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PARENTAL ROLE IN EDUCATING ADOLESCENTS ABOUT ALCOHOL AND  
CHEMICAL SUBSTANCES.

WHAT IS THE BEST EVIDENCE?

by

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## Introduction

Children are the future of our communities. Their foundation and decision-making skills are formed early in life. It is essential that we provide them with a strong basis to live long, happy, and healthy lives. Unhealthy habits and lifestyles can affect the health of our children now and years into the future (Johnansen, Rasmussen, & Madsen, 2006). As children grow, their understanding of the differences between right and wrong effects their decisions to participate in risky behaviors, which can have a negative impact on their health and lifestyles. According to the Centers for Disease Control and Prevention (CDC) (2012c), early identification of risky behaviors among adolescents ages 15 to 19 and understanding the external factors influencing their decisions can determine necessary interventions needed to encourage healthy decisions.

Adolescent responses to surveys and national trending presents a concern that adolescents are engaging in the risky behaviors of using alcohol and chemical substances (CDC, 2012c; National Center on Addiction and Substance Abuse at Columbia University, 2012; Substance Abuse and Mental Health Services Administration, 2011). With it becoming normative behavior for adolescents to experiment with alcohol and chemical substances, it is important that health promotion programs involve parents in educating adolescents about the risk factors and behaviors (Sargent & Dalton, 2001).

Parents are a consistent force in the lives of their children and can highly influence the decisions of youth. Parents assist their children with building firm foundations of decision-making skills, rationalizing right from wrong, and developing adolescent's attitudes towards using alcohol and chemical substances (King, Wagner, & Hedrick, 2002). Use of alcohol and chemical substances by adolescents can increase their risk for negative consequences now and later in life (Duncan, Gau, Duncan, & Strycker, 2011). Alcohol and drug abuse can increase risk

for unintentional injuries, violence, and other diseases such as heart and liver disease, with cirrhosis being one of the top 15 causes of death in the United States (CDC, 2012a). Alcohol use influences over 80,000 deaths annually and cost our nation, on average, \$223.5 billion a year in preventable expenses. So it is important, early in life, to prevent children from beginning these risky behaviors (CDC, 2012a).

The following paper provides a comprehensive review of the literature to determine best practices for education of adolescents by parents to reduce the use of alcohol and chemical substances. Based upon the gathered evidence, an educational brochure has been developed to identify best practices for parents assisting adolescents with making positive decisions and avoiding use of alcohol and chemical substances (see Appendix A).

### **Purpose**

For parents to effectively educate their adolescent(s) about the consequences of using alcohol and chemical substances, it is essential that parents understand the risk factors that surround adolescents. Parents need to adopt the best practices for influencing their adolescents decisions, including methods of communicating and identifying how their own behaviors influence adolescent decision-making (Duncan et al., 2011; He, Kramer, Houser, Chmitz & Hacker, 2004; Nash, McQueen, & Bray, 2005; Plant & Plant, 2001). The study will review risk factors and effective methods for preventing adolescent use. The purpose of this study is to determine the best practices for how parents can influence the decisions of adolescents related to alcohol and/or chemical substances and then develop materials that can be disseminated to parents. Through review of the literature, best practices will be gathered for parents on educating adolescents related to these risky behaviors and compiled into a concise and usable format for parent use. Educational materials will be available during introductory sessions for 9<sup>th</sup>

grade parents about health education programs and within the guidance offices of St. Cloud Catholic schools in Saint Cloud, MN.

### **Significance**

Family, school, and peers have an important part in influencing adolescents to make positive choices (He et al., 2004). By choosing not to use alcohol and chemical substances, adolescents will have the opportunity to excel both physically and academically. The foundation of decision-making begins early in life. Without support, direction, and review of the consequences by parents about the risks of engaging in unhealthy behaviors, adolescents may perceive that engagement in these behaviors is acceptable (Kelly, Melnyk, Jacobson, & O'Haver, 2011). From birth, parents are role models and teachers to their children. Adolescents are also influenced by their peers, the media, community sources, and population risk factors, which are all factors that parents cannot always control (Duncan et al, 2011). Adolescents struggle with thinking abstractly and have difficulty considering future consequences. Parents are an important factor in helping the adolescent understand the consequences of their decisions and helping them to look ahead to the future (Hollen, 1998). Thus, it is essential that parents have knowledge about adolescent use of alcohol and chemical substances while identifying strategies to reduce use.

According to He et al. (2004), "there are no universal, objective definitions of positive health behaviors among teenagers" (p. 27), but there are methods to assist them with choosing to live a healthy lifestyle. Assisting parents to identify the risks and ways to influence adolescent decisions to refrain from using alcohol and/or chemical substances are important to protect the health of children. Adolescents need to feel empowered and understand their parent's stance on using alcohol and chemical substances when faced with a difficult decision to use or to resist the temptation (King et al., 2002). Parents need education regarding what adolescents are being

exposed to, the pressure they experience, and also need to be encouraged to reinforce their parenting skills (O'Donnell et al., 2008). The greater the role parents have in helping their children set boundaries and understand how to resist peer pressure, the more likely adolescents are to make a positive decision when faced with the temptation (King et al., 2002). From the view of an adolescent, knowing the boundaries and what is acceptable behavior makes it less likely that they will engage in the behaviors (Nash et al., 2004). Adolescents learn from those around them. When parents have the knowledge and skills to effectively educate and relate to their children, the parent to child connectedness will be stronger, thus improving communication and trust (Nash et al., 2004).

Assisting parents to identify their role in educating adolescents about alcohol and chemical substances and how to be effective educators will benefit individual health and the health of communities. This study will improve nursing practice by identifying the importance of parental influence on adolescent health and best strategies for reducing adolescent use. Nurses play an important role in providing education and implementing prevention strategies. Parents may need guidance and information on how to be successful educators, and nurses, particularly school or pediatric nurses, are in an ideal position to provide this guidance to parents. It is essential that adolescents receive education about the effects of alcohol and chemical substances and that time is given to assess what is influencing their decisions. Results from this study will provide guidance on how parents or other adults can prevent and/or reduce the use of alcohol and chemical substances among adolescents.

### **Theoretical Framework**

For parents to be successful educators and encourage wise choices and healthy behavior by their adolescents, parents must identify the factors influencing adolescent decisions. The

Health Belief Model (HBM) provides the theoretical framework for this study. The HBM is a social psychological theory. Social psychological theories are used to promote change in behavior and help identify areas of health that are or could be problematic (McEwen & Wills, 2011). Social psychological theories include the influence of sociopsychologic, demographic, and environmental factors on decisions and behaviors. The conceptual framework of the HBM outlines that prevention is achieved when the targeted population perceives there would be a benefit from not following what may be the norm (Becker, 1974). The HBM assists with analyzing prevention methods by exploring the vulnerability of the health problem, observed severity, benefit, barrier, readiness to engage, and ability to carry out an action to bring change (Rosenstock, 1990). The model defines that the beliefs and attitudes of those one may be attempting to influence can be the biggest barrier to promote change (McEwen & Wills, 2011). When parents are educating adolescents on the risks of using alcohol or chemical substances, they are assisting their adolescent to understand the danger of participating in the behavior though reinforcement of the positives. According the HBM, displaying and helping adolescents understand the severity of using alcohol and chemical substances will assist with deterring them from even beginning the risky behavior (Rosenstock, 1990).

For parents to be effective educators and relay the strong risks of alcohol and/or chemical substance use to adolescents, they need to identify their preparedness to educate others and feelings of the severity of engaging in these risky behaviors (Rosenstock, 1974). If parents feel that alcohol and chemical substance use are a danger to the health and well-being of their adolescent, they will be more likely to take action. The HBM focuses on the attitudes of individuals and understanding of the risks to indicate their readiness to take action (Rosenstock, 1990). Rosenstock's (1990) added category to the HBM of self-efficacy in the late 1980's, helps



explain the likelihood of parents following through with their actions based on their confidence in carrying out the action. Thus, parents that are able to identify the severity of using alcohol and chemical substances, understand the positives of not using, and have the tools to educate their adolescent, therefore will be able to assist their adolescent with seeing the threat as well. Self-efficacy influences the discussions parents have with adolescents, as parents need to show confidence when delivering and believe that they are sending the right messages to adolescents (Rosenstock, 1990).

Parents play a major role in developing the decision-making skills of adolescents. Parents need to identify their own perceived susceptibility and severity of alcohol and chemical substance use among adolescents. This study will assist parents to identify the risk factors and provide information on how to educate their adolescents. According to the HMB, decreasing the fear to have discussions with adolescents about alcohol and chemical substances will increase the chances of parents being proactive with their adolescents (Polit & Beck, 2008). The HBM framework was also used to determine appropriate prevention activities for parents. It is imperative parents understand their adolescent's perceived susceptibility and severity of disease when determining necessary education to provide the adolescent. To educate on the importance of not using alcohol and chemical substances, parents need to identify the modifying factors that may positively or negatively influence their ability to influence their child's decisions. Parents need to identify the impact of the messages they send to adolescents through their own actions and words. Becker (1974) identifies that modifying factors influence health related decisions and effect the individual's perception. Both parents and adolescents need to understand how external factors contribute to actions of using alcohol and chemical substances. Prevention activities need to include understanding perceptions of an adolescent, their readiness to change,

and include a feeling of threat or punishment to promote change, with parent maintaining role of authoritative figure (King et al., 2002). Using the HMB model to guide research, this study will identify the risk factors and provide suggestions of how parents can prevent unhealthy behavior.

### Definitions

- Adolescent: Individual between the ages of 15 to 19.
- Alcohol: “Liquid that is the intoxicating constituent of wine, beer, spirits, and other drinks” (Oxford University Press, 2013).
- Chemical substance: Item consumed or used by an individual that may act as a stimulant or suppressor. This may include but not limited to cigarettes, cocaine, methamphetamine, amphetamines, or prescription drugs.
- Parent: Person who cares for an adolescent and who nurtures, teaches, and provides guidance (Merriam-Webster, n.d.). This may include but is not limited to birth parent, legal guardian, or adopted parent.
- Parental monitoring: Parent oversight, direction, and/or knowledge about adolescents actions. Setting clear expectations of accepted behavior. This may include but is not limited to being aware of social media usage, knowledge of friends and their activities, and being aware of academic progress.
- Risk taking: Behavior characterized by participating in event or activity which will likely result in a negative or dangerous outcome.
- Risky behaviors: Behaviors that could negatively impact the growth and development, well-being, and overall life of an adolescent. Risky behaviors include the consumption of alcohol and/or use of chemical substances (CDC, 2012c).

- Substance abuse: Continual or occasional use of alcohol or chemical substance(s) in excessive amounts without or against medical guidance (World Health Organization, 2013).
- Substance use: Process of consuming one or more alcoholic beverages or using any chemical substance.

### Process

A search of psychological and health care literature was completed within ERIC, PubMed, Academic Search Premier, and CINAHL. Databases ranging from 1990 to early 2013 were reviewed to identify research and literature reviews of information related to adolescent alcohol and/or chemical substance use and parental involvement within prevention. This independent study includes the review of multiple websites and journals to identify relevant studies and supporting materials. While going through electronic search engines, peer reviewed articles were examined using search terms such as adolescents, youth, parent influence, risk, behaviors, and peer influence with alcohol, chemical use, substance use as key terms. Searches were completed using single terms or a combination of them. Search engine heading categories were selected to narrow searches pertaining to adolescents, children ages 15 to 19, and risk taking (psychology). National survey results were reviewed to determine the effect alcohol and chemical substance use are having on youth (CDC, 2012c; Substance Abuse and Mental Health Services Administration, 2011). Databases from 1960 to early 1990 were searched to gather appropriate research related to the HBM and theoretical framework.

During determination of the purpose of this independent study, consultation took place with counselors of St. Cloud Catholic schools in St. Cloud, MN. Faculty requested information that could be provided to parents on the importance of parent involvement in decreasing

adolescent use of alcohol and chemical substances. Through communication with faculty, there is increasing concern that parent behavior and lack of communication with adolescents about alcohol and substance use is affecting adolescent use (Assistant Principal Cindy Fasching, personal communication, July 31, 2012). Synthesis of the best practices are compiled in an educational brochure (see Appendix A) for use at schools and within places that provide counseling services to adolescents about alcohol and/or chemical substance use that includes parent participation and/or intervention. Brochure materials were approved by the school district board and implemented into the 9th grade health prevention program. Brochures will be available in parent packets received during orientation to health education curriculum and within the guidance office for accessibility of all parents in grades 9-12.

### **Review of Literature**

#### **Background**

Alcohol and chemical substance use are two of the concerning risky behaviors effecting the lives of adolescents (CDC, 2012a). The related objectives of Healthy People 2020 are to decrease the number of adolescents who are offered, sold, or given illegal drugs on school property by 5% and increase of proportion of adolescents ages 12 to 17 who refrain from using alcohol for the first time and high school seniors that do not consume alcohol by 10% (United States Department of Health and Human Services, 2013). By identifying the risk factors and implementing prevention activities early, there is an increased possibility of preventing adolescents from engaging in the unwanted behaviors of alcohol and chemical substance use (United States Department of Health and Human Services, 2013).

### Prevalence of the Problem

According to the CDC (2012c), youth engagement in risky behaviors overall has decreased since 1991, but use of alcohol and chemical substances by adolescents ages 15 to 19 remains concerning. Biannually, adolescents in grades 9-12 across the nation participate in the CDC's Youth Risk Behavior Survey (YRBS). The 2011 survey included students from 43 states and 21 urban school districts. This survey measures health risk behaviors including behaviors that could result in unintentional injuries or violence, sexual behaviors, use of tobacco, alcohol, other drugs, unhealthy dietary behaviors, and physical inactivity. The survey demonstrates the correlation of behaviors, attitudes, and areas in which to focus prevention activities (CDC, 2012c).

Alcohol and chemical substance use is one of the major categories of the YRBS. Of the adolescents completing the national 2011 YRBS, 38.7% indicated drinking alcohol, 23.1% using marijuana, and 18.1% smoking tobacco within the 30 days prior to the survey (CDC, 2012c). At least 70.8% of students indicated having drunk alcohol in their lifetime and 20.5% indicated trying alcohol by the age of 13. The number of adolescents trying cocaine, ecstasy, methamphetamine, and other inhalants is additionally concerning. The survey indicated 6.8% used cocaine and 11.4% tried inhalants during their lifetime (CDC, 2012c). According to the CDC (2012b), alcohol and chemical substances contributes to the death of 4,700 youth annually. Youth that start using alcohol before the age of 21 are 250% more likely to develop alcohol related dependences or experience alcohol abuse (CDC, 2012b).

Other surveys including the *National Survey of American Attitudes on Substance Abuse XVII: Teens*, indicated for the last 6 years over 60% of students expressed drugs are used, sold, or found within their schools (National Center on Addiction and Substance Abuse at Columbia

University, 2012). This survey is completed annually by random telephone surveillance of adolescents ages 12 through 17, to help parents understand the effects and exposure of alcohol and chemical substances on teens. Of the adolescents completing the survey, 86% stated that some of their classmates used alcohol or tobacco and about half know of one or more classmates that have used illegal drugs. The percent of students indicating drugs are available at their schools raised from 24% in 2002 to 54% in 2012. Students responded feeling that 47% of classmates drink alcohol, 40% use drugs, and 30% use cigarettes. The likelihood of smoking, consuming alcohol, or using marijuana decreased by 20-30% when adolescents feel parents would disapprove (National Center on Addiction and Substance Abuse at Columbia University, 2012). Results from the Substance Abuse and Mental Health Services Administration (SAMHSA) (2011) *2010 National Survey on Drug Use and Health (NSDUH)* indicated of the 67,000 people over the age of 12 who completed the national telephone survey, the use of chemical substances and alcohol remained high since 2002. Use of alcohol by adolescents ages 18 to 20 within the month prior to the survey remained at approximately 50% and there was only a 3% decrease in tobacco and marijuana use to 17%. During the year 2010, the use of chemical substances including hallucinogens, cocaine, ecstasy, and methamphetamine had not significantly changed since 2008 (SAMHSA, 2012).

Further reviewing the prevalence, in a study by Brener and Collins (1998), 10,645 children ages 12 to 21 years of age were asked to complete a nine-question survey assessing health risk behaviors and the risk of engaging in more than one behavior. Survey questions were gathered from the nationally approved YRBS and National Health Interview Survey. Only 8% of adolescents 12 to 13 years old compared to 33% of 13 to 17 year olds engaged in two or more risky behaviors. As adolescents entered adulthood, the study showed an increased rate of

smoking tobacco, drinking, marijuana use, and participation in multiple risky behaviors (Brener & Collins, 1998). The statistical data provided in the 2010 NSDUH survey additionally showed an increase in usage with advancement in age. During the month prior to the survey, alcohol use rose from 12.4% among 14 to 15 year olds to 48.9% in 18 to 20 year olds and use of chemical substances from 10.1% among 12 to 17 year olds to 21.5% in 18 to 25 year olds (Brener & Collins, 1998). During adolescence, children are making many of their own decisions, which is why it is highly important to begin at a young age to building the foundation of decision-making (CDC, 2012c).

### **Parental Communication of Expectations**

Adolescents are our future and helping them to make positive decisions will benefit the long-term health of our communities. According to the United States Department of Health and Human Services' (2013) goals of Healthy People 2020, adolescents experience biological changes as they go through maturation, establish independence, and environmental factors influence their decisions and behaviors. Adolescents are influenced by peers, family members, school, their community, and societal levels (United States Department of Health and Human Services, 2013). As our children gain independence and are exposed to environmental factors, their chance for participation in risky behaviors increases. Completing interventions at an early age and as they are developmentally appropriate is important for decreasing the risk of children engaging in one or multiple risky behaviors (Brener & Collins, 1998). Brener and Collins (1998) discussed it is essential that family members help their children understand right from wrong, starting early in life through adolescence, as this is the time in their lives they are building the foundation for how their health will be in the future.

Using descriptive correlational design, Kelly et al. (2011) assessed the factors effecting adolescents believing they could live a healthy lifestyle. The study was completed in two high schools in the southwest of the United States, using a convenience sample of 404 students. Study results indicated an interconnectedness of behavioral skills, attitudes, social supports, and lifestyle behaviors to adolescents engaging in behaviors that will not end with negative connotation (Kelly et al., 2011). This study demonstrates the belief to live healthy and make positive choices begins early in development. Kelly et al. (2011) describe the greater the social support from childhood through teenage years, the greater the chance to engage in healthy behaviors. Attitudes and behaviors of whom adolescents commonly associate can define the lifestyle an adolescent will choose to live. In this study, the majority of support provided to adolescents was from family and friends. This demonstrates how important it is to promote programs that involve parent and child participation, beginning early in life, to strengthen beliefs about living healthy lifestyles and refraining of risky behaviors (Kelly et al., 2011).

A study of adolescents 13 to 20 years of age found a positive correlation between alcohol use and increasing age, income, and parental use (Duncan et al., 2011). The study was completed in Oregon using a randomized telephone computer assisted surveying system. Data from two cohort groups, 13-year-old cohort group with data for ages 13 to 18 and 15-year-old cohort group with data for ages 15 to 20, indicated change in alcohol use that increased over an 8-year span. Using a projected analysis, the study illustrated the increased risk of alcohol use over the years from childhood to adulthood. Increased use by peers and parents contributed to increased use by adolescents. Race, sex, and family income did not demonstrate to be contributing factors in this study (Duncan et al, 2011). In a separate study, societal and demographical characteristics were examined in a study of 1487 students at a school in



Massachusetts (He et al., 2004). In this study, students were asked a series of questions based from the YRBS and Michigan Model Surveys, Monitoring the Future. Participants in the study were from racially diverse backgrounds and ranged from 13 to 22 years of age. Questions assessed demographics, family relationships, health care accessibility, sexuality, personal habits, and the use of drugs, alcohol, and tobacco. Results from the survey were categorized into two groups defined as strict and broad. Broad was defined as not using during a set time period and strict meaning never trying or participating in activity. Results indicated more adolescents, 61.5%, admitting to not drinking more than five drinks in the last thirty days compared to 49.6% indicating never drinking at all, 50.8% not using marijuana in the last thirty days compared to 69.4% never consuming, and 80% not using hard drugs in the last thirty days versus 92.3% never trying. Among the adolescents using marijuana or consuming alcohol, at least 60% had actively used in the last thirty days, increasing the concerns of addiction and impact on health (He et al., 2004). Participants that responded not using at all could also be included in the broad definition results as the same population was used for both data sets. Within the study, a greater number of females over males chose to make healthier decisions. Immigrants were also more likely to make healthier decisions compared to US born. Importantly, if parents indicated that they did not approve of their children participating in unhealthy behaviors, there was an increased likelihood of adolescents making healthy choices. As adolescents got older, the likelihood of them making unhealthy decisions increased at a rate of 15% per grade level. This emphasizes the importance of parental guidance in an adolescent's life, particularly starting at an early age (He et al, 2004). Students who were more involved in academic activities, spent time with friends who supported not using, and had parents who disapproved of these behaviors, were more likely to refrain from making unhealthy decisions about using alcohol and chemical substances (He et al., 2004;

Duncan et al, 2011). These studies, although limited in number and scope, demonstrate that parental involvement is essential to decrease risky behavior by adolescents.

Families that have strong relationships with one another, great communication skills, and engage in activities together are more likely to have adolescents who respect their elder's decisions and make positive choices (Cleveland, Feinberg, Osgood, & Moody, 2012). Cleveland et al. (2012), using the coercion theory, reviewed how parental awareness of children's activities and locations, use of inductive reasoning, variation in disciplining, and parental behavior effected their child's decisions related to substance use. This cohort study was completed within 27 schools in Iowa and Pennsylvania including 7,439 ninth grade students. Students answered a series of questions developed for the Promoting School-community-university Partnerships to Enhance Resilience (PROSPER) study. Results were displayed focusing on individual parents and the influences of friend's parents. Adolescents who had parents with knowledge of their adolescent's whereabouts and who maintained consistent disciplining were less likely to use substances. When adolescents had parents and friend's parents who engaged in conversation and did not use chemical substances and/or alcohol, the study indicated the stronger percentage of adolescents who would not engage in these risky behaviors (Cleveland et al., 2012).

According to Visser, Winter, Vollenbergh, Verhulst, and Reijneveld (2013), there is possibly a level of parent engagement that may be too much. Parents that are too involved or create a strong sense of fear in their child, may have difficulties with their child refraining from using alcohol. In a cohort study from the Tracking Adolescents' Individual Lives Survey (TRAILS) study, Dutch adolescents ages 11 to 16 years of age were selected from schools in five municipalities in the northern Netherlands (Visser et al., 2013). A total of 2,230 students and one of their parents participated in the study that was divided into three phases. The first

phase included a parental questionnaire and interview with the parents completed in their home and adolescents completing a questionnaire at school. The second and third phases included completion of questionnaires by parents and adolescents. The questions asked of participants assessed parent and adolescent use of alcohol, socioeconomic status of family, educational backgrounds, family support, and parenting styles including adolescent portrayal of their relationships into three categories of overprotection, emotional warmth, and rejection. Results indicated that age, alcohol use by parents, divorce, and gender did not significantly affect adolescent alcohol use. At the age of 11, 15.6% of children reported consuming alcohol in their lifetime compared to at the age of 16, 43.9% reported having consumed six or more beverages containing or glass of alcohol a week (Visser et al., 2013). Parenting that was overprotective of adolescents, including being over powering and involved, was significantly associated with increased alcohol use by adolescents. This was the opposite for parents who demonstrated emotional warmth including demonstrating concern, being attentive, and supporting good behaviors. Parental rejection, including blaming and interacting in a hostile manner did not show any correlation with alcohol use (Visser et al., 2013). Visser et al. (2013) acknowledged that more research needs to be completed related to overprotective parents, however results indicate the importance of parents having a strong relationship with their adolescent that includes support, listening to their needs, and trusting adolescents will make the right decision.

Hollen's (1998) refined decision-making model demonstrates the process of which adolescents form their decisions and the context for developing thought processes. This model included Piaget's cognitive development framework and parts of the conflict model of decision-making. Hollen's (1998) model indicates a person's level of stress factors into their decision-making style, which can affect the quality of their decisions. A person stress level is defined by

the time frame to make decisions, the potential consequences, and the availability of other choices. This model was tested on 64 adolescents ages 13 to 21 with chronic illnesses. This population sample was chosen because they are at higher risk for significant health effects if using alcohol or chemical substances. Twenty-one adolescents participated in training on development of decision-making skills related to substance use. Pre- and post-test results were compared to the non-trained adolescents at one month, six months, and one year. The training included how to make positive decisions, benefits of making quality decisions, and evaluating situations and the potential aftermath of decisions. Of the adolescents participating in the training, 100% felt the decision-making model is beneficial and easy to implement when making stressful decisions and 95% felt confident in sharing the model with a peer (Hollen, 1998). The study results demonstrated that adolescents would benefit from understanding decision-making and the importance of decision-making skills to decrease risky behaviors. Therefore, parents reviewing with adolescents the risks and working to improving decision-making skills will likely influence their decisions (Hollen, 1998).

A study of 700 6th grade urban girls and their parents from seven New York schools, identified that parental communication of the risks of engaging in risky behaviors influences their children's decisions (O'Donnel et al., 2008). The study occurred over two years using assessment questions from the Especially for Daughters Study originating from the National Institute of Alcohol Abuse and Alcoholism. The girls were asked questions about their alcohol use and sexual behaviors, followed by questions about their parent's parenting styles. Parents were asked about how they view their parenting practices and concerns related to their daughter's participation in risky behaviors. Results concluded that four parents indicated their daughters used alcohol whereas 154 of the girls indicated using alcohol in the last year

(O'Donnel et al., 2008). O'Donnel et al. (2008) study depicted that many parents underestimate their child's participation in risky behaviors including alcohol use and sexual activity. Girls provided information about their parent's parenting practices. Data was arranged from a Cronbach's  $\alpha$  so that a high score on the scale means better parenting. From responses, the most prominent results were parent oversight (9.01 on a scale of 3-12), parental disapproval of risk (32.19 on a range of 9-36), and household rules (26.1 on a scale of 16-32). These were all statistically significant in girls making positive decisions with alcohol and sexual activity. The study findings illustrate the importance of parents establishing rules or expectations with their children and understanding that children are being subjected to alcohol at a young age (O'Donnel et al., 2008).

The National Center on Addiction and Substance Abuse at Columbia University (2012) annual survey, titled *National Survey of American Attitudes on Substance Abuse XVII: Teens*, supports that parents have an influence on adolescent behavior. In this survey, when parent expectations were known about not using substances, adolescents were 10 times less likely (2 percent vs. 22 percent) to say there was nothing wrong with adolescents drinking and 9 times less likely (2 percent vs. 18 percent) to say smoking was acceptable (National Center on Addiction and Substance Abuse at Columbia University, 2012). Teens that recognize their parent's non-acceptance of them using alcohol and/or drugs are less likely to use compared to adolescents who are not familiar with their parent's expectations (National Center on Addiction and Substance Abuse at Columbia University, 2012).

Between parents and adolescents, communication is essential and can help identify where perspectives may not be the same. It is important for parents to communicate with adolescents about alcohol and chemical substances to help decrease their involvement in these risky

behaviors (Riesch et al., 2003). Riesch et al. (2003) gathered data through two focus groups of parents with their adolescents. All parents from two middle schools were sent a letter about the study and encouraged to volunteer. Participants included six female and two male students 12 to 13 years of age along with one parent for each student. Focus groups met for a 90 minute session and responses to questions were recorded for further analysis. Riesch et al. (2003) study identified that parents and adolescents felt discussions can be challenging and that parents and adolescents do not always agree. Review of responses indicated that strong parent-child relationships can be built by providing adolescents with simple and clear messages. Adolescents need an environment where they feel they are able to discuss anything with parents (Riesch et al., 2003). Building strong relationships can be difficult especially with the involvement of peers and social media. Riesch et al. (2003) concluded that it is important for parents to understand there will be times of disrespect as their child struggles with understanding their parent's role and the differences of friend versus rule enforcer. The study described arguments or the misunderstanding of expectations as normal behavior. When decisions are difficult, assisting adolescents to deal with conflict and identifying the appropriate choice will prevent adolescents from lying and help maintain a mutual relationship (Riesch et al., 2003).

Koning et al. (2009) determined that parents need to establish boundaries and also communicate the risks of using alcohol or chemical substances while acknowledging how their own behaviors may influence adolescents. In the Netherlands, 66% of 13 year olds have consumed alcohol in their lifetime (Koning et al., 2009). A study of 2973 students from 19 high schools illustrated the importance of parental intervention and communication with adolescents along with adolescent education to reduce alcohol and/or substance use (Koning et al., 2009). An initial questionnaire about student alcohol use was completed, followed by intervention

group sessions. Participants were randomly divided into four groups (parents, students, combined group including parent and students, and a control group) to receive interventions. Parent education sessions provided information about the side effects of alcohol when used by adolescents, need for parents to be strict when communicating their attitudes about alcohol, and maintaining a rule-setting environment with parents in control. Students were provided education about effects of alcohol and drugs, school and community regulations, and importance of parent involvement with their choices. These interventions were aimed at prevention in the early stages of adolescence. A total of 698 parents and children made up the combined group, both receiving interventions, and 779 students were maintained in a controlled setting that allowed usual education offered by the school (Koning et al., 2009). Results from surveys completed at 10 and 22 months following interventions concluded that the parent and student combined intervention slowed the increase of students drinking weekly (Koning et al., 2009). At ten months, 16.6% of the students in the control group were drinking at least one drink weekly. Results were comparable to the parent intervention group (12.6%) and student intervention group (16.1%). However, in the combined intervention group where parents and students both received the education only 11.8% of students indicated having consumed at least one drink weekly. Results at 22 months found consuming at least one drink weekly increased within the control group to 41.5%, parent intervention group to 33.2%, student group to 36.1%, and combined intervention to 31.5% (Koning et al., 2009). The increased participation in drinking from 10 to 22 months within all groups studied can be attributed to the cultural acceptance of drinking. Study results discussed the benefit of parents receiving the same messages as their child as results indicted the combination intervention group was the only group to slow alcohol consumption (Koning et al., 2009).

Adolescents are receiving messages every day, from peers, commercials, video games, magazine articles, and songs played on the radio, depicting that drinking and/or smoking are acceptable behaviors (Hogan, 2012). King et al. (2002) found it is important for parents to know “how to teach their children how to resist peer pressure to substances and how to effectively communicate with their children concerning use of substances” (p.70). Using a convenience sample of 388 parents with adolescents 13 to 18 years of age living in Ohio, a telephone survey gathered information from parents on how communicating with their child could be made easier (King et al., 2002). From the survey, 48% of parents stated needing assistance with talking to adolescents about resisting peer pressure, 46% with getting their adolescents to communicate with them during troubling situations, 44% with preventing adolescent from using drugs, and 41% with learning how to talk to adolescents about drugs (King et al., 2002). King et al. (2002) received feedback from parents regarding the need to understand the terminology used to reference various chemicals and establish the strength to hold adolescents accountable to their rules and expectations.

When communicating, it is essential that parents maintain an open, respectful relationship with their adolescent. Nash et al. (2005) completed a longitudinal study of 2573 high school students within six Houston schools over a four year period, beginning assessments when students were in 9<sup>th</sup> grade. During the first semester, students were asked a series of questions about their parents feelings about them using alcohol, family environment including communication and parent monitoring styles, the role of peers in influencing adolescents decision, stress, self-power to refuse to use alcohol, frequency of use, and number and/or type of negative effect/outcome consuming alcohol has had on the adolescent. Over the four year progression, there was only 0.7% of the original number of students that did not complete the



annual survey. The study results indicated that parental disapproval of alcohol consumption lead to less adolescent alcohol use. Parents indicating their expectations, allowing for open communication, stating concerns regarding disapproval of peer actions, and assisting their child with forming a plan for saying 'no' provided adolescents with greater self-efficacy to avoid using alcohol (Nash et al., 2005). Maintaining a supportive, positive environment with adolescents allows for a trusting relationship between parent and adolescent. The study by Nash et al. (2005) also demonstrated that alcohol consumption increased during adolescence if there is greater exposure to alcohol, increased use by peers, and adolescents lack self-efficacy.

Adolescents are less likely to use alcohol if they feel that their parents would be disappointed and if they live in an environment where their parents do not use or encourage the behavior (Steinberg, Fletcher, & Darling, 1994). A longitudinal study of 6500 students in six high schools in Wisconsin and California found peer pressure and lack of parental influences tends to increase alcohol and substance use. Results from this study were gathered over the period of two years with grades 9 through 12 being asked a series of questions annually. Steinberg et al. (1994) concluded that parental monitoring of adolescents and knowing their peers' perspective on alcohol and chemical substances are important. Adolescents with less parental monitoring have a greater likelihood to partake in substance use than their peers ( $F(4,6489) = 153.34, P < .01$ ). Both boys and girls were statistically more likely to have an increase in substance use if parental monitoring was not used ( $F(4,6484) = 2.78, P < .05$  (Steinberg et al., 1994). Similarly, as in the study by Visser et al. (2013), parents that provided excessive parental monitoring and did not empower their children to make independent decisions, had children that were more likely to use alcohol and/or chemical substances (Steinberg et al., 1994). During adolescence, there can be increased peer pressure and a vision

portrayed by media and parents to adolescents that drinking is an acceptable and 'right' thing to do when with others (Steinberg et al., 1994). Adolescents who perceived their parents would strongly disagree with them using alcohol or chemical substances were more resistant to follow external pressures to use substances (Steinberg et al., 1994; Sargent & Dalton, 2001).

Sargent and Dalton (2001) studied parental disapproval of chemical substances (smoking) and effects of peer pressure on adolescents smoking cigarettes. Data was gathered annually from three schools in Vermont over a three-year period with students in grades 4 through 12 who completed a questionnaire assessing parent attachment, supportiveness, awareness, strictness, communication styles, and involvement. A total of 663 students completed the initial questionnaire followed by 760 and 732 students the following two consecutive years. Among students who knew their parents disapproved of smoking, 65% of students reported they would never smoke compared to 17.5% when neither parent disapproved (Sargent & Dalton, 2001). In addition, parents that expressed their disapproval with smoking and had established consequences were more likely to have adolescents who refrained from the behavior over the three year progression of the study. Over the study, adolescent perception of parent disapproval of smoking decreased by 15.1% in year two and to 17.7% by year three. This led to an increase of 14.4% of adolescents who had become regular smokers by year three (Sargent & Dalton, 2001). The authors concluded that it is important for both parents to be supportive, strong role models, and acknowledge that adolescents value the opinions of parents and their relationships together. Having a consistent message and reviewing the negative consequences often about chemical substances may influence behaviors (Sargent & Dalton, 2001).

## Discussion

### Interpretation

This literature review examined the role parents have with adolescents decisions related to alcohol and chemical substance use. Parents play an important part in helping adolescents make the decision to refrain from engaging in risky behaviors starting early in childhood. To decrease adolescent use of alcohol and/or chemical substances, it is important to maintain a strong relationship with children and begin early in life to review the negative effects of engaging in these risky behaviors (Nash et al., 2005). Adolescents need parental monitoring and guidance to understand the effects of alcohol and chemical substances. Adolescents will model the actions and lifestyle of family members. This demonstrates the importance for parents to evaluate the correlation their actions could have on their adolescents if choosing to use alcohol and/or chemical substances in the presence of them (Sargent & Dalton, 2001). Parents need to communicate with adolescents the negative effects of alcohol and chemical substances and maintain their role as 'parent' (Riesch et al., 2003). Strengthening the beliefs of adolescents that they can resist peer pressure and messages from the media will improve their foundation and decision to make healthy choices (Kelly et al., 2011). Identifying when to communicate or appropriate time for discussions, being aware of friend's actions causing peer influence, and identifying self-readiness to communicate with adolescents about alcohol and chemical substances are important tools necessary for parents to be effective educators (Nash et al., 2005).

There is no standard method for parents to educate adolescents; however, it is essential that parents are involved in the growth and development of adolescents to promote refraining from engaging in alcohol and/or substance use. Parental monitoring and education alone without empowering the student and explaining the consequences could have a negative impact (Koning

et al., 2009). When adolescents struggle and make wrong decisions, parents need to communicate with them and understand the importance of providing feedback while refraining from entering negotiations that could disrupt the lines of communication between parent and adolescent. Even with good education and strong communication, there remains that possibility that adolescents will still use alcohol and chemical substances (Koning et al., 2009). Common parent reactions to their child making a bad decision, such as yelling, blaming, or becoming overpowering, could have no effect or a reverse intended effect to adolescent use of alcohol and/or chemical substances. By parents communicating their expectations and maintaining open communication, adolescents are more likely to make positive decisions (Visser et al., 2013).

Alcohol and chemical substances are major contributors to adolescent morbidity and mortality rates and can affect the health of communities now and into the future. It is imperative that parents educate on the dangers of engaging in these behaviors and be strong role models. The use of alcohol and/or chemical substances as an adolescent should not be portrayed as a daily occurrence or practice of socialization (Plant & Plant, 2001). It is important that the negative consequences of using alcohol and chemical substances are understood by adolescents and parents spend the time discussing with adolescents the harm associated with engaging in these behaviors to prevent mortality. The goal of parents is for their child/children to live a long healthy life and to prevent their child/children from engaging in behaviors that may place them in danger. The review of the literature indicates it is important for parents to identify how peers and social media are affecting their adolescents and discuss concerning factors. Being scared to have a conversation or walking away from a teachable moment has not proven to be effective methods of communication. Parents have the ability to empower adolescents and give them the skills to make correct decisions. By communicating with adolescents, identifying social factors

influencing their decisions, setting boundaries, and helping adolescents to understand the risks involved with using alcohol and/or chemical substances, parents are benefiting the health of their adolescent.

### **Outcome**

Through review of the literature, information gathered was compiled into an educational brochure (see Appendix A). The brochure will be disseminated to parents of adolescents attending Cathedral High School in St. Cloud, MN at the beginning of 9<sup>th</sup> grade health class, through an orientation packet, and will be available within the counseling services office for parents of adolescents in grades 9-12. The brochure reviews the importance of parents educating adolescents about alcohol and chemical substances and the risks associated with using. The brochure provides education to parents on communicating with their adolescent, being aware of adolescent activities, empowering adolescents to say 'no', and being positive role models. The brochure is designed to be a tool to encourage parents to review their readiness to be involved with prevention activities and begin discussions. Many parents do not understand the negative effects alcohol and/or chemical substance use can have on adolescents now and in the future. It is important for parents to maintain a strong relationship with their adolescent(s), review consequences, and set boundaries. The brochure encourages parents to enforce rules, yet maintain an open relationship with their child and be effective communicators.

### **Implication for Nursing**

Parents and entire communities are influential in the growth and development of adolescents. It is important we provide adolescents with the information and skills to make decisions that result in positive outcomes. Through nursing assessment and identification of risk factors, nurses can be influential with implementing appropriate health promotion interventions

with adolescents and/or their parents. Nurses can be influential with parents to identify additional risk factors and determine appropriate interventions necessary to decrease adolescent participation in risky behaviors. Nurses need to provide on-going education to adolescents and encourage adolescent to parent communication. Educating parents about the risk factors of using alcohol and/or chemical substances can assist parents to be better educators. Helping parents understand the negative impact of alcohol and chemical substances and the pressures adolescents may face from peers, the media, or other external factors can assist parents to answer those difficult questions. Nurses need to assess parent and adolescent use of alcohol and/or chemical substances and target interventions that are applicable to both parents and adolescents simultaneously. With risk factors, terminology, and messages sent by social media consistently changing, it is imperative nurses remain aware of current trends and/or challenges and provide this information to parents. Nurses can provide parents with the tools to effectively communicate and establish boundaries with their adolescent. Parents can influence the decisions of adolescents and promote adolescents to engage in healthy behaviors. Education with all three groups, parent, adolescent, and joint intervention, needs to occur to optimize adolescent decisions.

Policies that deter adolescents from using alcohol and chemical substances hinge on the understanding of the negative effects they can have on adolescents. Continuing to support community ordinances and laws that prevent giving alcohol to a minor are important for maintaining or improving the health of our communities. Nurses witness the effects of alcohol and/or chemical substance use on the life of an adolescent and it is important nursing continues to communicate the concerns with lawmakers to prevent changes to the drinking age limit. From this literature review, it is identified parents can/do impact the decisions of their adolescents. Advocating for parents to attend mandatory training with their adolescent known to participate in

risky behavior, would potentially help parents to understand what is influencing adolescent's decisions. Implementing policies that require parents to attend driving while intoxicated education class or counseling program session(s) with their child may influence parent and adolescent communication. In addition to communication, this time together may assist the parent to identify risk factors and evaluate themselves and their skills to be effective educators.

Awareness about the impact of alcohol and chemical substances on adolescents is important for parents to be effective communicators. To be a strong communicator, it is important to know the topic and be attentive to your audience. Further research is needed regarding effective communication styles because of the varying relationships between adolescents and adults. With the advances in technology, appropriate research questions should include: What impact does parental monitoring of peer to peer communication, texting, e-mail, social media, and/or Facebook have on parent and adolescent communication and relationships? Are methods of electronic communication more effective than face-to-face conversations between parents and adolescents with conveying parent guidelines related to alcohol and chemical substances? It would additionally be beneficial to evaluate the impact of school sponsored education on adolescents through on-line sources about the effects of alcohol and chemical substances and if this effects decisions to engage in behaviors. Exploration of the effects of social media in generating peer pressure to use alcohol and/or chemical substances would also be helpful to assist parents with establishing ground rules and consequences.

### **Conclusion**

According to the World Health Organization (WHO) (2010) Global Information System on Alcohol and Health (GISAH), alcohol consumption ranks third among the risk factors affecting the health of individuals across the world. Alcohol contributes to 9% of deaths among

adolescents 15 to 19 years of age. Globally alcohol use is estimated to result in 2.5 million deaths per year and chemical substances to effect approximately 15.3 million (WHO, 2010). To prevent adolescents from unwanted consequences, it is essential that education begins at an early age, to include the negative effects alcohol and chemical substances can have on an individual's health. During the years of adolescence, it is essential we are educating our children to prevent use of alcohol and chemical substances.

Parents play a major role in the education, growth, and development of adolescents. It is important parents maintain a strong parent and adolescent relationship built on open communication and healthy lifestyle behaviors. Communicating the negative effects of alcohol and chemical substances and displaying parent disapproval may have a positive impact on adolescent decisions to refrain from engaging in these behaviors. It is important for parents to examine their individual actions and be positive role models. During the years of adolescence, children are surrounded by peers and messages from the media that will try to influence their decisions. A stronger relationship between parents and adolescent can be built when parents are willing to discuss concerns with their adolescent and are knowledgeable about peer influences. Strong parental practices including parental monitoring, good communication, trust, and healthy behaviors positively influence the decisions of adolescents to not use alcohol and/or chemical substances.

Parents have a strong role in the life-style choices made by adolescents. However, having young people who mature into healthy adults and make healthy life choices takes more than parents. Entire communities including schools, healthcare professionals, employers, and families are influential in the growth and development of adolescents. It is important to provide parents the education and support they need to communicate effectively with adolescents. We



need to provide adolescents with the information and skills to make decisions that end with positive outcomes.

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## Parents are a Key Factor



*Parents are the key factor with adolescent development of decision-making skills, determination of right from wrong, and developing attitudes towards refraining from using alcohol and chemical substances. With more adolescents choosing to use alcohol and chemical substances and the number of adolescent fatalities due to engaging in these behaviors, it is important for parents to be positive role models and educate their adolescents to prevent them from making unhealthy decisions.*



For more information on how to talk to adolescents visit:

- ◆ American Psychological Ass.  
<https://www.apa.org/helpcenter/communication-parents.aspx>
- ◆ National Institute on Alcohol Abuse & Alcoholism  
<http://pubs.niaaa.nih.gov/>

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**UND** THE UNIVERSITY OF  
NORTH DAKOTA



## The Important Role of Parents

*Children are the Future*

### ► Helping Teens Understand Alcohol and Chemical Substances



Listening,  
Educating,  
Being a Positive  
Role Model

## Parental Role In Educating Adolescents About Alcohol and Chemical Substances

Whether your child has tried, is using, or never has used alcohol and/or chemical substances, it is important to begin discussing early in life.

The use of alcohol and chemical substances by adolescents ages 15-19 is concerning with 71.8% indicating drinking alcohol in their lifetime and 20.5% drinking alcohol by the age of 13. Nationally, 6.8% of adolescents have used cocaine, 39.9% used marijuana, 11.4% used inhalants, and 8.2% used ecstasy in their lifetime.<sup>1</sup>

### What influences adolescent decisions?

Research suggests for parents to be a strong educators it is essential to identify:

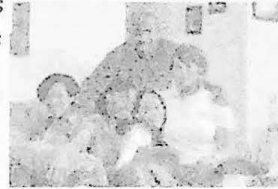
- Adolescent's understanding of parental boundaries
- Effects of media and social media on adolescent's decisions
- Who adolescent interacts with
- Where and what adolescent is doing when not under their supervision
- Availability of alcohol and/or illegal substances
- How adult social behaviors may effect adolescent's decisions

### Maze of Communication

Families that have strong relationships with one another, great communication skills, and engage in activities together are more likely to have adolescents who respect their elder's decisions and make positive choices.<sup>2</sup>

Communication with adolescents will not always be easy. Important things to remember to be effective communicators and decrease risk of using alcohol and/or chemical substances:

- Consider any opportunity as a good time to discuss, there will never be the 'perfect' time
- Empower adolescent to make right decisions
- Voice parental disapproval
- Decrease external distractions
- Maintain an open relationship that promotes communication
- State expectations and establish rules (e.g. curfew time, an adult must be present with any activity)



**Remember to set boundaries and voice disapproval so adolescents understand the expectations.**

- Listen and trust adolescent
- Assist adolescent to develop a plan for removing themselves from unsafe situations (e.g. calling system, leaving the unsafe environment)
- Review the messages sent by media and social media
- Encourage healthy behaviors and review negative consequences (e.g. going to the movies, playing sports, discuss the meaning of a criminal charge for underage drinking)

#### Fast Facts<sup>3</sup>

- ◆ Alcohol use ranks 3rd among the top diseases effecting Americans.
- ◆ Over 60% of students expressed drugs are used, sold, or found within schools.
  - ◆ Use of alcohol and/or chemical substances is related to the increased number of adolescent deaths.
  - ◆ 1 out of 2 adolescents will choose not to use if they know parents disapprove.

