions where the participants asked for further clarification, for example, when asked about rewards for good behavior three participants asked, “What do you mean? Rewards for behavior in general or regarding substance abuse?” Hence, the question was modified as, “What were/ are the rewards for not smoking/ drinking?” Similarly, the researcher identified that it was required to remind the participants that they were to respond to each question in the context of substance (ab)use.

Secondly, the pilot study revealed that participants had different values and philosophies attached to substance use and abuse. Parents who think responsible use is alright try to prevent abuse, while parents who think any kind of substance use is harmful tend to prevent use. Hence, the researcher learned that it was important to talk about use and abuse in the beginning of the interview and let the participant speak about what she/ he thought required prevention.

It was important to let the participants identify and talk about substance use or abuse according to their preference because the focus of this study was to understand prevention strategies and not substance use or abuse. Hence, the participants were encouraged to talk about prevention strategies irrespective of whether they were trying to prevent substance use or abuse. Therefore, in this study the term “substance (ab)use” was used as such because parents talked about preventing use or abuse depending upon their personal values, philosophies, and experiences.

Thirdly, conducting the pilot interviews helped the researcher in getting familiar with the memory-enhancing timeline procedure used extensively in the studies based on INC theory

(Cropley, 2006; Duggan, 2007; Duggan & Le Poire, 2006; Duggan, Le Poire, Addis, 2006; Le Poire, Erlandson, & Hallett, 1998; Le Poire, Hallett, & Erlandson, 2000). Participants required help with completing the timeline calendars, as the calendars were not self-explanatory. The researcher had to explain the meaning of significant events related to substance use or abuse by giving examples.

Most importantly, pilot interviews provided a repertory of scenarios that could be used as examples for other participants. For example, when asked to talk about strategies to introduce discussions regarding substance (ab)use, some participants said that they did not have any strategies at all. However, when the researcher said, “Like some parents have talked about talking while fixing dinner, or driving their children to some place, etc.,” the participants actually started talking about strategies that they were unconsciously using or used in the past. Thus, the experience gained from the pilot study was helpful in the actual data collection for this study. The following section provides a description of the participants in this study, along with the sampling procedures that were used to contact the participants.

3.2. Participants

According to substance abuse data for North Dakota for the year 2009, adolescent substance use in North Dakota is very similar to the national data in USA (DHHS, 2012). Alcohol-related averages among high school students indicate that 43% of adolescents had at least one drink during the 30 days before the survey, as compared to the national score of 42%. However, 15% students drove under the influence of alcohol during the 30 days before the survey, while the national percentage of students who drove under the influence of alcohol

during 30 days of taking the survey was 10% (DHHS, 2012). Clearly, adolescent substance use is a national concern in USA, and the problem is no less severe in North Dakota.

Parents with the experience of parenting at least one adolescent (11 – 17 years) were interviewed in Fargo (ND) to understand their approaches and strategies to prevent adolescent substance use. Since this was the first study of its kind, the researcher recruited participants with varied life situations. Participants for this study were custodial as well as non-custodial parents. Total participants (n=10) included a single mother (n=1), a divorced father (non-custodial parent, n=1), divorced mothers who re-married (n=2), fathers in long-term marriages (n=3), and mothers in long-term marriages (n=3). It is important to note here that the fathers in long-term marriages (n=3) and the mothers in long-term marriages (n=3) were not couples. Table 1 provides a more detailed description of the participants. Since this study focused on the pre-substance use stage (prevention), adolescent's substance use or abuse was not a criterion for participation.

Snowball sampling was used to recruit the participants for this study. Singleton and Straits (2010) define snowball sampling as a “referral technique” which “uses a process of chain referral” (p. 178). This process involves approaching people who meet the criteria for being a participant of the study, and then asking these people to refer the researcher to others who meet the criteria of participation (Taylor & Bogdan, 1998). One of the drawbacks of snowball sampling is that the participants will be less diversified. To have more diverse participation, Taylor and Bogdan (1998) suggest using a variety of ways to reach out to people. Therefore, this study also used Facebook posts and personal contacts to locate parents having the experience of parenting at least one adolescent child.

Even though every effort was made to recruit a diverse sample, snowball sampling resulted in a homogenous sample of educated, white, working, men and women who were

Table 1

Details of Participants

Name	Description	Ethnicity and Background
Carly	Married (in a long-term marriage). Lost her son to substance abuse	White, College Educated, Working
Becky	Single mother of daughter aged 21, and son aged 11	White, College educated, Working
Jenna	Married mother (in a long-term marriage) of a daughter aged 17, son aged 15, and a daughter aged 10	White, College educated
Sam	Married (in long-term marriage) father of sons aged 9, and 12	White, Italian origin, College educated, Working
Mark	Married (long-term marriage) father of twin boys aged 21	White, College educated, Working
Michelle	Mother (remarried) of daughters aged 24 and 21, and parenting s stepdaughter aged 19	White, College educated, Working
Kara	Married (long-term marriage) mother of a son aged 14, a daughter aged 12, and a son aged 9	White, College educated, Working
Kate	Married (remarried after a divorce recently) mother of a son aged 17, a daughter aged 9, and parenting a 19-year old stepson	White, College educated, Working
Robert	Recently divorced non-custodial father of a son aged 11, and a daughter aged 7	White, College educated, Working
Bill	Married (long-term marriage) father of a daughter aged 21, and a son aged 17	White, College educated, Working

successful in preventing adolescent substance abuse (except Carly). Hence, the results of this study are qualified for this particular sample as an educated, non-substance abusing group.

Despite this qualification, this study is a starting point for studying prevention, and the results are useful in adding a prevention stage to the timeline of parent-child relationships in the context of substance (ab)use. This population provides an impetus for research of more varied parent participants in the future.

After conducting ten interviews the researcher found that the participants were reporting similar types and patterns of strategies. Even though one participant was unable to go through the prevention stage with her son (who died because of drug overdose), she stressed the need to

prevent substance (ab)use. Guest, Bunce, and Johnson (2006) conducted an analysis to determine how many interviews should be enough to claim data saturation. These researchers recommend that six to twelve interviews were enough for a homogenous sample. For current study, since the snowball sampling resulted in a sample of college-educated, white men and women, who were successful in preventing adolescent substance abuse, the sample turned out to be homogenous. Hence, data collection was stopped after conducting ten interviews, because the participants reported similar prevention strategies. A detailed explanation of data collection and analysis is being provided in the following sections.

3.3. Data Collection

The interviews began by recording verbal consent. Each participant was provided with the researcher's contact information on a printed informed consent form. The participants were informed about the study and their rights regarding the voluntary participation in this study. The interviews were conducted after the participants verbally agreed to participate and signed the informed consent form.

In-depth interviews were conducted with parents who had the experience of parenting at least one adolescent. Such interviews are basically extensions of ordinary conversations. These extended conversations begin with a narrow focus, then the interviewer makes efforts to get "depth, detail, and richness" (Rubin & Rubin, 2005, p. 13). The focus is to gain *thick description*, as described by Geertz (1973), such that the experiences of participants can help in synthesizing meaningful information (Rubin & Rubin, 2005). Charmaz's (2006) approach to intensive interviewing was used to develop the interview schedule (Appendix A), which was further revised after conducting the pilot study.

Open-ended demographic questions were used to initiate the interview; each participant was asked to describe his/ her family and children (to put the participant at ease). Since this study aimed to understand the preventive strategies used by parents, it required a lot of reflection and retrospection (especially in cases where parents had gone beyond the prevention stage). Most of the research based on INC theory has examined the strategies used by functional partners to control their afflicted partner's behavior over time. These studies commonly used similar approaches to gather data about specific stages of the functional-afflicted relationships.

In order to get the information about the strategies in different phases -- before identifying substance abuse as a problem, after labeling partner's behavior as a problem, after the functional partners get frustrated -- researchers have used memory enhancing time-line procedures (Cropley, 2006; Duggan, 2007; Duggan & Le Poire, 2006; Duggan, Le Poire, Addis, 2006; Le Poire, Erlandson, & Hallett, 1998; Le Poire, Hallett, & Erlandson, 2000) similar to McCrady et al. (1986). Participants are either asked to fill calendars, or verbally identify various stages in their relationship with the afflicted partner.

Therefore, to ensure that the participants in this study responded to the questions with respect to the prevention stage, the memory enhancing time-line procedure was used by providing the participants a calendar to indicate significant facts related to their child's growth and substance use (Appendix B). This calendar was helpful in two ways: 1) it helped in identifying the prevention stage for each parent to keep them focused on prevention stage while responding, and 2) it helped in coding, because the strategies that were used beyond the first episode of substance use were not coded as prevention strategies.

Cropley's (2006) approach was used to ask follow-up questions in order to understand the pattern of strategies used by parents to prevent substance (ab)use. The interviewees were

repeatedly asked to explain “what did you do then?” when they were describing incidents related to substance use in their child. Questions like “what did your child do then?” and “how did you react in that situation?” were asked until the respondent gave all the details surrounding the incident.

As explained earlier, during the pilot interviews conducted in Spring 2012, participants found it difficult to understand the calendar and got confused between substance use and abuse. The researcher found that this confusion was alleviated by explaining the purpose of the calendar and giving examples of significant incidents related to substance use and abuse. Participants were encouraged to talk about both substance use as well as abuse in order to get enough data to determine if parents were preventing use, abuse, or nothing at all. Some participants (n=3) thought use was alright while others (n=7) tried to enforce complete abstinence during prevention stage.

Participants completed the calendar with some prompting by the researcher. Based upon the data provided, the researcher identified the period of prevention, and asked the participants to answer the questions with respect to that period. The participants were asked to describe their apprehensions during the time when they were trying to prevent their child from getting involved with substance use (or abuse, depending upon the perceptions and the philosophies of each participant).

Further, the researcher asked the participants to describe the strategies they used or currently use. If the participants started to talk about strategies in general, they were asked to clarify whether those strategies were used during the prevention stage. For example, if a participant mentioned that her daughter got “busted” due to drinking at a party at age 16, the prevention stage ended at the age 16. When the same participant mentioned that she inquired

who all will be at the party whenever her daughter was going, the researcher asked if this happened before 16 years of age when the daughter got “busted.”

Probes and mirror questions were used to encourage the participants to talk about how they would approach their prevention aim; when some of these strategies did not seem to work, what would they do more, what strategies were abandoned, and why. All interviews were audio-recorded and transcribed for analysis. The next section gives a detailed account of the analysis of the transcribed interviews.

3.4. Data Analysis

Data analysis for this study was based upon theoretical thematic analysis, delineated by Braun and Clarke (2006). Theoretical thematic analysis begins during the data collection phase, “when the analyst begins to notice, and look for patterns of meaning” (Braun & Clarke, 2006, p. 86). Further, this type of analysis requires “a constant moving back and forth between the entire data set” (p. 86). Although theoretical thematic analysis is not a linear process, Braun and Clarke (2006) outline six important steps in the process. These steps allow for the analysis as a “recursive process” (p. 86), and the back and forth movement between the steps is necessary to complete the process.

In order to answer the research question, “What are the types and patterns of strategies that parents use to prevent adolescent substance use?,” it was required to first identify prevention strategies, second classify the strategies as nurturing or punishing, and finally look for patterns of consistency or inconsistency by reviewing the strategies with respect to the original dataset. The rest of this section explains how the six steps delineated by Braun and Clarke (2006) helped in answering the research question posed in this study.

The very first step was to get acquainted with the data. This process began with writing reflective memos, and further continued through transcription, repeated readings, and recording the early ideas. As reflective memos have proven to be helpful tools for qualitative researchers to engage in higher level abstraction of ideas (Charmaz, 2006), an informal analysis began with writing memos after each interview. Transcription for this study was primarily an account of verbal utterances. For the purpose of clarity, words like “umm”, “you know”, were later removed from the quotations.

The second step in Braun and Clarke’s (2006) theoretical thematic analysis is to generate initial codes, which are basically features or ideas that appeal to the researcher. It is the first attempt to organize data into meaningful groups. This was achieved by generating a list of quotations related to prevention with the help of Atlas.ti, software. A total of 287 quotations were generated. Quotations were printed and physically sorted in the third step to identify the themes of prevention strategies.

As the analysis for this study is theory-driven, the researcher looked for themes of nurturing and punishment in this list of quotations describing the prevention strategies shared by the participants. For example, Jenna talked about one of her conversations with her daughter: “Don’t get in your car at all when you’ve been drinking,” she added, “And we always said if you are ever in a situation and you wanna come home you just call us. I said we’ll come and we won’t ask you any questions. You know, we would be proud of you for calling us.” This was coded as a nurturing strategy because the parent was trying to reinforce responsible substance use.

Becky talked about scolding her daughter whenever she heard that she was in an environment where alcohol was consumed, she said, “Hearing about one of her friends, and

those types of things, and then I'd be like oh crap, nothing she has done, something outside of her... I felt anxious and sometimes it would lead to a fight." This was coded as a punishing strategy because Le Poire (1995) describes punishing as something that "involves presenting an aversive stimulus in an effort to extinguish undesirable behavior." It is important to note here that "undesirable behavior" in this case was children meeting with friends who were perceived to be indulging in drinking.

P 5: T_INT_1.rtf - 5:3 [So we talked about it all the ..] (79:79) (Super)
Codes: [PREVENTION]
No memos

So we talked about it all the time, just how, I went the other approach, I went completely none of it, like you don't ever touch it, you don't ever wanna get near it, umm so I took that approach. And I don't drink, I have not, I have not had a drink since my brother died

Figure 1. Example of code generated through Atlas.ti

Thus, in the third step the printed quotations were arranged in stacks based on overarching themes of nurturing and punishing. At this stage, Braun and Clarke (2006) caution to keep the "surrounding data" (p. 89) to preserve the context. Using Atlas.ti was particularly helpful at this stage because each quotation in the list of quotations carried an identification number to mark the name of the transcribed file along with line numbers. For example, Figure 1 shows a quotation where T_INT_1.rtf indicates the name of the transcription file, which is basically the transcription of the first interview, and line numbers are indicated by (79:79). Hence, even after extracting the quotations it was easy to relocate the quotations in the actual dataset for further analysis in step five. Initially there were just two stacks for nurturing and punishing. In the fourth step of data analysis, the initial codes were sorted into potential themes based on the similarity of strategies, and data extracts were stacked accordingly. Braun and

Clarke (2006) suggest using visual diagrams to facilitate the process. Multiple thematic maps were used to finalize the codes at this stage. This phase of data analysis provided an initial set of potential themes and sub-themes (Table 2), along with all data extracts. These themes and sub-themes were reviewed for further analysis in step five.

During further analysis, some of the themes generated earlier did not appear to be themes; for example, initially it appeared that giving freedom could be a strategy but a closer look at the quotations revealed that it was basically related to general parenting and not to the prevention of substance (ab)use. Analysis at this point was broken into two levels: a) review of coded extracts, b) review with respect to the entire data set. Review of coded extracts requires re-reading the extracts sorted under each theme, to make sure these extracts belong to their respective themes. The goal of this repetitive process is coherence. It is important to identify the characteristics of each theme at this point, and define the examples and boundaries as well.

Review of quotations also revealed that parents were controlling their own behavior to control adolescent substance (ab)use. For example, some parents were cutting back on their drinking, some were thinking about putting alcohol under lock and key, while some believed that being realistic was the right approach. Hence, a new theme of “presenting a good role model”, which was actually an in-vivo code was introduced here. Furthermore, it appeared that “enforcement of rules” and “imposing restrictions” could be merged as “enforcing discipline and rules”.

Once a satisfactory level of coherence was achieved within the themes, part two of step five was to look at the themes in relation to the entire data set. The researcher read the data set again and again, to make sure that the themes made sense in the larger context, and to look for any themes missing from the coding stage. It is important to go over the data repeatedly at this

stage, but Braun and Clarke (2006) also caution that a researcher should not get “over-enthusiastic” (p. 92), and re-code the data endlessly. The point to stop is when the researcher has a fair idea about the different themes, and how they fit together to tell a coherent story.

At this stage, the prevention strategies were grouped under six sub-themes (three each for nurturing and control). Further, the quotations were related back to the narratives to identify the patterns of use. At this stage, it was required to view each quotation with respect to the surrounding strategies. For example, if a parent allowed his daughter to stay out late, it was coded as a nurturing strategy, but looking back at the data set revealed that the same parent stayed up late to make sure that his daughter was sober when she returned home, and even checked her breath if she was acting “weird.” Hence, the nurturing strategy of no curfew was followed by another strategy to control. Thus, moving back and forth between the collated quotations and actual data set happened before clear themes were generated with supporting narratives to produce the final report.

The final step of Braun and Clarke’s (2006) thematic analysis is to produce a report, which involves generating a convincing account of the complex data captured through interviews. It is necessary to generate a report that goes beyond mere reporting of facts, and incorporates a sound argument with respect to the research question(s). This process of analyzing for nurturing and control strategies generated the answer for the research question posed in this study. In the next chapter, findings from the interviews will be discussed, and the prevention strategies reported by the participants will explained, along with the analysis of patterns.

Table 2

Initial Codes

NURTURING	PUNISHMENT
<p>DISCUSSION Past experience of parent Ill-effects of substances Objective information Forced to discuss actions Forced to discuss behavior Legal implications To hear the voice of the child</p> <p>RESPONSIBLE SUBSTANCE USE Drinking at home Responsible drinking outside Adults drinking is OK Introduction to taste by parent</p> <p>GIVING REWARDS Encouraging positive behavior Transacting rewards for desired behavior Pre-determined rewards</p> <p>GIVING FREEDOM Encouraging responsible decision-making Allowing to stay longer with friends</p>	<p>FORCING DISCUSSIONS Forced to discuss actions Forced to discuss behavior Forced to listen</p> <p>ENFORCEMENT OF RULES Curfew time Access to privileges Familiarity with the family for sleep-overs Information of whereabouts</p> <p>FOLLOWING CHILDREN “Helicopter parents” To know friends of children To know friends’ families</p> <p>IMPOSED RESTRICTIONS Stay away from certain people Stay away from certain activities</p> <p>REPRIMANDING Scolding Withholding privileges</p>

CHAPTER 4. ANALYSIS

The analysis of transcribed interviews revealed that even though these parents were not particularly apprehensive of their children going down the substance abuse path, they chose actions that were preventive in nature. Only one of the ten participants admitted that she was particularly apprehensive; however, each participant revealed various strategies used for prevention. This chapter will first discuss why the prevention stage needs to be added to the timeline of parent-child relationships with reference to substance abuse, thereby extending the INC theory. Further, the strategies used for prevention will be analyzed to determine the types. Lastly, the strategies will be examined for patterns of consistency and inconsistency.

4.1. Prevention of Adolescent Substance (Ab)use

To tie this study to the INC theory, it is important to understand that there is likely a prevention stage which is unique to parent-child relationships. INC theory has mostly been tested in romantic relationships where prevention stage may not exist. Even though Prescott and Le Poire (2006) tested this theory for mother-daughter relationships, their study did not account for the prevention stage. In the current study, parents (n=9) reported that they started talking about substance (ab)use with their children between the age of 5 and 14 years depending upon the child(ren)'s life events, behavior, and parent's past experiences.

Jenna reported that she started talking to her daughter (now aged 17) when she was 9 years old. To explain the reason for choosing 9 years of age to initiate the discussion, she said, "I think because they were getting into the adolescence and isn't that when, that's when they start having that peer pressure from their other friends?" Some parents (n=5) recalled that the Drug Abuse Resistance Education (DARE) program in school spurred early discussions. Parents also

watched for signals in child(ren)'s behavior and anticipated the need to bring up the topic. Jenna said she sat down her daughter (now 16 years old) when she was 14. She explained that she chose that age, "Because I knew she'd be going into high school, and she was kind of starting to talk about it a little bit."

While parents generally started getting concerned around the beginning of teen years, Becky started talking to her daughter (now 21) when her daughter was just five years old because Becky's brother was severely addicted to alcohol and marijuana, and "it just became so, at that point he really started to decrease, I mean his addiction became more significant in our life." Participants reported varied concerns that triggered parenting practices geared towards prevention of substance (ab)use in different ways. Robert, a non-custodial father of an 11-year old boy and a 7-year old girl, listed his fears as "overindulgence, the allure exceeds the fear, the understanding of consequences, ultimately the fear revolves around the unintended consequences, even experimentation."

Becky recounted that, "now I can look back and say that was ridiculous" as she talked about how overly protective she became of her daughter, but she further explained that "it's hard dealing with someone who has addiction that you love so much and you want to protect other people that you love so much from doing, walking the same path." On one hand, some parents were overly concerned, while on the other, some parents talked about watching for signals and gathering information about their child(ren)'s life.

Bill, a father of a 21-year old daughter, and a 17-year old son said, "We would talk about this, what did you do, when our daughter would come home, we would say what did you do tonight, she would tell us the story of what she did," thus gathering information and looking for signs to take action. Bill added that, "To be fair, when my daughter would come in, if, if I

thought she was acting weird, I would investigate, I would check her breath or something, but I think it would never lead to a confrontation, I would just subtly stick with her a little bit and just observe.”

Parents who did not get to see such signs reported being comfortable but watchful of what their child(ren) were doing. Sam, a father of 9-year old and 12-year old boys, said that, “looking at what they do with their friends, I don’t see the peer pressure, from what I perceive, I do not see peer pressure for drinking or smoking.” Participants also talked about using communication as a tool to gauge child(ren)’s behavior; for example, Kate, a mother of a 17-year old son, a 9-year old daughter, and parenting a 19-year old stepson, with regard to her 17-year old son said, “I sometimes just feel like I am lucky, that he doesn’t partake, that my philosophy is I guess, we just need to talk about things, talk about it, and he knows he can talk to me.”

Amidst the diverse sample used for this study, Carly’s was the negative case where prevention did not exist because her son took to substance abuse at a very early age. Carly’s son died due to drug overdose, and in retrospect she felt that she was completely “naïve” to not respond to the behavioral changes she saw in her son. She said, “I never discussed substance abuse with him, I mean I don’t have any memory of that because it wasn’t something that was not even in my radar.” She recalled that when her son was 15, “[I] actually saw some stuff in his room, and again this was my naivety that I didn’t even know for sure what it was, and it was something for smoking pot I guess.” It is important to look at Carly’s experience because even though she was not able to prevent her son from engaging in substance abuse, her experience underscores the need for prevention:

Well he started so young that I guess, it didn’t occur to me that he would already be looking at drugs. I just knew nothing about

drugs, I mean that was not part of my world growing up. I didn't know anybody back then that used to do drugs. And none of our family members that I am aware of, used you know my siblings or anything so I guess when I found out that it was drugs, to me that was worse, although I understand now that addiction is addiction it doesn't matter really if it is alcohol or is drugs, but at that point in time I was ashamed I guess, ashamed that I hadn't caught it, that I hadn't recognized earlier what was going on with him.

Carly now exercises more control when it comes to her grandchildren. Her advice for parents dealing with adolescents is that, "Stay current with what is the issue with children at that age, first of all. Be in their face all the time, I mean be involved with everything they are doing, and especially like I mentioned checking up on where are they staying, is the parent home, that kind of thing. I was a little too trusting with him [her son], with that. I don't know, pick up what they can change on communication, talk more to them."

Therefore, based on the analysis of the interview data, parents start making efforts to shape their children's behavior in the context of substance use and abuse. According to the basic premise of the INC theory, functional partners make efforts to control the behavior of the afflicted partner in order to extinguish undesired behavior. Efforts of parents to control their children's behavior are comparable to those of functional partners in pre-labeling, post-labeling, and post-frustration stages. Hence, the prevention stage needs to be added to the INC theory in the context of parent-child relationships.

The beginning of the prevention stage is marked by parents becoming conscious of their child(ren)'s vulnerability for substance (ab)use. Parents become aware of such vulnerability due

to their own past experiences, their child(ren)'s life events, or they take cues from their child(ren)'s behavior. It is interesting to note that depending upon individual philosophies, some parents focus on preventing substance use while others focus on preventing substance abuse. Likewise, some parents reinforce abstinence while others reinforce responsible use of legal substances.

It is now pertinent to look at the strategies used by parents to prevent adolescent substance (ab)use. The following section will examine the prevention strategies reported by the participants of this study. The strategies were classified as nurturing or punishing on the basis of literature available on the INC theory. After classification, the strategies were re-examined in the context of overall responses to determine consistency or inconsistency of use.

4.2. Strategies of Prevention of Adolescent Substance (Ab)use

Prevention strategies reported by the participants could be broadly classified as nurturing and punishing strategies depending upon the motives to promote responsible substance use and abstinence from substance (ab)use respectively. Nurturing strategies were further classified as 1.) Promoting open discussions, 2.) Monitoring behavior and activities in respectful ways, 3.) Presenting a model for responsible use. On the other hand, punishing strategies consisted of 1.) Reinforcing discipline and rules, 2.) Forcing discussions, 3.) Punishing perceived deviant behavior. Table 3 provides a frequency tabulation of strategies used in each of these categories ,

4.2.1. Promoting Open Discussions

Discussions appeared to be the most preferred way to educate children about the ill effects of substance (ab)use and to initiate prevention. All of the respondents (n=10) expressed interest in promoting open discussions, and most of them (n=8) talked about different strategies

Table 3

Frequency Tabulation of Strategies

NURTURING STRATEGIES	PUNISHING STRATEGIES
<p>Promoting open discussions Bringing up discussion in non-confronting respectful ways (8) Letting the child lead the discussion (1) Carefully choosing the environment for discussion (7) Holding conversations while driving (7) Avoiding conversations while driving (1) Carefully choosing the content of discussions (9) Sharing personal experiences (8) Choosing what not to communicate (2) Embedding discussions in everyday conversations (9) Monitoring behavior and activities in respectful ways Strengthening child’s ability to take good decisions (8) Monitoring the friend circle of the child (9) Getting information about one child from the other(sibling) (1) Monitoring medication so the child cannot indulge in selling prescription drugs(1) Presenting a model for responsible use Using self-behavior to demonstrate a good role model (10) Restricting alcohol use (3) Making efforts to remain sober in front of children (8) Quitting smoking (1)</p>	<p>Reinforcing discipline and rules Getting to know the parents of the friends of children (10) Providing cell phones to monitor (3) Checking rooms and belongings of children (1) Controlling the environment of children (1) Keeping a check on daily routine and activities (9) Restricting interactions of children with some specific friends (2) Being a “helicopter parent” (3) Reiterating the idea that privileges would be taken away if the behavior is not appropriate (4) Forcing discussions Making the child sit and talk if the topic was not finished earlier (9) Not letting children avoid discussions (9) Reprimanding perceived deviant behavior Verbal reprimand (1) Taking away privileges (5)</p>

to bring up discussions in respectful and non-confronting ways. Frequency of discussions varied from participant to participant, and the content primarily consisted of consequences of substance dependence. In this section participants’ responses on strategies along with frequency and content of discussions are discussed.

Promoting open discussions qualifies as a strategy mainly because of the conscious efforts made by the respondents to initiate and follow-up such discussions. It was interesting that

parents had strategies to bring up “open” discussions. Conscious choice on environments, topics, and length of conversations indicated that the choice of keeping the discussions open, and conversations ongoing was a strategy. Parents made efforts to avoid confrontations as long as they did not perceive any problem with their child(ren)’s behavior.

Kate did not have any significant apprehensions about her son going down the path of substance abuse, but she reported that the topic was discussed frequently to keep the communication going and reinforce responsible substance use. She said, “I think mostly, nine out of ten times when I talked with my kids about something that’s important, or taboo, or preventive in nature, in terms of health and well-being, I let them lead the discussions so I don’t like to have them sit down.”

Most participants (n=7) stressed the importance of choosing the right environment for discussions. There were varied reasons for choosing or not choosing particular types of environments. Sam’s preferred environment was home. He said home is, “Where they can back-off any time they want, and also the phone can ring, I mean there are things that will interfere, now you got a good conversation going and sometimes it gets taken away, but I prefer that to creating an environment that is forced.” Mark talked about removing distractions because he believed that, “Children are easily distracted, and our children were no different that way. Not having television on during discussion, not having other actions occurring” was a good way to ensure successful conversations.

There were mixed reactions on holding conversations while driving. While most parents expressed that talking while driving their child(ren) some place was a non-confrontational way of having a conversation, Sam had different views: “if you are thinking that if the child doesn’t wanna participate, you shouldn’t allow them to back-off, you put them in a car for two hours and

you start talking about something, now you are trapped because either if they don't wanna talk about it, either they seem horrible or you feel like you failed because you start something and then you stop it.”

On the other hand, Kara reported that, “So that will be probably part of the setting the stage for it's doing that like I drive her to school two days a week.... And so that would be an optimal time to unplug the Ipod and let's have this conversation, quick conversation, really quickly. I think that would be probably the ideal time to have it when I know I have her full attention but it is also not in such a way that she might feel like she is going to get in trouble or anything like that.” Hence, the parents may have different views about different environments, but they choose the environments carefully to keep the conversations open and respectful.

Similar to the strategies of initiating discussions, the content of discussions also varied from parent to parent. Experience sharing, information about ill-effects, media reports, talking about people who suffered due to substance abuse, responsible use of alcohol, legal implications of using drugs, newer substances like glue, bath salts, cinnamon, and much more. The participants (n=9) talked about substance (ab)use related topics depending upon their own experiences.

Robert emphasized the power of experience sharing by saying that, “certainly they [children] don't want to live vicariously through their parents' experiences, but those are the only things, those are the only tools that we have to create empathy, so we talk about our feelings, experiences, so forth.” Kara recalled, “I remember talking with my son about how you are only born with a certain number of brain cells, but when you become drunk, brain cells die and they don't come back, and I remember that little look on his face when he heard that, he was like what

do you mean? I'm like yeah, so this is serious, right, so you don't want to like lose any brain cells before you have to.”

Furthermore, parents also plan what not to communicate. Kate shared, “I am very careful about talking about my past and it's because it's not totally relevant to now, present, because that's not how I am now, I mean that's not like I came out, I turned out fine, you know obviously, I turned out just fine, but I did some scarier things that my parents probably didn't know, what I was involved with or I was doing.”

Participants' responses revealed that the content and seriousness of issues vary for different substances. Another interesting aspect of the content of discussions was that participants had personal choices and opinions about the worrisome substances. For some parents any substance was to be avoided (n=3), for most participants alcohol was acceptable as children were going to be involved in social drinking (n=7), for some marijuana was much safer than other synthetic drugs (n=3), for a few others there were other dangerous substances like glue and bath salts (n=3); however, most parents were not concerned about unconventional substances like glue (n=7), and all the parents talked about explaining the legal repercussions of substance (ab)use.

Parents worried about substance(s) that they thought were either a part of their child(ren)'s world or were illegal and dangerous. Michelle said that “the fact that we had alcoholism in our family, this was one of them. Like I just said, there are some drugs that are much more serious than others, I guess now that you make me think of it, when I talked about those kinds of drugs like needles or pills, I would get a little, I would be a lot more firm and try to convey a little more seriousness. Participants also talked about using discussions to gauge where their child(ren) are positioned in terms of substance (ab)use by getting to know as much as

possible about their child(ren)'s lives. Bill described some of his conversations with his daughter and said, "We talked about who among your friends uses tobacco, who among your friends drinks, and we would talk to her then about what goes on in her life when she is away from home. So that would be approximately age 12. We started conversations about, what do you see out there in the world."

Participants found it hard to describe the frequency of open discussions because most of these discussions were embedded in everyday conversations. Most participants (n=9) reiterated the idea that they did not plan a "substance (ab)use talk" ever. Robert described such conversations as, "Infrequent! It's not as though we sit down, its Sunday night, its 7 o'clock, it's time for us to have our substance abuse talk." He said, "You want to have a chronic [sic], constant, subtle, discussion of what are appropriate and inappropriate behaviors and what are your expectations." Hence, keeping ongoing, open discussions emerged as the most popular strategy used by the participants to keep their child(ren) aware of the ill-effects on one hand, and on the other hand it helped parents keep themselves aware of their child(ren)'s lives.

4.2.2. Monitoring Behavior and Activities in Respectful Ways

Most participants (n=8) believed in strengthening their child(ren)'s ability to make good decisions when it came to use of substances (primarily alcohol). Bill talked about the time when his daughter started going to parties where she sometimes stayed out late in the night. He said, "There were a few times, when she was in high school, where she would actually have been out most of the night, she would come pretty late, we didn't have a rule that she had to come home at a certain time, so she would come home at 3, 3:30, not every weekend, but sometimes. Yeah, when that would happen, I would, just as a dutiful parent, I would spend enough time with her when she got home, to make sure that she was sober. But I would never say hey you have been

drinking, it wouldn't be like that, because that would be antagonistic, and I did trust her, but kids are kids and they are stupid, I was just curious.”

Most participants (n=9) talked about monitoring the friend circle of their child(ren) and taking care to know the parents of friends as well. Mark shared that he was not only aware of his sons' friends and their families, but also made efforts to keep his sons away from peers of which he would not approve. He said, “The friends that they hung around with were all very similar to them, their parents were similar to our parenting styles, similar to our beliefs about substance abuse, so we didn't really have a lot of peers that they hung around with; they seemed to select those who didn't, knowing that we wouldn't approve so I suppose that there were just a few of their peers we wouldn't let them or try to reduce their contact, with them.”

Sam talked about how he would try unobtrusively to get information about his sons: “But really the hard part is, well, I don't know where they are at because much as we communicate, kids are always gonna have their own lives and I often try to gauge information even from one about the other, without being inquisitorial about it, but it's like they have kind of sources of information about each other, ...and I don't want it to be like fact finding, but I keep my ears open when I hear things, so that I need to know as much as possible.”

Issues of monitoring could vary from parent to parent. Michelle got to know about high school students selling prescription drugs. Since her son and her daughter are on ADHD medication, she monitored their meds pretty closely. She said, “Yeah, after I started hearing about kids selling it, I definitely started paying more attention to that because we would, for both of them, we would know if they were skipping taking the meds, and instead taking a pill to sell it to someone else, we would definitely be able to tell, something was going on.”

Hence, the participants shared that they closely observed their child(ren)'s behavior and activities and looked for signals. The act of close and conscious monitoring can be classified as a prevention strategy that is directed towards nurturing "good" behavior. It is interesting to note that this nurturing strategy quickly changed into the controlling act of punishing *perceived deviant behavior* if the cues coming from child(ren)'s behavior did not conform to the norms of "good" behavior.

4.2.3. Presenting a Model for Responsible Use

All participants (n=10) believed that it was important to present a model for responsible use of legal substances to their child(ren). Even Carly who considered herself "naïve" for not being able to prevent substance (ab)use (as she lost her only son), believed that talking about her own behavior would be enough to sway her child(ren) from substance (ab)use. She said, "There were times that I told the kids I never even touch alcohol before I was 21. I mean I grew up in a home where it was never in the home, my parents didn't drink at all, that was part of their religious belief. And so I just felt that if my children understood that they will at least get to be an adult, an adult brain that you are less likely to become addicted."

Jenna talked about controlling the number of drinks that her child(ren) get to see her taking. She said, "I don't care if they see me having a glass of wine, but if I have another glass of wine, then I'm gonna try to hide it. It's just so dumb [laugh] but I feel like they don't really understand, they think that two glasses of wine you're gonna be drunk you know, but I'll have a glass of wine with a meal once in a while -- that they know." On the other hand, Sam talked about letting his sons taste beer and wine to prevent experimentation that he thought could be more dangerous. He said, "I think that they probably will experiment, well in a way I have helped them experiment, but by experimenting I was thinking, when you go do things in a more

dangerous way ... I don't wanna make it a taboo. And I think that takes away some of the excitement or interest in trying something.”

Participants (n=8) talked about joint efforts with their partner or ex-partner to present themselves as good role models. Mark said, “I think our primary discussions came up as the kids got to the age where they were in elementary school and older, especially as they closed in on high school age, about whether or not we would openly use say ‘alcohol’ in the home, if they would be able to see us having a glass of wine or beer, and came to the consensus based on our experience with other family members and friends that we agreed that we wouldn't try and hide that behavior. Not getting drunk or anything, but anyway that we try and exhibit a good role model, that a person could be involved in that activity socially.”

Kate has recently re-married, and she talked about how she and her new partner remain watchful and aware in order to prevent substance use. She said, “I feel like I have done what I needed to do, to tell her [daughter], to make her aware of the pitfalls, to make my son aware of the pitfalls, and to provide her with the model of healthy friendships, being around people that are, and friends that do healthy things, are engaged in activities that are fun and healthy and mind expanding without drugs and alcohol, and watch my son with his theatre friends, and they truly do have fun without any substance... to not close my eyes to things that are happening. And my husband is pretty astute, too, my, he and I know, like if my son would have walked in the door stoned, because I know what it's like to be stoned, I would recognize that.”

Robert particularly talked about quitting smoking to present a good role model to his son. He said, “The most significant thing that I remember regarding my 13-year old son was when he was 7 and I was still a smoker, that when I finished smoking and tossed my cigarette butt, I saw him run out to grab it, pick it up and take a puff,... He was, he was modeled to think that that

behavior was okay by virtue of me smoking, so, of course, I sharply rebuked him, but I more sharply rebuked myself and that was impetus for me to quit smoking.”

Therefore, presenting themselves as good role models, and even re-modeling their own behavior emerged as a strategy that the parents were using in hopes to nurture responsible substance use and to give a strong message against substance abuse. All of the nurturing strategies were associated with positive behaviors; i.e., to reinforce responsible use of legal substances. On the other hand the participants also reported the use of following control strategies:

4.2.4. Reinforcing Discipline and Rules

Setting up curfew times, providing cell phones to monitor, setting up rules for peer group behavior, and calling parents of friends before allowing sleepovers were some of the common strategies reported by parents to control substance (ab)use. These were identified as punishing strategies because as per Le Poire’s (1995) definition, these were efforts to make sure that the undesired behavior did not happen. Robert emphasized that cell phones were not only provided for communication but also to keep a tab of where the child(ren) were going. He said, “They have a cell phone so that we can communicate with them; they can quickly call if there is any sort of trouble but more or less, it’s that we have a means to know where they are at, when and where.”

Michelle would regularly check her daughters’ bedrooms, and she made it clear that she would continue to do it even when her daughters objected. She said, “You know, sometimes kids will say oh my bedroom is my private space you cannot come in here, but that was never the deal in our house. At our house we shared everything; if one of the kids said something like, it’s my bedroom, you can stay out. I’d say yeah right, you are living in my house now I’ll go wherever I

want to.” Michelle was thankful that she did not find anything related to substance (ab)use, but finding body henna once was enough to scare her. She said, “I did once find a kit for henna, body henna, and it had something that looked like a little, the tip of a pen kind of, and it had powder in a little bag, and for about five seconds I didn’t know what it was, I thought oh my goodness what is this powder stuff in my daughter’s room, it scared me to death, and then I realized it was henna.”

Kara talked about controlling the messages her children get about substances and controlling their environment as well. She said, “For me it’s, it’s just trying to take control, take more control of the situation, and trying to control the messages, that they get about alcohol, like if they are the youngest of all the cousins in my husband’s family, so trying to make sure that they don’t, I don’t want them to be around the drinking behavior, and stuff like that. Knowing that some of their cousins are of age, and so it’s legal for them to drink.”

Bill had a rule to check with his children about their daily lives, their plans, and their activities. He recalled that he would, “On a daily basis talk to them, make them plans, what are you doing tonight, where are you gonna be, who are you going with, asking lots of questions.” Similarly, Mark reported having tight control before his sons could drive. He said, “Well, until they had a car, until they could drive I would say it was very very tight control, in that we had to take them most places, or if they had a friend’s parent that took them some place, obviously we recognized once they were gone, and we weren’t with them, lots of things could happen, and I’m sure did happen that we weren’t aware of, but until they could drive, we really made a practice of always knowing where they were and what they were doing.”

Furthermore, Mark had a rule about certain friends of his sons, too. He made efforts to limit his sons’ interaction with some of the friends whose behavior did not seem appropriate. He

said, “Either just say that they couldn’t go with them some place. Or we wouldn’t let them go away from our house. There were couple of their friends that if they wanted to interact, that friend had to come to our house.” As Becky had a traumatic experience of her brother dying due to substance abuse, she recounted being very controlling with her daughter. She said, “I knew all her friends, I would never let her go anywhere without me talking to the parents to make sure they are there. I, I mean there were some friends that I completely discouraged her from hanging out with, I was very on top of that, she never left without me knowing exactly where she is going, and who is there. If they drank if they didn’t drink, ya, what kind of family they were. I was very the helicopter mother!”

Becky also talked about involving another of her daughter’s friends whom Becky would trust more. She said, “Some of her friends, I didn’t like her hanging around, I would just make sure that she didn’t do it. I would prevent it or would try to get involved another friend.” She has also made a “no alcohol in the house rule” for her children. She said, “While you live under my rules there will be no alcohol in the house and you will not be drinking while you live under my rules.”

Furthermore, four participants talked about explaining to their children that they are being provided with some privileges that would remain intact as long as their behavior was appropriate. Robert said he explained to his children, “The things that you do are privileges, they are not rights, so if you behave, if you drink alcohol the consequences of that are losing your privileges, participating in schools sports, and umm things that they enjoy at home, video games etc.”

Thus, by setting up explicit rules the participants seemed to control their child(ren)’s behavior as much as they could; however, most of the participants (n=9) said the control would

loosen up as their child(ren) matured and demonstrated good decision making. The rules were re-stated and emphasized a lot more if the child(ren) seemed to deviate from the expected norms. Except for Carly, who regretted being so naïve that she could not set-up any such rules, all the participants emphasized on the importance of upholding norms about substance (ab)use behavior that would not be tolerated in the household.

4.2.5. Forcing Discussions

Participants talked about various situations where they would force discussions for the satisfaction of putting across their points about substance (ab)use. Becky, traumatized by her brother's death, said that she, "Would almost become overbearing." She said, "Where I'd just say, you can't do this, you see what's gonna happen to you...you're gonna end-up on streets, you're gonna end-up like that, so I would do things like that, just really pushing how negative it is." When asked about her satisfaction level about open discussions, Jenna said that usually she felt satisfied, but "If I wasn't completely, if I wasn't satisfied, I didn't get an opportunity to finish maybe, got to the point where she was checking out, so, probably I would have to bring it up at a later time, and say, finish my piece."

Life events can also motivate parents to force discussions. Michelle has a family history of alcoholism; once her daughter came home from a party where her friend was selling drugs. The family of that friend had to go for rehabilitation. After listening to this experience, Michelle said, "I remember shortly after that, I did specifically sit her down one day and we talked about drug abuse, about the alcoholism in the family again, that she already knew about, and then I told her that me growing up, I had an alcoholic parent and I told her that she needed to be more grateful for what she had in her life, and not screw it up, and we just talked about the whole thing

umm, about how it can affect your grades because her grades had dropped a bit.” It is important to note here that the child’s activity (going to a party where drugs were being sold) triggered the response of forced discussion from the mother.

If children avoided discussions, Kara said, “I might begin to think that there is a reason there of avoiding, you know the conversation, then so I probably would try to press it even more maybe once I would allow them to say no, I wanna listen to this, or I have to call my friend or something. I might allow that one time but I would know that we need to have this conversation and so the next time she is in the car with me, we try to get in or it could become the kind of thing that we just have to sit down and get it if that’s the only way that we can do it.”

Hence, the strategy of forced discussions is used when the parents are not satisfied with the behavior of their child(ren), or perceive a threat to the child(ren)’s well being. Discussions are also forced when the child(ren) either avoid open discussions, or are less engaged in preventive conversations regarding substance (ab)use, leaving the parent unsatisfied with his or her message.

4.2.6. Reprimanding Perceived Deviant Behavior

Most participants (n=9) talked about continually gauging their child(ren)’s behavior and activities. Participants also talked about punishing their children verbally by engaging in severe admonition or reprimand, or by taking away privileges. Becky said she always suspected that her daughter would get trapped in substance abuse. She recalled that, “I would get very frustrated, I would get angry, because I was very controlling back then, especially over that part of my life, so she would be punished... I would get down on her, I mean just ‘were you doing this?’; ‘what were you doing?’ just very in a negative tone, just trying to find out, trying to get her to admit to something she didn’t even do.”

Jenna also shared that if she got negative cues from her daughter's behavior, she got angry. She said, "I can be more reactive in those situations, again I'm more disappointed than anything, which in turn I get kind of angry, that she did that after we discussed all that, but again I know that's gonna happen, but each, I have to say every situation is different." Talking about the punishments, she said, "depending on the severity of it, and we decide then so I don't have the answer specifically, so I would have to say depending on the situation is where we decide what we're going to do at that moment... again holding in the rope, giving her less privileges, I guess is where we are, where we stand with that."

Other participants (n=9) shared that they would have taken similar actions had their child(ren) given them any negative cues. Therefore, looking for signals and punishing negative behavior was a strategy the participants either reported to have used, or would use if required. Once again, choice of strategy depended upon the behavior exhibited by the child(ren). The next section further examines the patterns of nurturing and control strategies used by parents.

4.3. Patterns of Strategies used by Parents to Prevent Adolescent Substance (Ab)use

A close examination of overall responses revealed that participants chose their strategies to prevent adolescent substance (ab)use on the basis of what they observed and perceived. Some parents (n=5) shared that they explicitly talked to their child(ren) about how good behavior entitles them to certain privileges, which would be taken away if there were any signs of inappropriate substance use or abuse. Other parents (n=4) shared that they were aware, watchful, and ready to take appropriate actions if they observed any deviance pertaining to substance (ab)use in their child(ren)'s behavior.

Bill recounted a conversation he had with his children: “A conversation that I had with children had to do with no curfew. And they, both of them were meant to, both of them were explained that they were allowed this freedom because we trusted them. And if, her mother, if my wife or I began to lose that trust, for example if they did something, that we found out about that they lied about, regarding something important in life, who they were with, or what they were doing or if they began to, if they were drinking or something, along those lines then the rules would change and then we would have to become stricter, so they understood that having no rules, was not a right but a benefit of being trusted by the parent.”

Jenna explained how she looked at giving more freedom to her daughter as long as her behavior was appropriate, but scaling it back or punishing if the expectations were violated. She said:

We have always said, with anything and this is including substance abuse that now that you are driving, at 14 years old she got her permit... So at that point after she got her license we just said, you know at this point now you're gonna start probably going with your friends, I said so we will give you a little bit of rope at a time...and then if you follow those rules, we'll let the rope out a little bit, but once you know those rules are broken ... once you know you break one of those rules, then we're gonna pull the rope back.

Parents talked about making rules stricter and controls tighter if their child(ren) did not match the standards created in the household to keep a check on substance (ab)use. Kara used an analogy to explain this further; she compared the situation of a child exhibiting inappropriate behavior or giving signals of possible substance (ab)use to the situation where a life preserver is thrown to someone who is drowning. She said, “I think it in terms of an analogy that someone

once used in a different way, I like the being on throwing out a life preserver to someone who is sinking, in danger of drowning, someone is hanging on to that. And if they are despite behaviors that make me concerned, that I am going to pull them tighter, I'm going to be watching them, more carefully, I'm going to be checking in and requiring them to check in on me, but if they are continually showing me that they can be trusted, they are making wise decisions then, I can give them more flexibility, or more room, for freedom and things like that."

Carly, who could barely take any actions to prevent her son from taking to substance abuse shared that she never thought of taking an action because she could never perceive the problem. She said, "He was about almost, 15, 14-15, I just noticed a behavioral change in him and again, being myself I thought about this later, but it was like I was pretty naïve to what was actually going on." On the other hand, participants (n=8) talked about not taking any severe disciplinary measures because the child(ren) mostly demonstrated good behavior.

Bill shared that, "I was not ever apprehensive about her, not greatly apprehensive. I never worried about it, because otherwise we would have been stricter, with her coming and going and we would say you must be home at a certain time, but mostly I think that we always just as a family were able to communicate very well, and I was never really concerned about her getting into trouble because there was never any history of any trouble, she didn't get into trouble in school, for that matter, really under any circumstances." This reveals that parents would get stricter if they perceived trouble through their child's behavior, and on the other hand parents would be more nurturing as long as everything appeared fine.

Hence, the participants seemed to be inconsistent in their use of nurturing and punishing strategies to prevent adolescent substance (ab)use. Nurturing strategies were used to reinforce responsible substance use as long as children demonstrated responsible behavior. The definition

of responsible use was different for different parents. For some it meant waiting until the legal age of drinking, even for the first sip of alcohol; for others occasional alcohol “use” was acceptable as long as children did not engage in risky experimental behavior. However, participants did not have similar values for drug-use as they had for alcohol. Some participants (n=3) were also watchful for other contemporary substances like glue, synthetic marijuana, and bath salts.

One caution ought to be advanced with regard to the application of INC theory in this case. Rather than viewing these parental choices as apparent inconsistencies, the parental behaviors could be a result of an ongoing parenting script that makes parents adaptive of their child’s behavior. Thus, parents could be following an overall strategy of nurturing good behavior and punishing perceived deviant behavior as purposeful parenting choices, and not as intermittent practices undertaken with little agency. Furthermore, it needs to be noted that the results of this study may only represent the strategies used by parents who are watchful and educated. Further research is required to understand what other types of parents are doing during the prevention stage.

4.4. Summary

Every household seemed to have different norms and values about substance use and abuse, but all participants identified the need to take measures to prevent substance (ab)use in adolescence. Participants had varied perceptions and opinions about what is essential for the well-being of their child(ren) in the context of substances. Some participants endorsed responsible use of legal substances, some tried to prevent experimental behavior, some wanted to make sure that their child(ren) kept away from illegal substances and more harmful drugs like

synthetic marijuana, while others aimed for complete abstinence from substances. From the state of constant anxiety to more patient approaches, parents used it all depending upon their own philosophies and the cues that they got from their child(ren)'s behavior, activities and peer groups. Hence, this study establishes that the stage of prevention of substance (ab)use needs to be added to the timeline of INC theory when applied to the parent/child relationship.

Participants used nurturing strategies of open discussions, unobtrusive monitoring, and presenting good role models to nurture positive or expected behavior. On the other hand, participants also reported forcing discussions, punishing perceived deviance, and enforcing discipline and rules whenever required to exercise stricter control. Each parent except Carly used both nurturing and control strategies depending upon the situation and their child(ren)'s behavior.

Since the use of strategies varied with parental perception of child(ren) conforming to the norms of respective households, use of nurturing was fairly inconsistent. The idea of “giving rope and pulling it back” echoed in the voices of most participants (n=9). Therefore, the analysis of results reveals that: a) A prevention stage of substance (ab)use exists in parent-child relationships, b) Parents use both nurturing and control strategies, c) Use of nurturing may be inconsistent. These findings are related to the INC theory and existing literature in the next chapter.

CHAPTER 5. DISCUSSION

This study contributes to INC theory by adding the prevention stage to the timeline of parent-child relationships in view of adolescent substance (ab)use. This is a significant contribution to the INC theory because the existing literature on INC theory does not talk about prevention. The findings discussed in chapter four indicate that there is a prevention stage in parent-child relationships, wherein parents make efforts to prevent adolescent substance use or abuse depending upon what they perceive as harmful. Both nurturing and control strategies are used for prevention, and the pattern of nurturing is inconsistent. In the following sections, these findings are tied back to the existing research on the INC theory. Findings from the research questions posed in chapter 2 are analyzed, followed by a discussion on limitations and implications for future research.

5.1. Discussion

The idea of prevention is not new to the research based on INC theory; however, this idea has been explored only in the context of prevention of relapse once the afflicted partner has undergone treatment for substance abuse. Cropley (2006) explored the prevention of relapse and studied how the personal attributes of substance abusers would predict the types and amount of prevention strategies used by functional partners. Past research on INC theory has also explored communication strategies used by functional partners before and after the afflicted partner's behavior is labeled as problematic. This study identifies that the case of parents raising adolescents has a few similarities as well as differences as compared to the functional partner-afflicted partner relationships.

Parent-child relationships and functional partner-afflicted partner relationships are similar because parents as well as functional partners make conscious efforts to control the behavior of children and afflicted partners respectively. In view of the timeline discussed in research on INC theory, functional partner-afflicted partner relationships have three distinct stages that occur: before labeling the problem, after labeling the problem, and after the functional partner gets frustrated (Le Poire, 1995; Le Poire & Dailey, 2006). These stages may also exist in parent-child relationships if a distinct problem exists; however, the discussion about the timeline of parent-child relationships will remain incomplete if the prevention stage is not identified because parents start prevention whether or not addiction is manifested in the future.

5.1.1. Adding the Prevention Stage to Parent-child Relationship Timeline

In today's world one cannot neglect the fact that parents are aware of the impending dangers of substance (ab)use for adolescents. Kara talked about how substances-related issues in the media trigger her discussions with her children. She said, "Whenever something that seems to have a connection with an experience that they might have at some time or something that we need to talk about, I will try to put that thing up and try to use that as a learning thing, I guess probably more I do this from the standpoint of let's try not to get in trouble." Hence, parents can start using communication strategies without waiting to witness non-problematic use of substances; i.e., the pre-labeling stage as illustrated in past research on application of INC theory.

Another reason why the prevention stage needs to be added to the parent-child relationship timeline is that it is in accordance with the Skinnarean principles that form the basis of the INC theory. Le Poire et al. (1998) applied these principles to the substance abuse context and said, "Behaviors are strengthened by the positive consequences that follow them (reinforcers) and weakened by aversive stimuli that follow them (punishers)" (p. 295). In

attempts to prevent children from becoming substance abusers, parents use both reinforcers as well as punishers to teach good behavior to their children.

This stage of prevention begins when the parent(s) become aware of the vulnerability of their child(ren) and start making overt (explicitly discussing, or setting-up rules and restrictions) or covert (being unobtrusively watchful) efforts to prevent substance use or abuse depending upon individual values. As discussed in the results, Sam helped his children to “experiment” or taste beer and wine to avoid risky behaviors. This can be classified as a nurturing strategy to prevent abuse. On the other hand, Becky talked about punishing her daughter for perceived substance use even before her daughter ever used alcohol. Hence, both nurturing and punishing strategies were used in the prevention stage.

Similar to Prescott and Le Poire’s (2002) research on mother-daughter eating disorder dyads, INC theory can also be extended to look at parent-child relationships in the substance (ab)use context. Prescott and Le Poire (2002) found that similar to partners of substance abusers, mothers of eating disordered daughters used inconsistent reinforcement and punishment. As INC theory lays emphasis on the types and patterns of communication strategies over extended periods of time in a relationship, this theory also implies that the parents will change their strategies over time if they are dealing with substance abusive adolescents. Since the experience from the results of past strategies influences the future course of action for nurturer-controllers, studies on parent-child relationships involving a substance-abusive child would be flawed if the examination began from the pre-labeling stage. Therefore, this study adds the prevention stage to the parent-child relationship timeline in the context of substance (ab)use.

5.1.2. Nurturing and Control During the Prevention Stage

Le Poire and Dailey (2006) state that INC theory is based on three paradoxes that the functional partners face when they try to control the behavior of the afflicted partners. First, as the afflicted partner restricts the choices available to the functional partner, the afflicted partner is actually in control – Bill shared that he allowed his daughter to stay out late but made sure that he was awake when his daughter came home “to ensure that she was sober.” In this case, it is clear that even though Bill would think that he was able to control his daughter’s behavior, it was actually his daughter’s behavior that was controlling his sleep hours. Furthermore, all participants (n=10) talked about modifying their own behavior and making sure that they presented a good role model for their children to follow.

Second, the functional partners have to nurture the afflicted partners through difficult times. In the prevention stage parents try to make sure that children develop the ability to make good decisions, thereby helping to negotiate difficult situations. As illustrated earlier, Jenna told her daughter not to get behind the wheel if she ever got drunk. Even though Jenna had strong disapproving values for alcohol use before the legal age of drinking, she found drinking and driving to be more dangerous than just drinking. Hence, she wanted to make sure that if such a situation arises, her daughter should know that Jenna would come to pick her and will not ask “any questions.” Clearly, as a mother Jenna did not want to leave her daughter to deal with the difficulty of driving under the influence of alcohol.

Third, the functional partners have the dual responsibility of maintaining the relationship and controlling the behavior of the afflicted partners – the participants talked at length about maintaining a constant dialogue with their child(ren) about substance (ab)use without damaging their relationship. The very reason why some participants reiterated that there was nothing like a

“substance talk time” was because they did not want to intimidate the child(ren) and yet wanted to continue telling them what parents deemed as “appropriate behavior.”

Sam talked about bringing out the topic from an ongoing conversation: “I think that’s part of it is that how do you bring it up, because the way to bring it up. The idea is to have it flow when it comes up. I don’t like the idea of saying “we now have to have a talk” because again it creates this artificial environment that is not conducive to welcome, because now I am stipulating when we discuss instead of it comes up from a conversation which they are part of, now we are in dialogue and we keep talking.” Many participants (n=7) reported rationalizing their use of rules and discipline to their child(ren). Jenna recounted one of her conversations with her daughter and said:

My main thing was this: if anything, you will make bad decisions when you are under the influence. If anything ever happened to you we would die with you, and of course she was “really”, I’m like ya, we tell you we love you all the time, she’s like “ya, really!”, that’s really the main reason if we worry about your safety and your safety is the decisions that you make, so if you make a bad decision, you know that it’s not a safe decision then, you know that could be detrimental and mean even survival, so that’s what I kind of went into is more kind of out of love.

Hence, the three paradoxes exist in parent-child relationships as well and drive the parents to use both nurturing and control strategies during the prevention stage. As the results reveal, parents switch from nurturing to control and from control to nurturing depending upon their child(ren)’s behavior. Participants discussed how they “watch for signals” in terms of behavior, grades, friends, and environment to ensure that their children are on the right track and staying away from substance (ab)use. Kate said that she does not try to control her son, but that

does not mean that she would close her eyes to what is going on with him. Parents are nurturing as long as the behavior of their child(ren) does not give them any negative cues.

Nurturing strategies used by parents supported responsible use of legal substances, especially alcohol. Open discussions, presenting good role models, watching and observing in unobtrusive ways were strategies similar to the nurturing strategies of drinking together, praising lean figures (mothers inadvertently reinforcing eating disorder), and watching partner's behavior, as reported by scholars in other tests of INC theory in the contexts of substance abuse, eating disorders, and depression. The control strategies discussed in chapter four: forced discussions, punishing perceived deviant behavior, enforcing rules and discipline were similar to the control strategies of nagging, hiding money, withholding sex, setting up rules for moderate drinking, reported in past research (Cropley, 2006; Duggan, Dailey, & Le Poire, 2008; Le Poire, 1995; Le Poire, & Dailey, 2006; Le Poire, Erlandson, & Hallett, 1998; Le Poire, Hallett, & Erlandson, 2000; Prescott, & Le Poire, 2002).

Nagging can be compared to forced discussions where the child is made to listen to a lecture about substance use even if she/ he does not want to. Hiding money and withholding sex can be compared to taking away privileges like cell phones and the use of the car from children, or grounding them. Setting up rules for drinking can be compared to reinforcing rules like making it mandatory to talk to the friend's parents if the children are going for a sleepover, and ensuring that there will not be any alcohol or drug use.

This study indicated that the nurturer-controllers were using nurturing inconsistently as claimed by INC theory (Duggan, Dailey, & Le Poire, 2008; Le Poire, 1995; Le Poire & Dailey, 2006) and that the behavior of children influenced the choice of strategies used by the parents. Similar to the paradoxical needs of nurturer-controllers to maintain the relationship and to

control the behavior of the afflicted partners, parents were found to balance the need to nurture their children along with the need to instill appropriate values and behavior regarding substance (ab)use. Parents underscored the use of reinforcement and punishment in an inconsistent manner, expressing the idea of “giving rope and pulling it back.”

Kara talked about detailing this to her children, too. She said, “We’ll continue having expectations that if you want to be able to drive, we can give you access to a vehicle, to get around and that kind of independence, as a reward for positive behavior, but that’s the first thing we will take away for the negatives. The older two have cell phones now, so that’s one more stuff for my daughter; she hates having her cell phone taken away, but things like that have been, the loss of privileges, seem to be very effective for them.” Parents might like to believe that they were controlling the behavior of their children, but the above discussion reveals that actually child(ren)’s behavior determined the strategies parents were using to prevent substance (ab)use.

Participants shared that they garnered information and cues from their child’s behavior, activities, peer groups, and grades, as these become the indicators of “normal” or “possibly problematic” behavior. Perceived normal behavior kept parents relaxed (yet watchful) enough to keep the rope loose, while perceived deviant or problematic behavior of child(ren) resulted in tightening of controls. The relationship of types of prevention strategies with parental perception of child(ren)’s behavior is indicative of the fact that even though parents were trying to control the behavior of their child(ren), it was the behavior of child(ren) that controlled the strategies chosen by parents.

5.2. Limitations

This study had three methodological limitations in terms of sampling and data collection. This section discusses how the following limitations might have affected the results of this study:

1. The study consisted of a small sample of educated, working, middle-class white individuals who were never substance abusers themselves,
2. The parents in this sample (n=9) except for one negative case did not have to deal with adolescent substance (ab)use,
3. There could have been a bias in retrospective reporting of strategies used by parents.

This was the first study of its kind, that explored the prevention stage in parent-child relationships in the context of adolescent substance (ab)use; hence, the sample size was relatively small and non-representative. Even though this study attempted to include both mothers and fathers, single and married, divorced and re-married, the sample was not representative of all sections of the society. The conceptualization of a prevention stage is based on the assumption that parents are aware of the dangers associated with adolescent substance (ab)use and understand that the onset of adolescence is a time when their child(ren) become vulnerable to peer pressure, media influences, experimentation, risky behaviors and other factors leading to future substance abuse.

All the participants for this study were college graduates, were employed, and reported awareness about the dangers of adolescent substance (ab)use. None of the participants (except Robert who quit smoking when his son was seven years old) reported that they themselves, or their partners were substance abusive. Such educated and responsible parents may have strong disapproving values for adolescent substance (ab)use, which in turn make the parents prone to be preventing adolescent substance (ab)use.

Furthermore, all participants were middle-class white men and women; this might bring a cultural bias to the study because the ideas of use and abuse, and the perceptions about different substances may be different in different cultures. Starting to drink at a younger age might be more acceptable in European countries, and drinking in front of children may not be acceptable in many eastern cultures. Hence, even though more than one method (email, Facebook, personal contacts) of contacting the participants was used, the participants referred to similar people. Therefore, it is quite possible that these results were affected by demographic and cultural profile of the participants.

The second limitation of this study is that none of the participants (except one negative case) had to deal with adolescent substance abuse. This might make a difference in how parents recalled the information, because the interviews echoed with “overall, they were pretty good kids,” or “I haven’t seen any of those signs yet.” In the case of Carly (who lost her son to substance abuse), she emphasized the importance of prevention but regretted that she did not get a chance to do that for her son due to her “naivety.” It is quite possible that parents tend to forget about their efforts to prevent if they do not face any significant failures in prevention.

Finally, this study carried the inherent limitation of past research on INC theory that relies on the memory enhancing timeline procedure. This procedure was used for all the tests of INC theory and as Cropley (2006) says, “In any study where respondents were asked to report communication behavior retrospectively, the data has the potential to be incomplete and biased.” Although, based upon the methodological description provided in previous studies and the experience from pilot interviews conducted in Spring 2012, appropriate measures were taken to ensure maximum accuracy (prompts and mirror questions were used to facilitate recall), still the bias due to retrospective reporting cannot be denied.

Results from this study only provide a starting point for exploring the prevention stage, and cannot be generalized to prevention attempts made by parents with different demographic characteristics and living situations. This study has the potential to form a basis for developing best practices for parents trying to prevent substance (ab)use in adolescents. Hence, more studies are required to add to this body of literature. The next section provides some suggestions for future research.

5.3. Suggestions for Future Studies

As stated in the previous section, this study is just a starting point to understand the prevention strategies used by parents to stop their children from becoming substance abusers. In future studies, researchers should explore the impact of different social, economic, cultural, and other demographic factors on the strategies used by parents. More precisely, this study needs further extension for a more comprehensive understanding of a) what is to be prevented, use or abuse? b) gender differences in use of prevention strategies, c) preventive approaches of parent(s) who have been substance abusers, d) efficacy of the strategies used by parents, e) combined impact of prevention strategies used parents, f) long-term impact of prevention strategies on other stages in parent-child relationships.

First of all, it is required to understand whether the parents should be preventing use or abuse. Further studies should explore if parents permitting and reinforcing responsible use actually end up encouraging their children towards becoming substance abusers later, or if parents enforcing complete abstinence create the “forbidden fruit” idea and actually open doors for more risky experimental behavior. Considering differing opinions expressed by participants of this study, it will be very hard for practitioners to design effective campaigns or prevention

programs for adolescent substance (ab)use. Hence, the difference and impact of preventing substance use and abuse needs to be clarified.

Second, a direction for future research could be the comparison of mothers' and fathers' strategies. Duggan (2007) explored the differences in communication strategies of male and female functional partners. She found that female functional partners were more nurturing before labeling their partner's behavior as problematic, and reverted to a mixture of nurturing and control after labeling. However, male functional partners were more nurturing after labeling and eventually reverted to a mixture of both nurturing and control strategies. It would be interesting to explore if such differences exist in the prevention approaches of mothers and fathers as well. Furthermore, future research could also explore if different approaches were used for sons and daughters.

Third, parental substance use or abuse could have mediating effects on the impact of strategies. Le Poire, Erlandson, and Hallett (1998) found that if the functional partners themselves used drugs, they were more controlling before their partners were labeled as substance abusers. Hence, it would be interesting to see if substance abusive parents are more controlling or tend to be neglectful.

Fourth, a possible area for future research would be testing the efficacy of prevention strategies to identify best practices to prevent adolescent substance abuse. To more fully understand how these inconsistent strategies actually affect the adolescent, it is necessary to study their reactions to their parents' messages. Interviewing adolescents or young adults would help to determine the efficacy of prevention strategies used by parents.

Fifth, it would also be helpful if the combined impact of the strategies of both the parents and involved stepparents is studied. Although questions about the contribution of spouse were

asked, the responses in this study were not sufficient to give any clarity on that account. Since prevention is an ongoing discourse that happens over the period of time, the impact on adolescents would be a net result of what they hear from each of their parents. Hence, for a holistic perspective that accounts for the influence of each parent involved in preventing substance (ab)use for a child.

Sixth, in order to further contribute to INC theory and to understand the complete timeline of parent-child relationships in the context of substance abuse, it is important to study cases where a child became a substance abuser and recovered. Such studies are required to provide a complete picture of the timeline from prevention to a decrease of adolescent substance abuse. Two biggest claims of INC theory are that the functional partners end up reinforcing the very behavior that they want to extinguish, and the functional partners change their strategies over time.

Studying the strategies over an extended period of time, and testing of efficacy of prevention strategies will also reveal whether or not parents end up reinforcing substance (ab)use because of the prevention strategies. INC theory provides a framework to study the communication strategies used by functional partners over time (Le Poire, & Dailey, 2006). Hence, it would be interesting to study how parents change their strategies from prevention, to pre-labeling, post-labeling, post-frustration, treatment, and recovery and relapse stages.

5.4. Conclusion

Adolescent drinking and smoking were already identified as issues of grave concern, while adding to these bath salts, synthetic drugs, cinnamon, glue, alcohol animas, and the list is still getting bigger. Experts believe that adolescent substance (ab)use is preventable (Kessler et

al., 1997), and parents believe that they are doing “everything they can;” still adolescent substance use is “America’s #1 public health problem” (CASA, 2011). There is definitely more to the prevention of adolescent substance (ab)use that we need to know in order to arrest this problem.

Parents have varied opinions about substance use and abuse, and we do not know if reinforcing responsible use is more effective or complete abstinence would prove to be more helpful in preventing adolescent substance use and related problems. Furthermore, parents are inconsistently “giving rope and pulling it back;” it is quite possible that the parents might be tying themselves in knots, meaning that the inconsistency might confuse children or worse, children may use the inconsistency to get around parental control.

Furthermore, it is not clear whether the rope is in the hands of parents, or child(ren), or both. Parents feel that they are doing “everything they can” to control their child(ren)’s behavior, but the results of this study speak otherwise. If prevention strategies are chosen on the basis of the child(ren)’s behavior, it is quite possible that children have a part of the rope with them. This study not only provides a fresh perspective to view the prevention of adolescent substance (ab)use, but also paves way to study the prevention of adolescent substance (ab)use from a communication standpoint and develop effective prevention programs.

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APPENDIX A. INTERVIEW SCHEDULE

Interview questions for parents:

Open-ended demographic questions

1. How would you describe your current family structure? How many children do you have? What are their ages?
2. How long have you been parenting?
3. Could you please indicate on this calendar the most significant substance use or abuse incidents related to your child? (parents will be asked to fill multiple calendars if they have more than one child)

Intermediate questions

(Based on the timeline provided, parents will be prompted to answer the following question with respect to the time when they were trying to prevent substance use by their child)

4. How apprehensive were/ are you about your child being at a vulnerable age for drinking, smoking etc.?
 - a. What were/ are some of your fears about your child's substance use?
 - b. When did you start getting apprehensive about your child's substance use?
 - c. What did/ do you do to deal with this anxiousness?
 - d. Did/ Do you try pretending everything is fine in front of your child?
5. How often did/ do you discuss and provide information?
 - a. What was/ is your strategy to discuss?
 - b. What if your child avoided/ avoids discussion?
 - c. What was/ is the role of your spouse?
 - d. What if your educating talk became/ becomes an argument?

- e. What was/ is the content of your discussions about substance use?
6. Can you describe any significant steps that you took/ take to make sure that your child stays away from alcohol, cigarettes and other such substances?
7. What happened/ happens when one of these things don't work?
8. What were/ are some of the restrictions that you impose on your child (keeping in mind that he/ she is vulnerable to substance use)?
 - a. What if your child reacted/ reacts negatively to these restrictions?
 - b. What were/ are some of the rules?
9. How did/ do you balance discipline and encouragement?
10. Are there any significant episodes that you can recall about your interactions with your child about substance use?
 - a. How did these interactions get resolved? Or what happened?
 - b. What did you do? How did you act in that episode?
11. What kind of smoking/ drinking pattern you and your spouse had/ have?
 - a. How did/ do you handled drinking/ smoking/ drug use in front of your kids?
12. What were/ are the rewards for not smoking/ drinking?
13. What were the punishments for smoking/ drinking?

Ending questions

14. What is your advice for other parents who are trying to prevent adolescent substance use or abuse?
15. Is there anything else that you want to share or ask me?

APPENDIX B. MEMORY ENHANCING TIME-LINE CALENDAR

Please try to recall your child’s growth over the years and fill the following calendar as best as you can:

Your child’s age	The most significant event (s) related to substance use or abuse that you remember	Level of alcohol/ cigarette/ drug/ substance use or abuse (as known to you at that time)
5 years		
6 years		
7 years		
8 years		
9 years		
10 years		
11 years		
12 years		
13 years		
14 years		
15 years		
16 years		
17 years		