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Defining Alcohol-Specific Rules Among Parents of Older Adolescents: Moving Beyond No Tolerance

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Abstract

Parental beliefs and rules regarding their teen's use of alcohol influence teen decisions regarding alcohol use. However, measurement of parental rules regarding adolescent alcohol use has not been thoroughly studied. This study used qualitative interviews with 174 parents of older teens from 100 families. From open-ended questions, themes emerged that describe explicit rules tied to circumscribed use, no tolerance, and "call me." There was some inconsistency in explicit rules with and between parents. Responses also generated themes relating to implicit rules such as expectations and preferences. Parents described their methods of communicating their position via conversational methods, role modeling their own behavior, teaching socially appropriate use of alcohol by offering their teen alcohol, and monitoring their teens' social activities. Findings indicate that alcohol rules are not adequately captured by current assessment measures.

The prevalence of lifetime alcohol use increases as teens get older, with national estimates for 9th graders at 65.5%, 10th graders at 74.7%, 11th graders at 79.4%, and 12th graders at 82.8% (Eaton et al., 2008), making it a serious public health concern. A great deal of attention has been drawn to the importance of parents and their influence on adolescents' drug and alcohol use. Parents influence their teen's alcohol use in part through the beliefs they themselves hold about adolescent alcohol use.

Prior studies have found links between parental beliefs about the acceptability of underage alcohol use and teen drinking behavior both longitudinally (Ary, Tildesley, Hops, & Andrews, 1993; Sieving, Maruyama, Williams, & Perry, 2000) and cross-sectionally. Notably, Yu (2003) found that a teen's perception of parental attitudes influenced whether the teen had initiated alcohol use, with teens who report more disapproval from parents less likely to have ever used alcohol. However, teen's perceptions of parental beliefs were not significantly related to the teen's current alcohol use or quantity consumed. Thus, teens who report higher parental disapproval against teen use may help to forestall the onset of alcohol use, but it is unclear how those perceptions influence the use patterns of teens once alcohol use is initiated.

One way beliefs can manifest themselves is through alcohol-specific rules, that is, explicit statements about what behavior is acceptable or allowed with regard to alcohol use. However, there are relatively few studies that identify and clearly define the scope and diversity of alcohol-specific rules and therefore limit our ability to link those rules to alcohol (mis)use. Given that so many adolescents initiate some form of alcohol use, particularly older teens, questions emerge regarding parents' articulation of alcohol-specific rules. What are the forms and effectiveness of rules? Do rules change over time? Do rules have a place

for parents of teens who have already initiated use? How could alcohol-specific rules play a part in prevention programming for parents?

There is evidence that parental rules impact teen drinking (Jackson, Henriksen, & Dickinson, 1999) much in the same way as parental beliefs. Teens who report high levels of family sanctions against substance use have lower substance use rates (Kelly, Comello, & Hunn, 2002; van der Vorst, Engels, Meeus, Dekovic, & van Leeuwe, 2005). Both Abar and van Zundert and colleagues (Abar, Abar, & Turrisi, 2009; Van Zundert, Van Der Vorst, Vermulst, & Engels, 2006) found that increased permissibility by parents for their teen's drinking was predictive of higher levels of subsequent teen drinking. In a longitudinal study, van der Vorst and colleagues (van der Vorst, Engels, Meeus, & Dekovi, 2006) asked both parents and teens about alcohol-specific rules.

Using a latent variable consisting of responses by mothers, fathers, and the teen, the study found that parents' stricter alcohol-specific rules predicted a lower likelihood of drinking initiation. In addition, the impact of alcohol-specific rules was significant on alcohol use at the first wave, but the impact of rules on second wave use was mediated through first wave use. Parental rules were effective for non-initiators but not for those who had initiated use. This suggests that parental rules are more effective for teens who abstain than for teens who engage in at least some use, similar to the finding of Yu (2003) on parental beliefs.

However, alcohol-specific rules have not been defined or measured consistently across studies. We were unable to locate an established scale to measure parental rules. At times rules are assessed in terms of parental beliefs. For example, Kelly and colleagues (2002) defined rules in terms of sanctions: How much would your parents care if you used? How much would your parents try to stop you from using? van der Vorst and colleagues (2006) asked about allowing alcohol in specific contexts, e.g., permitting teens to consume alcohol in various situations, such as 'in the absence of parents at home' or 'at a friend's party'.

Similarly, Abar and colleagues (2009) used two concepts, one for an actual rule regarding alcohol quantity and the other for parental beliefs. Parent limit setting was measured with a single item asking "During your senior year of high school, how many drinks would your parents consider to be the upper limit for you to consume on any given occasion?" Perception of parental acceptability of alcohol use (beliefs) for both parents was measured by three items: "My mother/father thinks it is okay if I drink alcohol on special occasions outside the home" (e.g., at a friend's party), "My mother/father doesn't mind if I drink alcohol once in a while", and "My mother/father disapproves of me drinking alcohol under any circumstances."

The closest assessment of actual rules is the work of van Zundert and van der Vorst (van der Vorst et al., 2006; van der Vorst et al., 2005; Van Zundert et al., 2006), who used a 10-item Likert scale measuring alcohol rules in terms of permission (sample items include "I am allowed to drink several glasses of alcohol if my parents are at home" and "I am allowed to drink as much as I want to outside the home."). These items are a promising start to the assessment of alcohol-specific rules. The amount assessed is limited to general descriptions ("drink alcohol" vs. "more than one drink" to "drunk") as is the location ("at home" vs. "at a party").

Two qualitative studies provide preliminary ideas into the scope and breadth of alcohol rules. Miller-Day and Dodd (2004) questioned 75 first-year college students and one parent about alcohol-related conversations while the student was still living at home. Topics of those talks included describing alcohol and alcohol use as a problem, providing evidence for that position, and offering prescriptive information, the latter comprised of general healthy living recommendations, rules, admonitions to use one's best judgment, and sanctions.

Notably, a relatively small percentage of parents discussed rules (10%) and sanctions (9%); half of those only did so *after* the adolescent had been caught participating in alcohol or other drug use.

Although illuminating communication patterns between parents and their older teens, there are some key limitations to this study. First, the teens were already away at college in their first year. Second, the questions were posed in an online format, with limited or no ability to probe for additional information. Finally, the study did not ask about rules directly, but asked very generally for teens' and parents' recollections of alcohol and other drug conversations throughout the teens' lives.

Another recent study examined alcohol-specific rules more directly. In a mixed methods study, Baxter, Bylund, Imes, and Routsong (2009) used open-ended questions on questionnaires for parents and college freshmen to ask about health-related rules, focusing their analysis on alcohol, among other topics. Rules mentioned by parents and adolescents were divided into abstinence rules and contingency rules. Abstinence rules included rules that were linked to age (for example, legal drinking age), simple abstinence, preventative rules in terms of drinking opportunities, and health-based reasons. Contingency rules included driving-based behaviors, allowing drinking in moderation, allowing drinking in specific locations, rules regarding talking to parents about drinking, preventing drink contamination, and assurances that the adolescent wasn't drinking under pressure from friends.

Comparison of follow-up closed-ended questions revealed significant differences in the perception of parents and adolescents. Parents believed more strongly that they were direct in their communication about and justification for abstinence rules. Parents also perceived their adolescents as more compliant for abstinence rules. For contingency rules, parents scored significantly higher than teens for having negative responses to violations of those rules. Although this study furthers our understanding of alcohol-specific rules, it also has a number of limitations.

First, many of the adolescents were likely to no longer live at home and no longer subject to the rules of their parents. This brings up the potential for difficulties with recall as the context of the adolescents' relationships with their parents during the research is different from that which they were being asked about. Second, all adolescent participants were current college students. This possibly excluded adolescents with more severe alcohol behaviors that might preclude college attendance.

In sum, parental rules regarding teen alcohol use are expected to influence teen drinking behaviors. Prior research suggests that parental rules may be stronger for influencing the initiation of use than for influencing the drinking patterns and problems of teens once drinking has been initiated. However, we lack a thorough assessment of the types of rules parents have for their adolescents' drinking.

The purpose of this study is to gather in-depth information about parents' rules regarding their teens' alcohol use and how they communicate those rules. It is the initial step toward developing a comprehensive measure of rules to test the effectiveness of those rules and make recommendations for family-based prevention programming. The present study had the following objectives:

1. To investigate the alcohol specific rules held by parents of teens, including but not restricted to "no-tolerance" rules.
2. To investigate the means by which parents believed themselves to be communicating their rules to their teens.

METHODS

Participant Selection and Recruitment Procedures

Participants in our in-home interviews were drawn from a previous longitudinal study that investigated the role of sexual media exposure and adolescent sexuality using a list-assisted sample of households from the greater San Francisco Bay Area and Los Angeles County, California. Participants had agreed to be contacted for future studies. Miller-Day and Dodd recommended that future research “focus on gathering the experiences of ... adolescent ... youth who are still residing at home with their parents in face-to-face interviews” (2004, p. 88). Our study addresses this recommendation. For the current study, we used two eligibility criteria to create our pool of participants: 1) families were to reside in the greater San Francisco Bay Area within a 50 mile radius of the research center in which the study was housed and 2) the teen had to be between the ages of 15–18 at the initiation of this study and living at home.

Our goal was to interview 100 families, interviewing both parents (if possible) and the target adolescent. We defined “parent” as someone who had decision-making responsibility for the teen (e.g., making rules related to curfew, contributing to religious education of the teen, participant in family rituals, etc.) and with whom the teen lived at least 50% of the time. We sought to identify two “parents” for each teen. For single parent homes, additional parent figures, such as stepparents and residential grandparents, were included as long as they met the definition noted above. Divorced parents living in separate homes could be interviewed provided they shared custody half of the time.

Via telephone, a parent was asked to participate and to provide verbal consent for their teen. If a second parent was available and home, that person was also asked to participate, or the first parent often volunteered the second parent’s participation. For wrong numbers, online directory assistance, letters, and emails were used to follow-up eligible families. The average number of calls per family was 4.5 with a range of 1 to 21 (includes both families scheduled and families who declined or were deemed ineligible). Of the eligible households we had a participation rate of 57.8%.

Data Collection Procedures

All three family members (two parental figures and one teen) were scheduled for one interview time if possible. A team of three interviewers conducted the interviews concurrently in separate locations in/out of the house where family members could not overhear each other. Consent forms were signed at the beginning of the interview. Interviews were audio recorded on digital recorders. Participants were paid \$50 each. Parent interviews average 1 hour and 30 minutes (range 45 minutes to 2 hours and 30 minutes) and teen interviews averaged 1 hour and 12 minutes (range 40 minutes to 1 hour and 54 minutes). Interviewers then traveled back together, making notes about their interviews and comparing perspectives of each family member. These conversations were also recorded.

Participants

First, 174 parents or guardians (of 100 youth) were interviewed. For this analysis, one interview was discarded due to low level of detail, leaving a total sample size of 99 families and 173 parents. Ethnic breakdown was as follows: 81% Caucasian, 10.3% Latino, 3.4% Alaskan Native/Native American, 3.4% Asian, 1.7% Black, and 1.1% Native Hawaiian/Pacific Islander. Parents’ mean age was 51.5 ($SD = 5.69$). Family structure was as follows: 10 parents were single parents (all mothers, one of whom was a stepmother) with no second parent present in the child’s life. Of the remaining 89: 1 father/stepmother, 3 mother/stepfather, 2 parent/grandmother, 1 grandmother/grandfather, 67 mother/father, and 15 two-

parent families where only the mother participated (the father-figure was unable to be scheduled or refused to participate). Given the small number of families/parents who were not two-parent households, we did not divide the parents for analysis. In this article, for ease of reporting results and participant confidentiality, we chose to identify participants as either “mothers” or “fathers” regardless of whether participants were biological parents or stepparents or grandparents.

Youth interview data are not presented here. However, the characteristics of the teens show that slightly more than half of the youth were male (59%) and most were Caucasian (79%), with 9% Latino, 5% Asian, 3% African American, 2% Native American, and 2% Hawaiian/Pacific Islander. The mean age at the time of the interview was 18.0 ($SD = 0.58$) with a range of 16.6–19.4. The majority (93%) were ages 17–18 (42% were 17 and 51% were 18 years of age). Most of the youth had not reported any use of ATOD in the previous study (61%) with 19% reporting use at one time period, 16% at two time periods, and 4% at all three time periods.

Measures

We used a semistructured interview format. All participants were asked the same set of questions, with probes to elicit specific information that participants may not have volunteered. One portion of the interview was dedicated to the constructs of parental attitudes regarding adolescent alcohol use. Our analysis first focused on responses to this question: “What are the rules you’ve made about your teen’s use of alcohol?” with the probes “How did you decide on what the rules would be?” and “How did you communicate those rules to your son/daughter?” All responses to this question were included in the analysis.

In addition, we asked a question about general parental beliefs about alcohol use: “Parents have a lot of different beliefs about alcohol or other drug use for teenagers. Some parents think it is normal to experiment with some substances while others feel it’s wrong to use any substance. In general, what are your beliefs about teenagers using alcohol, tobacco, or other drugs?” Although we initially made an effort to conceptualize rules and beliefs as distinct lines of inquiry, parents often talked about their rules for their teen when responding to the question about beliefs. Therefore, all responses to the question about parental beliefs mentioning alcohol rules were reviewed for possible inclusion in these analyses.

Finally, given our article’s focus on the teen’s *own* drinking behavior, as opposed to that of his or her friends, we did not include comments parents made about how the teen should handle situations where the teen is with others who are drinking.

Data Analyses

Audio transcripts were transcribed verbatim and entered into ATLAS.ti (Muhr, 2006). The initial codebook was developed with two researchers reviewing six (3 mothers and 3 fathers) transcripts separately, making notes on emerging codes. The topics on which the interview guide was developed were used as index codes. The initial codebook was drafted, followed by review of an additional six transcripts, finalizing a list of 24 codes. Additional coders participated in a training session and were asked to code two transcripts, which were later compared, and another session was convened for discussing differences in coding. Interrater reliability was determined using the Coding Analysis Toolkit (CAT) from the University of Pittsburgh’s Qualitative Data Analysis Program. As a team, interrater reliability, calculated using Fleiss’ kappa, was achieved at .70 or higher before proceeding. One CAT test was conducted every month until the completion of initial coding to prevent drift and ensure reliability.

The development of subcodes followed a similar process. In our study, subcodes include both a priori and inductively derived subcodes using open coding (Ryan & Bernard, 2003) and used a patterned coding approach (Miles & Huberman, 1994). A query in Atlas.ti was generated based on the topic of interest. Two coders studied 10 pages of output and developed a set of initial subcodes. Two additional coders (four total) were brought in to code the next five pages of output to test the initial subcodes.

A session was convened where subcodes were added, deleted, or refined. Once all coders agreed, a portion of the output was entered in CAT and inter-rater reliability calculated. CAT tests were run until $k > .70$ at which point coding for subcodes commenced. Additional CAT tests were run at the midpoint during coding and at the end. If $k < .70$ meetings were convened, it was determined if there was one coder who was off or if there was one (or more codes) that was problematic. In the case of a problematic coder, additional training was provided and their assignments were recoded by the Project Manager. In the case of problematic codes, the coders discussed disagreement, and codes were refined and re-analyzed, or subcodes were collapsed into a larger code.

All transcripts were analyzed. In addition, counts were kept to note participants who mentioned a code. These code counts were used to determine which codes were prevalent enough to warrant consideration (using the criteria of greater than 15) and to note when a code was mentioned more often by mother (-figures) or father (-figures). In addition, the code counts allowed us to determine congruence between the parents so as to provide us with a better picture conflicts to which the teen may be exposed.

RESULTS

In response to our investigation as to the alcohol specific rules held by parents of teens, including but not restricted to “no-tolerance” rules, three major themes emerged in the analysis: explicit rules, inconsistent rules, and implicit rules. First, we describe explicit rules that parents express with regard to their teens’ alcohol use. Second, we describe various conflicting reports of explicit rules, both within parents and within families. Third, implicit rules are presented. Finally, in response to our investigation as to the means by which parents believed themselves to be communicating their rules to their teens, four major themes emerged from the analysis: conversations, offers of alcohol, role modeling, and monitoring.

Alcohol-Specific Rules

Explicit rules—We conceptualized explicit rules as overt statements made by parents and directed toward their teen about acceptable or unacceptable alcohol-specific behavior. In order to be considered a rule, parents needed to express a clear statement about what their teen is or is not allowed to do. There may be recognition that they no longer have total control over their teen’s behaviors, but parents are still expressing their parameters in clear and relatively unambiguous terms. Most families articulated an explicit rule regarding their teen’s alcohol use (82 mothers and 69 fathers from 90 families) (see Table 1 for summary data).

“No-tolerance” rule—No-tolerance rules are defined as rules that prohibit any alcohol use by the teen under any circumstance, often until they are of legal age to drink. When asked if he had any rules around drinking for his 18-year-old, Edwin responded: “She’s not to do it ... I won’t tolerate drugs or alcohol.” Sheila, a mother of a 17-year-old daughter, in response to the same question stated firmly: “The rule is not to do it!” The legal system provides some parents with a rationale for this explicit rule. Many parents with a no-tolerance rule rely on the legal age to drink, arguing that “you have to obey the law ... and

the law says you can't drink until you are 21" (Nicole, mother of 18-year-old son). Although parents made explicit statements about not allowing their teen to use alcohol in any context, some revealed internal tensions around having a no-tolerance rule at an age when experimentation is widespread. In the following account, Geoffrey, the father of an 18-year-old struggled reconciling his determination to prevent his son from drinking with a lack of complete control over his teen's experimentation:

I believe that they will probably experiment with it if it's something that they want to experiment with. But, I also believe that in my house, I don't want to see any of it. I don't want them to use any of it. But, I have a feeling that it's going to occur. That doesn't mean that I endorse it ... I told them, we have a no-tolerance policy here.

In our sample, 31 mothers and 29 fathers from 42 families expressed a no-tolerance rule. These numbers reflect parents who talked only about a no-tolerance rule.

Contingency-use rules—Contingency-use rules are defined as parental attempts to limit or control teen drinking by determining amounts, places or contexts that are appropriate for drinking. More than one contingency-use rule was common in our sample. Examples of contingency use relative to amount of drinking were expressed by statements such as, allowing their teen "a sip just to taste it" (Deana, mother of a 17-year-old daughter) or establishing a drinking limit: "We had an agreement before the party; we had a two-beer agreement" (Harvey, father of a 17-year-old son). Specific acceptable drinking places included the parental home and drinking in foreign countries where the legal age is less than 21. Specific drinking contexts included drinking in the presence of parents or other trusted adults and drinking for special occasions such as holidays and other family celebrations.

Parents who described allowing their teen to drink in a controlled environment still established boundaries. For example, parents may express a requirement of responsible and mature conduct while drinking. Sam, the father of a 19-year-old allowed his son to drink at home only if he didn't act "stupid or silly," hoping his son would "act like an adult."

Rationales for allowing contingency use included the recognition of the limited capacity of parents to control teen behaviors and the desire to foster internal rather than external controls. For example, Joyce, a mother of a 17-year-old, although claiming to have imposed some alcohol-specific rules for her son, stressed the importance of developing internal, as opposed to imposing external parental rules, and the recognition that as the teen ages, different rules need to be adopted:

Yes, I have rules, but I think more than that I think it is finessing [teens] to create their own internal rules ... In their early teens you have to create within them reasons why they are not going to go do that. I don't think just hard-and-fast rules is really clearly the answer. I think they need to see the consequences and ... make that decision and those choices themselves.

Other rationales for allowing contingency use are related to the belief that as a teen matures there should be some freeing of the limits on drinking and that limits on teen drinking are culturally based rather than developmentally necessary. A few parents in our sample indicated a lower age of acceptable drinking than the legally allowed limit of 21. Dusty, the father of a 16-year-old daughter said he that he allowed his younger children to taste alcohol. When pushed further on what he meant by younger children, he added laughingly that he "stops watering the wine down around puberty." Greta, a mother of a 19-year-old daughter, responded with the following: "Well, my family is from [Europe], and I said they drink at the age of 12 or 13. It's not a big deal."

Many parents in our sample vehemently opposed drinking and driving for their teens. As our interview guide did not contain a specific question about drinking and driving, we cannot assume the lack of a driving-based rule for parents who failed to make a reference to driving. Nevertheless, parents reported imposing rules on their teen's drinking and driving behavior. Parents with a driving-based rule included some who also subscribed to an environmentally based rule, as in the case of Sam, father of an 18-year-old son: "There is no drinking and driving ... The only answers that I safely can say is within a controlled environment, which would be at home. So, that's all that I ... feel comfortable with."

Forty-two mothers and 32 fathers from 44 families had at least one contingency-use rule. These numbers reflect parents who talked only about contingency-use rules.

"Call-me" rule—Call-me rules are defined as the parental injunction to call the parent if the teen has had too much to drink or if they are in a dangerous situation involving the teen's own alcohol use. This rule was expressed in combination with both contingency-use and no-tolerance rules. In this context, most parents promised their teen that they wouldn't face any negative consequences if they called.

Some parents with a "call-me" agreement also have a no-tolerance rule. For example, Bernie, the father of an 18-year-old, after discussing the inevitability of peer pressure to drink at a party, reassured his daughter that as long as she called when drinking, there would be no consequences:

Basically what I tell her once every four or five months is "you do realize that I don't care where you are, what time of night it is, if you need a ride home, call me. You will not get any questions, you won't get lectured. I can bring you home and you can go to bed and we don't even need to talk about it. You have a free taxi."

Interestingly, only a small portion of parents in this group have an agreement with clearly defined consequences. Parents usually mention having a serious conversation with the teen, restricting access to the car or other privileges, or grounding as consequences. As Quinn, the father of a 16-year-old son noted:

Call me, and I will come pick all you up, and give you all a ride home, and we'll get the car the next day. And there may be some repercussions, but it's not like you're going to be grounded the rest of your life. It's probably just going to be a big discussion about, "That wasn't smart, and what did you learn from it?" You know? But the main thing is, "Don't be so afraid of me finding out that you blew it and drank too much at this party, that the way I find out is that I get a call from the coroner."

Twenty mothers and 7 fathers from 26 families mention having a "call-me" agreement.

Inconsistent rules and inconsistent parents—In examining parental positions on alcohol-specific rules, we found a fair amount of conflicting accounts. In some cases, parents would report having both a no-tolerance rule as well as a contingency-use rule. In other cases, parents would report having similar or dissimilar positions relative to their spouse/partner.

Inconsistent rules—Interestingly, we found that some parents who allowed their teen a small taste of alcohol also expressed a no-tolerance rule. Like Tanika, the mother of an 18-year-old, these parents emphasized a distinction between a sip or taste and drinking: "[My son] has tasted a beer. [He] has tasted wine. He's tasted Mudslides, but to actually drink? Twenty-one." Similarly, drawing on the same sip vs. drink distinction, Jerrold (father of an

18-year-old son) seemed to easily reconcile his no-tolerance rule with allowing his teen occasional tastes of alcohol:

Alcohol use, neither of them are legal age, so you know, it's not something that I permit ... there may have been a, "can I taste?" thing a few times, and we said okay. But, there's been no more kid consumption in the house approved more than a, "gee, can I taste?"

Iris, the mother of another 18-year-old, has a strict no-tolerance rule, but on a vacation in a foreign country where the drinking age is 18 she let her son drink:

Alcohol for him, absolutely not. Having said that I will say that we did go on a family vacation. We were in a secluded resort that was out of the country, and I said, "You can absolutely drink because you can't drive anywhere. You cannot leave the premises. So if you want to get it out of your system and I'm upstairs and you're downstairs, I'm very happy. Get it out of your system."

Eight mothers and 8 fathers from 16 families describe having both no-tolerance and contingency rules.

Inconsistent parents—Although not specifically asked about, parents occasionally made comments regarding the position of their spouse/partner on the teen's use of alcohol relative to their own position. That is, we noticed parents making unsolicited comments about concordance in their position relative to the other parent, discrepancies in their positions, or that the level of agreement was unclear to the parent him/herself.

Of those who compared the spouses' positions, most noted that they and the other parent were "on the same page" with regard to their teen's alcohol use (16 mothers and 19 fathers from 31 families). Some parents had had conversations with their spouse/partner about what the rules would be and how they would take a position with their child. As Warner, the father of an 18-year-old son told us:

You know, it's funny, if you've been married a long time, you have a clear understanding of where the other one sits. And, we agree with each other. I think nothing is worse for a teenager then to have two parents fighting over what the rules should be and they're unclear and they don't really care anyway. You know, I think that you need to be very clear that you're going to work together on this. My wife and I work very well together.

However, being on the same page didn't always mean that the parents were identical in their beliefs or rules. In fact, some parents who reported being on the same page, allowed for some disagreement and compromise prior to the "final" decision at which they arrived. Chantelle, (mother of a 17-year-old daughter) expressed it this way:

We're on the same page. Yeah. Again, I'm more strict. So, [my spouse] bows to whatever I say ... Because he knows, I am not compromising. If it were up to me, there would be no alcohol in this house at all. So, this is kind of a compromise that I made with him, if we're going to have alcohol in the house, then these are the rules that are going to apply.

Fewer parents (7 mothers and 1 father from 8 families) reported having distinctly different positions than their spouse regarding their teen's use of alcohol. These were not cases, like mentioned above, where differences were worked out in the course of making a decision about family policy, but were instances where spouses flatly disagreed and no consensus was reached. As Rosa, mother of a 16-year-old girl, said

We're honest about it. But we don't agree ... He goes, "We have to have a united front." I go, "Okay, [laughs] could you get with me?" We don't agree, I'm just not going to be a united front. It's just not gonna be that way.

Surprisingly, there were a few parents (2 mothers and 3 fathers from 5 families) where there was a lack of awareness of the other parent's position on alcohol use completely. When probed about their spouse's opinion on teen drinking, the parent was unable to articulate the other parent's position. Joleen, the mother of a 16-year-old son said "When you ask my husband, I don't know what he would say."

As we had completed analysis of all transcripts and assigned parents to categories of rules, we were able to compare and assess discrepancies in rules. We assigned parents to one of three categories: no tolerance, contingency use, or both. In addition, we compared our analysis with the comments made by parents about having a united or discrepant position with their spouse. We determined that parents were united if both had only a no-tolerance rule or only a contingency-use rule. Parents were categorized as having a discrepancy if one parent had a no-tolerance rule and the other parent had a contingency-use rule.

Of the 35 who said that they were "on the same page" as their spouse, most were corroborated in our assessment. However, six parents said they had the same position as their spouse, yet we found their positions to be different. Of those who said that their position was clearly different from their spouse, we were only able to support one of these parents in that assessment. On closer investigation, some parents had differences because one parent had both a no-tolerance rule and a contingency-use rule. For other parents, the difference was in disagreements on contingency-use rules. For example, one couple disagreed on the quantity that is acceptable, with the mother allowing for some drinking and the father permitting drinking until drunk. For three parents though, there seemed to be assumptions made about the position of the other parent, for example, one parent drinks yet the other abstains, highlighting an apparent lack of communication between the parents on the implications this has for their teen's behavior.

Implicit rules—When asked about rules, parents often offered tentatively worded responses that did not seem to fit the definition of rules. These were more like implicit rules in that they were not as clear and not made with the language of allowing or forbidding. We categorized implicit rules under two distinct themes: expectations and preferences. Preferences do not reflect the degree of certainty that expectations convey. The key to whether an implicit rule is an expectation or a preference is the element of control parents express.

Expectations—Expectations refer to statements about a parent's position regarding their teen's alcohol-specific behavior but not as an articulated, explicit rule. When parents express expectations, they use the language of influence rather than control on their teen's behavior, in contrast to expressing rules. Parents use more tentative language in expectations. Expectations are contrasted with rules in the sense that expectations convey "This is what I anticipate that you do" while rules convey "This is what I require that you do." This is best captured by a comment made by Dorothy, the mother of a 17-year-old said: "I've told him I don't want him to do drugs, I don't want him to drink, but ... there's no rules." According to her description, she has expressed to her son what she wants him to do without attempting to control his behavior. Expectations were expressed by 50 mothers and 34 fathers from 65 families.

Preferences—Preferences capture statements where the parent expresses little confidence in their ability to shape their teen's alcohol-specific behavior. Parents with preferences hope

or wish the teen behaves in a particular way with regards to alcohol, as opposed to expectations where parents express some effect on their teen's alcohol-specific behavior. With preferences there is no statement of control or influence. The words from Trudi (mother of a 19-year-old) reveal a clear preference for her teen's not drinking: "I prefer they didn't ... I can't stop him ... I don't think I've ever said 'you don't ever drink'." Thirty-nine mothers and 20 fathers from 52 families in our sample expressed a preference.

Many parents conveying a preference also express a struggle about setting more explicit rules or expectations at this age for their teen. Donovan, father of a 19-year-old son, when asked about his beliefs about alcohol use for teens said:

That has been such a struggle for me ... I'm hoping they'll just do social drinking and do it within smart boundaries and be able to stay sober ... I'm hoping ... I'm at the point of saying ... You do the best you can and when they turn of age, you just ... all you can do is just pray for them and hopefully they figure it out and they'll learn some way, somehow, whether it be the hard way or the easy way.

Communication of Parental Rules on Teen Alcohol Use

Regardless of whether parental rules are explicitly or implicitly stated, parents used multiple strategies to communicate with their teens (see Table 2 for summary data). Four themes emerged regarding parental communication strategies: conversations with their teen, offering their teen alcohol to teach drinking behavior, role modeling their own behavior, and monitoring the teen's drinking during social activities.

Conversations—Conversation, or talking with teens, was the most frequently mentioned approach for communicating parental position regarding their teen's use of alcohol. We included all mentions of conversations, either multiple conversations or one-time talks. Virtually all of the families had at least one parent describe conversations as a strategy for communicating their parental beliefs about teen alcohol use. Parents indicated that conversations can be held at any point in time, often describing it as part of an on-going discussion with their teen. For example, Benita, the mother of an 18-year-old son, reflected that "We just had a lot of talking constantly about why this was a bad idea." Javier, the father of a 17-year-old, reported the following: "it's been an ongoing conversation I think since maybe he was 10 or 12 or something like that."

As a catalyst for initiating conversations, parents talked about taking advantage of specific situations to create a teachable moment with their teen. Examples from the media, local newspaper articles, and television (fiction and non-fiction) were all mentioned. As Matthew, the father of a 17-year-old son, told us:

If there's an article in the paper or something like that or an email that somebody may send me about drunk drivers ... or another teen that has been in an accident who has been drinking, how it's ruined their lives or that their parents may have been sued because their teen was drinking and driving. Just point out examples that, where using or abusing alcohol ... has dire consequences that they've been in an accident or how it may have ruined a person's life once they became addicted.

Teaching drinking behavior—Teaching teens to drink as part of the family social group was another method of communicating parental rules to teens. Slightly more than a third of our families had one parent report making offers of alcohol to their teen, either a sip, a small drink, or a full-sized drink. However, there was a great amount of diversity in what the parents hoped to accomplish by doing so. Some parents mentioned that they offered some alcohol in order to teach the teen how to handle it. Allyson, mother of a 17-year-old son,

describes her reasoning as follows: “When it comes to alcohol, if I open a bottle of wine at dinner, I **do** offer my kids a glass of wine. I feel it’s a healthy thing that they not ... feel it’s taboo, but also know that you just don’t overindulge.” Parents also wanted to help their teens with social experimentation, as Louisa, mother of an 18-year-old, said: “I did let [my daughter] try some here at the house. But, mostly because it provided her with the opportunity so that when she was out with friends, she was able to say, ‘oh, I’ve already tried that and I don’t like it,’ type of thing.” Finally, parents hope to preempt being in a situation where the teen would be interested in trying, for example: “Okay, I might as well let you take a sip now so you know what it tastes like, [so] you’re not out there wanting to know what it tastes like” (Saundra, mother of 17-year-old son).

Parents also made specific exceptions, like special occasions: “Yes, I will allow them to have a little glass of wine, with dinner on a Sunday evening or a special occasion type of an event ... they recognize that this is special and this is for the purpose of celebrating” (Clayton, father of 17-year-old daughter), yet others made exceptions when traveling abroad: “When we’re on vacations a lot of times we are in countries where drinking is more [accepted] ... we occasionally drink together [as a] family in a controlled environment and just never made such a big deal out of it” (Loraine, mother of 17-year-old son).

Finally, parents mentioned offering their teen alcohol for completely opposite reasons: to show the teen that it’s gross (“I mean I’ve let them taste stuff at home, because I think it tastes horrible and I’m hoping they’ll think the same thing and won’t want to drink it” – Mallory, mother of 18-year-old daughter) or to teach an appreciation for alcohol, often wine (“‘Taste this wine and try to describe to me the sensations.’ Sort of like a game we played” – Neil, father of 16-year-old daughter).

Parental role modeling—Parental role-modeling was a third way in which parents reported communicating their rules and beliefs about teen alcohol use. Almost a third of our families had a parent mention that they communicate their position about alcohol use through their everyday lives, and consider their own behavior as a role model for their teen. As with other strategies, the goal of this behavior varied. Some parents thought it important to role model abstinence if they were to ask their teen to abstain: “If you are going to talk the talk, you better walk the walk. We just don’t drink... ‘Cause ... how can you preach to your child and not do that yourself?” (Lauren, mother of 17-year-old daughter). Parents also indicated that their own alcohol use sent a message to their teen about what responsible use looks like. Valencia, the mother of an 18-year-old son told us:

We feel like what we do at home, where the kids can see us; it has to be good modeling. And so, we don’t get sloppy, we don’t drink more than a glass of wine with our meal. On the weekends, if we are enjoying a dinner with friends, they see us having a little bit more but we try and model good behavior. So that they’re not learning from us that, it’s times for wild behavior. So, I think it’s a verbal message but it’s also, they watch us.

Parental monitoring—Parental reminders and monitoring are also used as a way of communicating to teens about acceptable drinking behaviors. Parents reported following through verbally by checking with their teen regarding social events and going out with friends, for example, asking the teen what was happening before going out, calling the teen while the teen was out, or asking about what happened the next day. Before her 17-year-old goes out, Loraine says “If he’s not driving there’s a possibility that he might drink, so then we talk about it. ‘Do you think you might drink tonight?’” Alicia checks while her 17-year-old son is out for the evening: “I guess when he’s out ... I just remind him ... ‘Do not drink and drive. Do not drink and drive.’” Suzanne mentions checking with her 17-year-old after

the teen returns home, “When she comes home and I know that she’s had something to drink but she’s still talking to me in a very, you know, easy manner then I [say], usually, ‘I really wish you wouldn’t drink when you go out.’” The primary nonverbal strategy parents employed in checking up with teens was to assess their teen when returning home from going out with friends, a less commonly discussed strategy in families and predominantly a “mom” activity. These parents mentioned staying up until the teen returned home, checking their eyes, their breath, to see if they seemed lucid: “I just look for signs, I look for signals and smell” (Jonathan, father of a 17-year-old daughter). One mother mentioned specifically using affection, “I’ll say, ‘Hi,’ and I’ll come and give her a hug to smell her” (Lynn, mother of 17-year-old daughter).

DISCUSSION

Parents of older teens reported expressing explicit and implicit rules, inconsistent rules both within parents and within families, and using different forms of communication. Explicit rules were represented by three main types: no-tolerance rules, contingency-use rules, and call-me rules. Parents reported inconsistencies between parents (within families) and some parents had inconsistent rules (within the parent). Implicit rules consisted of expectations and preferences. We also examined how parents communicated about teen alcohol use: most parents reported conversations with their teens; some parents reported giving alcohol under parent-controlled contexts; some parents also used their own behavior as a model for communicating rules about teen alcohol use; and a few parents discussed monitoring their teen’s for alcohol use.

Some of our findings supported previous research. As with Baxter and colleagues (2009), we found both abstinence and contingency rules. Among those, we also found rules specific to driving, and drinking in specific environments or only certain quantities. In addition, the “call-me” reminder from our parents was similar to Miller-Day and Dodd’s (2004) reminder to call if needed in their “tools for healthy living.” Similarly, Miller-Day and Dodd’s parents also reported using on-going conversations, personal examples and written evidence, just as our parents reported using opportunities in the media or the community to talk about to their teens.

A particularly intriguing finding was that one-third of our sample offered their teen a drink, specifically as a means by which to communicate alcohol-specific rules. Although not commonly measured, our rate seems high for this age group, and more on par with the self-report of younger teens (Harrison, Fulkerson, & Park, 2000; Williams & Mulhall, 2005). Several studies have noted potential problems with contingency use. Abar, Abar & Turrissi (2009) found that parents who set higher limits for the number of drinks their teen could have while in high school had teens that reported drinking, and being drunk, more often while in college. In addition, they found that the no-tolerance rule works. Parents who did not allow any drinking while the youth was in high school had teens who, in college, reported drinking less, less often, had lower frequency of drunkenness, and experienced fewer negative consequences of drinking. Bolstering their finding is that of van Zundert, Van Der Vorst, Vermulst, & Engels (2006), who found that parents who allowed teens to use alcohol had teens who also drank more.

Perhaps differences were due to parents’ awareness of their teen’s personality and temperament. Given that our sample contained only older teens, some parents may have become more aware of their teen’s vulnerabilities in engaging in harmful behaviors and struggle to provide some parental controls over these behaviors. Other parents may view their teen’s characteristics as indicative of not needing to be overly concerned and therefore not feel the need to be strongly in control over the teen’s alcohol use. Parents could have

moved to a more permissive position (more contingency rules) as they have a track record of experiences with their teen that indicate to the parent that their child is deserving of increased trust.

Additionally, the variation in parental rules is also indicative of inherent differences in beliefs. For some parents, alcohol use by teens is illegal, and they do not want their teen engaged in illegal behaviors. For other parents, alcohol use is considered part of adult life and they want their teen to develop socially acceptable drinking patterns while still in their home.

Taking the results as a whole, we were most struck by the amount of inconsistency in parents' rules. First, when asking about parental rules, we did not anticipate coming across such tentatively worded responses, ones that we eventually coded as expectations and preferences. Second, as hypothesized by Baxter and colleagues (2009), we found that some parents had both a no-tolerance rule and a contingency-use rule. We agree, as they note, that there can be an incongruity within a parent's position, since "abstinence rules ... may communicate parental values and preferences ... whereas companion contingency rules may be the more practical rules that parents communicate in the anticipation of the adolescent's ... alcohol use" (p. 269). This may be particularly true for older teens, where abstinence is an increasingly difficult rule to maintain. For example, some parents who had a no-tolerance rule also made the "call-me" exception or also had a contingency-use rule, with several parents openly acknowledging that they send their teen mixed messages.

We also found disagreement within families, that is, between parents. We found parents who seemed mistaken in their assessment of whether there was agreement between the parents. Granted, our results on this issue should be viewed with caution. Because the responses in the analysis were not asked of all participants, it should not be assumed that our results represent the entire sample, we merely found these examples when completing the analyses. This topic is one that deserves additional investigation, from the perspective of both the parents and the teen. It would be interesting to know the impact of inconsistent rules on the perception and behavior of the teen.

In addition, in reviewing the number of parents who used any one method of communication, there was a remarkable lack of overlap. For example, role modeling was mentioned by 16 mothers and 15 fathers from 29 families. Only two sets of parents both mentioned their drinking behavior as a communication of their position. These findings call into question the amount of communication between parents about what alcohol-specific rules are for their family and how to implement and convey those rules to their teen. All of these findings underscore the difficult nature of parenting older teens, preparing them to make independent decisions, and dealing with the reality of the teen's potential exposure to alcohol use outside the control of the parent. They also underscore the potential for perceived agreement between parents when, in fact, the teen may be receiving mixed messages.

Future Directions: Prevention

Our findings indicate that parents continue to be engaged in controlling or influencing the alcohol behaviors of their older teens. Assisting these parents to implement effective strategies for guiding their teens through the transitions from adolescence to emerging adulthood should be a priority for both prevention and treatment strategies. From our in-depth interviews, we discerned that parents struggle in framing the right message around adult-behaviors such as alcohol use and their ambivalence about what are the best strategies. Many parents are moving away from the zero tolerance for alcohol use and trying to develop more nuanced messages for their youth. The development of prevention strategies to assist

parents of older teens around preventing negative consequences associated with alcohol use is needed. To date, parental strategies have predominantly focused on younger adolescents. A few studies have been initiated to discuss the transition to college and the drinking problems associated with college students (Turrise, Jaccard, Taki, Dunnam, & Grimes, 2001; Turrise, Wiersma, & Hughes, 2000). However, there needs to be more available programs to involve parents of all teens, regardless of whether they are planning to attend college.

Future Directions: Research

Open-ended responses to in-depth questions have provided us with some important insights into alcohol-specific rules. Some limitations of this methodology are that each parent was not asked a closed-ended question for a response and thus, the failure of parents to mention a specific parenting strategy does not mean that this parenting strategy is never used. We began our study investigating the use of standardized instruments for assessing the alcohol-specific rules for parents of adolescents. Our results indicate that current measures fail to capture the scope and diversity of parental rules. In the van der Vorst and van Zunder studies, the items ask about amounts and locations, but don't account for parent-provided alcohol (sips or drinks) and don't account for driving behaviors.

Subsequent studies with closed-ended questions developed to test these identified areas are needed to provide a better estimate of the prevalence of these parental practices. Future work could test these responses in a more systematic way by constructing specific research questions that could be tested in a general population sample. The results in our analysis indicate that both abstinence and contingency rules should be assessed, as should the presence of conflicting rules. That is, parents should be allowed to choose both types of rules in a closed-ended assessment, rather than setting up abstinence and contingency rules as a dichotomy. Ideally, items should be asked of both parents (in two-parent families). However, should that not be feasible, researchers would be well advised to assess whether parents have explicitly discussed alcohol-specific rules with the other parent and also whether there is agreement between the parents.

Finally, future research should investigate the effectiveness of various alcohol-specific rules and different communication strategies. Many parents struggle with how to communicate with their teens about alcohol-specific rules. Ongoing conversations and using opportune moments are common strategies but little is known about how effective these conversational strategies are with teens. Further research is needed to understand the power of actions versus the power of conversations in shaping teen behaviors. Over half of our teens reported no use of alcohol in the past 30 days at the time of data collection. In our sample, the low percentage of teens reporting any alcohol use and the high percentage of parents who report having some rule about alcohol use might indicate that rules continue to be strategies parents use to influence older teen's behaviors, despite the ambivalence revealed in the parents' responses to questions about rules.

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TABLE 1

Parental Rules and Beliefs on Teen Use

	Rules					
	Any Rules	Contingency Rule(s) Only	No-tolerance Rule Only	Conflicting Rules	Call-Me Rule	Expectation
Families	90	44	42	16	26	65
Mothers	82	42	31	8	20	50
Fathers	69	32	29	8	7	34
						Preference
						52
						39
						20

TABLE 2

Communication of Parental Rules and Beliefs on Teen Use

	Conversations			Monitoring	
	Overall	Opportunistic	Offer Alcohol	Role Modeling	Verbal Nonverbal
Families	90	38	36	29	17 13
Mothers	78	32	26	16	14 11
Fathers	54	9	20	15	5 2