

An Exploration of Mother's Beliefs and Parenting Behaviours Surrounding Adolescent Substance Use and Impaired Driving

**by
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Abstract

There is pressing need to manage adolescent substance use to prevent impaired driving. Adolescent impaired driving is more common than imagined and is damaging to the health of Canadians and the economy. Parenting is argued to be the most promising prevention strategy available. In this qualitative study, I explored four mother's beliefs and self-reported parenting behaviours surrounding adolescent substance use and impaired driving. The data revealed that mother's beliefs about the nature of adolescence as a developmental period contextualize their responses to their adolescent's substance use. Specifically, mother's beliefs regarding adolescence as a period of exploration, questionable decision-making, and the need for autonomy appeared to relate to the parenting behaviours of communication, monitoring, and the use of consequences, respectively. Case evidence, in the context of the literature, is presented to illustrate how these parent behaviours may shape their children's experiences of substance use and the likelihood of impaired driving.

Keywords: adolescence, substance use, impaired driving, parenting, mother

Dedication

This work is dedicated to mothers who work tirelessly to provide and care for their children. Your work is recognized and appreciated.

No influence is so powerful as that of the mother.

(Sarah Josepha Hale)

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This thesis would not have happened save the influence of many important people in my life. First, I would like to acknowledge my supervisors, Dr. Maureen Hoskyn and Dr. Lucy Le Mare, for their expertise and kindness.

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Glossary

Graduated licensing

System of driver licensure which progresses from restricted, probationary license(s) before receiving a full license. Graduated licenses typically restrict nighttime, highway, and unsupervised driving, as well as the number and type of passengers in the vehicle.

Impaired driving behaviours

A phrase used frequently in Chapter 1 to refer to the acts of driving impaired or receiving a ride from an impaired driver.

Chapter 1. Introduction and Literature Review

The purpose of this chapter is to introduce the reader to the importance of, and the literature available about, the phenomenon of study: maternal beliefs and behaviours surrounding adolescent substance use and impaired driving. This topic is derived from an investigation into the problem of adolescent impaired driving behaviours, which can include driving impaired or riding with an impaired driver. The definition and impact of impaired driving behaviours are provided and contextualized within Canada, specifically the province of Ontario.

Further, to elucidate why adolescents are prone to impaired driving behaviours, certain developmental and demographic characteristics of adolescence are examined and related to the problem behaviours. Research findings suggest that adolescents more prone to impaired driving behaviours are male (Kmet & Macarthur, 2006; Lauckner et al., 2020; Song et al., 2012; Tomas Dols et al., 2010; Zhang et al., 2014), white (Delcher et al., 2013; Lauckner et al., 2020; Zhang et al., 2014), of higher socio-economic standing (Asbridge et al., 2015; Brookland et al., 2014; Delcher et al., 2013), and living in rural settings (Kmet & Macarthur, 2006; Lauckner et al., 2020; Leatherdale & Burkhalter, 2012). Developmental factors related to impaired driving include a heightened attention to peer norms (Aas & Klepp, 1992; Beck & Treiman, 1996; Doremus-Fitzwater et al., 2010; Haegerich et al., 2016; Nygaard & Grube, 2005), aggression (Donovan, 1993; Gulliver & Begg, 2004), sensation seeking (Arnett, 1990; Asbridge et al., 2015; Delcher et al., 2013; González-Iglesias et al., 2014), and egocentricity (Arnett, 1990; Finn & Bragg, 1986).

Researchers have found that even in the face of these adolescent tendencies, parents can have a powerful influence in setting the tone for their adolescent's relationship with substances and driving in several ways. Parents' beliefs and behaviours are found to relate to their children's substance use and impaired driving behaviours (Aas & Klepp, 1992; Ary et al., 1993; Chen et al., 2008; Gulliver & Begg, 2004; Lauckner et al., 2020; Leadbeater et al., 2008). Positive parenting processes, such as active monitoring of one's child relates to the likelihood of adolescent impaired driving (Ginsburg et al., 2009; Haegerich et al., 2016; Leadbeater et al., 2017). These factors will then be related to the present research.

1.1. Statement of the Problem: What are Impaired Driving Behaviours?

Impaired driving behaviours constitute the act of driving impaired and the act of receiving a ride from an impaired driver. Driving impaired involves the operation of a motor vehicle while under the influence of substances that harm one's ability to be an attentive, rational driver. Driving impaired may be the result of alcohol impairment, which affects judgement, slows reaction times, lowers vigilance, and decreases visual acuity (United Nations Road Safety Collaboration [UNRSC], 2007). Alcohol impaired driving, commonly referred to as drunk driving or drink-driving, can be met with criminal charges when a driver is found to have a blood alcohol content (BAC) at or over the legal limit. In Canada, the legal limit for full provincial licenses is 0.08 BAC, meaning 80 milligrams of alcohol in 100 millilitres of blood. However, impairment begins to manifest at lower levels of BAC, hence some provinces, including Ontario, have instated serious penalties starting at 0.05 BAC (Ministry of Transportation of Ontario [MTO], 2019). Many other industrialized nations have set their legal limit for BAC at 0.05 or lower (UNRSC, 2007).

Driving impaired may also be the result of drug use. In Ontario, drivers can face penalties and criminal convictions if found to be impaired because of legal, illegal, prescription, or over-the-counter drugs or medications (MTO, 2019). Cannabis impaired driving is an increasingly attended-to topic in legal spheres in Canada since the legalization of the drug with the *Cannabis Act* in October 2018 (Potter & Weinstock, 2019). Although a similarly easy tool as the "breathalyzer" (used for detecting BAC) does not yet exist for cannabis or other drugs, law enforcement officers can assess impairment from drugs using field sobriety tests, drug recognition evaluations, and oral fluid testing (MTO, 2019). Failure to pass any of these tests can result in penalties and criminal charges. Drug impaired driving is as or more common than alcohol impaired driving, yet results in less arrests (Rosenbloom et al., 2010).

In Ontario, young and novice drivers (those under 21 years of age and/or with graduated license classifications), are held to a "zero-tolerance" rule requiring absolutely no alcohol and drugs in the system (MTO, 2019). Thus, it is always illegal for adolescents to drive after the use of any amount of alcohol, cannabis, or other drugs.

Riding with an impaired driver refers to the act of being a passenger, similarly inebriated or not, in a vehicle operated by an impaired driver. Riding with an impaired driver, though hazardous, is not illegal.

1.2. The Impact of Impaired Driving Behaviours in Canada

Each year in Canada, impaired driving behaviours take an enormous toll. Impaired driving is estimated to cost Canada billions of dollars each year due to health care expenses, legal expenses, lost wages, and property damage (Walker, 2019). More importantly, in Canada approximately 2500 lives are lost each year, and thousands more are impacted by injury, because of impaired driving behaviours (Walker, 2019). Globally, Canada remains one of the leading countries for alcohol impaired driving (WHO, 2007). Alcohol alone is estimated to be a factor in over half of road accident fatalities in Canada, and approximately one third of traffic injuries (Walker, 2019). Despite severe legal consequences and acute public awareness of this problem, it is estimated that on any given night in Canada, 25% of the drivers on the road have been drinking, and 6% of them are legally impaired (Walker, 2019). Recent data show that of the 2297 fatal road injuries in Canada in 2014, more than half of the drivers (55.4%) tested positive for alcohol or drugs (Solomon et al., 2018).

Statistics on drug impaired driving are more difficult to obtain. Cannabis is the second most common intoxicant in Canada, after alcohol (Owusu-Bempah, 2014). Considering cannabis' relatively recent status as a fully legalized and controlled substance following the Canada Cannabis Act (passed into federal legislation in October 2018), conversations on impaired driving need to also address the influence of this highly prevalent substance. Cannabis-impaired and other drug-impaired driving have typically been of lesser concern than alcohol-impaired driving; this may be because we know less about the effects of these drugs on driving (Watson & Mann, 2018), and the lower risk of a motor vehicle accident from cannabis-impairment than alcohol-impairment (although it has been shown to be 1.5 to 2 times riskier than sober driving) (Hall 2018, Leadbeater et al., 2017). Cannabis-impaired driving has also been perceived to be less prevalent than alcohol-impaired driving, but this perspective may not be representative of the demographic that uses cannabis the most: youth (Asbridge et al., 2015; Leadbeater et al., 2008).

1.3. Impaired Driving Behaviours Among Canadian Adolescents

Driving impaired first necessitates substance use, and in Canada, adolescent substance use is very common. A survey of over 45000 Canadian youth in Grades 7 through 12 found that 27% of all respondents reported current alcohol use, 18.8% reported current cannabis use, and 8.2% reported current illicit drug use (Leatherdale & Burkhalter, 2012). All substance use behaviours were found to be more common among males than females. Leatherdale and Burkhalter (2012) found that substance use increases dramatically over each grade year for both males and females, but more so for males. Current alcohol use in males went from 3.9% in Grade 7 to 57% in Grade 12. Current cannabis use for males in Grade 7 was 4.1% to 34.4% by Grade 12. Indeed, Canadian adolescents report using alcohol and cannabis at the highest rate of any industrialized nation (Haines-Saah et al., 2019).

When faced with the choice of operating a vehicle while impaired, or receiving a ride from an impaired driver, many Canadian adolescents choose to engage in these high-risk behaviours. A survey of 2500 Canadian high schoolers, living in either urban or rural settings, found that cannabis-impaired driving behaviours were actually more common than alcohol-impaired driving behaviours among respondents (Leadbeater et al., 2008). In this study, urban and rural adolescents were studied separately because research shows that rural youth are at greater risk for hospitalization and fatalities from motor vehicle accidents than urban youth (Kmet & Macarthur, 2006). Whereas 11% of urban respondents and 17% of rural respondents reported driving after drinking, 19% of urban and 22% of rural drivers reported driving after cannabis use (Leadbeater et al., 2008). Moreover, 21% of urban and 33% of rural respondents reported receiving a ride from a peer who had been drinking, and 29% of urban and 37% of rural youth reported receiving a ride from a peer who had been using cannabis. Another study by Asbridge, Cartwright and Langille (2015) sampling the impaired driving behaviours of over 3600 high school seniors in Atlantic Canada (Nova Scotia, New Brunswick, and Newfoundland and Labrador), aged 16-18, found that whereas 8% of the sample reported alcohol-impaired driving, 14.8% reported cannabis-impaired driving. Moreover, 19.5% of respondents reported riding with an alcohol impaired peer, and 44.3% reported riding with a cannabis impaired peer (Asbridge et al., 2015). These statistics indicate that alcohol- and cannabis-impaired driving are both disconcertingly prevalent among

adolescents; however, cannabis-related impaired driving behaviours are relatively more prevalent than alcohol-impaired driving, and thus deserve greater attention than previously thought.

Despite young people's awareness that they are both legally barred from using substances and driving based on graduated licensing restrictions, and the pervasive and general cultural knowledge that this is a dangerous act, impaired driving behaviours are still commonplace in adolescent spheres. This is part of the reason why motor vehicle accidents are the leading cause of death for young people (Beck & Lockhart, 1992; Chen et al., 2008; Donovan, 1993). Young people are at greater risk of accident even while driving sober, but even at low levels of BAC (.03-.05) they are at much greater risk of motor vehicle accident (González-Iglesias et al., 2014). Li and colleagues (2014) remind us that adolescents' inexperience coupled with substance use enhances their risk of impairment related motor vehicle accident. Indeed, this age group is more likely to die in an impairment related motor vehicle accident than any other age group, accounting for 33.4% of the total impairment related traffic deaths (MADD, n.d.).

Given the prevalence of impaired driving behaviours (among the general and adolescent populations) and the disproportionate impact that impaired driving has on adolescents (Leadbeater et al., 2017), researchers have attempted to identify the factors that contribute to the ongoing high rate of adolescent impaired driving behaviours.

1.4. Demographic Factors Relating to Adolescent Impaired Driving Behaviour

Not all adolescents are equally likely to engage in impaired driving behaviours. Bountiful evidence suggests that males have a greater propensity for impaired driving than females (Kmet & Macarthur, 2006; Lauckner et al., 2020; Song et al., 2012; Tomas Dols et al., 2010; Zhang et al., 2014) – although gender differences are not apparent with riding with an impaired driver (Lauckner et al., 2020). Boys who start using substances earlier in life, and in greater amounts are also more likely to drive impaired (Leadbeater et al., 2017; Tomas Dols et al., 2010). Moreover, investigations have found that impaired driving behaviours are most prevalent among white communities, compared to more ethnically diverse communities (Delcher et al., 2013; Lauckner et al., 2020; Zhang et al., 2014). This issue is also stratified along socio-economic lines, in that

the majority of perpetrators are of higher socio-economic status (Asbridge et al., 2015). This likely relates to the greater likelihood of vehicle availability and adolescent vehicle ownership (Brookland et al., 2014; Delcher et al., 2013). Finally, as indicated by prevalence statistics presented earlier, impaired driving behaviours seem to be somewhat more prevalent in rural communities than urban (Kmet & Macarthur, 2006; Lauckner et al., 2020; Leatherdale & Burkhalter, 2012); corresponding to a greater reliance on private vehicles as a primary means of transport in rural settings.

1.5. Developmental Factors Relating to Adolescent Impaired Driving Behaviour

Beyond the demographic factors that relate to adolescent impaired driving behaviours, developmental features of adolescence are also important to investigate. Researchers acknowledge that adolescence is a period of intense developmental change in the biological, cognitive, and social spheres (Bornstein, Jager, & Steinberg, 2012). Adolescents differ significantly from their younger and older counterparts in terms of their extreme sensitivity to rewards, which accounts for their orientation towards peers, sensation seeking, risk taking, and consummatory behaviours (Doremus-Fitzwater, Varlinskaya, & Spear, 2010). Adolescents draw on the norms established by peers in order to know which experiences to seek out that will be novel, validating, and positive. Adolescents often rely on peer norms around substance use – or their perceptions of their peers substance use habits – as a guide to how much they themselves should consume (Beck & Treiman, 1996; Haegerich et al., 2016; Nygaard & Grube, 2005). Adolescents tend to overestimate the substance use of their peers, and this overestimation can then sway their own substance use proclivities (Aas & Klepp, 1992). This orientation to peers, and misunderstanding of peer attitudes and behaviours, may contribute to adolescents' risky decision-making regarding behaviours that they know can be dangerous, such as substance use, driving, or both (Doremus-Fitzwater et al., 2010).

In addition to heightened attention to peers, adolescence is a time involving striking changes in mood and behaviour (Doremus-Fitzwater et al., 2010). Although individual differences in both aggression and sensation-seeking are temperamentally rooted, during adolescence increases in aggressive and sensation-seeking behaviours

are seen (Piko & Pinczés, 2014). Several researchers have found both aggression and sensation-seeking to relate to impaired driving behaviours.

In a longitudinal birth-cohort study conducted in New Zealand, Gulliver and Begg (2003) found that aggression, measured through frequency of aggressive acts, predicted both impaired driving and riding with an impaired driver for both young adult males and females. For males, aggression levels at age 15 and 18 predicted driving impaired at age 21, and for females, aggression at age 15 and 18 predicted a greater tendency to overestimate how much one could drink and still drive “safely” at age 21. Donovan (1992), in a sample of 2300 young males aged 18-25 in Colorado, found that those who drove after drinking were more aggressive than those who did not. Donovan (1992) also found that those who drove impaired were more inclined to take risks.

Arnett (1990) referred to sensation seeking as the search for novel and complex sensations for which one must take physical and social risks. In his study involving 118 adolescent males, Arnett (1990) found that sensation seeking related to various externalizing behaviour problems including alcohol use, risky driving practices, drug use, and driving impaired. Asbridge et al. (2014) found that driving impaired under the influence of opioid drugs (reported by 4.3% of the 3655-adolescent sample) was related to higher sensation seeking. Delcher and colleagues (2012) found that in their sample of 10271 adolescents, those who reported more favorable attitudes towards risk-taking in early adolescence were more likely to report impaired driving several years later at age 21. Similarly, based on a survey of 274 young adult drivers, González-Iglesias et al. (2014) found sensation seeking was predictive of impaired driving behaviours, as well as driver’s positive attitudes towards impaired driving, and perceived approval of the impaired driving by peers or parents.

Another construct that Arnett (1990) posited as important to adolescent impaired driving behaviours is adolescent egocentrism. In his theory of adolescent egocentrism, Elkind (1967) proposes that adolescents cannot distinguish between the self and others in relation to cognitive beliefs or feelings. This manifests in two ways: the “imaginary audience” and the “personal fable.” The imaginary audience refers to the adolescent belief that they are the focus of attention, which Elkind (1967) suggests contributes to adolescent self-consciousness. As relating to impaired driving behaviours, the personal fable – which refers to the adolescent proclivity for believing their lives are unique or

specially ordained – is of greater import. A pertinent aspect of the personal fable is the adolescent's belief that they have experiences that no one else can relate to, which Elkind asserts becomes a conviction that they are an exception to the rule.

When adolescents ascribe to the “personal fable,” they underestimate the probability that tragedy will befall them personally. Consistent with this view, in a sample of 118 adolescent males, Arnett (1990) found that respondents who had driven impaired estimated the probability of being fined or being involved in a traffic accident as lower than respondents who had not driven impaired. Disconcertingly, he found that boys who had a close friend or family member who had been injured or killed in an automobile accident were as likely to drive impaired as the rest of the sample. Arnett claims that this supports Elkind's notion of the personal fable, in that these boys believe themselves to be personally unsusceptible, and that evidence of other's mortality does not sway this belief. Moreover, he states that every time these adolescents “got away with” the behaviour in the past, it was confirmation of their exceptionality, which in turn serves to reinforce the likelihood that they will drive impaired again in the future. Similarly, a study by Finn and Bragg (1986) found that although young drivers, 18-24 years old, can readily acknowledge that as a group, adolescents are at heightened risk of having a traffic accident, when asked about their own personal risk of accident compared to others their own age, the same young drivers then underestimated their relative risk of traffic accident. Again, this illustrates the relation between adolescent risk-taking behaviour and the personal fable construct.

Importantly, the personal fable distortion seems to fade as people mature, as individuals accumulate experiences which exemplify their mortality, negating their own invulnerability. Furthermore, psychosocial developmental changes settle with age, and older adults are less prone to chasing sensational experiences through aggressive and risky means. Indeed, this corresponds to the dramatic decline in driving related fatalities that occurs after the age of 25 (Arnett, 1990). Together, peer influences, aggression and sensation seeking, and adolescent egocentricity are developmental factors which contribute to explaining why adolescents are particularly prone to impaired driving behaviours.

1.6. The Role of Parents in Adolescent Substance Use and Impaired Driving Behaviour

In addition to demographic and developmental factors, adolescents' substance use and risk-taking behaviours are importantly influenced by parenting. Although adolescence is a time characterized by a strong need for autonomy and an increasing orientation towards peers (Doremus-Fitzwater et al., 2010; Song et al., 2012), parents are still exceptionally important to adolescent development. As Bornstein and Steinberg (2012) affirm, parents are the primary purveyors of values and norms for their offspring. Indeed, research into adolescent impaired driving behaviours suggests that the most important and direct source of influence over these behaviours is parenting. Such research is reviewed in sections 1.6.1 and 1.6.2. Like peers, parents modelled beliefs and behaviours, as well as parenting practices, can influence their children's substance use and impaired driving behaviours.

1.6.1. Parental Influences: Modelling of Behaviours and Beliefs

Aas and Klepp (1992) point out that adolescent alcohol use is shaped by social influences, including the family. They suggest that parents can influence their children's alcohol use either directly, through modelling of behaviour and social reinforcement of drinking, and indirectly, through the transmission of attitudes, expectations, and beliefs. Theoretically, this is in line with Bandura's Social Learning Theory which:

emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others and focuses on the reciprocal action between individuals and their environment to determine some aspects of behavior. (Levesque, 2018a, p. 3696)

Chen and colleagues (2008) highlight the importance of considering adolescent substance use and impaired driving behaviours from a social learning perspective since adolescent alcohol use behaviours relate to internalized norms and values that are learned from parents, peers, and the broader culture. What teens learn from others can take the form of outcome expectations, perceived norms, and efficacy beliefs which influence their substance use and impaired driving behaviours. Thus, many researchers have sought to investigate how behaviours and attitudes modeled by parents can affect adolescent substance use and impaired driving.

Children frequently ride in vehicles with their parents, so it is natural that parents are the first, most-salient models of driving related behaviours (Leadbeater et al., 2008). Research shows that if adolescents observe their parents modelling impaired driving practices as children, they are more liable to themselves partake in these behaviours. Leadbeater et al. (2008) found that over half of their adolescent sample reported being a passenger with an adult who drank alcohol before driving (52% urban and 55% rural), and 18% of urban and 29% of rural youth reported being a passenger in a vehicle operated by an adult who had used cannabis. The adolescents who had been driven by an alcohol- or cannabis-impaired adult were in turn at higher risk themselves of driving impaired, even years later (Leadbeater et al., 2008). Similarly, Gulliver and Begg (2004) found that teen boys who were driven by adult-impaired drivers (someone 25 or older) at age 15, and youth-impaired drivers (someone 25 or younger) at age 18, were more likely to drive impaired at age 21 compared to boys who had not been exposed to these models. Moreover, girls who received a ride from an adult-impaired driver at age 15 were more likely than girls who had not been exposed to this model to overestimate how much one could safely drink before driving at age 21.

A limitation to the research that has investigated how receiving a ride from an adult-impaired driver impacts teenagers, as discussed above, is that the adolescent's relationship to the adult is not often qualified. Harris et al. (2017) attempted to determine what percentage of youth riding with an impaired adult was the parent as opposed to some other adult. Over 2100 adolescents were interviewed during their visit to primary care physicians and asked to report on riding with an impaired driver behaviour. Results indicated that 22.4% of adolescents reported riding with an impaired driver in the past three months, and of this group, 40% said that the driver had been an adult living in their own home. This suggests that if children are receiving a ride from an impaired adult, there is a considerable possibility that this adult is their parent. The authors also warn that this may be an underestimate due to reporting bias stemming from adolescent reluctance to honestly report that their parents were driving them while impaired.

Also important are the attitudes, beliefs, and expectations that parents can both directly and indirectly convey to their children regarding substance use and impaired driving behaviours. Research has shown that parents' own positive attitudes towards alcohol use is a strong predictor of later adolescent alcohol use, and that disapproving attitudes towards alcohol are predictive of lower alcohol use in teenagers (Aas & Klepp,

1992; Ary et al., 1993). Ary and colleagues (1993) found that Grade 7 and 8 teens' perceptions of parental attitudes towards alcohol were significantly related to their own self-reported alcohol use four years later. Moreover, Lauckner et al. (2020) found that adolescents who reported believing their parents would not be upset if they were caught drinking were three times more likely to have drunk in the past month. As well, ease of access to alcohol in the home was associated with a greater likelihood of adolescent alcohol use. These researchers suggest that parental permissiveness, characterized by ease of access to alcohol in the household and perceived lack of parental upset around substance use, was most predictive of adolescent impaired driving (Lauckner et al., 2020). These studies suggest that attitudes around substances and driving that parents express in the home influence the likelihood of their children's partaking in these behaviours. Many of the above researchers suggest that parents may also exercise control over their adolescent children's behaviours using parenting behaviours.

1.6.2. Parental Influences: Practices

In the fields of developmental psychology and criminology, several major theories justify the importance of parental oversight in mitigating adolescent deviant behaviour. Osgood's Unstructured Socializing Theory of Deviance suggests that unstructured time spent with peers in the absence of authority figures leads to situations conducive to deviant acts, such as substance use or impaired driving (Bouchard et al., 2018). By this logic, when parents monitor their children – that is, know where their children are, with whom, and what they are doing, and can supervise them – the likelihood that their children will engage in deviant behaviours like substance use and impaired driving is decreased. Similarly, Gottfredson and Hirschi's (1990) suggest that crime, which would technically include acts such as underage substance use and impaired driving, are the product of low self-control. They suggest that parents promote self-control in their children by first monitoring their children's behaviour, recognizing misbehaviour behaviour when it occurs, then responding to such behaviour in an appropriate fashion. They suggest that households in which this monitoring system occurs tend to be characterized by discipline, supervision, and affection (Gottfredson & Hirshi, 1990).

Furthermore, Gottfredson and Hirshi's ideas overlap significantly with Baumrind's "authoritative" parenting style (Baumrind, 1991). Baumrind identified four different parenting styles depending on an alignment across two dimensions: demandingness

and responsiveness. These dimensions are also referred to as control and warmth. Based on the alignment across these two dimensions, Baumrind identified four parenting styles: authoritative (high demandingness, high responsiveness), authoritarian (high demandingness, low responsiveness), and permissive (low demandingness, high responsiveness). Later a negligent (low demandingness, low responsiveness) typology was also identified. Baumrind (1991) found that children of authoritative parents are typically the most self-controlled. Together, these theories posit that high control parenting, delivered warmly, is most successful in deterring misbehaviour due to its impact on opportunities to transgress and on self-control.

The literature on adolescent substance use and impaired driving behaviours supports these theoretical implications. Researchers have studied how different parenting behaviours can impact children's propensity to use substances or engage in impaired driving behaviours. Monitoring is seen to be the most consistent and powerful predictor of the likelihood that an adolescent will drive impaired or receive a ride from an impaired driver (Guilamo-Ramos et al., 2010; Haegerich et al., 2016). Monitoring is conceptualized as "attention paid to and tracking of the child's whereabouts, activities, and adaptations" (Dishion & McMahon, 1998, p. 61). Researchers have investigated different outcomes for adolescents who are not monitored, or parented permissively (low-demandingness), and found that these adolescents are more likely to drink (Chen et al., 2008; Jaccard & Turrisi, 1999; Lauckner et al., 2020; Li et al., 2014; Song et al., 2012), drive under the influence of alcohol (Beck & Lockhart, 1992; Bingham & Shope, 2004; Ginsburg et al., 2009; Haegerich et al., 2016; Jaccard & Turrisi, 1999; Lauckner et al., 2020; Li et al., 2014; Shope et al., 2001; Song et al., 2012; Tin et al., 2008), drive under the influence of drugs (Asbridge et al., 2015; Bingham & Shope, 2004; Ginsburg et al., 2009), and ride with an impaired driver (Vaca et al., 2016). These results speak to the importance of the demandingness, or control, that parents exercise.

Studies investigating parenting factors aligned with parental responsiveness, or warmth, the second dimension comprising Baumrind's parenting styles, find that parental responsiveness is important in predicting alcohol use among adolescents. Adolescents who report that they have parents who care for them are less likely to drive under the influence of alcohol (Ginsburg et al., 2009; Haegerich et al., 2016; Tin et al., 2008) or drugs (Ginsburg et al., 2009). Research suggests that children of parents who use practices incorporating high responsiveness and high demandingness, as characteristic

of the authoritative parenting style, are least likely to drive under the influence of alcohol or drugs (Ginsburg et al., 2009; Shope et al., 2001; Song et al., 2012).

1.7. Introducing the Present Study

As I have reviewed, substance use is a commonplace behaviour among Canadian adolescents. The potential consequences of impaired driving behaviours are considerable. This has led to a disproportionate health impact of this issue on adolescents due to their higher crash and death rates associated with impaired motor vehicle accident. Although I reviewed evidence suggesting that adolescents are vulnerable to substance use and impaired driving behaviours due to the combination of different demographic and developmental characteristics, the fact remains that parenting may be a powerful source of influence as well. Since parents' beliefs and behaviours are important predictors of adolescent substance use and impaired driving behaviours, researchers in this area agree that maximizing parent-awareness of how they may influence their adolescent children's alcohol and drug use is an important preventative strategy (Haegerich et al., 2016; Jaccard & Turrisi, 1999; Lauckner et al., 2020; Rosenbloom et al., 2010; Shope et al., 2001; Vaca et al., 2016). As Rosenbloom et al. (2010) assert:

Increased parental awareness about the extent of their influence on their children and preventing them from using drugs and alcohol is critical to prevention in this field. (p. 2126)

However, the question remains as to whether parents are open to transforming or shifting current beliefs and parenting actions to help mitigate the likelihood of adolescent substance use and impaired driving behaviours. A richer understanding of parent's perspectives on this matter promises a more holistic approach to future parent-based prevention strategies. Documenting parent's beliefs around adolescent substance use, impaired driving, and their roles and capabilities to influence these things, is therefore critical (Beck & Lockhart, 1992). It is important to understand parent's beliefs on these matters as parenting beliefs influence parenting behaviours (Beck & Lockhart, 1992). Attending to barriers or supports that mothers may experience in trying to shift their parenting behaviours is also important to future prevention strategies. The best way to achieve this on-the-ground, detailed orientation on this matter is using a qualitative

approach. Nygaard and Grube (2005) have called for more qualitative research to be done on this subject, but in the last 15 years woefully little has been delivered.

Hence, I have taken up the mantle by conducting this multiple-case study involving four women who are parents to adolescent boys. These women's families demographically represent the characteristics often associated with the problem of adolescent impaired driving described earlier. I sought to gain a nuanced understanding of these women's beliefs regarding substance use, impaired driving, and their role as a parent in relation to these matters. This necessitated an investigation into how these matters have affected them personally, as an individual and as a parent. Case study methodology is well suited to collecting this sort of richly detailed, highly contextualized, time-diffuse data (Yin, 2018).

By integrating these women's thoughts and experiences on these matters into a larger, holistic perspective of their lives, I hoped to gain insight into how these beliefs may have originated and how they are acted upon. In the following chapters, I provide an overview of the methods I used to undertake this exploratory study (Chapter 2), the assembled cases (Chapter 3), and a thematic analysis and discussion of the important and novel ideas to come about as a result (Chapter 4). The study was guided by the following research questions:

1. What are mothers' beliefs surrounding adolescent substance use and impaired driving?
2. How do mothers perceive their role and capabilities in managing adolescent substance use and impaired driving?
3. How do mothers use parental monitoring strategies to prevent or mitigate adolescent substance use and impaired driving?
4. What supports and barriers do mothers experience in the implementation of successful monitoring strategies?

Chapter 2. Methods

In this chapter case study methodology is introduced, and its selection and value for this project is described. The methodological process is then reviewed including case identification, participant recruitment, data collection, and data analysis. Methodological choices are explained and justified.

2.1. The Use and Value of Case Study Design

This work ascribes to Yin's (2018) methodological principles for case study design, specifically multiple case study. Yin (2018) defines case study as both, 1) an empirical, richly detailed, and highly contextualized way of investigating a contemporary phenomenon (especially where the boundaries between the phenomenon and the context are blurry) and 2) as a mode of inquiry that can cope with an abundance of data, benefits from and contributes to prior theory, and relies on and negotiates a multiplicity of evidence. Here, case study research is the mode of inquiry and the individual cases are the units of inquiry.

Presentation of the cases centres around the beliefs and experiences of four individuals who are mothers to adolescent males. Case study methodology was employed to gain an in-depth understanding of these cases, on their own and as they relate to each other. The data in these case studies was collected according to formal methodological procedures (soon explained). All thematic findings are linked to available evidence which justifies findings and conclusions (Yin, 2018). Yin (2018) explains that case study research is valuable in psychology as its own mode of inquiry, apart from other specifically qualitative or quantitative methods. Case study research has long been relied on in the field to provide in-depth, highly contextualized, temporally diffuse information about the matter of inquiry (Yin, 2018). A strength of case study design is that it permits the researcher the opportunity to come as close as possible to the reality of their unit of inquiry. Yin (2018) points out that the contextual information collected about a case can even contribute to new understandings of the phenomenon that may not have been discovered with other methods (such as experimental or survey designs, which often choose to ignore or eliminate context).

In considering the richness of information one derives in case study research, Yin (2018) importantly reminds us that:

No single-case study, even if consisting of multiple cases, will be able to have the number of cases that would match, much less exceed in any realistic multiple, the number of variables (p. 263).

That is, the researcher must make a choice to stop collecting data at a certain point; recognizing that no case is ever “closed” and that no amount of data can satiate the number of variables that will emerge. Hence the reason case study researchers adopt a *case-based* instead of *variable-based* level of analysis.

Attributable to the richness of the cases is the fact that this research design serves a function beyond exploration. Yin (2018) explains that case study research has long been pigeon-holed as having only an exploratory function; to discover whether a topic is meritorious of further study (usually through another method of inquiry). However, Yin (2018) contends that the motives for case studies extend far beyond exploration to include description, explanation, and evaluation. In this study, I explore all four of these motives; looking at the “what” as well as the “how” and “why.”

2.2. Case Selection and Bounding

After an in-depth review of the literature on adolescent substance use and impaired driving, remaining questions and areas for future inquiry were identified, which shaped the following research questions.

1. What are mothers' beliefs surrounding adolescent substance use and impaired driving?
2. How do mothers perceive their role and capabilities in managing adolescent substance use and impaired driving?
3. How do mothers use parental monitoring strategies to prevent or mitigate adolescent substance use and impaired driving?
4. What supports and barriers do mothers experience in the implementation of successful monitoring strategies?

These questions rested on several inherent logical propositions, including that mothers would indeed have thoughts on the matters of adolescent substance use and impaired driving and that mothers would see it necessary to act in relation to these

matters. To investigate these matters, I needed to identify adequate case units. I determined that the necessary case unit was an interview with a parent of an adolescent. Although the earlier review of the literature highlights the importance of “parents” to this matter, it does not stipulate whether the male or female parent (in heteronormative couples) are of greater influence. I decided to bound the cases to only one parent in the family unit, the mother, to streamline investigation. Despite father’s increased involvement in parenting between 1965 and 2011, mothers still bear the brunt of parenting and housework (Livingston & Parker, 2019). Considering the centrality of the mother to most modern family units, it was thus decided to focus on their mother-child relationships. The role of the father is not the focus of this research, but the richness of the cases means that information about the role of the father in each family was alluded to in the larger context and is at times explored.

2.3. Recruitment

Having identified the beliefs and experiences of a mother of an adolescent as the unit for the case, I sought to recruit participants. A recruitment protocol was designed and implemented in April of 2019. A Study Details document (Appendix A) was drafted and received ethics approval from the Simon Fraser University Research Ethics Board that April. This document stipulated that I was looking to interview at least three women. Each woman had to be a mother to at least one adolescent child. This child, which stipulated their inclusion in the study, had to be between 14 and 19 years of age, living at home (at least part time), and still in high school at the time of our first interview. These parameters were set because these years are generally agreed upon to be “adolescent” (World Health Organization [WHO], 2020) and high school is a time during which issues of substance use and impaired driving may arise. The relevant adolescent needed to live with their mother at least part-time to demarcate her responsibility in child-rearing.

A Letter of Information was also approved by the Simon Fraser University Research Ethics Board that April. This document was distributed to potential participants through a snowball sampling procedure (Creswell, 2012). This involved a family friend electronically passing on the letter to women in their network who satisfied these criteria; these women were welcomed to further distribute the letter to others they knew who met the criteria (hence the “snowball”). Participants were offered the small incentive of a \$30

electronic gift card to a retailer of their choosing for their participation. Potential participants were directed to email or call me if they had further questions and/or to schedule an interview. I received emails from four women who were interested in volunteering their time to the study. Although I had initially set out to only interview three participants, all four women were welcomed to participate as I knew that the diversity of backgrounds would enrich the study's findings and conclusions. These women were sent consent forms (Appendix A) which were required to be read, signed, and returned to further progress with participation. Recruitment closed at the point of securing the four signed consent forms.

2.3.1. Notes on Recruitment

The mothers, whose beliefs and experiences serve as the unit of analysis, form an interesting collection of cases. These women, who the reader will come to know as Sharon, Molly, Heather, and Rachel, share some important contextual realities. These women all inhabit a similar geographic region in south-eastern Ontario, Canada. They live in, or in rural areas around, the same city. With a population of or above 100,000 people, this city is characterized as a large urban population centre (Statistics Canada, 2016). The fact that these women all come from, and presently reside in, either urban or rural settings around this city is important to shaping the shared context of these cases. I am highly familiar with the geographic and social context of this area as it is the city where I grew up.

Furthermore, these women all happen to be mothers to only male offspring. Each mom had between two to four male children. This was an unintended consequence of the snowball sampling procedure but is empirically valuable considering the literature accentuates the problems of adolescent substance use and impaired driving as being more dominantly male. This allowed me to gain a rich perspective into this matter as it relates to mother-son dynamics. However, it is important to note that by virtue of this sampling phenomenon, the findings and conclusions of this study may not be applicable to non-mother-son dynamics.

Lastly, these women are all white and are of mid- to high socio-economic status. Most of these women are working professionals. They either come from dual-income, married households, or separated but second parent-income supported households.

It is interesting that the unintended consequence of snowball sampling was an assemblage of women whose families reflected some of the most salient demographic features discussed earlier (See 1.4.): male adolescent children who are White, of a higher SES, and occupying both urban and rural areas. This is highly advantageous to later theoretical generalizability of the findings. As well, each mother recruited had experienced at least one of their children's substance use. It is interesting to note that this background was not a requirement for participation in this study. This may be considered a testament to the prevalence of adolescent substance use, especially among boys. Of course, it might be that mothers who offered their participation for this study did so in part because of their background with adolescent substance use and, in one case, impaired driving.

Further, although the families in question might reflect a privileged segment of the Canadian population, it is important to note that the matters of adolescent substance use and impaired driving hold consequence for all Canadians. As discussed earlier, adolescent substance use, and the potential consequence of impaired driving or riding with an impaired driver, can result in detrimental effects to the health of the Canadian population and economy. As well, any person can be injured or killed when sharing the road with an impaired driver. Therefore, this study investigates a matter concerning, and in the interest of, all Canadian families.

2.4. Researcher Positionality

I would like to disclose my personal motivations in studying adolescent substance use and impaired driving. Firstly, in the interest of transparency, I would like to share my own background with adolescent substance use. During my own adolescence I had experimented with substances. I first tried alcohol at the age of 16. I had set off to a friend's house armed with two beers provided to me by my mother. Through most of high school, if I ever attended a party, I was supplied in this manner – always two beers – by my mother. I rarely, if ever, went beyond these two drinks. In high school, I never tried cannabis, although I knew many of my peers were using this substance. I first tried cannabis in my early 20's. Having disclosed my own history, I must acknowledge that it was not my own use though that led to my interest in this topic.

My interest in adolescent substance use and impaired driving relates to things I have witnessed in my own family, whom I love. First, it was no secret to me when I was a kid that my father would sometimes drive impaired. I had been driven by him in such a state. This upset me enormously as a child as I knew he was not supposed to be driving after drinking. Although I would ask him to drink less or let my someone else drive, it did not seem to have an effect. Although he never got into an accident or was caught, I continued (and continue) to worry.

Furthermore, I have a younger brother who began using substances in early adolescence, around the age of 13. I believe he was using alcohol, cannabis, and potentially other drugs. I saw how his use troubled my mother to no end. This was the beginning of a difficult relationship between my brother and substances, and my mother and my brother. My brother's alcohol and cannabis dependency has been hard on him. I know too that he often makes poor decisions under the influence of alcohol and drugs, including driving.

Essentially, I have seen substance's troubling effects first-hand. I admit that – to an extent – in attempting to understand adolescent substance use and impaired driving, I am attempting to understand my family.

2.5. Data Collection

In May of 2019, the first interviews transpired. Each participant was interviewed on their own. I, the interviewer, followed a prescribed interview protocol (Appendix B) developed in collaboration with my supervisory committee. Questions were written to be as open-ended as possible to promote deeper thought on behalf of the participant. Yin (2018) asserts that interviews are helpful in seeking explanations for thought and behaviour (what he calls the “hows” and “whys”). He reminds researchers that the composition of questions, prioritizing the use of the word “how” ensures that we gain insight into the participants thought process, reflecting what he calls their *relativist perspective*.

Participants were asked to dedicate up to 2 hours of their time to this study, and no participant's participation exceeded this ask. Preliminary interviews ranged from approximately 18 minutes to 40 minutes in duration. Interviews took place over

FaceTime; this was necessary considering the geographical separation of the participants (in Ontario) and myself (in British Columbia). The FaceTime video calls were screen-captured on my Macintosh computer using the free recording software OBS. OBS saves copies of the screen recordings directly onto the user's personal hard drive, which I then immediately relocated to my personal password protected SFU Vault account. Permission from REB was obtained to store electronic documents on this platform. I then transcribed the video chats into Word documents saved on the SFU Vault. Transcripts reflected randomly generated pseudonyms for the participants and their family members.

First interview transcripts were reviewed as a form of preliminary data analysis. Between June and September 2019, these cases were considered according to several analytic strategies described by Yin (2018). These data analysis strategies are explored further in section 2.6. Although Yin (2018) assures case study researchers that there will never be enough data to speak to all identified variables, I decided to schedule a second round of interviews with my participants. Yin (2018) states that in case study research pursuing a relativist orientation, it is important to have multiple queries with the participant which can be viewed as multiple sources. This he says is important to triangulation (more on this in section 2.5). Second-round interviews were scheduled for October 2019. It was methodologically valuable to have some months of separation between the interviews, allowing for potential development in the participant's beliefs and experiences. As Yin (2018) denotes, one of case study research's strengths is the ability to study conditions over time.

Second-round interview protocols were drafted to be used during these calls. Unlike the first interview protocols, the second interview protocols had some questions in common, but also included questions written to the unique participant. Yin (2018) outlines multiple levels of questions numbered one through five. Level 1 and Level 2 are addressed in the data collection process; Level 1 constituting the actual questions verbalized to interviews, and Level 2 referring to questions specific to each case, which represent the researcher's underlying line of inquiry. The first-round interview protocol shared Levels 1 and 2 in common, but the second-round interview protocols differentiated between participants unique, relativist perspectives by asking interviewees unique questions (Level 1) to match the underlying theoretical propositions unique to their case (Level 2). Although second-round interview protocols were drafted, I as the

interviewer was prepared to break from protocol if the conversation diverted in a new and interesting way. Yin (2018) validates that case study interviews are to be conversational, and that the interviewer needs to be adaptable and fluid in their questioning. As before, FaceTime and OBS were used to host and record the interviews. Second interviews were longer, ranging from approximately 34 to 61 minutes in duration. The videos were saved on to SFU Vault and the conversations were soon transcribed into Word documents.

2.5.1. Notes on Confidentiality and Data Security

The Letter of Information and consent form were employed to affirm participant's awareness and acceptance of the following risks to confidentiality and data security: 1) those stemming from the use of the snowball sampling technique; and 2) those stemming from the use of varying communication technologies. Due to the use of snowball sampling, I was unable to guarantee that people within their close social network (from whom they had either received the letter or passed it on to) would be unaware of their participation. Therefore, there was a possibility that upon thesis publication, despite the use of pseudonyms and the absence of any personally identifying information, that these people would be able to recognize their case. Participants confirmed that they were willing to accept this possibility in signing the consent form.

Moreover, I informed participants that since telephone and internet communication technologies like email, text messaging, phone calls, and FaceTime, are not always highly secure, I could not guarantee the confidentiality of these conversations. In signing the consent form, the participants also signed for their awareness of this reality. Communication records, including email conversations, SMS chat histories, and audio-visual recordings of FaceTime calls, are to be destroyed following submission of the thesis. Other data collected, including signed consent forms and interview transcriptions, will be saved for 5 years. This is to allow for any institutional review or as safeguard in the case of legal ramifications. This data is stored on the SFU Vault, a protected, secure server located physically in Canada.

2.6. Ensuring Case Quality (Validity and Reliability)

Yin (2018) reminds case study researchers that they are subject to the same judgements of quality as other research designs, with concerns centering around validity and reliability. Case study researchers need to take steps which make sense to the research design to protect against threats to validity and reliability. Construct validity is important in ensuring that the researcher is astutely operationalizing different concepts; in this study, construct validity was attended to by means of careful review of the literature so as to carefully define the phenomenon at hand, by triangulation through multiple sources of evidence, and through member-checking procedures. Triangulation refers to the convergence of data across multiple sources (Yin, 2018); in this study, this was achieved in conducting multiple interviews with participants. As well, investigator triangulation, referring to the agreement of multiple investigators as to findings, was used to ensure construct validity and accuracy of interpretations.

Internal validity was also attended to in this study. Yin (2018) points out that internal validity is a greater risk to work of an explanatory nature, such as in experimental or quasi-experimental research. Best practices in descriptive and exploratory case study research are to use methods of data analysis such as pattern matching, explanation building, addressing rival explanations, and logic models, to mitigate the risk of spurious relationships being identified. Although this work is not expressly explanatory, these strategies were still implemented.

Lastly, external validity concerns whether and how a case study's findings can be generalized. Yin (2018) reminds case study researchers that case study research aims for analytic generalization, not statistical generalization. Accordingly, I will make no claim that the beliefs and experiences reflected in the following cases can be generalized to all mothers of adolescent boys. Rather, these cases offer insights into theory and research discussed earlier (Chapter 1). Relying on theory in the development of case study design is an important aspect of external validity. So too is the use of replicative logic in multiple case studies; that is, treating each iteration of data collection as an opportunity to revise theoretical propositions. Each case presented here evokes theoretical replication; although they are unique, their similarities and differences are the result of anticipatable rationale (Yin, 2018).

Reliability is another important measure of quality in research design. A case study researcher needs to ensure that another investigator, armed with the same data, would derive the same conclusions (Yin, 2018). A careful record of the study process minimizes bias and error. To strive for reliability, I have implemented protocols (described earlier), developed a case database, and maintained a chain of evidence. Member-checking also served as an indication of the reliability of participant's remarks to the truth of their experiences and thoughts. Member checking, which refers to the act of providing participants with the opportunity to check data (Carlson, 2010), was completed in February 2020. All participants assured that transcripts reflected their beliefs and experiences, and none wished to edit or withdraw their commentary.

2.7. Data Analysis

Data analysis in this study was ongoing from the moment the first interview transcripts were transcribed until the moment that final iterations of these thesis chapters were written. This continuous analysis is part and parcel to case study methodology since it is dependent on the iterative journey of the researcher as they pour over their cases. As was mentioned in section 2.4, data analysis began after the first interviews were completed and transcribed. These initial interviews were analyzed for promising patterns and insights which were to inform secondary interview protocols. In beginning to analyze one's case study data, Yin (2018) recommends "playing" with the data through various strategies such as arranging participant responses into tables to compare, creating visual flowcharts illustrating a path for participant's thinking (sometimes called diagramming), and the use of memos. I employed each of these techniques, but memoing was the most important strategy as it allowed me to record and track meta-commentary about the direction of case inquiry. Other general analytic strategies included examining theoretical propositions; for instance, the research questions supposed that parents would have beliefs on the matter of adolescent substance use and impaired driving, or that participants would employ monitoring strategies. These theoretical propositions were dissected using the assembled evidence. All these techniques were employed to inform the secondary interview protocol. Once secondary interviews were completed and transcribed, the data analysis process continued. Comparison charts were expanded upon, diagramming produced richer models, and memos became more nuanced.

More specific analytic techniques were also employed including pattern matching, explanation building, time-series analysis, logic-models, and cross-case synthesis. These five techniques are described in detail by Yin (2018). Pattern matching, explanation building, and time-series analysis were particularly useful in relation to memoing and the development of a case description. Logic models, referring to the pursuit of cause-effect chains, were useful in informing diagramming and graphic models representing the data. Finally, cross-case synthesis, which is in itself a technique but can also be informed by the other four techniques of pattern matching, explanation building, time-series analysis, and logic-models, was conducted. Yin (2018) points you that the goal of cross-case synthesis is to stay true to the integrity of the individual case rather than breaking it down into component variables. The goal of the cross-case synthesis is to compare within-case patterns across the cases, searching for similarities and differences. Yin (2018) suggests that this case-based mode of inquiry should bring the research to a higher conceptual plane. For the intents of this study, when we reach Chapter 4, we will be reviewing overarching themes. These themes will involve argumentative interpretation of within-case patterns synthesized across-cases.

Chapter 3. Cases

The purpose of this chapter is to introduce the reader to each of the four cases. These cases are presented in narrative form, centering the voice of the participant. Cases are rich in description, containing information pertinent to the participant's family circumstances, her unique personal history, as well as her beliefs and experiences parenting her sons with regards to substance use and impaired driving. This level of detail is important in establishing the context of the case (Yin, 2018). Details relating to timing of conversations and events are often included to properly capture the time diffuse nature of the cases. Although cases have many compositional elements in common, eccentricities of each case demanded unique aspects of composition. Yin (2018) instructs case study researchers that a varied approach to composition is necessary in catering to the particularities of each case. Further, it is essential to maintain the integrity of each case by presenting it as a solitary entity before conducting a cross-case analysis. Therefore, in this chapter, each case is presented as a distinct entity without reference to the other cases. In Chapter 4, a cross-case analysis is conducted, and cases will be compared. At that point, commonalities and differences between cases will be explored thematically.

3.1. Sharon

Sharon is mother to two boys in their late adolescence. When I first met Sharon in May 2019, Jeremy, her youngest, was 18 years old. He was only a month short of high school graduation and he had plans to attend the local university in the Fall. Sharon's older son, Jordan, 19 years old, was already studying at the local university. Sharon is married to the father of the boys, Kevin. At the time of our first interview, this single-family unit all dwelled under the same roof. They spent a good deal of time together as they gathered around the dinner table each night, then indulged in their favourite television shows.

Between our first and second interviews this home dynamic had changed. The biggest change was when Jeremy moved out of the house and into a university dormitory on campus in September of 2019. Although the family all lives in the same city, they see less of Jeremy now as he is embarking on this new stage in his life.

Meanwhile, Jordan, whom Sharon had described as a more practical, old soul, still lived at home with his parents. Jordan started a full-time business internship over the summer and had continued this job part-time as he resumed his studies in September. Although pleased by his endeavoring spirit, Sharon rues the fact that Jordan's activities kept him out of the house so often. She described him as fitting only three envelopes: working, studying, and travelling to visit his long-distance girlfriend. With Jeremy in university residence, and Jordan so often out of the house, Sharon was already experiencing the pangs of an empty-nester.

When we spoke of her sons' substance use, Sharon predicated the conversation on her belief that Jordan has no interest in alcohol. She had said, "you can offer him anything and he simply won't touch it." Sharon connected this aspect of Jordan's personality to his history as a childhood cancer survivor. She reminisced:

I remember as he was coming out of that saying "Ok buddy, you know" – this was maybe my scare off story as he started getting old enough to worry about this, but I said – "You've had a lot of stuff go through your body already, and alcohol is probably not another one you want to pump through. So just keep that in mind that picking up drugs and alcohol after what you've been through is probably not the best idea." So, I don't know if that totally convinced him or if he's simply not that child, but he won't drink at all.

Given his abstinence, Jordan was infrequently mentioned. By comparison, Sharon described Jeremy as "quite eager to have a drink or two." Sharon and Kevin permitted Jeremy's alcohol use on occasion, even welcoming him to drink at family events such as birthdays or holiday parties. She said this offer was extended to him when he was approximately 17 years old.

Unlike alcohol, however, Jeremy and Jordan were told that cannabis was a "hard pass." Sharon explained:

[Cannabis] won't be tolerated. I think it's more a fear of gate keeping to other substances... I guess the whole drug thing is so risky. Much more than alcohol. You go to the LCBO and you know exactly what it is you're putting in your body. The whole drug abuse thing is a totally different ballpark, and that's definitely why it's a hard pass.

Considering her unwavering stance on cannabis, Sharon spent little time speaking about the drug. She said that if she discovered Jeremy was using cannabis, she would

consider it “a betrayal of everything we’ve sort of agreed upon so far.” She went on to say:

In that, I know you’re going to drink. I trust that you’re going to make the right decisions, and if you aren’t capable of the right decision then you call us, kind of thing. But... yeah... marijuana use would be a complete violation of that in my mind... It’s just not worth it. Why do you need that if we’re saying you’re going to drink socially?

Sharon was staunch in her convictions against cannabis. Given the freedom and open expectations she had set for Jeremy around alcohol, she wondered why he would ever feel the need to experiment with cannabis. We did not spend more time contemplating her son’s cannabis use as it was only a theoretical betrayal which Sharon had not actually encountered in her parenting.

With regards to Jeremy’s alcohol use, Sharon explained that she knew he had started drinking much before the age of 17 when he was permitted to do so at family functions. Sharon was willing to accept that Jeremy wanted to attend parties with alcohol when he entered high school so long as he adhered to her expectations. Sharon’s expectations of Jeremy were that he would: admit to her when he will be drinking, that he takes accountability for his friends’ safety, and that he will rely on her for a ride as needed.

Sharon shared several anecdotes of times when Jeremy was drinking which highlighted these expectations in action. In one instance, Sharon described an occasion where Jeremy was caught sneaking some of his parent’s beer out of their cold room to take to a party. Sharon confiscated the beers. She said that the main issue with this situation was Jeremy’s secrecy rather than his intentions to drink. She continued:

If you’re going to lie to me then I can’t be prepared for the risks that you’re taking without me knowing about them, right? So, the issue is if you’re going to be drinking then we need to be open about it because there are risks involved and if something does happen to go wrong then we need to be ready and available to help with that. So, him sneaking the alcohol out of the house was one of us not knowing the risks that were about to happen that night.

This situation highlights the primacy of the first expectation Sharon had of Jeremy: that he be honest when he is going to be drinking. Jeremy’s honesty is vital since Sharon cannot be there as back-up if she does not know that she is needed. It was very important to Sharon that she be able to fulfill this “rescue” role. In illustration, Sharon told

the story of a time when Jeremy had snuck out to a party while she, Kevin, and Jordan were all out of town. Over text Jeremy had been telling his mother that he was at the movie theatre with a friend but using a geo-tracking app on her phone Sharon was easily able to discover this falsehood. In that text exchange, Sharon outed Jeremy on this lie and told him “it would be easier to start telling the truth now,” and instructed him to go home immediately. She said that he did so. What Sharon highlighted about that story was that if she, Kevin, or Jordan had been in town, Jeremy would have been welcomed to attend the party. It was the fact that a rescue crew was unavailable to Jeremy that made the situation untenable.

These anecdotes reveal that Sharon was motivated by a quest to ensure her sons’ safety. She seemed very attuned to any threat to her sons’ wellbeing. Sharon let these anxieties guide her actions and parental decision making. Already, as a mother who experienced the near loss of her son Jordan to childhood cancer, she had gotten closer than most parents to losing a child. Even as Jordan recovered from his cancer, this fear of losing a child remained. Sharon told me that when her children entered adolescence, she realized that substance use and impaired driving were potential threats to her sons’ well-being. This threat was engrained into Sharon because of an incident involving the death of some local teenagers as a result of an impaired driving accident. This impaired driving accident had happened around the time that Jordan, and very soon after Jeremy, entered high school. She described this incident as “a mother’s nightmare.” She explained:

It’s just my biggest fear that you can get your kids so close to being on their own and having something so stupid and tragic happen... So, drinking and driving, it’s not necessary, in my mind. I don’t understand what could excuse or pop into someone’s head to make it ok.

Moreover, Sharon admitted that considering her anxieties over these threats to her children, she would often catastrophize whatever situation they are in. She had said:

I’m very – I don’t want to say pessimistic – but I anticipate the worst happening. I know how I would feel if it came to be, and I know how I would feel if there was anything else I could have done to have prevented it... I know my mother was a really nervous kind of person and maybe that’s part of my fiber. So, I’m always kind of guarded in “Ok, you’re telling me something, what’s the awful thing that’s going to come out of this and how do we make that not happen?”

It was this fear of the worst-case scenario that had inspired Sharon's expectations of Jeremy when he was drinking. Her need to mitigate the potential "awful thing that's going to come out of this" had led her to adopt a central role for Jeremy's safety on a night out.

Sharon described her rescue role as serving both her and Jeremy. It benefited Jeremy because he had a safe passage home when needed. However, Sharon said that this rescue role of hers benefited her more than it did Jeremy. She labelled this aspect of her expectations as "selfish," because she was protecting herself against the possibility that were something to have gone wrong, she was not available to help. Therefore, her expectations for Jeremy, and her close involvement in them, also protect her own peace of mind. Her tendency to stay up at night waiting for Jeremy's safe return, ready to leap to action if she must, is a mechanism through which she copes with the inherent risk presented when her son is out drinking.

Sharon explained that she has also coped with these anxieties by communicating them to her sons. Sharon told me that she has long discussed issues relating to substance use and its potential consequences, like impaired driving, with her kids. She said she would refer to things that had transpired in the community, such as the earlier-mentioned impaired driving accident, to begin the conversation. After speaking to her kids about what had happened, she would ask them questions prompting them to take the perspective of the adolescents implicated or of their parents.

Sharon acknowledged that although these conversations can be difficult or uncomfortable to have, she said that creating a family culture of open communication around difficult topics was more important to her than mitigating uncomfortable emotions. She explained that her own upbringing had led her to adopt this mentality. She recounted that the climate in her parent's home when she was growing up was very secretive:

I grew up where my parents didn't specifically discuss, in a conversational sense, drinking. I have two brothers that are alcoholic, so it should have been part of the conversation, but I don't really recall my parents ever guiding me in that way. And when I was underage drinking, like we've all done, it was very much a "don't get caught," you know, kind of taboo. Probably because I didn't know what the repercussions would have been for me. So, knowing that that unknown was the wild card, I wanted to make sure that when I had my kids that we would discuss everything.

This experience in her house growing up led Sharon to believe that if her parents had discussed substance use with her and her siblings, they might have been less inclined to hide it. With her own children, it was her goal to bring these topics “out of the shadows.” She explained that with Jeremy, she prioritized having conversation around substance use, letting him know her expectations of him, and what consequences might exist if he were to disobey. She added that she believed it was important that these consequences be tolerable since consequences that are too strict may run at odds with her desire for honesty and openness.

Sharon's focus on honesty and open communication with her children was a strong part of her identity as a parent. Indeed, she believed these qualities in a parent-child relationship to be so critical that she called their absence a parenting failure. To illustrate, she had described her belief that adolescent impaired driving is a result of the shared blame between two factors:

Part of me says it's just the underdeveloped teenage brain that in any given moment can do a really stupid thing. Another part of me says that the parent's kind of failed in some way and didn't have that conversation. Or didn't assure the child that no matter what else happens, you pick up the phone and you call me. Letting them know that it's ok to get caught, and there's a rescue there.

Evidently, Sharon's belief that parents need to have open conversations with their children around substance use is a tightly held conviction. When in our second interview I repeated this quote back to Sharon to ask her how she felt upon hearing those words, she said she would not change a thing. She reemphasized the adolescent condition as being a central problem; where border-challenging and immortality beliefs heavily factor into decisions to engage in risky behaviours like impaired driving. I wanted to go further in tackling a notion that I saw reflected in Sharon's words – that the teenager's mistake is also the parent's mistake – this went as followed:

JH: I just wanted to tackle this notion of what is the parent's responsibility?

S: Right, yeah.

JH: And, like, is the child's action, and a bad choice, the parent's failing?

S: Yeah. I think mmm... if the child has had that conversation I think that reduces their chances of making ridiculous decisions

in that kind of moment. If there's at least something that can twig in that instant that, "Hey, I don't need to do this. It's going to be ok if I pick up the phone and call dad to come get me." I think that, I think that's the plan B for those bad decisions. And it needs to be there. Not to say that bad decisions can't still take place but, you know.

Sharon seemed to believe that drinking and driving could be prevented by parental intervention. However, Sharon did concede that a parent can not entirely block the chances of their child engaging in risky behaviours. Along with that admission, she tied in the fact that among her siblings, despite being raised under the same roof, they are all vastly different individuals with different proclivities towards substance use and risk behaviours. Sharon acknowledged that a parent can only arm a child for difficult situations they may face, like the choice to drive impaired or accept a ride from an impaired driver, so much. Nonetheless, she maintained her stance that it is the parent's responsibility to plant the idea of the "Plan B" in their child's mind. In not doing this, she believed the parent has failed.

With regards to her own family, Sharon told me that she feels confident in how she and Kevin had approached their parenting. She reflected that:

I kind of had a conversation with Kevin saying that I think we dealt with Jeremy in the right way in that we didn't totally ignore who he is as a person. Meaning, I think if we had tried to manage him more strictly, like, not allowing alcohol whatsoever and not having that conversation, sort of believing that talking gives you permission, kind of thing. I think if we had managed him more strictly, I think it would have been worse for him. In that he would have pursued that avenue of risk taking anyways without any parental guidance or discussion or contemplation of the risks and consequences.

Sharon believed it important that she and Kevin did not treat Jeremy as if he had the same desires and intentions as Jordan. Sharon believed she has achieved her long-held commitment of creating an open and honest family climate. This reduced her anxieties over her son's future and wellbeing, especially as pertaining to substance use and impaired driving.

3.2. Molly

Molly is a woman who wears many hats: she is a nurse practitioner, college professor, researcher and, most critically to the case, mother to three adolescent boys.

These were the aspects of her identity which Molly chose to highlight when I asked her about herself, illustrating the centrality of career and home life to her identity. From the time of our first interview to that of our second, Molly's household had gone through some major transitions. As of May 2019, her eldest, Adam (19 years old), a student at the local university, had days before moved out of his mother's home and into a shared student apartment in town. This was still his living situation in October 2019, although he frequently visited his mother and had his mail sent to her house. Molly's second child, Austin (17 years old), was nearing completion of his high school diploma as of May 2019, with plans to go to Europe to pursue his bachelor's degree in the fall. Molly expressed her disapproval of this plan to me, emphasizing that she believed it was not a prudent financial decision, nor one that even aligned with Austin's career goals in Canadian politics. Nonetheless, she told him that he was welcome to do as he wished, so long as he found a way to pay for it himself. When I checked back with Molly in October 2019, she told me that Austin had indeed gone to Europe for school, backed financially by his father. When I asked her if she had come to terms with his decision, she told me she had nothing to come to terms with as she still disapproved of him choosing to dispose of money like that. This aggravation is exacerbated by the fact that she does not see him making the most of the situation; she told me that since Austin is an introvert, all he does is stay in his room and study. Resultantly, she does not believe that he is gaining anything novel from his experience studying there than if he had stayed in Canada.

Finally, there is AJ, the youngest, who was 15 years old in May 2019 and just finishing his tenth-grade year. Between May and October, AJ went through the jarring transition of being one of three boys at home to the only-child at home with his mother. Molly told me that before the older boys left, AJ was "flying under the radar." However, now that he is solo, he is receiving a perhaps-unwelcome amount of her attention. Molly bemoaned AJ's "laziness". Although he is a smart kid, he does not apply himself academically, "unless it has to do with sports and then he's all over it." She joked that her life would be perfect if he would only raise his grades. When I suggested to Molly that perhaps AJ has yet to find his path, and maybe that path was not leading to university, she quipped that his path was leading to him being 30 years old and still living in her basement. Although said in jest, this comment cuts to the heart of the high

standards she has for her sons, and the pressure that AJ might feel in a household with two high-achieving older brothers.

Molly shoulders the responsibility of parenting Adam, Austin, and AJ herself as a single mom. Her ex-husband, the boys' father, lives in the USA. Getting to know Molly, I learned that keen organizational skills and a great deal of confidence are traits which help her manage her parenting and professional responsibilities alike. Molly knows what she wants to say; her answers were always frank, and rarely did she have conflicting or inconclusive beliefs towards anything discussed. Moreover, Molly's professional perspective was often manifest in her responses. From the very first question I asked Molly, regarding what comes to mind when she thinks of impaired driving, her health care background was evident as she chose to simply define the act. To probe Molly's feelings about impaired driving further, I asked her what would come to her mind if she heard a story involving a group of adolescents in a car accident due to impaired driving. She said:

Oh, that is very sad. Very sad because there is so much data on that sort of thing now, and we know so much more than we used to, and the consequences are so much more severe than they were 20, 30, 40 years ago that it's very sad to think that people still do that. I think it's the same way I think about smoking – this is how I talk to my students – why would anyone start smoking now? We know what the trouble is with smoking, whereas many years ago we didn't have a full picture of it. Same with impaired driving. We have a pretty vivid picture of it now that maybe we didn't have. We didn't have the consequences 50 years ago, but now we do.

Here it seems as though Molly's clinical stance was maintained. Although she concedes that the situation is sad, she attributes this sadness to the perpetuation of an outmoded health risk with ample evidence against it. This objective tone was maintained throughout much of her interview. This clinical stance makes sense given both her professional background and probable lack of personal connection to the issues of substance abuse and impaired driving – being that she did not express having close ties to these issues.

This is not to say that Molly comes across as objective or clinical as a mother. She knows her three sons very well. She believed that her sons are smart, talented boys, but she nonetheless recognized that they are adolescents who will inevitably think and behave like *adolescents*. Molly's perspective on the typical adolescent mindset was

illustrated when I asked her why the aforementioned hypothetical teenagers chose to either drive impaired or receive a ride from an impaired driver. Here she offered her insight into the adolescent psyche:

Some of that has to do with developmental factors, you know, adolescents are at that point where their brains are still developing, so they don't have those neural pathways, and they don't have a lot of the insights that maybe they should have. So maybe that's one arm of the issue. The other arm is that, again, whole developmental piece, they are invincible. They haven't seen a lot, they haven't had a lot of really horrible things happen to them, perhaps they haven't seen a lot of horrible things happen to the people they're close to. So that feeling that they're still invincible, and that nothing bad is going to happen to them.

Molly believed that ongoing cognitive development, inexperience, and invulnerability are challenges presented in adolescence. Molly had attempted to parent her sons in a way that takes these factors into consideration. This was clearly manifested in Molly's approach to the boys' use of substances. She believed that adolescents want to engage in socially desirable and normative behaviour, as with drinking, when they go out with their friends. Hence, she said that she had never tried to prevent their alcohol use. Rather, Molly followed different strategies to try to inculcate values of responsible use in her sons. One way she did so is by modelling these virtues herself:

For me, they see me drink wine. They see me drink wine with my friends, they see me drink wine in front of my computer when I'm trying to put a big essay together or something like that. They visually see me drink alcohol, but they've also seen me say - at a friend's house or something - no I don't want to drink I have to drive home. I don't even have one and drive home. They've seen that behaviour their whole lives. Hopefully they've internalized some of that and I've also discussed it with them.

Molly was aware of the influence her own behaviours may have on her sons. She had never tried to shield her boys' awareness from alcohol but instead to showcase temperance and safety strategizing. However, she believed that this implicit demonstration alone is not enough, which is why she had paired it with open dialoguing around the topic.

Communication was Molly's fundamental strategy which she had relied on to manage her sons' safe use of substances. Molly told me that she tried to have open dialogues with her sons on several subjects, and substance use and impaired driving

were topics that had been covered. She said that these were important subjects to tackle because they speak to the reality that she anticipated her teenage sons would face, “recognizing that kids in high school go to parties.” Molly indicated that an important aspect of these conversations is “understanding what their level of understanding is.” To do so, she made sure to ask the boys what they were learning in school:

I think the curriculum in school addresses it very well as well, but then they go out at recess and they hear other things. Or in high school, between classes or during their spare, they hear other things. It's important to have those discussions at home.

Molly believed that kids do not only learn from their teachers at school, but rather are also gaining information through informal peer-to-peer communication networks. Indeed, at times what an adolescent may learn from these different sources may be completely contradictory. Therefore, she believed it important for parents to have these conversations at home to mitigate the absorption of misinformation.

Moreover, Molly contended that these parent-child conversations can be powerful in the sense that parents can work with the teenager in creating plans or strategies which serve to reinforce responsible use. Indeed, one quality of their safety strategizing was her assertion that she could be an integral piece of their plan to get home. Before they went out, she reminded them:

No matter what happens I will always come and get you, or I will send a cab for you if I can't get you because I'm sitting at home and having a glass of wine, or whatever.

Molly had also indicated that other viable options included staying the night where they were or staying at a friend's house. She also raised the point that she would bring the boys' friends over to her place if she needed to. As she puts it, “I'm big for keeping these kids out of trouble.”

Another aspect of these open dialogues was that Molly had asked her sons which of these strategies they would prefer to implement when they went out. As an example, she would present them with the choice of having her pick them up or her sending a cab (this to avoid the embarrassment of facing their mom while impaired). Molly told me she did not care which strategy they selected, so long as there was a safe plan in place. Her main point being: “What are the things that are going to make it more comfortable, and more likely, that you're going to tell me that you need help?”

With these conversations and mutually decided strategies put in place, Molly had accepted that her sons would “have a drink from time to time.” As Molly told it, what this had looked like in practice had been remarkably similar across her children. In our first interview, Molly told me that Adam, her eldest, had been exposed to alcohol since he was a “young” teenager. Molly recounted to me the story of the day she discovered Adam returned home drunk from a day out. He was in either 11th or 12th grade, and he had been out at a large public celebration prompted by the local university’s homecoming. Molly said that Adam came home in the middle of the day, and she could just tell that something was up based on the funny look on his face; this expression always served as an indication to Molly that Adam was hiding something. When Adam breezed by Molly and headed straight for his room, she thought this unusual and pursued him. The following exchange transpired:

M: Are you going to come and have something to eat before you go to hockey tonight?

A: No, I’m not that hungry.

M: Are you going to hockey?

A: Oh yeah, I’ll go to hockey.

M: No, you’re drunk, you’re going to email the coach and tell him you’re not coming.

Telling this story, Molly shrugs it off and says: “You know, what could be done at that point?” When I pointed out to Molly that other parents may not have been so blasé about that situation, considering her story indicates he had been hiding his activities from her, she remained unphased. She emphasized the need to consider the whole child, accounting for the fact that this was atypical of Adam and nothing problematic came of the situation.

Molly was similarly unperturbed by the fact that she had learned that at times Adam, since turning 19, would purchase alcohol for Austin and his friends. Molly told me the story of this network coming to the fore when Adam purchased the alcohol for those in attendance at Austin’s swim team’s party. Molly did not know of this connection but told me that she deduced it later by process of elimination. Sometime later, at the athletic banquet held for Austin’s swim team, Molly indicated that the other parents were chuckling and elbowing her about her son’s involvement in supplying alcohol for this

party. Although Molly was unaware that the other parents knew of Adam's involvement, she took it in stride and laughed off their commentary. Molly did acknowledge that not all parents were involved in this conversation, leaving out the parents "who might have been a bit more nervous... or have a different relationship with their kids." But she asserted that those who did approach her about it were just trying to sniff out whether she knew about what had happened. These parents told her that it all was fine and that they had learned of it through their kids. Molly told me that the attitude in the room was that most parents there were knowledgeable of, and communicated with their kids about, alcohol.

For her part, Molly did not shy away from the other parent's banter; she did not feel like she had anything to shy away from. Just as with the story of Adam returning to the house drunk after day-drinking at the homecoming party, Molly's response to the swim team party situation was matter of fact: "It is what it is." To her, the critical aspect of the swim team situation was not that they were drinking, but that they were comfortable, safe, and supervised by the parent who was hosting the team that evening.

When in October I followed up with Molly, I brought up this story to ask her why some of the parents might have seemed less comfortable with their children's alcohol use than others. Although Molly acknowledged that she could not be certain, nor could she speak for other parents, she guessed:

I wonder if it's exposure. First of all, this is my second kid, but secondly, I work with kids all the time. I know whose doing what, and I was a kid once and I knew what I was doing. I just wonder if I'm more grounded in realism – I know what's going on. I either need to change it, or accept it, or put boundaries on it so it's safe. You know, I have to respond to it in a way that makes sense for me. Maybe they're less – maybe they don't want to see it, or they don't agree with it and don't have a way to set limits.

This comment further demonstrates how Molly's professional experience with adolescents and youth had impacted her parenting philosophy. She reasoned that some parents may be unaware of adolescent pastimes or may be unprepared or feel unable to cope with these activities. Molly emphasized how working with teenagers had impacted her parenting. She told me:

I deal with this population every day at work as well. You know, they're not my own kids but I see behaviours, I see concerns, I see things that make me wonder "What would I do if I was that person's parent?"

When I likened this to having more opportunity to empathize with different situations, Molly agreed that this practiced perspective-taking had an impact on her own parenting.

Her exposure, the ability to perspective-take, and her cumulative experience with Adam and Austin's substance use, might together explain why Molly's report that AJ had tried alcohol for the first time over the summer between our first and second interviews came off bored. She really did not have much to say about AJ's experience, other than the fact that he had been completely transparent about it, which was exactly what she had wanted. Her sons' alcohol use seemed like a casual reality to Molly. There was nothing inherently problematic about it so long as they were honest about it and maintained the safety strategies put in place.

Molly recognized that although having safety infrastructure in place was important, the honest and open quality of their dialogue was most critical – as she recognized that teenagers will likely defy your expectations. To illustrate, Molly told me the story of Austin's overboard experience at a party when he was in Grade 10. That year, the family had an exchange student from Italy who was Austin's age and the two boys had gone out to a party. The party was only a few blocks from Molly's home so she dropped the boys off so she could know where they were. She suggested that they could walk home at the end of the night. When around 1:00 am Molly realized that the two boys had yet to return home, she texted Austin to ask whether he would be returning that night. The response she received alarmed her as it did not read at all like her son. After some back and forth with "Austin," during which Molly insisted she was not communicating with her son, the girl who had been authoring Austin's texts finally admitted that he was too drunk to text Molly himself. In an instant Molly was out the door and at the house to retrieve her son. She said that she and the exchange student had to practically carry Austin out of the house. Together they brought him home and laid him on the couch, where he remained with a bucket by his head into the next morning. Molly slept on the armchair next to him through the whole ordeal.

Although Molly told me that she found the experience of having to go to that party and physically drag Austin out embarrassing, she did not say so to Austin. Rather, she told me that they only had a brief conversation the next day about the whole thing:

I said, "Wow that was some night!" And he said, "Yeah..." We left it alone, then the next day his brothers started to razz him, and I stopped them from doing that because I wanted to have the discussion with him first. In the end we had a little discussion, and he was so embarrassed he didn't want to discuss it at all.

At that party, it seemed that Austin learned the hard lesson of finding one's limits. After that incident when Austin would go out, Molly would ask him "So, what's your limit?" To which he would say explicitly, "I'm only having two tonight." Molly told me that she and Austin both learned a lot that evening; he discovered the ugly side of alcohol – a lesson not quickly unlearned – and she was reminded to always expect the unexpected. As she put it: "that was about the last one of my kids that I would ever think that that would happen to." Illustrating that parents cannot necessarily expect their kids to behave in accordance with parental expectations or even their usual personality (especially when substances are involved).

When I asked Molly why she did not punish her sons when they defied her expectations – as with Adam coming home drunk from homecoming or Austin going overboard at the party – she told me that she believed parents must be careful about providing consequences with teenagers. When I asked her why she thought that was, Molly told me:

I think if you want to keep the conversation going, the consequences have to be appropriate. You can say, I'm taking your phone or you're not going to go out, but I think the consequence is that you have to sit and discuss it with me and that's pretty bad. You're embarrassed, and you don't want to discuss it, you don't want to tell me what's going on... It's sort of humiliating, but you can get past that. If I give you something more concrete, like taking away your phone, a) you're pissed off, and b) you may not be so ready to discuss it with me a second time or you may be more likely to hide things from me. You have to know your kid to start in terms of what is a consequence, and what is going to work and what's going to still keep those lines of communication open.

Molly's top priority was the maintenance of the open lines of communication between her and her sons. This was an especially critical task for her as a single parent.

Her single parenthood also meant that she did not have to go over her decisions regarding consequences with anybody else, and in that sense was unrestrained in parenting as she pleased. She said that since she is "kind of alpha" this did not bother her. However, Molly did indicate having trouble knowing when to bring the father into the fold, especially when she finds that involving him can feel more like a nuisance than an

aid. As such, the father is not often involved. In this sense, when it came to choosing how to deal with her sons' substance use, Molly was free to be judge and jury.

Molly's main priority as a parent was knowing what her sons were doing and that they were safe and comfortable. She feared that consequences would interfere with that goal. Moreover, she thought it would be hypocritical "to punish them for these things that they're going to be allowed to do in [a few] years anyway." However, it is important to note that Molly did concede that were the circumstances of her son's substance use different, she may feel and act differently. At one point she told me that were one of her sons to "come home drunk every weekend" she might have parented differently, but she is not certain as to how:

I'm not sure if punishing is the way to go... I don't know. I don't know what the way to go is, but... because it's not happened to me. I suspect I wouldn't be casual about it if it were a very common thing.

Molly acknowledges that substance abuse, rather than use, is not something she had experienced with her sons. Although she did not specify what frequency or amount of alcohol use was tolerable to her, this comment suggested that the boys had never gone beyond that unspecified level. Indeed, it is hard for Molly to imagine what she would do if confronted with a child who is abusing substances or using them to an extent she found unacceptable. Molly had been fortunate enough to have not experienced that.

Yet, when we spoke in October, Molly told me that she had recently discovered that one of her sons was using a substance which she had always cautioned her boys to stay away from: cannabis. Initially, when I asked her about family policies on drugs and alcohol, Molly indicated that she expected her sons not to do drugs. She had said that doing drugs "... is not compatible with being in this house." However, she added: "I want to know if you are, so we can come up with some ideas around that." Nonetheless, she reinforced her preference that her sons "have a couple of drinks and tell me about it than the drugs."

Molly told me that, like the conversations she had with her sons about alcohol and impaired driving, she had talked with her sons about drugs. They had discussed the dubious quality of the local drug supply and she had contextualized that discussion within the present opiate crisis. Nevertheless, Molly accepted that:

You can't forbid somebody to do something because that then makes it attractive in a different way. So the discussions are very... you have to be really cautious with the discussions you have with teenagers. Again, just because of the way that they process information. They're not mature yet. They haven't had enough things happen to them, and they haven't seen enough to be able to make those really informed decisions.

Molly believed she had walked that line; she had condemned drug use, dictated her expectations that her sons do not use drugs whilst living in her house, while also not closing the door to the conversation. Molly told me with confidence that she believed that all three of her sons had never done drugs while living in her house.

Molly understood that she could only cast rules over her own household and her jurisdiction over her sons' behaviour ends when they are on their own. This is evidenced when Molly told me that she suspected that Adam was "dabbling in marijuana." Yet, she said that she "expects nothing less." Molly came to learn of Adam's potential cannabis use accidentally. Since Adam still received his mail at his mother's, Molly had the opportunity to look at his credit card statement which he had left with her to dispose. On that bill she saw a purchase for a cannabis shop in town. She cannot be certain of what he purchased but she did see the amount he had spent there. When she spoke to Adam about it, she did not frame the conversation around what he was purchasing, but rather, how much he was spending on his purchases. She told him to be careful about how he spent his money, whether that be at the department store, cannabis store, or the LCBO. This was all that she had said to Adam about his cannabis store purchase, and they did not discuss it further.

In trying to understand why Molly went from telling me she was against drug use to later accepting Adam's likely experimentation, I attempted to unpack her beliefs and perceptions regarding cannabis. Molly told me that despite never using the drug herself, she said she never felt judgmental about it. She likened her feelings towards cannabis to those she has towards alcohol, recognizing that "I've seen lots of people lose lots of ambition and go on a different path as a result of drugs and alcohol, right?" Molly recognized that cannabis and alcohol are both potential sources of recreational enjoyment and trouble. The two fashions by which Molly differentiated alcohol and cannabis related to the differing stigmas and methods of procurement for each substance. Molly was also aware of the stereotype of the unmotivated stoner – which is not affiliated with alcohol. She also pointed out that since cannabis had been

criminalized for so long it is naturally associated with criminality in a way that alcohol is not.

Moreover, prior to legalization, most Canadians were only able to obtain cannabis through illegal and non-quality-controlled means. This is far different from alcohol which is typically sold in Ontario through government-run outlets (LCBO, Beer Store) and undergoes strict quality control. Even for minors to be drinking, Molly pointed out that at least their source of alcohol is likely someone, a family member or friend, who initially obtained the goods legally. She said that the same cannot be said for cannabis. She speculated: "I'm not sure that legalization has had an impact on the 16-year-old cannabis user." It is possible that Molly found comfort in seeing that Adam had made a purchase at a provincially sanctioned private cannabis distributor as this would address her concerns over product quality.

The one thing that Molly told me did bother her about this discovery – other than the evidence Molly saw of Adam rampant spending, something which she confronted Adam about – was that she was uncertain of whether to tell Adam's father. She said:

One thing I don't like is that his father and I are not together, and I don't like to keep things from his father. On the other hand, it's not like he told me, I just saw it.

Molly said she chose to prioritize Adam's privacy as she believed this was an important thing to a fledgling young adult. Molly believed that moderated use is possible and trusts in her son's judgement. She said:

[He's] old enough to make his choices now and he's on a pretty decent path and whatever he's doing is working for him... I have to hope I've given my kids the tools to know not to be drunk or stoned 24 hours a day for the next, you know, god knows how long. You know, responsible use.

Molly believed that her sons would want to make their own decisions and be autonomous. She applied this belief to Adam's situation. She also recognized that an increased desire for privacy goes hand in hand with adolescence. Coincidentally, Molly believed that as a parent to adolescents she will only hear pieces of the whole story. As such, she said that she tries to maintain her position as trusted confidant and ally, there to provide a "safe space." It appeared the trust she has in her sons allowed her to be able to step back and provide them with their independence. Her concluding remark

regarding Austin's cannabis use was: "Hopefully he's learned enough at this point in his life that the things that he's not communicating he's handling well."

3.3. Heather

Heather is a married mother of two rambunctious boys, Harry and Malcolm. She, her husband and father to the boys, Charles, and their sons live in a rural village approximately 25-minutes outside of the city. This family values the great outdoors and sports. Heather described the boys as quite active; each participating in a sport for every season, ranging from hockey to football to horse riding and more. When Heather and Charles are not ferrying their boys between activities, they enjoy a self-described homebody lifestyle.

Heather described her youngest son, 11-year-old Malcolm, as "a very good kid." He loves school and sports, he is eager to please his parents, and he has a strong moral compass. This description contrasts with how she characterized 14-year-old Harry. When Heather and I first spoke, Harry was nearing the completion of Grade 9, his first year of high school. Since entering high school, Heather told me that she had seen changes in Harry's behaviour and interests. For instance, Heather and Charles were struggling to maintain Harry's interest in his former hobbies and activities. She said that all he wants to do now is spend time with his friends. Heather did not see this time spent socializing as a suitable replacement to Harry's time spent exercising. Heather believed Harry's sports are important for him to have an outlet for his energy. Heather and Charles have attempted to convince Harry to continue with his extra-curriculars, but Harry has been difficult to sway. Heather said that Harry normally concedes to their point of view when they keep the dialogue positive, but that it had become a labour-intensive process. Nonetheless, she seemed optimistic that "it takes a while sometimes, but he does come around."

Like his lost interest in his extracurricular activities, Harry was also uninterested in school. In October 2019, Heather lamented that Harry was so far enjoying the social aspect of Grade 10, but not the schoolwork. Harry's teachers had reported to Heather that he spends too much of his class time speaking with other students and not enough time on subject.

Outside of school, during the summer of 2019, Harry had acquired a part-time job at a local pizzeria. Although Heather was satisfied to see Harry taking the initiative to get his first job, she described several challenges associated with this new entry in his schedule. For instance, Harry's evening shifts can run until approximately 10:00 pm and each night at this late hour Heather or Charles retrieved their son from the restaurant. Heather said that on multiple occasions Harry had attempted to arrange a ride home from a co-worker, but Heather had always insisted that she or Charles pick him up instead. She told me that she did not trust the coworkers who were offering her son a ride:

I don't know when I'll ever trust him to go with teenage friends in a vehicle. I just don't know if that would ever happen.

Heather was forthright in saying that this anxiety around teenage driving related to concerns over impaired driving. Impaired driving is a salient threat to Heather, who had faced this problem in her family as a child. When she was a girl, Heather's father had received several impaired driving charges. Heather also indicated that her two brothers were quite wild as adolescents and got into a lot of trouble with substances.

Heather's perceptions of substances, as well as impaired driving, seem to have been shaped by what she had witnessed in her family. For instance, after presented with the scenario of a group of teenagers who were involved in an impaired driving accident, she reasoned that a large part of the blame for such an incident rests on the substances used rather than the substance user. She suggested that alcohol or drugs will turn people who would have otherwise made good choices into those who, by dint of their altered mental state, make poor, unplanned choices. Indeed, witnessing the transformative power of substances in her family seemed to have stifled any potential curiosity of Heather's towards substances. As such, she claimed to only partake in alcohol, and even that to a limited extent.

As well, in response to the scenario of a group of teenagers involved in an impaired driving accident, Heather had suggested that the teenagers' choice to drive impaired or ride with an impaired driver may have been the result of their fear of involving their parents. She believed that kids today should have no reservations about involving their parents in these matters. She said:

There's just no need for it anymore. There's always somebody to call or there's so many options now available to kids. When we were growing up we wouldn't have called our parents for a ride, but in today's society it's more tolerable. You just call your parents, you know they're going to be there for you. There might be some consequences to that, but at least you know they're going to be there for you.

This perspective seemed to align with Heather's commitment to shepherding the boys where they need to go, like fetching Harry after his shift at the pizzeria. She believed this to be a task that most modern parents are contented to perform.

Heather indicated that she had begun taking Harry and his friends to the occasional house party. Heather did not seem to think much of these parties until Harry was caught drinking at one such event. This had transpired only a few weeks prior to our interview in May 2019 and Heather was still upset about the discovery. She explained:

I didn't even realize we were at that stage in life, where we even had to have those conversations [about substances].

When I asked Heather when she anticipated this may have come out of the woodworks, she replied:

I thought maybe late high school, college... I don't know... It was not something I ever did. I don't think I ever drank before I was legal, and I certainly never did drugs.

Heather's own personal history with substances shaped her expectations of what Harry's experiences with substances would be like. Considering her own experiences with substances were limited to alcohol, and not before she was of age to drink, this is what she expected of Harry. Until the discovery of his alcohol use at that party, Heather had not questioned this belief.

After this incident, Heather and Charles had to make up for lost ground in speaking to Harry about substances. Heather remarked that it had taken several attempts before they were able to successfully begin this conversation since she had been unable to stay calm. She said that as she had lost her temper with Harry, he had responded in kind. She had to take a step back and re-approach the conversation with her son when she was feeling more in control. The ensuing conversation with Harry had made it clear that their expectations of his future behaviour were: "no drinking, no smoking, no vaping, no drugs, no sex, no anything." They also explained that there

would be consequences should be caught doing any of those things, such as loss of device privileges or grounding.

Yet, in this same conversation Heather and Charles also conceded that Harry was ultimately autonomous over these choices:

What we've said to him is, "It's your body, it's your choice. We can only guide you. We can only give you information to make those choices." When it comes right down to it, I can't watch him 24/7. I can't quit my job and home school him and watch him 24/7. So, ultimately, those are his choices. But my rules – my husband and my rules – is that's not allowed in our house and if we catch you, you have to deal with those consequences. So, you lose privileges, you lose decision making.

While Heather seemed to recognize that she cannot entirely prevent Harry from engaging in substance use behaviours, she had attempted to discourage his use with consequences. Additionally, Heather threatened Harry with the warning that if had he had thought her reaction to his drinking was bad, he would not believe how mad she would be if he started using cannabis or vaping. When I asked Heather why these other activities – cannabis use or nicotine vaping – were worse in her mind than alcohol, she explained that she believed drinking to be a more occasional, social behaviour, where cannabis use and vaping were more habitual behaviours.

The potential for Harry's input in what behaviours may be permissible, and what consequences might be appropriate, was not a part of this conversation. Nonetheless, Heather seemed optimistic that Harry saw their point of view. She had said:

He's a smart kid, he gets it and he understands. But at the same time, I know that it's hard to be 14, when it feels like everyone else is doing it. We haven't had any other incidents. I hope we're kind of on the right track, but it's hard to know until it happens again.

When Heather and I spoke again in October 2019, I asked her how she had felt after our first conversation. Her response presented a stark contrast to that optimistic tone she had in May. She lamented:

Well, honestly, last time we talked I didn't feel like we had a whole lot of experience with those types of – having to worry about impaired driving or drugs. I felt like "Oh, we are such at the early spectrum that that's really not an experience we've had yet." You know, drinking had started to be a *minor* occurrence, but our life has changed very much so in the last couple months. So, I guess it didn't really affect me too

much last time we spoke because I thought, "Oh, it just seems... these problems seem far off still." Which they're not.

Heather was clearly pained as she said this. She believed that Harry's foray into alcohol in the spring had felt like just the tip of the iceberg compared to what he was doing in the fall. Without my prompting, Heather launched into recounting Harry's recent "unhealthy decisions." She told me that just a few weeks prior to our second interview, she had discovered her son using cannabis. Heather was astonished and disturbed by this discovery and was still reeling from it when we spoke. She had believed that the conversation they had months earlier, involving newly established expectations, consequences, and stern warnings, would have prevented him from engaging in such behaviour. To Heather's alarm, those rules and warnings had not worked as she had expected.

Not only was Heather upset that Harry was using cannabis, but she was also disturbed as to how he was using it. She described catching her son using it alone in his room. While Heather had imagined when she was younger that teenagers might share a joint at a party, she had not expected, "kids sitting in their room smoking pot and taking pictures and putting it on Snapchat." As a response to this discovery, Heather had confiscated Harry's phone and in combing his social media she had come to this conclusion:

I couldn't believe the number of kids! I had to turn it off... I couldn't believe the number of kids that were doing it and just sitting in their room.

Talking to other parents about this discovery seemed to upset Heather only further. She recounted a dialogue with another parent:

They're like "Oh it's rampant, so many kids are doing it." I'm like, "Really?" It just, it shocks me. It gets to me that when we were in school it was at a party maybe. There might have been a few people. It wasn't mass numbers, that's for sure.

Following these conversations, Heather felt naïve that she had been unaware of this adolescent proclivity. Although she had considered contacting the other children's parents whom she had seen using drugs on Harry's phone, she was reluctant to do so. Instead, she suggested that they check their children's social media from time to time.

She told me that she had enough on her plate dealing with Harry, so she did not “want to have to worry about what other people’s kids are doing.”

As mentioned earlier, Harry lost his phone privileges and privacy in response to Heather’s discovery of his cannabis use. He was also interminably grounded. Heather said that her objective in grounding Harry was to limit his whereabouts to school, work, and home. She mentioned that Harry was slowly getting his privileges back due to good behaviour, but that she and Charles were still being careful. They were still disallowing Harry access to his cell phone at night, and intermittently checking his bags. Heather recognized that these actions contradicted her acknowledgment that Harry is autonomous over his body. Yet, as she framed it:

I don’t know, again, ultimately, it’s his body, it’s his choices, but not on my watch, basically. If he gets caught with it – I check his room, I check everything – and if I find anything it gets chucked.

The idea that Harry had control over his actions was difficult for Heather to accept. This was illustrated by an anecdote which Heather shared about their visit to a local mental health services centre for children and youth. Heather had booked a counselling appointment for Harry to discuss his substance use. She joined him in the session. Heather explained her reasoning for arranging this session as followed:

I just thought if he could just talk to somebody different than me, because he thinks that I’m ultra-strict. He thinks that I am the strictest mom in the world and I am completely not. I trust him until he gives me a reason not to trust him and that’s when I take away his decision making and his freedoms.

While she did not share what was said in the confidence of their counselling session, she did tell me that she was dismayed by the counsellor’s concluding remarks. At the end of the session Harry was told that because of his age, being 14, he was old enough to choose whether he would like to continue with counselling. Harry flatly said that he did not wish to come back. Heather was furious. As she saw it, the counsellor had given her son an out, which he had naturally accepted. In our conversation she had nearly shouted, “Of course he doesn’t want to come!” Heather did not think that Harry should have been granted control over the situation and believed it a poor idea to not attend further counselling. Her motive for signing Harry up for these counselling sessions was not because he thought he needed it, but because she thought he needed it.

Correspondingly, Heather shared her belief that children today are granted far more autonomy and control than teenagers of her generation. She expanded:

I hate to use this word because there's a negative connotation, but there's less control. I find that with my parents if you were doing anything that they disapproved of, or even going close to something they disapproved of, they gave you a look and that stopped you dead in your tracks... Whereas now, with Harry, sometimes it's just like there's no stopping him... You seriously can't even grab your kid by the arm now and say "Harry, you need to calm down." "Don't touch me!" You know, I find that there's less control and they seem to have more of this: "Well you can't do that to me, you can't talk to me that way, I can leave, I can..." – Like, what? No, you can't!

This quote highlights the tug-of-war between her and Harry over control of his actions. As unpleasant as these struggles had been, Heather could not seem to conceive relenting in this tug-of-war. She insisted that her response to Harry's alcohol and cannabis use was the only approach she believed would work. She explained:

I think that Harry's just going to be that kid that's going to make the wrong decisions and I need him to understand that it's his choice, it's his choice to make those decisions. He can absolutely choose the wrong choice but there's going to be consequences to those choices.

By comparison, she believed that Malcolm will be easier to deal with as an adolescent because she thought him smarter and more reasonable.

Heather was too frightened at the thought of what might happen if she were to relent and permit Harry's substance use to change her parental response. We spoke about her concerns for his future:

H: I say to my husband, I'm like, I'd be so much more calm if we were past this but we're just not past this. How do we know this isn't the start of going down a bad road and not a phase that I went through when I was 14, 15, and boy did I scrape my life around! That's the thing, it's like, what if it's pot today and next week it's something stronger. That's my fear.

JH: That's fair. That's a genuine concern.

H: That is my ultimate fear, basically. How do we know, if we don't intervene now, that it's not going to get worse? Instead of, oh that's just a phase he went through.

Heather anxiety over Harry's future was tangible. Although she was aware that some people experiment with substances as an adolescent and still lead a normal healthy life

into adulthood, the possibility that this is the start of a life-long problematic relationship with substances was of too great a concern. She believed that the best way to prevent this possibility is abstinence.

However, despite her expectation that Harry abstains from substance use, she places his safety first. For instance, she related this to the matter of impaired driving. She said that even though Harry was forbidden from using substances, she wanted him to know that his safety will always be her top priority. She explained that she and Charles will always be there for him when he needs them:

You know, these are still our rules. However, no questions asked, you need a ride? You call us. No questions asked. That we will make clear to him... Hands down. You're not going to get into trouble, you just need to call us, we will make sure you get home safe... Or if you're in a situation that's just not safe and you just need to be pulled out of that situation. I've told him a million times that I will be the bad guy; if you're in a situation, you're not comfortable, you just let me know and I'll deal with it and you just have to say "Ugh, that's my bitch of a mom! She caught me. She's coming to get me." I've told him that many times, we will always be the bad guys.

3.4. Rachel

Rachel is mother to four young boys, Daniel age 21, Luke age 18, Thomas age 16, and Jude age 14. Rachel is separated from the boy's father, Bob. Rachel has been working part-time as an Educational Assistant for the local catholic and public-school systems for several years now, but for most of her children's upbringing she was a stay-at-home mother. All four of her sons live at home with Rachel still. Over the course of her participation, Rachel and I developed a very close bond. She was very candid and open with me. Yet, as much as she shared in our interviews, she was often timid about what she was saying. She would frequently restart or rephrase her answers as she went, cutting herself off in the process. She told me out-rightly on several occasions that she felt self-conscious of her answers. She would also pause or struggle to phrase her ideas because of the strong emotions they aroused in her. At times, she was moved to tears. Impaired driving and adolescent substance use are very intimate matters for Rachel.

When I plainly asked Rachel what comes to mind when thinking about impaired driving, she told me:

Well, I... the first thing that comes to mind – actually it's probably not the first thing that comes to mind – I feel sometimes that people who have driven drunk, I think there's no doubt it's their fault, but I think that sometimes... I'm a pretty strong believer in wanting the system to be zero tolerance. So, you know when kids first get their driver's license they're not allowed to drink at all? I would support that for everyone.

Rachel cut herself off as she began to explain her feelings towards impaired drivers to instead share her belief that the law should be zero tolerance for all ages and license classifications. She explained that a zero-tolerance system would prevent people from “stumbling” into impaired driving because of the impact that alcohol can have on one's decision-making abilities.

After her digression about zero tolerance, Rachel returned to the thought that was likely the “first thing that comes to mind” about impaired driving: her personal connection to the issue. She continues:

I have some personal experience with drunk drivers, so you know, I'm probably not impartial. I'm not one of these people that tends to come out and [pauses]... because I've never had anyone in my family or friends that have been injured by an impaired driver or killed by an impaired driver, I tend to be I think on the more understanding and forgiving side of it. Plus, family members of mine have been convicted of that. Like I said, I'm not impartial.

Rachel's self-described impartiality towards impaired driving seemed to connect to her inability to condemn the act, and thus her family members, although she was reluctant to vocalize this belief explicitly.

Correspondingly, Rachel minimizes the personal accountability of an impaired driver, and instead focuses on external factors which may have contributed to their decision to drive impaired. For instance, Rachel's focus on zero-tolerance law making as a possible solution to impaired driving speaks to her belief the laws are not tight enough to prevent this behaviour. Moreover, Rachel explained that some of her family members become like “Dr. Jekyll and Mr. Hyde when they drink,” implying that the bad decisions they make under the transformative power of alcohol are not truly their own. In this sense, Rachel can “be on the more understanding and forgiving side” of impaired driving considering it was not the action of the true self. Rachel does not hold “Dr. Jekyll” accountable to the actions of “Mr. Hyde.”

Even in discussing the hypothetical scenario of a group of teenagers involved in an impaired driving accident, Rachel rationalized their behaviour. She imagined that the driver may have been unaware of their level of intoxication, that they may not have believed that the rules were for them, that they perceived themselves to be invincible and immune to harm, or that they were under the influence of peer pressure from their friends whom they had agreed to drive.

To understand Rachel's ability to "be on the more understanding and forgiving side" of impaired driving, one needs to examine her relationship with Daniel. Daniel, the eldest at 21 years old, was the child who Rachel spent the most time talking about. This may be attributable to the fact that his life most reifies the challenges of adolescent substance use and impaired driving. Daniel became involved with substances at a young age; fraternizing with other children who wished to experiment with alcohol and drugs in late elementary school. Daniel's alcohol use at this age went beyond mere experimentation and became habitual and problematic. Daniel continued to drink regularly in high school, attending parties frequently. Although Rachel had said to Daniel "the old sort of standard thing that parents are told to say which is 'Don't get in the car with anybody that has been drinking, call me day and night, and I'll be there,'" he typically organized his own rides to these social gatherings. Rachel had trusted him to do that. She described those years:

Daniel did a lot of partying when he was a teenager, and he was not very often the driver. He was usually the passenger. He was the driver for a while... then he was not. He hasn't actually driven now for at least two years, if not more.

This comment is Rachel's thinly veiled allusion to Daniel's history of impaired driving. Thus, understanding Daniel's history with substances, chiefly alcohol, and his impaired driving charge helps contextualize Rachel's previous comments.

Moreover, examining Rachel and Daniel's relationship further elucidates her unwillingness to hold the driver in an impaired driving accident accountable to their actions. Rachel revealed to me that she had spent most of her children's lives struggling with depression. This she said affected her ability to parent. She explained:

My own personal issues, I don't like to think that they've played a part but they have – I was diagnosed with depression after the kids, like kind of after each one but I never really got a handle on it until Jude was

about 6. So that was like 8 years ago now. That was around the time that Daniel started having his biggest problems as well. I tend to look back at that time and wonder how much of an effect that my depression and my tendency to kind of retreat from everything might have affected how things went.

This quote reveals Rachel's belief that her mothering may have contributed to Daniel's troubles with substances. Rachel's depression made it difficult for her to be available to her sons, and Rachel says that Daniel, as the eldest, spent the longest with an avoidant and retreating mother figure. Rachel was very hard on herself about this and explained that her tendency to baby Daniel, even today in his emerging adulthood, is the by-product of her guilt. She said:

With Daniel, I struggle not to jump in and fix everything or try to make everything better because he's had such a hard time. I know that a lot of that is his doing but I'm still thinking well if I had done something different then – Oh here we go! [Begins to cry].

In addition to her self-blame for Daniel's struggles, Rachel felt the need to mention theories of childhood trauma and the effects of early-onset alcoholism which she thought further explained Daniel's choices:

I've been very [doting]... and I know that I have some reasons for that, especially with Daniel, um... I find that he's... there are some theories out there that when a child, you know about the whole trauma theory with kids and how when there's been trauma sometimes the kids stop growing – or not physically growing – but maturing at the age of trauma? So, I've had some questions about that with him. Because he's really pretty immature – not immature like silly, he's more just naïve and doesn't... Sometimes I can't understand some of the things he doesn't understand about life... I just remember being different at 21 than he is. And part of that might be that I've done so much for him, being a stay-at-home mom and everything, done so much for him through the years. But also, I don't know if you've heard of the theory about alcoholics and... if they start drinking at a young age they also have a similar type of thing happen to them that they don't mature?

Rachel seemed to forgive Daniel for his immaturity, naiveté, and poor decision making, as she saw these traits as the by-product of his personal struggles with alcohol. Indeed, she struggled to refrain from stepping in to help Daniel with everything he faces. Recognizing Daniel's struggles, and seeing how larger issues such as her depression, marital struggles, and his corresponding early substance use, made it very difficult for Rachel to hold Daniel, or even a hypothetical impaired driver, accountable to their actions.

Yet, when I reconnected with Rachel and asked her how she had felt after our first conversation, she indicated to me that she had been reconsidering her attitudes about impaired driving. She expanded:

I reexamined my attitudes and felt that maybe I was... how to put this exactly but... maybe I should be a little harder on... No, I can't say be harder on people that drink and drive. Yeah, I don't know how to put it, but I just felt like once we had talked and I kind of actually really sat and thought about things, that maybe I need to revise my attitude a little bit. Maybe... it's not to be not quick to forgive... maybe be a little um... a little bit harder on... I don't know how to explain it. Maybe just um – I don't even want to say take it a little more seriously because I've always taken it seriously but – maybe not been as quick to excuse people that do that as what I probably did when I was talking to you just because I've had – with the family experience I see it from the other side, and I see how things happen and they are mistakes. We all make mistakes, but these mistakes have serious consequences so... I don't know. I kind of thought about it afterwards and I thought, "Yeah, I think I maybe feel more strongly than I thought I did or maybe... there needs to be more accountability."

Even after Rachel indicated that her attitude towards impaired driving had changed, she had a great deal of difficulty conveying her changed belief. She struggled to convey the belief that impaired drivers need to be held accountable to their actions. Indeed, she seemed dubious as she said it. In response, I asked Rachel if she had acted upon this changed belief:

JH: So, I guess... when adopting a firmer attitude towards something you don't want to see happening, what can you do to express that?

R: Yeah... um... Yeah, I haven't done, I haven't really done anything. I don't know. Interesting... I haven't had the opportunity to express it since we've talked... I'm trying to think if I've even heard any stories or anything that I would think twice about now. Nothing off the top of my head but... it will be interesting to see going forward.

Rachel's response indicated that she did not see any retroactive or proactive possibilities in terms of how she could have communicated her changed belief to her children. Rather, she only imagined mobilizing these attitudes in response to news of an impaired driving incident.

To further illustrate the lack of application of Rachel's changed belief, she spoke of an incident that happened only days prior to our second interview. This centered the

actions of her father, the boy's grandfather, at the annual Thanksgiving celebration in October 2019. She recounted:

I was with [my father] on the weekend for Thanksgiving and he, um, as he was leaving the Thanksgiving celebration my brother-in-law asked if he was ok to drive. He said, "Oh yeah, I'm fine." I thought that's good that he checked, I didn't really see my dad drinking, but that's good that my brother-in-law checked. But then after I was talking to one of the kids, and they said that he could smell that my dad had scotch – which I knew they were drinking, all the men were drinking it – but I thought, jeez, I never really, like, checked in to see if he was impaired or if he was – I don't know it just wasn't really on my radar.

This family gathering involving alcohol presented an opportunity to act on Rachel's changed views of impaired driving, but it did not cross her mind to inquire as to the level of intoxication of those around her when they were departing. Furthermore, Rachel was surprised that her sons were more aware of this situation than she was. Indeed, this was not the first time that Rachel mentioned her surprise at the fact that her sons recognized and acknowledged that someone they knew had been driving impaired. Rachel told me of a time when her son Thomas had been driven by an impaired family member:

[Thomas] actually has revealed to me that he was in the car with an impaired driver once – it was not a friend, it was a family member – and he told me what happened. I was quite amazed that he was aware. I mean, he was a teenager so it's not like he was a little kid, but he definitely seemed to be aware that the driver was impaired. He definitely seemed to be afraid. I felt terrible for having let that situation happen without realizing that it was potential, and that it did happen under my watch.

Again, Rachel was surprised that Thomas could recognize the driver's impairment. This shock may be reflective of Rachel's own lack of awareness on this matter. Yet, despite numerous encounters with impaired driving within her own family, Rachel had maintained a belief that impaired driving is a rare phenomenon. She told me of a disagreement she had with Bob on the matter:

[Bob] feels that there are a lot more people driving impaired out there than any of us are aware of. So, that's how he feels. So, he would disagree with me. But I feel that there are people out there who, you know, it really is a one off. And it's not a... it's not a habit that they're into that will then cause problems. It's a one-off or a mistake.

Rachel also told me that she believed that when it comes to impaired drivers, “if they weren’t being caught then they weren’t out there.” It may be that these beliefs are a form of denial.

It may be that this denial also allowed Rachel to justify her inaction. Her unwillingness to intervene in the choices of others – even close loved ones – seemed deeply rooted. Instead, Rachel focused on her ability to control her own behaviours and exercise her beliefs that impaired driving is wrong through her own actions. She told me:

For my own personal standpoint, when it comes to adults, I feel pretty strongly about [zero-tolerance]. When I go out socially, I don’t ever even have one. Actually, I don’t usually drink anyways, but if I were to drink then I wouldn’t be driving. Knowing that I’m driving is enough to stop me from even having the first one. I just know that if I say no to just one then I say no to two, three, four, and five as well. It’s just a personal – it’s like I don’t go out and sleep around or whatever – it’s a personal commitment I’ve made.

Although Rachel recognized that her focus on zero-tolerance is not truly a solution to the matter of impaired driving – especially for adolescent impaired driving as this is already the case for their age group and license classification – she continued to advocate for it. Yet, whether Rachel was advocating for zero-tolerance as a legal policy or a personal, moral choice became unclear when she likened it to “sleeping around.” Impaired driving and sleeping around may both be considered risky activities but only one of the two is illegal. Rachel’s sentiment that impaired driving constitutes a personal choice might explain why she had such trouble intervening with her family member’s actions or communicating expectations to them about right versus wrong.

As a parent, Rachel was not well versed in communicating her beliefs and expectations to her children. She explained that a lot of her parenting had rested on the assumption that her children would automatically do the right thing. She expanded:

With my oldest son I never discussed [impaired driving]. I just assumed that he was smart enough to know that you don’t do that. Unfortunately, I’ve done quite a bit of parenting that way, where I think that the kids automatically know because I’ve lived 50 years, I just figured that they would [know] already.

Rachel shared that she found it difficult to speak with teenagers about sensitive topics such as substance use and impaired driving. She said that when Daniel was younger, she simply was not comfortable “going there with him.”

However, Rachel pointed out that “now that my youngest is a teenager, I’m parenting differently.” Rachel believed that her ability to have difficult conversations with her children had improved. She suggested this improvement was a result of both her continued growth and change as a person, including having a better handle on her depression. She also suggested that this relates to each boy’s unique personality, which had led her to parent them each differently. In this sense, she said that they had all received a “different upbringing.”

The different upbringings that Luke, Thomas, and Jude received were evident when Rachel spoke about them. She indicated that her relationship with Luke was difficult. Rachel was nervous to cross him and therefore treaded lightly around him. She believed that he resented her for things that happened during his adolescence, such as the dissolution of his parent’s marriage. As well, growing up in the immediate shadow of Daniel, whose issues demanded so much attention, may have been hard on him. Rachel refrained from communicating directly with Luke because of their strained relationship. This was manifest in her approach to Luke’s cannabis use.

During our first interview, Rachel told me that her personal feelings towards drugs and alcohol were: “the drinking age is 19, and drugs are illegal, so you don’t drink you’re 19 and you don’t do drugs.” However, she caveated this remark with:

In an ideal world, and maybe if I had fewer children, and a different father of my children, then maybe those basic values and those basic instincts would have been communicated better.

Rachel believed that her beliefs about alcohol and drugs were not communicated to her sons and were resultantly not adopted. Yet only recently had she confronted the matter of cannabis at home when she discovered Luke’s use.

Despite her negative opinion of cannabis, Rachel accepted Luke’s use. She described herself as becoming “worn down or desensitized” to cannabis, especially post-legalization. She said that it was after legalization that her son began using cannabis openly at home and some of her friends began touting the substance. For this reason, Rachel told me she was starting to “reconsider the whole marijuana thing.” Nonetheless, in nearly the same breath, she told me that she is still of the mind that, “that drugs are bad and only bad people do that.” Like her report that her beliefs around impaired driving had changed, this brings into question whether her views on cannabis had changed.

Rachel said that she had never spoke to Luke about his cannabis use. She described herself as “paying attention when I think it’s happening and trying to make sure that there isn’t driving going on or whatever.” Yet, Rachel did not seem particularly concerned over this possibility. She stated that although she knew it to be illegal to drive under the influence of cannabis, she was unaware of its effects on driving. It appeared that Rachel was trusting that her son will naturally make good choices in this situation.

Rachel described herself as having the best relationships with her two youngest sons, especially Jude. She believed she had done a better job at maintaining close, communicative relationships with them. For this reason, she said that Thomas and Jude were “doing better... not just from outwards appearances; they are actually healthier kids.” Rachel explained that both her and Bob have had greater handle over their own struggles, which had permitted them to be better parents.

One of the reasons that Rachel believed herself to have become a better parent over time was her belief that her communication had improved. To illustrate her improved communication, Rachel told me that before Thomas goes out with his friends, she would ask him questions relating to where he was going, what he was doing, and with whom. She would also tell him not to drink. It seems that this sort of questioning, and such a directive, were not things she had said to her oldest sons. Although Rachel believed that Thomas may still have drank when he was out, she felt more confident that she understood his comings and goings than with her older sons.

With regards to Jude, the youngest, Rachel said he “came out a totally different kid.” Unlike her first three sons, whom Rachel described as “wild boys,” Jude was more “sensitive”. For instance, Rachel described how Jude liked to talk to her about his feelings. She said that her relationship with Jude had always been the best. Rachel compared Jude in eighth grade to Daniel when he was in eighth grade – at the start of his substance use. Rachel said that Jude was nothing like Daniel when he was that age. By comparison, she said,

He’s like grade 5ish – not that he’s immature, he’s probably the most mature of all of my boys – but he hasn’t gone into that sort of testing the limits thing yet. So, that’s yet to come.

Rachel’s concern over how Jude might change as he ages into adolescence resurfaced in our second interview when she said:

I'm waiting for the rollercoaster to come now because he's going to be 15 [soon] and he's still a pretty good kid but sometimes when I hear the language that comes out of his mouth I think, "Oh my god, I can't imagine what lies ahead." I realize he's not a sweet innocent little baby anymore for sure.

Even by her own admission Rachel may not be able to rely on her trust in Jude's sweet nature for much longer. Considering their close relationship, and the fact that she had said that she wished she had done so with her older children, I asked her whether she would consider broaching the subject of alcohol and drug use with Jude now. I suggested that at his young age she may be able to establish expectations before he might become involved with substances. Rachel skirted past the idea. She believed that it was not the right time to discuss these things with Jude considering his immaturity and the fact that she has other concerns for him at this age.

Rachel's belief that addressing matters of substance use and impaired driving with Jude at 14 years old did not seem to relate to her experiences with Daniel, who was found to be using substances even earlier than that. Rachel's belief that her sons will correctly make good choices was still present. The trust she places in her sons contrasted how Rachel described the job of a parent. When I asked her to describe what that would be, she told me:

I would say that parenting is a lot of loving and a lot of teaching, and that might be it. And even with adult children, I guess you're not teaching adult children... I guess you're supporting at that point.

Although it was clear that Rachel loved her sons, there was little evidence from our interviews of Rachel attempting to teach or guide them when it came to substance use or impaired driving. Her own avoidant tendencies and her strained relationships with her eldest sons seem to have made it hard for Rachel to feel capable of fulfilling this role. Indeed, Rachel's struggles in parenting her adolescent children were perhaps best encapsulated here:

I'm just starting to accept that my kids aren't even kids anymore... I feel like I'm at the beginning of trying to figure out how I can have a relationship with them at all really.

Chapter 4. Cross-Case Thematic Analysis and Discussion

The goal of this investigation was to not merely identify maternal beliefs and parenting behaviours surrounding adolescent substance use and impaired driving, but to attempt to understand them. In reviewing the detailed cases presented in Chapter 3, not only are maternal beliefs and parenting behaviours identifiable, but they may be understood in relation to participant's views of adolescence as a developmental period. Three beliefs were shared among cases: that adolescents explore substance use, that adolescents are not the best decision makers, and that adolescents need autonomy. Each theme will be highlighted using evidence from cases and a narrow selection of quotations. Although, as is inherent to case study methodology (Yin, 2018), no causal determinations can be made, or are being made, in these themes. Instead, amidst the extreme complexity of each case, these patterns are discerned and remarked upon. The themes identified are linked to available literature on adolescent development, substance use, impaired driving, and parenting. Finally, the chapter ends with a discussion of the cross-case themes, statement of limitations, provision of future directions, and a conclusion.

4.1. Adolescents Explore Substance Use

This theme pertains to participant's views of adolescence as a time of exploring substance use. In Molly and Sharon's case, adolescence was believed to be a period marked by such exploration and therefore, they expected substance use behaviour from their own children. These parents seemed to act on this expectation by communicating with their children about substances from an early age. Conversely, Heather and Rachel did not seem to believe adolescence to be a time of exploration of substances, which may have prevented them from anticipating such behaviour in their own children. Thus, they were caught off guard when confronted with something that they had not foreseen; that their children were indeed experimenting with substances. Since the parents may not have anticipated such behaviour, they had not sought to communicate with their children about substances. However, as both parents later confronted their adolescent sons' substance use, their original beliefs were challenged. In Heather's case, her early belief that adolescence was not a time for exploring substances appeared to shift,

whereas for Rachel a shift was not readily identifiable. Why this might have been, and how this affected their parent-child communication efforts, is explored.

4.1.1. Cross-Case Evidence

Views that adolescence is characterized by the exploration of substances were divided evenly across participants. Sharon and Molly described their belief that adolescence is a period of exploration of substances, whereas Heather and Rachel did not seem to share this belief. It appears that participant's awareness of adolescent exploration of substance use might be linked to their own experience during adolescence. Sharon and Molly both spoke of their own adolescence as a time where they were trying new things, including substances. For instance, Sharon indicated that she began exploring substances as a teenager. Indeed, when she had described her exploits with underage drinking, she had described it as something "we've all done." Sharon had spoke about how this type of behaviour had been common in her household among her many siblings, of which she was one of seven. Her experience as an adolescent partaking in such exploration likely led her to believe that such experimentation is a natural part of adolescence.

Molly too had made similar commentary indicating that her own adolescence had led her to believe that adolescence was a time for such exploration. She indicated that her personal experience as an adolescent had shaped her belief that substance use would likely also be a part of her children's adolescence. In consideration of why she might be more comfortable with her sons' alcohol use than other parents, she had said, "I wonder if it's exposure... I was a kid once and I knew what I was doing."

For both Sharon and Molly, who had explored substances during their own adolescence, it seems to be natural to believe that their adolescent children would have similar inclinations. Based on this belief, Sharon and Molly seemed to anticipate that they would need to communicate with their children about substances. Both indicated that they had started doing so from the time their children were early adolescents. Furthermore, both participants provided similar descriptions of these conversations with their children. Sharon had highlighted that her approach to discussing substances with her children had centred around discussing substance use scenarios. She had spoke about treating incidences in the community of impaired driving accidents involving

adolescents, for example, as an opportunity to begin a conversation about this issue. Molly also spoke about how she had based her conversations with her sons about substances on real world examples, such as the fentanyl crisis in relation to the local drug supply. Thus, it seems that both mothers had created opportunities for these conversations with their children in relation to relevant real-world examples.

As well, Sharon and Molly both described how these conversations with their sons involved discussing what they would, and would not, tolerate of their substance use behaviour. Both had indicated that while they could accept their children occasionally drinking alcohol, neither wanted their sons using cannabis. Both participants had shared concerns over the provenance of cannabis, that its quality and contents are often more dubious than alcohol. Their concerns about cannabis use align well with their expectation that their sons do not use this substance. While Sharon had told her sons that cannabis was to be a “hard pass,” Molly had left the matter of cannabis more open-ended. She had summarized her conversations with her sons as follows:

I guess we have sort of a loose policy in the sense that I expect that you're going to have a drink from time to time, that's just the way it goes! I want you to leave the house and have some fun and so that choice is going to be in front of you. I expect that you're not going to do drugs. That is not compatible with being in this house. I want to know if you are, so we can come up with some ideas around that.

This messaging, of expecting her sons not to use cannabis while not entirely shutting down the conversation, is something Molly emphasized as important to her communication strategy with her children. She had described her perspective on parent-adolescent communication as followed:

I do think recognizing that you can give them advice and tell them what to do, and tell them your own expectations, but also that the communication has to be open because they are going to go against what you say.

Thus, Molly reported trying not to forbid her children from engaging in any specific activity related to substance use for fear of making it more attractive as a result.

Sharon and Molly had also discussed that they had told their sons that they were willing to assist them no matter the circumstance. Sharon reportedly positioned her or Kevin as the rescuer, whereas Molly had expressed a willingness to either do the rescuing herself or arrange an alternate solution if she was unavailable. Molly had

explained that her priority in planning for a night-out with her sons was to prioritize strategies that, “are going to make it more comfortable, and more likely, that you’re going to tell me that you need help.” Molly had stressed that sourcing her sons’ insight was important to this decision-making process.

Therefore, these mother’s beliefs about adolescent exploration of substance use foregrounded their communication efforts with their sons. These conversations had covered many bases, including discussing substance use itself, their expectations around permissible versus impermissible behaviour, and highlighting that they were always available to assist.

The cases of Heather and Rachel seem to be quite unlike that of Sharon and Molly, and these differences may be traced back to their original beliefs about adolescent exploration of substance use. It seems that, just as with Sharon and Molly, Heather and Rachel’s beliefs about adolescent exploration of substance use relate to their own adolescence. Neither Heather nor Rachel had explored substances as an adolescent. For instance, when Heather had considered when she might have anticipated that Harry would ever explore substance use, she had said:

I thought maybe late high school, college... I don’t know... It was not something I ever did. I don’t think I ever drank before I was legal, and I certainly never did drugs.

This commentary showcases that Heather’s own experiences as an adolescent had likely shaped her expectations regarding adolescent substance use. Heather had explained that she was turned off from alcohol and drug experimentation based off the substance use behaviour she had witnessed from her father and brothers. She had explained:

Maybe because I did grow up with certain people in my life where [substance use] was a normal thing for them, to me it was more of a shameful thing. I was like, oh my god, I can’t believe you’re doing that. Same thing with the drinking and driving, there’s just no way I would have ever done it. I just, I don’t know, I’m very black and white, right and wrong.

Early in Heather’s life, she seems to have decided that substance use was matter of right and wrong. Heather’s view that adolescent substance use was wrong (and substance use more generally was shameful and problematic) seems to have set her on

a course of non-exploration. Since she had not experimented with alcohol or drugs, she may have been less likely to believe that adolescents partake in such substance exploration. This perspective of adolescence seems to have led her to discount the possibility of her 14-year-old son using alcohol or cannabis. This provides a potential explanation as to why she was therefore blindsided when Harry was indeed discovered to doing these very things.

Like Heather, Rachel had also indicated that she had not used substances as an adolescent. She had characterized her own adolescence as followed:

I was pretty sheltered; sheltered because of the way I was raised but also because I was in a relationship from a very young age so I didn't really go out with friends and party. I spent a lot of my time with my boyfriend and we did quiet things and what not. I really didn't get exposed to a lot of that.

As with Heather, Rachel's own experiences as a non-substance exploring adolescent, may have shaped her beliefs about adolescent exploration of substances. And just like Heather and Harry, this belief seemed incompatible, and thus unhelpful, in preparing Rachel for Daniel's alcohol use when he was an early adolescent.

It may be that since Heather and Rachel had not believed adolescence to be a time of such exploration, they had not communicated with their children about substance use. However, upon discovering their sons' substance use, this belief was challenged. For Heather, this challenge seems to have altered her beliefs regarding adolescent exploration of substance use. Correspondingly, she reported communicating with Harry about substances. She felt hurried to have a conversation with Harry about substances given the feeling of crisis she had after discovering his alcohol use. In her highly emotional state, Heather struggled to speak to Harry about substances calmly. Even when she was able to bring her temper down, the nature of the ensuing conversation seemed dictatorial as she listed the many behaviours Harry was henceforth banned from engaging in: "There's no drinking, there's no smoking, there's no vaping, there's no drugs, and please, there's no sex."

In contrast to Heather, Rachel did not report responding to her discovery of Daniel's substance use, which likely contradicted her belief regarding adolescent exploration of substance use, with a change in parental behaviour. The reason why she may not have engaged in such communication is alluded to in the following quote:

I think that [having family policies on substance use is] a really good idea and that it's really important and that I wished I had set harder lines earlier. If I could do it all over again, I'd like to say I would do it differently, but knowing my personality I probably wouldn't. But I do see that it is important that there be family policies about that.

Despite her acknowledgement that it would have been a good idea if she had communicated with her sons about substances, Rachel feels like she would be unable to do so. She had highlighted her discomfort in speaking with her children about "sensitive things." With Daniel and his many issues, Rachel said that, "as a parent I just wasn't comfortable going there with him." As reviewed in her case, Rachel had also pointed to her withdrawn personality, struggles with depression, and marital issues as contributing to her inability to communicate with Daniel, or her other sons, about substances. These reasons may offer insight into why, despite the challenge to her beliefs regarding adolescent exploration of substances, communication did not occur.

However, Rachel did seem optimistic that as she has matured as a parent, she had become better at communicating with her children. She believed that her two youngest sons, Thomas and Jude, were healthier children than their elder siblings. She had attributed part of this difference between her older and younger sons to "...more open communication and just me doing things a little more different." She had also suggested resolutions with her depression and her marriage as driving forces to Thomas and Jude's wellbeing. Yet, Rachel was reluctant to communicate with Thomas and Jude about substances. This reluctance probably does not relate to wanting to draw her sons' attention away from substances since she knew that they were already aware of alcohol and drugs, such as when Thomas had told her that he had been driven by an impaired family member or that they had noticed their grandfather drinking before driving at Thanksgiving. Therefore, even though Rachel believed that she has become better at communicating with her sons over time, substance use does not seem to be the topic of conversation. Despite her acknowledgement that adolescents might explore substance use, she seems to face too many barriers to firmly commit to this belief and therefore act on it with communication. This may explain her seeming denial of the risks of adolescent substance use and impaired driving, as they apply to the population more broadly and to her family.

4.1.2. Relationship to the Literature

As we know, adolescent exploration of substance use is incredibly common (Haines-Saah et al., 2019), beginning even in the early teenage years (Leatherdale & Burkhalter, 2012). Yet, many parents doubt the likelihood of this common adolescent behaviour. They not only underestimate overall rates of adolescent substance use, but they are specifically unaware of the actual level of their own children's substance use (Nygaard & Grube, 2005). In this theme, parental beliefs regarding adolescent exploration of substance use were explored. I have suggested that parental beliefs regarding adolescent exploration of substance use can be connected to their own substance use experiences as adolescents. To my knowledge, this finding is novel. Prior to this study factors which were related to parental beliefs regarding adolescent substance use were awareness of adolescent substance trends in the general population and experiences as a parent of a teenager using substances (Beck & Lockhart, 1992).

Identification of parental beliefs surrounding adolescent exploration of substance use behaviours is important because, as was seen in this study, these beliefs are associated with parent-child communication. The connection between parental beliefs of adolescent exploration of substance use and subsequent parenting behaviour has been acknowledged in the literature. Beck and Lockhart (1992), in their model of parental involvement in adolescent alcohol use, had stipulated that a high degree of parental awareness of adolescent substance use behaviours was predictive of parent-child communication about substance use. They suggest that adolescents of parents who are aware of adolescent substance use exploration, and communicate with their children about substance use, are less likely to use or misuse substances. This model also suggests that the lack of awareness of adolescent substance use prevents necessary parenting action, like communication, which in turn increases the likelihood of substance misuse and consequences like impaired driving. Cross-case evidence seems to support Beck and Lockhart's (1992) assumptions. In that, the parents who believed adolescence to be a time of exploration, Sharon and Molly, seemed to act on this belief by communicating with their children. Conversely, Heather and Rachel seemed to believe that adolescent exploration of substances was unlikely, thus contributing to a dearth of parental communication. While no causal link can be made, Beck and Lockhart (1992)

would suggest that a lack of communication would increase opportunity for adolescents to get in trouble with substances, as was seen with Harry and Daniel.

Yet, both Heather and Rachel discovered their sons' substance use and thus had their beliefs challenged. While it might be reasonable to predict that evidence of their sons' substance use would automatically trigger a reevaluation of one's beliefs, a change in belief seemed to only be present with Heather. As could be predicted by Beck and Lockhart's (1992) model, Heather's changed belief had led her to communicate with Harry about substances. However, Heather's interference in Harry's substance use, after he was discovered drinking, did not seem to reduce his substance use behaviour as she had hoped. Pertinently as he was found to be using cannabis months later.

Research in parent-adolescent communication regarding substance use sheds insight on this situation. While it is commonly recognized that it is important that parent's have conversations with their children around substances, the content and tone of the conversation can affect its success. In studying stress arousal in adolescents having conversations with their parents about substances, Chaplin et al., (2014) found that conversations that centred around discussing substance use scenarios and asking children about what they have learned about substance use, as were characteristic of Sharon and Molly's conversations with their sons, are less threatening and stressful to adolescents than conversations presenting strict rules or criticizing the choice to use substances (Chaplin et al., 2014), as was characteristic of Heather's conversations with Harry. Chaplin and colleagues (2014) also suggest that a long list of rules may be threatening to teenagers, especially when delivered in critical or harsh tones as this can serve to make the exchange more stressful and produce greater adolescent reactivity. They offer the warning that, "Excessive focus on rules may also close off discussion about substances, leading youth to be less likely to take in helpful information from parents" (Chaplin et al., 2014, p. 734). In this study, this dynamic might exist between Heather and Harry, as Heather's initial conversations with Harry about substances were characterized by a list strict expectations.

Moreover, Song et al., (2012) found that while parental communication was associated with a decrease in alcohol related outcomes, differences existed in the success of being "yelled at" versus receiving a "talking to" as two different communication styles. While they found that being "yelled at" was as effective as

receiving a “talking to” in preventing the onset of substance use, once the adolescent had begun drinking, being “yelled at” lost its effectiveness at preventing further drinking. Meanwhile, receiving a “talking to” continued to be effective. They explain:

These findings suggest that parental reactions that are more obviously punitive—yelling and grounding—may lose their ability to keep adolescents from drinking once they have chosen to start drinking. Thus, adolescents may be willing to risk this cost against the “benefit” of drinking. Talking to one’s parents, a stereotypical bane of adolescents, appears to maintain its effectiveness (Song et al., 2012, p. 95).

This might further explain why Heather’s communication with Harry after discovering his alcohol, which could be described as Harry being “yelled at,” did not seem to affect his future substance use.

Yet, as potentially problematic as restrictive or harsh communication may be, the absence of communication is also considered a problem. This issue seems to be characteristic of Rachel’s case. Unlike Heather, Rachel did not seem to change her beliefs around adolescent exploration of substances after discovering Daniel’s substance use. Perhaps, even if Rachel’s beliefs about adolescent exploration of substance use were changed, she chose to deny the threat they posed to her family. This sort of denial is justified in the literature. Beck and Lockhart (1992) point out:

Parents who may accept their child's risk, but lack the skills to establish and enforce family policies, are likely to respond with a heightened sense of fear and inactivity... This will lead to feelings of helplessness and futility, and will further reinforce a tendency for denial. (p. 47)

This supports the notion that Rachel may rely on denial to cope with her feelings of inability to intervene in her children’s substance use and the possibility that they may drive impaired or receive a ride from an impaired driver.

Instead, Rachel seems to imagine that potential risks that may come out of adolescent substance use, such as impaired driving or riding with an impaired driving, are being managed by government policies such as underage drinking laws or graduated licensing restrictions. Beck and Lockhart (1992) found that parental denial of adolescent impaired driving is often associated with an overemphasis on external prevention strategies such as underage drinking laws, graduated licensing restrictions, or policing which are meant to prevent this behaviour. In this same vein, Rachel pointed to all three of these methods as solutions to the problem of adolescent substance use

and impaired driving, despite evidence that these same measures were unable to prevent Daniel's impaired driving, for example. It is possible that in feeling unable herself to intervene in her sons' substance use, and the potential for impaired driving, these may seem to her like the only available solutions to the problem.

4.2. Adolescents are not the Best Decision Makers

This theme pertains to participant's views of adolescent decision-making skills; particularly, whether they believed adolescents to be questionable decision makers. This belief was identified across cases and is associated with the parental action of monitoring. It was observed that parents who believed that adolescents are not the best decision makers anticipated that, despite conversations had, their children may still misuse substances. Thus, these parents monitored their children's activities and whereabouts to ensure that they were protected against, and despite, whatever questionable decisions they might make.

It was observed that Sharon, Molly, and Heather actively incorporated monitoring into their parenting to ensure either – or both – their child's safety and compliance. While all three were motivated by safety concerns, expressing that they needed to know of their adolescent's activities to be able to assist if they were in trouble, Sharon and Heather also seemed to be motivated by concerns with compliance with established expectations. These parents reported greater anxiety, and stricter expectations, over their children's potential or actual use of substances. This may have motivated Sharon and Heather to use more invasive monitoring strategies to keep close tabs on their children. The pitfalls and virtues of less versus more invasive monitoring strategies, as well as no monitoring (observed in Rachel's case), are explored.

4.2.1. Cross-Case Evidence

Across cases, the belief that adolescents are not the best decision makers was pervasive. This belief was assessed in terms of participant's perceptions of adolescent impaired driving. In trying to decipher the motives of the driver or passengers in the hypothetical scenario of a group of adolescents involved in an impaired driving accident, the participants theorized several potential explanations. These explanations can be considered as insight into their beliefs regarding adolescent decision-making skills.

Sharon and Molly had staked part of the blame for such an incident on the developmental stage adolescents occupy. Sharon had described this as, “the underdeveloped teenage brain that in any given moment can do a really stupid thing.” Molly made similar commentary about the fact that adolescent brains are still developing and are therefore vulnerable to making poor decisions. As well, Molly raised the matter of adolescent perceptions of invincibility. She had said:

They haven't seen a lot, they haven't had a lot of really horrible things happen to them, perhaps they haven't seen a lot of horrible things happen to the people they're close to. So that feeling that they're still invincible, and that nothing bad is going to happen to them.

The belief that one is immune to harm may make them more prone to risk taking. Rachel also referred to this adolescent mindset as it affected their perception of rules or laws which they must follow. She had said:

Kids, teenagers, don't think that the rules are for them, that the rules are there for a reason, and that they can somehow circumvent the system or, you know, it might happen to them, but it won't happen to me, type of thing.

Both Molly and Rachel's explanations provide potential insight into the teenage worldview that one is personally exceptional – that the harm that may befall others, or the rule that apply to others, do not apply to oneself.

As well, Heather raised the matter that adolescents are increasingly seeking to fit into the peer group. She had raised this idea about Harry, as she had said: “I know that it's hard to be 14. When it feels like everyone else is doing it.” She remarked that it was becoming increasingly difficult to have Harry see her point of view as he was more and more attuned to that of his peers.

Together, these explanations provide insight into participants beliefs of adolescent decision-making capabilities; across cases, there seems to be a shared belief that adolescents are not the best decision makers. In three of four cases, this belief may have led participants to anticipate the possibility of such poor decision making from their own children. Sharon, Molly, and Heather seemed to act on this assumption by carefully monitoring their children's actions.

These participants demonstrated a variety of monitoring strategies. While Molly, Sharon, and Heather all relied on communication to understand their children's situations (as in, direct solicitation of information as to where they are, with whom, and so on), Sharon and Heather also reported a variety of other strategies. Sharon reported using a geo-tracking phone application to determine Jeremy's whereabouts while she was on a cruise with Kevin. Sharon also reported checking Jeremy's bags as he was leaving the house (and in so doing caught him sneaking out of the house with beers). Heather also reported checking Harry's bags after he was caught using cannabis. She also confiscated Harry's phone and would use it to monitor his conversations and social media accounts. Additionally, Harry was grounded which, while instated as a punitive consequence, made monitoring him much easier.

The number of monitoring tactics used, as well as the invasiveness of the strategy, might reflect the mother's anxiety over the likelihood that their child will make poor choices. For Sharon, her anxiety over her sons' welfare made her attuned to any possibility that poor, risky decisions will be made. Her fear of losing her sons, or them coming to harm, is a strong motivator. However, it may be that her strong anti-cannabis sentiments also motivate her monitoring behaviour. While Heather too is motivated by concerns over Harry's wellbeing, her strict expectations that he refrains from substance use (and many other behaviours) likely motivates her careful monitoring of his activities. In this sense, monitoring may be used to reinforce child safety and ensure compliance with set expectations.

While Molly also monitors her children, she does not seem particularly anxious or uncomfortable with their substance use, unlike Sharon (with cannabis) and Heather. Hence, Molly seems to trust that she does not need to rely on invasive methods to keep track of them. Since she had not imposed restrictive expectations of their behaviour, she seems convinced that they have no reason to hide their activities from her. Thus, her monitoring behaviour may serve as a safety mechanism alone.

Unlike Molly, Sharon, and Heather, Rachel's belief that adolescents are not the best decision makers did not seem to apply to her own children. Rachel reported on this belief:

I just assumed that he was smart enough to know that you don't [drive impaired]. Unfortunately, I've done quite a bit of parenting that way,

where I think that the kids automatically know because I've lived 50 years, I just figured that they would already.

Rachel's belief that her sons would automatically know how to behave in certain difficult situations may have prevented her from engaging in careful monitoring of their activities. Even Daniel, who was discovered to be abusing substances in early adolescence, was allowed a great deal of freedom in high school to continue this exploration.

Furthermore, as was reviewed in the previous theme, Rachel's possible denial of the threats of adolescent substance use and impaired may also relate to this belief that her sons would make good choices. Like how Molly had suggested that some parents were less comfortable with their adolescent children's substance use because, "maybe they don't want to see it, or they don't agree with it and don't have a way to set limits." This suggestion might apply to Rachel's case, as she admitted to not agreeing with her sons' substance use while also lacking for ways to set limits. The barriers which were argued to be associated with her inability to communicate with her children such as her withdrawnness, her struggles with depression, and her marital issues, might thus also be considered barriers to monitoring.

4.2.2. Relationship to the Literature

The literature supports the notion that adolescent decision-making skills are not the best. It is well recognized that adolescents are prone to making risky choices, such as impaired driving or riding with an impaired driving, due to their orientation towards peers, sensation seeking, and risk taking (Doremus-Fitzwater et al., 2010). The reasons that participants provided in explanation of adolescent impaired driving or riding with an impaired driver also correspond to rationale provided in the literature. As Sharon and Molly highlighted, adolescent decision-making skills are not fully developed (Doremus-Fitzwater et al., 2010). As well, Molly and Rachel spoke of adolescent's feelings of invulnerability or being an exception to the rule, which aligns with Elkind's (1967) theory of adolescent egocentrism. This feeling of exceptionality has been associated with adolescent impaired driving (Arnett, 1990; Finn & Bragg, 1986). Further, Heather mentioned that teens are more sensitive to peer norms than are children or young adults, which can also affect their substance use habits, driving, or both (Doremus-Fitzwater et al., 2010). While believing that adolescents are not the best decision makers may be important in a general sense, it seems imperative that parents apply this belief to

their own children. Sharon, Molly, and Heather were prepared to accept that their sons may make questionable choices, especially where substance use was concerned. Thus, these participants seem to have channeled their weariness of adolescent decision-making skills into careful monitoring of their sons' behaviours.

Monitoring has been argued to be the most effective parenting strategy when it comes to reducing adolescent substance use and impaired driving (Guilamo-Ramos et al., 2010; Haegerich et al., 2016). However, while monitoring is considered important in the literature, it is often regarded with little nuance. That is, are more invasive monitoring strategies liable to produce different outcomes than less invasive monitoring strategies? This is a question that is deserving of future research investigation. The research that is available in response to this question suggests that more invasive monitoring may be counterproductive to parent's intent to remain knowledgeable about their adolescents (Hawk et al., 2013). These authors found that greater parental privacy invasion led to less parental knowledge of adolescent activities (Hawk et al., 2013). They suggest that parental invasiveness may incentivize adolescent secrecy. This possibly suggests that the invasive strategies employed by Sharon and Heather, such as checking their children's possessions, their phones, and the use of geo-tracking, may only work well in the short term. Whereas less invasive monitoring strategies which are more reliant on parental solicitation of information, such as in Molly's case, predicts less secrecy over time (Keijsers & Laird, 2014).

Nonetheless, as is argued in the literature on adolescent substance use and impaired driving, any monitoring seems to be better than no monitoring. Unfortunately, Rachel's case seems to reflect minimal monitoring initiative when it comes to substance use and impaired driving. As reviewed in section 1.6, researchers have investigated outcomes for adolescents who are not monitored, or parented permissively (low-demandingness), and found that these adolescents are more likely to drink (Chen et al., 2008; Jaccard & Turrise, 1999; Lauckner et al., 2020; Li et al., 2014; Song et al., 2012), drive under the influence of alcohol (Beck & Lockhart, 1992; Bingham & Shope, 2004; Ginsburg et al., 2009; Haegerich et al., 2016; Jaccard & Turrise, 1999; Lauckner et al., 2020; Li et al., 2014; Shope et al., 2001; Song et al., 2012; Tin et al., 2008), drive under the influence of drugs (Asbridge et al., 2015; Bingham & Shope, 2004; Ginsburg et al., 2009), and ride with an impaired driver (Vaca et al., 2016). Rachel's case seems to

reflect several of these likelihoods as she described issues of substance abuse and impaired driving in her family.

Once again, it is possible that due to the conflict that recognizing her adolescent children's substance use produces in her – as she does not agree with it yet lacks resources to stop it – Rachel chooses to deny rather than monitor these behaviours (Beck & Lockhart, 1992). In instances of behaviours she has uncovered, such as Luke's cannabis use, she reported changing her attitude in response to the discovery, rather than confronting it. This sort of attitude change can be predicted by cognitive dissonance theory; as an inconsistency between beliefs and behaviours motivates the individual to change one or the other in order to achieve mental consonance (Cooper & Carlsmith, 2015). In Rachel's case, it might be that as she feels unable to affect her sons' behaviours, she chooses to reduce her dissonance by changing her own beliefs about what they are doing. While this strategy may ease her psychological discomfort, it is unlikely to protect her children from the potentially hazardous consequences of the choices they might make.

4.3. Adolescents Need Autonomy

This theme pertains to participant's views of adolescence as a time of growing autonomy. Autonomy refers to the ability to self-govern or self-determine (Martin & McFerran, 2017). Across cases, participant's views that adolescents are autonomous appeared to affect their parenting strategy, specifically their response to misbehaviour. Most participants referred to such a response as a "consequence," although each participant considered different responses to be consequences. Consequences ranged from having to have a conversation with the parent about the incident, what Song et al. (2012) called a "talking to." Another type of consequence was the "logical consequence," which Robichaud et al. (2019) defined as, "constraints that specifically focus on addressing the problem created by children's transgression rather than merely eliciting an aversion" (p. 2). An example of a logical consequence is when Sharon confiscated the beers that Jeremy had taken from his parent's cold room. Other reported consequences were more aversion-oriented, punitive repercussions to behaviour, such as grounding or the restriction of freedoms. It is possible that parent-child conversations, as well as logical consequences, may be considered more autonomy-supportive, as they permit the child ownership over both their action and the resulting consequences. In

contrast, punitive repercussions may be considered more autonomy-thwarting as they impose harsh, additional external consequences to the behaviour.

Of the participants in this study, beliefs regarding the adolescent need for autonomy varied. Participants who believed adolescents needed autonomy seem to be more inclined to respond to misbehaviour in an autonomy-supportive manner. By comparison, participants who did not seem to believe that adolescents needed autonomy may be more inclined to respond to misbehaviour with autonomy-thwarting punitive consequences. Each of these approaches seems to be typified by Molly and Heather, respectively. As well, parental approaches between these two extremes, which may relate to mixed beliefs of adolescent autonomy needs, are discussed.

4.3.1. Cross-Case Evidence

As mentioned, beliefs about the adolescent need for autonomy varied across participants. This theme is exemplified at its extremities with Molly and Heather. Molly appeared to most strongly believe that adolescents need autonomy. Molly had indicated that during her own adolescence she had felt highly controlled, and she resented being treated as such. She said:

I know in my own situation; my parents had a hard time letting me be an adult. I think that I'm very conscious of that. And I'm very conscious – I probably go too far the other way and let them... not take the approach where I'm preaching at them on how to do things because I know how that feels.

Molly seems to believe that adolescents need autonomy in part because this is a need she had felt during her own adolescence. It is likely that her autonomy-supportive strategies relate to her desire to cultivate adult relationships with her children; the kind she wished she had with her own parents. For instance, Molly's response to the discovery of Adam's cannabis store purchase may be an illustration of her beliefs regarding the adolescent need for autonomy. While Molly had advised her children to stay away from drug use, she did not balk at the realization that Adam, now that he lives outside of her home, is likely experimenting with cannabis. She described her response to the situation as centering Adam's desire for autonomy and privacy. This most likely shaped her response to the discovery which was to have a brief conversation with Adam

about his unwieldy spending and not his suspected cannabis use. This was also the same reason she decided not to inform Adam's father of this discovery. She surmised:

[He's] old enough to make his choices now and he's on a pretty decent path and whatever he's doing is working for him... I have to hope I've given my kids the tools to know not to be drunk or stoned 24 hours a day for the next, you know, god knows how long. You know, responsible use.

Molly seems to trust that Adam is in control of his actions. As well, since Adam has moved out of his mother's home, she seems to believe that he is increasingly outside of her parental jurisdiction.

Yet even when Adam was still in high school, Molly's approach was similar. It seems that her desire to cultivate trusting, mature relationships with her children, Adam and Austin, preceded their moving out of the house. In both the story of Adam's day-drinking, and of dragging a very-drunk Austin home from a neighbourhood party, Molly thought it would be best for her sons to discover the natural consequences of those choices. Those being that Adam was unable to attend hockey practice and Austin's discovery of the "hangover."

Correspondingly, Molly had vocalized her view that parent's need to be very careful in delivering consequences to their children. She explained:

I think if you want to keep the conversation going, the consequences have to be appropriate. You can say, I'm taking your phone or you're not going to go out, but I think the consequence is that you have to sit and discuss it with me and that's *pretty bad*. You're embarrassed, and you don't want to discuss it, you don't want to tell me what's going on. But I have pieces of information that I've got from other places, so I want to discuss it with you. It's sort of humiliating, but you can get past that. If I give you something more concrete, like taking away your phone, a) you're pissed off, and b) you made not be so ready to discuss it with me a second time or you may be more likely to hide things from me. You have to know your kid to start in terms of what is a consequence, and what is going to work and what's going to still keep those lines of communication open.

As this quote illustrates, Molly believes that very strict consequences may backfire as they anger the child and may make them more likely to be deceptive in the future. Since Molly's monitoring relies on the integrity of parental solicitation of information, it is probable that she is apprehensive to do something to compromise that system. It

appears in electing to use autonomy-supportive responses to misbehaviour, like having a “talking to,” or the use of logical consequences, she is trying to fulfill this goal.

When it comes to adolescent autonomy beliefs, Heather and Molly seem to be quite unlike. Heather’s case follows an ongoing struggle over Harry’s autonomy, especially regarding his substance use. Heather’s report of what was said to Harry after the discovery of his cannabis may illustrate her beliefs regarding adolescent autonomy needs:

What we’ve said to him is, “It’s your body, it’s your choice. We can only guide you. We can only give you information to make those choices.” When it comes right down to it, I can’t watch him 24/7. I can’t quit my job and home school him and watch him 24/7. So, ultimately, those are his choices. But my rules – my husband and my rules – is that’s not allowed in our house and if we catch you, you have to deal with those consequences. So, you lose privileges, you lose decision making.

Here it seems that Heather is acknowledging that she cannot fully control Harry’s actions, yet it seems that Harry does not have full control either. It is probable that while she views Harry as in control of his actions, she and Charles oversee the consequences of said actions. This belief may correspond to Heather’s own adolescence where she had little to no autonomy. She recounted:

I find that with my parents if you were doing anything that they disapproved of or even going close to something they disapproved of, they gave you a look and that stopped you dead in your tracks. You were just like, “Oh yeah, I’m going to go to my room now.” Whereas now, with Harry, sometimes it’s just like there’s no stopping him. I’m like, “Harry, take a breath.” You seriously can’t even grab your kid by the arm now and say “Harry, you need to calm down.” “Don’t touch me!” You know, I find that there’s less control and they seem to have more of this: “Well you can’t do that to me, you can’t talk to me that way, I can leave, I can...” – Like, what? No, you can’t!

This quote illustrates the tension between Heather and Harry’s perspectives on who governs his actions. Harry seems to crave the autonomy that Heather does not believe he needs, and he angrily resists her intervention in his choices. For her part, Heather seems to be confounded that Harry should even expect to have such autonomy at his age. Heather expressed a belief that there are generational differences at play, and that teenagers today are more emboldened or entitled. Where Heather described herself as reacting peaceably to her parent’s control, Harry seems to be putting up a fight.

However, it seems as though Heather can understand being frustrated over losing control of a situation, as illustrated by her loss of control during the trip to the counsellor. While Heather believed it was the best choice for Harry to continue with counselling, Harry did not seem to agree. Heather expressed her frustration with the counsellor who had given Harry the choice in this matter. It may be that Heather did not believe that Harry should have autonomy in making such an important decision.

The above examples illustrate the tug-of-war between Heather and Harry over control of his actions and their consequences. While Heather seemed unwilling to relent in this struggle, she recognized that this wrestling match may be straining their relationship. However, she could not conceive parenting Harry without the use of consequences. As she explained it:

I think that Harry's just going to be that kid that's going to make the wrong decisions and I need him to understand that it's his choice, it's his choice to make those decisions. He can absolutely choose the wrong choice but there's going to be consequences to those choices... Harry needs the rules.

When asked whether these parenting strategies may make it less likely that her son is honest with her in the future, she seemed to acknowledge this possibility. However, Heather was still assured by her belief that she would be able to convey to Harry that he will always be able to rely on his parents if he were in trouble. She had said:

I do know that once we get to the point where he's no longer grounded and he can go and be back out in his social circles we will have to have those conversations with him that, yes, you know these are still our rules. However, no questions asked, you need a ride? You call us. No questions asked.

Heather seems convinced that Harry would make the choice to call his parents rather than brave a situation he might find uncomfortable or potentially hazardous, even if there may be consequences that will come from making that call.

Finally, it seems as though Sharon and Rachel occupy the less extreme area Molly and Heather's beliefs of adolescent autonomy needs. From what can be seen in her narrative, Sharon seems to ascribe greater autonomy to her children than Heather. While Sharon may carefully monitor Jeremy's behaviours, even invasively so, her response to misbehaviours seems to centre the use of logical consequences. For example, when Jeremy was caught deceiving her, such as when he went to a party but

lied and said he was at a movie theatre, and in the instance of him sneaking out beers from their cold room, Jeremy was met with consequences that were logical extensions of his misdeeds. As in, him having to return home from that party, and him having to forfeit the beers. This was all that Sharon described in terms of consequences to these misbehaviours.

However, despite her reliance on more autonomy-supportive consequences, Sharon did seem to express a certain reluctance to have Jeremy push the boundaries of that which she had permitted him to explore. Specifically, Sharon was incredibly reluctant to even hypothetically accept that Jeremy may want to experiment with cannabis. She had said:

If Jeremy were to tell me that he was smoking up at a party... Oh god, I don't know what I'd do... That'll be a betrayal. A betrayal of everything we've sort of agreed upon so far. In that, I know you're going to drink. I trust that you're going to make the right decisions, and if you aren't capable of the right decision then you call us, kind of thing. But... yeah... marijuana use would be a complete violation of that in my mind.

It is likely that this comment delineates the limits Sharon imagines to Jeremy's autonomy. She cannot seem to imagine why he would want to move outside those boundaries when his parents are permitting his alcohol use. Here, Sharon seems focused on the limits which she had established for his substance exploration, and she does not imagine his autonomy surpassing these limits.

Finally, Rachel's beliefs about adolescent autonomy needs are highly complex. It seems that while Rachel's children have experienced a great deal of autonomy by virtue of her hands-off, permissive parenting, she may not view them as autonomous actors. This might be illustrated by her perceptions of Daniel. It seems that because of the adversity that she said Daniel had experienced, such as having a withdrawing mother, growing up in a period of marital difficulty in the household, and the "immaturity" that comes from beginning alcohol use at an early age (something which Rachel had spoke about as impacting Daniel's development), she cannot hold him accountable to his actions. It is probable that her inability to view Daniel as autonomous, and thus at least somewhat culpable for his mistakes, had shaped her views on impaired driving more generally.

Her beliefs regarding her son's autonomy as an impaired driver may be symbolized in her reference to *The Strange Case of Dr. Jekyll and Mr. Hyde* (Stevenson, 1886). Rachel seems to use this as an allegory for the duality which can exist within a person. It is likely that Rachel does not view the esteemed Dr. Jekyll as accountable to the depraved acts of Mr. Hyde, just as she may not be able to hold her sober son accountable to the actions of his impaired self. Interestingly, Heather may be able to relate to this perspective as someone with close ties to an impaired driver – her father. Heather had also suggested that alcohol or drugs will turn people who would have otherwise made better choices into those who, by dint of their altered mental state, make poor, unplanned choices. Therefore, it is likely that Rachel has trouble imagining that Daniel had made any of his poor choices autonomously, especially the choice to drive impaired. Yet, it may be that by virtue of the lack of oversight her children seem to receive, and the seeming lack of parental response to misbehaviour, either autonomy-supportive or autonomy-thwarting, Daniel, as well as Luke, Thomas, and Jude, have full autonomy over their actions and their consequences.

4.3.2. Relationship to the Literature

It has been argued that the quest for autonomy may be considered the most fundamental developmental task of adolescence (Lionetti et al., 2019). However, it seems that not all parents are ready to recognize and cater to their adolescent's self-governing needs. Moreover, the degree of autonomy that parent's attribute their adolescent children may relate to parental response to misbehaviour, whether that takes the form of autonomy-supportive or autonomy-thwarting consequences.

Molly's case might illustrate that the belief in adolescent autonomy needs, contributes to the use of more autonomy-supportive parental responses to misbehaviour. Molly's perspective on consequences may have been shaped by, a) her desire to provide her children the autonomy she lacked during her own adolescence, and b) her belief that punitive consequences may have a backlash effect of angering the child and making them more likely to be deceptive in the future. While it is seen in the literature that dishonesty typically increases over adolescence as a function of adolescent desire for autonomy (Dykstra et al., 2020), parental knowledge is more likely to be preserved by virtue of less-invasive, less-controlling parenting strategies (Hawk et al., 2013). It is possible that Molly's use of autonomy-supportive consequences may mean she has

greater awareness of their realities than a parent employing more autonomy-thwarting consequences. Moreover, adolescents who report greater self-determination – a quality that Molly seems to have integrated into her parenting, such as collaboratively planning a safe night out with her kids – report less autonomy frustration, greater perception of parental legitimacy, less defiance, and more negotiation (Van Petegem et al., 2019). As well, the more that parents use logical consequences in response to adolescent misbehavior, as was seen in the case of Molly and Sharon, the more their parental legitimacy is maintained in the eyes of the adolescent (Robichaud & Mageau, 2019).

Adolescent perceptions of parental legitimacy seem to be important to the success of parenting behaviours. As Van Petegem et al., (2019) discusses:

Conveying rules and regulations may be challenging for parents, as adolescents may experience parental regulation as illegitimate and intrusive and may react with opposition and defiance (p. 7).

This commentary might apply to Heather and Harry. Heather's use of autonomy-thwarting consequences may be leading Harry to see his mother's interventions as illegitimate or intrusive. Moreover, researchers suggest that parental authority is more likely to be accepted, and the messages parents deliver to their children accepted, when adolescents view the parental reaction as appropriate (Padilla-Walker & Carlo, 2004). These authors found that adolescents who were punished excessively or "yelled at" were less likely to accept parental authority. This echoes the work by Song et al. (2012) who had also described being "yelled at" as being less effective than being "talked to." As well, adolescents who view their parent's intent as stifling of personal autonomy are less likely to view parental authority as legitimate or appropriate (Padilla-Walker & Carlo, 2004). As such, it is possible that Harry, who was not aware of his mother's sentiments about substances until after he was found to be using them, may have viewed Heather's autonomy-thwarting punishments (as well as her angered communication and invasive monitoring) as illegitimate and inappropriate. This might have contributed to his opposition and defiance.

Furthermore, the use of autonomy-thwarting consequences may also be problematic as they might distract Harry from Heather's desire to assure him that no matter what she will always be available to help. This exact tension between a parent's expression that they are willing to assist their child, and their child's reluctance to take up

on this offer, was examined by Nygaard and Grube (2005). In their interview research with adolescents who had driven impaired or received a ride from an impaired driver, it was found that many teens expressed that their actions had been at least somewhat motivated by the feeling of being in a catch-22 situation. Their parents had entrusted them to act responsibly and avoid substances, but because they had not done so, they chose to act even more irresponsibly by either driving impaired or receiving a ride from an impaired driver to hide the initial irresponsibility from their parents (Nygaard & Grube, 2005). These authors pointed out that even though teens believed that their parents would appreciate their decision to call for a ride home rather than drive impaired or receive a ride from an impaired driver, they also believed that they would still get into trouble for the initial misbehaviour of substance use. It is possible that this tension could manifest down the line with Heather and Harry. As Heather contemplates Harry's future with substances, she seems to expect that he completely abstains from substance use, while also expecting that he will trust his parents to come to his aid – and not ultimately punish him – if he needed them.

Although there may be evidence that autonomy-thwarting, high-control parenting could lead to less desirable outcomes, it is likely that permitting an adolescent unfettered autonomy can be similarly problematic. This might apply to Rachel's case. Theoretically when adolescents are permitted freedom without oversight, there is nothing preventing them from making poor choices. Already, I have presented research which supports the connection between low-control, permissive parenting and adolescent substance use and impaired driving outcomes (see sections 1.6.2 or 4.2.2). Indeed, not only does this suggest that parents need to exercise some control in response to their adolescent's substance use, but it is important to note that researchers have found that adolescents want their parents to implement boundaries in response to their substance use behaviour (Jenkins et al., 2017). This, in addition to the research on autonomy-supportive consequences, suggests that adolescents need *bounded* autonomy. Therefore, it is possible that Rachel's sons may be wanting structure and guidance from their mother which they may be presently lacking.

4.4. Discussion of Themes

I will now discuss these cross-case themes as they relate to the guiding research questions of this study. Those were:

1. What are mothers' beliefs surrounding adolescent substance use and impaired driving?
2. How do mothers perceive their role and capabilities in managing adolescent substance use and impaired driving?
3. How do mothers use parental monitoring strategies to prevent or mitigate adolescent substance use and impaired driving?
4. What supports and barriers do mothers experience in the implementation of successful monitoring strategies?

Pertaining to the first research question, each theme centres around beliefs identified across cases. While only one of these themes reflects a belief directly relating to adolescent substance use or impaired driving, that being 4.1. Adolescents Explore Substance Use, the other two themes centre beliefs which may indirectly relate to adolescent substance use and impaired driving. These themes: 4.2. Adolescents are not the Best Decision Makers and 4.3. Adolescents Need Autonomy were reviewed at length. As discussed at the beginning of this chapter, and is evident in reviewing the themes, the beliefs varied across participants. While some mothers were supposed to carry these beliefs as stated, others seemed to believe the inverse, or some shade in between. The nature of their belief was argued to relate to parenting behaviours which may affect adolescent substance use and impaired driving outcomes. The connection between these beliefs of adolescence, the associated parenting behaviour, and adolescent outcomes was supported by extensive review of the literature.

As relating to the second research question, mother's perceptions of their role and capabilities to intervene in their sons' substance use and impaired driving may be visible in their use of communication, monitoring, and consequences. These parenting behaviours align well with their beliefs about the nature of adolescence. Most mothers seemed to feel capable of managing their son's substance use and the potential of impaired driving. Each of these participants, Sharon, Molly, and Heather, viewed herself as the "rescuer." They expressed a commitment to fulfilling this role, even if they did not agree with the substance use which may have led their son to need rescuing, as with Heather. It may be that autonomy-supportive parenting assists in the parent's goal of being relied on as a "rescue" by the child. Conversely, autonomy-thwarting parenting might decrease the likelihood of the adolescent turning to the parent for rescue. This may inadvertently increase the potential of hazardous behaviours associated with

substance use, such as impaired driving, as children are less inclined to rely on their parents and more inclined to be secretive and deceptive.

However, one participant did not seem to view herself as having a role, or having capabilities, relating to her sons' substance use or impaired driving. Here I am referring to Rachel. Rachel's lack of a role and feelings of incapability may relate to her avoidance, her struggles with depression, her feeling of overwhelm with four adolescent boys in the house, and her lack of co-parental support from Bob. Thus, it was suggested that Rachel may have altered her beliefs surrounding adolescent substance use and impaired driving to deal with the cognitive dissonance she felt in being unable to respond to these threats.

Furthermore, a large focus of this study was on parental actions taken to manage adolescent substance use and mitigate associated risks, like impaired driving. As discussed, and as pertaining to the third research question, monitoring was a common strategy employed by participants. Participants reported a variety of monitoring strategies to keep on top of their adolescent's activities. Monitoring strategies were found to vary in terms of their invasiveness, with parental solicitation of information representing a less invasive form of monitoring, while tracking, checking possessions, and restricting activities were more invasive forms of monitoring. Research was presented which suggested that these more invasive monitoring strategies may inadvertently coax adolescents towards secrecy and deception. This could be compromising to parental goals of ensuring child safety and compliance with the rules, alike.

Other parenting strategies which were identified as relating to parental beliefs of adolescence, which are seen to influence adolescent substance use and impaired driving, were communication and consequences. These were not reflected in the third and fourth research questions but may be parenting behaviours which are as important as monitoring. Furthermore, the phrasing of the third research question may be unrepresentative of parental goals regarding adolescent substance use, specifically as the question asks how mothers use these strategies to *prevent* adolescent substance use and impaired driving. This verbiage contradicts the findings of this study which suggest that some parents are not seeking to prevent adolescent substance use. While the parenting strategies of communication, monitoring, and consequences were all

employed to mitigate the risks associated with adolescent substance use, such as impaired driving, prevention of substance use itself was not necessarily the goal. It is possible that parent's beliefs about adolescent exploration of substance use may affect whether they choose to prevent, versus manage, this behaviour. For Heather who seemed to be the least willing to tolerate adolescent exploration of substances, prevention was the goal. Whereas it seemed that Molly and Sharon, who believed that adolescents explore substance use, instead strived to manage this behaviour.

Finally, the complex, contextualized, and time-diffuse information that was gathered using this multiple-case study design was necessary in responding to the fourth research question. This question inquired as to the supports and barriers mothers encountered in employing successful monitoring strategies. Once again, while this question only speaks to monitoring, barriers or supports may be seen for the other parenting behaviours as well.

For instance, a parental belief that is connected to a less successful manifestation of the parenting behaviour may itself be considered a barrier to success. It has been suggested that participants who did not believe adolescents to explore substance use, had not communicated with their children about substances. As was the case with Heather, having to react to her son's substance use with communication and expectation setting, may have been more difficult than if this communication had taken place proactively. This is because the pressure she felt in response to the discovery of Harry's substance use may have contributed to her strong, negative emotions and imposing rules, which may have in turn contributed to Harry's opposition and defiance.

This example also suggests that parent's strong emotions are themselves a barrier. As another example, Sharon seemed to employ more invasive monitoring strategies because of the fear and nervousness she felt every time Jeremy went out for an evening. It may be that in her bid to reassure herself of his safety, she was infringing on his privacy in a way that might prompt him to be more deceptive with her in the future. As was reviewed, highly invasive monitoring strategies may be considered to work in the short term but can be problematic in the long term as they may increase adolescent deception and secrecy. Adolescent deception and secrecy are obvious barriers to successful management of adolescent substance use and impaired driving.

Parental feelings of incapability may also present a barrier to the implementation of successful parenting behaviours. Specifically, Rachel seemed to engage in few parenting practices relating to her sons' substance use or impaired driving, which she attributed to her lack of confidence as a parent. As she expressed that she felt like she was trying to have "any relationship at all" with her children, it is possible that she has been reluctant in taking any control at all for fear of creating further emotional distance.

It may be that Rachel struggled with a lack of co-parental support. This was alluded to when she expressed her overwhelm at having four adolescent boys in the home. A lack of co-parental support is a barrier that may also apply to Molly's case, as she described herself as sometimes struggling to know when to involve the boys' father in parenting. Co-parental support may have been an asset to Sharon and Heather who had someone with whom to share the responsibility for these parenting behaviours. Sharon and Heather had indicated a great deal of reliance on their husbands as they navigated their children's substance use and attempted to mitigate the possibility of impaired driving.

4.5. Limitations, Future Directions, and Conclusion

This study is limited by several methodological choices. First, Yin (2018) recommends that case studies rely on multiple sources of data to develop converging lines of inquiry. He suggests that this is important for the triangulation of data. This study is limited in this regard as it relies on only one primary source of evidence: participant interviews. It may have been an asset to also document other potential sources of evidence, such as adolescent or spouse interviews, or participant or adolescent journaling of beliefs and behaviours. As well, since interviews were conducted using FaceTime – a remote and digital video calling platform – it is possible that nuance in body language, which would have been visible during in-person interviews, was not accessible and is therefore missing.

Future researchers may be guided in their investigations by the thematic implications of this study. For example, it might be possible to test the theoretical implications of this study using a survey instrument which could be disseminated to a wider population of mothers of adolescent children. As well, it may be prudent to test these implications using a more racially, economically, and gender diverse sample. More

diverse populations should be prioritized in future study of this phenomenon to have an increasingly wholistic picture of the phenomenon.

As well, while this study does not have an application- or practice-oriented agenda, the thematic implications may lend insight into future avenues of change for issues relating to adolescent substance use and impaired driving. To manage and abate issues relating to adolescent substance use and impaired driving, it may be necessary to address and seek to change parental beliefs and behaviours. This study adds to the work of many others who contend that parent intervention is the best available approach to adolescent substance use and impaired driving (Haegerich et al., 2016; Jaccard & Turrisi, 1999; Lauckner et al., 2020; Rosenbloom et al., 2010; Shope et al., 2001; Vaca et al., 2016).

Future researchers may want to reconsider continuing to approach adolescent substance use from an angle of prevention, rather than management. Despite a plethora of societal and historical barriers standing between adolescents and substances, adolescent substance use is nonetheless a pervasive phenomenon. As well, it is important to recognize that some parents do not think it is necessary to completely prevent their adolescent children from some degree of substance use, as may be the case for Sharon and Molly. As such, future researchers may consider adopting a harm-reduction framework in considering adolescent substance use, rather than a prevention framework. As an approach to adolescent substance use, harm reduction recognizes that total abstinence is an unrealistic goal. Therefore, harm reduction attempts to reduce the harms associated with substance use without necessarily reducing substance use itself (Levesque, 2018b). While they may still explore substances, adolescent children of parents who communicate, less-invasively monitor, and use autonomy-supportive parenting practices, may be at least risk for the potential harms associated with such substance use, like impaired driving.

Further, future research is needed to explore how parenting adolescents about their substance use impacts parent's sense of self and their agency to affect change. I would like to relate this to something Sharon had said in speaking about the potential cause for adolescent impaired driving, this was: "The parents kind of failed in some way and didn't have that conversation." While it can be tempting to ascribe value to certain parental beliefs or behaviours, this study helps researchers and practitioners to

understand the complexity of a parent's situation. As has been discussed, in each case participants had supports, or were met with barriers, which affected their communication, monitoring, and the use of consequences. Assisting parents in surmounting these barriers may be critical in working towards a future where adolescent substance use is managed, and potential consequences of such behaviour, like impaired driving, are a thing of the past.

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Appendix A.

Letter of Information and Consent Form



Ethics #: 2019s0132

Study Title: Mother's Perceptions and Beliefs about the Role of Parents in Preventing Adolescent Impaired Driving Behaviours

Primary Investigator:

Jessica Hunter, M.A. candidate in Educational Psychology, Simon Fraser University

Senior Supervisor:

Dr. Maureen Hoskyn, CRECHE lab, Simon Fraser University

Letter of Information:

Dear Mothers,

My name is Jessica Hunter, and I am a master's student in Educational Psychology at Simon Fraser University in Vancouver, BC. I am drawing to the end of my degree and, as such, am looking forward to writing my culminating research thesis. The purpose of this letter is to cordially invite you to participate in this research, and to inform you as to the nature of that participation. The purpose of this study is to conduct an open-ended investigation into the perceptions and beliefs of mothers of adolescent children regarding the role of the parent in abating adolescent impaired driving behaviours. These behaviours encompass the choice to drive impaired, or to receive a ride from an impaired driver. This is an important issue since impaired driving is still disturbingly prevalent in Canada; the consequences of which are more likely to involve adolescents than any other age group.

I would love to hear your insights into this matter if you are the mother of at least one adolescent between the ages of 14-19 years old. Your adolescent child must be enrolled in high school and live at home with you (part-time or full-time). You should feel comfortable describing your thoughts and feelings towards adolescent impaired driving and riding with an impaired driver, both generally and specific to your own child(ren). You should also be comfortable in contemplating the types of actions you have taken, or would take, to prevent these outcomes.

The scope of your participation will not be large; in total, I ask that you lend me approximately 90-120 minutes of your time. This time will involve an initial video-conferencing interview of 60-90 minutes, to be hosted on a platform that is convenient for you (FaceTime, Skype, etc.). During the interview, you are encouraged to share to an extent that is comfortable to you. Should a question be sensitive in nature, please let me know and we will move on. The questions involved may only minimally require that you tap into actual personal experiences, and even this is to your discretion; otherwise, the bulk of the material is hypothetical in nature. Subsequently, I will call you up to two times, to echo back your words to you to ensure that interpretations of your words are valid to your thoughts, feelings, and experiences; we call these "member-checking" interviews. This is also an opportunity to retract comments you do not wish to be published. This will take approximately 15-30 minutes per phone call; so please expect to contribute approximately 30 minutes of your time for this step. Naturally, your generous participation is voluntary. If you agree to participate, you will be free to withdraw up until the end of first, and potentially final, member-checking phone interview. Prior to the member-checking interview, should you wish to withdraw, you can contact me directly by phone or email; all data collected up to that point will not be used and will be destroyed. However, after the member checking interview(s), data collected will be set for publication as a part

of my thesis, and might also be published in scientific journals and presented at conferences. Once these actions have been taken, it will not be possible to withdraw your commentary. Don't worry – I will remind you of this at the end of the first member-checking phone call and we can discuss it should you wish. I will be thanking you for your generous efforts with a \$30 gift card to a retailer of your choosing.

Our initial, video conferencing interview will be audio and visually recorded, then subsequently transcribed and analyzed to ensure that I have accurately documented your insights. I will be keeping these audio-visual recordings for one month to ensure that our transcriptions are accurate, then the recordings will be destroyed. No one except the researchers will be permitted access to the data collected. Member-checking interviews will not be audio-recorded, rather, I will make typed notes on your responses as we chat. All electronic data collected will be housed on password-protected computers with connections to the secure SFU cloud server (SFU Vault). All responses collected during the course of the study remain confidential, and your data will be stored separately from your name and identifying information. The data will be stored for five years, at which time, it will be permanently erased. However, as telephone and internet communications are not highly secure means of communication by nature, I cannot guarantee the confidentiality of these conversations.

As mentioned, the product of these efforts will be my research thesis, with the potential of being used to produce publishable research articles or conference presentations. Though your name will be collected and utilized for interview purposes, during the transcription process, the names of you and your close ones will be replaced with pseudonyms to protect your identities. Any other disclosing information will also be altered or eliminated, depending on whether it is relevant to the study. However, given the nature of recruitment (that a friend of yours sent this letter on to you), I cannot guarantee that people within your close social network will be unaware of your participation in this research. Therefore, upon publication of the study, people close to you may be able to recognize a quote as belonging to you. Before consenting to participate, please take a moment to consider whether you are comfortable with this slight possibility. Generally, the risk to you of being involved in this study is very minimal.

Lastly, I wish to thank you for taking the time to read this letter and consider participating in the study. Your insight is invaluable to me as a budding researcher interested in putting an end to destructive impaired driving behaviours and assuring the future safety and security of all road-users. I do hope to get the chance to meet you and learn what you have to say. If you have further questions about this study you are encouraged to contact me, Jessica Hunter. If you have any questions about the conduct of this study or your rights as a research participant, you may contact Dr. Jeff Toward, Director of Research Ethics at SFU, [REDACTED]

Should you wish to participate in this study, please contact me by phone or email to schedule an interview. Sometime before or shortly after our initial interview, please return a signed copy of the third page of this form to me via email (either scanned or electronically signed).

I do hope that you will join me in this research endeavor!

Sincerely,

[REDACTED]
Signature of Jessica Hunter

Consent Form

Thank you for agreeing to assist in my research project! Your insight will be an invaluable addition.

Completion of this form indicates that you: 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigator or SFU from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation. Should you agree to participate, I encourage you to keep an electronic copy of this letter and the consent form for your records.

Printed Name: _____

Date (MM/DD/YYYY): _____

Signature: _____

Appendix B.

Interview Protocol

Interview Protocol

Preamble:

I really want to thank you for helping me today. Your unique perspective on this issue will be invaluable to my research. As a young woman who is not a mother, I have a lot to learn from you, so I am very glad that you're going to help me understand this better. Again, feel only to an extent that you feel comfortable in sharing. If you find any question to be sensitive, please let me know and we will move on.

1. Please, tell me about yourself (as a mother and an individual).
2. What comes to your mind when you hear about "impaired driving?"
3. If you heard a story on the news about a group of adolescents involved in a fatal car accident due to impaired driving, what is your reaction?
4. What would you guess contributed to the aforementioned teenagers' decisions to drive impaired, or be the passenger in that car?
5. How do you [or would you] express your concern about impaired driving to your children?
6. During times when you've known that your child is going to a social event where there might be alcohol or drugs, what sort of conversations have you had [would you have] with them regarding getting home safe?
7. What actions or precautions have you taken [might you take] to ensure your child's safety in such a situation?
8. How do you feel about having family policies or rules in place regarding alcohol or drug use?
9. How do you believe parents can support their adolescents to make good choices about getting home?
10. Tell me about a time where you may have attempted to coach your child in making a good choice.