

The Lived Experiences of Mothers of Adolescents who Misuse Substances

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Dedication

I dedicate my work to all the women around the globe who face challenges in their everyday lives and do their best to raise their children with any type of disabilities, mental health and substance abuse issues. I salute them for their strength and resilience.

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List of Abbreviations

CCSA	Canadian Centre on Substance Abuse
WHO	World Health Organization
STI	Sexually Transmitted Infection
ADHD	Attention Deficit Hyperactivity Disorder
AMPS	Alcohol Misuse Prevention
SHAHRP	School Health and Alcohol Harm Reduction
PDFC	Partnership for a Drug- Free Canada
CODA	Co-Dependents Anonymous
BEST	Behavioral Exchange Systems Training
EFFT	Emotion-Focused Family Therapy
MDFT	Multidimensional Family Therapy
BSFT	Brief Strategic Family Therapy
FFT	Functional family therapy
MST	Multi-System Therapy
CCAC	Community Care Access Center
OACCAC	Ontario Association Community Care Access Centers
AMHO	Addictions and Mental Health Ontario

Thesis Abstract

Background: When a family encounters the problem of adolescent substance misuse, the burden of managing it often falls primarily on the mother.

Objective and methods: This research was conducted in two phases to explore the experiences of mothers of adolescents who misuse substances. Phase one was a systematic qualitative evidence synthesis of qualitative studies on the experiences of mothers of adolescents who misused substances. In this phase, conventional content analysis was used to create a narrative synthesis of themes and categories. Phase two was a qualitative study using thematic analysis to describe mothers' experiences of parenting an adolescent who misused drugs.

Findings: Eleven qualitative studies were included in the literature review. New categories regarding mothers' experiences emerged from the review and synthesis: 1) I love you and we can talk no matter what; 2) So this is really happening . . . My kid's on drugs; 3) What have I done?; 4) My family is shattered: a) I can't believe what you're doing, b) I can't face this, c) I've lost my baby; and 5) It's not my addiction.

Four mothers were interviewed for the qualitative study. Mothers described their realities and the challenges they faced parenting an adolescent who misused drugs. Their experiences were represented in the following categories: 1) recognition, 2) punishment/surveillance, 3) negative emotions, 4) relationships, 5) escalating effects, 6) strategies, and 7) home—a safe place.

Conclusions: The findings from this research contribute to our understanding of the everyday lives and struggles that mothers face with their adolescents' substances misuse. Nurses, by implementing early targeted interventions, will meet the needs of these mothers and assist themselves and ultimately their adolescents to attain optimal wellbeing.

Chapter 1
Introduction

The Lived Experiences of Mothers of Adolescents who Misuse Substances

My interest in the experiences of mothers of adolescents struggling with substance use emerged during my Master's Primary Care Course. I identified and assessed barriers to utilization of mental health, drug addiction, and counseling services in Ottawa by adolescents with an undiagnosed or untreated mental illness who misused substances. By interviewing five key informants who specialized in mental health and addiction in Ottawa, one of the major findings was that the parents of these adolescents lacked knowledge about where and when to seek mental healthcare help and addiction counseling. This finding affected me as a mother and as a nurse. As a mother, I became interested in knowing what these mothers feel and experience when confronted with their adolescents' substance use. As a nurse who has always provided holistic care for patients, by considering their emotional, mental, and physical well-being, I thought about the vital role that nurses have in assessing the needs of these mothers. By developing interventions that consider mothers' well-being nurses can provide support and assistance with addressing adolescent substance misuse. Not only would this approach benefit the mothers, it would help mothers support their adolescents to seek help and overcome their substance misuse.

Adolescence is the time when substance use most commonly begins (The Canadian Centre on Substance Abuse (CCSA), 2014). Adolescence is defined as the life stage between 10 and 19 years of age and it is characterized by major physical and psychological changes. These include changes in social interactions and personal relationships (Buitelaar, 2012; World Health Organization (WHO), 2013). Adolescents are disproportionately more likely than people in other age groups to misuse substances, engage in risky patterns of use, and experience harms from use

due to the physiological and psychological impact of substances on their developing brains (Winters, Botzel, & Fahnhorst, 2011).

The most common age range for first time substance use by Canadian adolescents is reported to be approximately 14 years old or younger (CCSA, 2007). In the 2015 Ontario Student Drug Use and Health Survey (OSDUHS), it was reported that among students in grades 7 through 12, 21.3% had used marijuana, 10% had used opioids, 45.8 % had used alcohol, and 8.6 % smoked [tobacco] cigarettes (Boak, Hamilton, Adlaf, & Mann, 2015). Of those students that used substances, one-in-six (16%) students reported problems related to substances, which is an estimated 114,600 adolescents in Ontario (Boak et al. 2015). The Canadian Alcohol and Drug Use Monitoring Survey revealed that 8% of Canadians aged 15 or older reported drug dependency (Health Canada, 2011).

Substance misuse, which is defined as the use of substances that causes harm to a person's health and lifestyle leading to dependence, is a substantial drain on Canada's economy with direct impacts on the health care and criminal justice systems. At an individual level, substance misuse negatively impacts the wellbeing of individuals (Lifeline Australia, 2016; CCSA, 2015). The World Health Organization (2008) estimated that 20% of adolescents worldwide suffer from some form of mental illness such as depression, mood disturbances, or substance use disorders related to substance misuse. Among adolescents, negative consequences of substance misuse include: injuries, car accidents, relationship problems, difficulty at school, and problems with the law (CCSA, 2015). Substance misuse in adolescence can also contribute to problems in adulthood such as chronic diseases, addiction, and mental health disorders (CCSA, 2015).

Significance of the problem

The burden of managing adolescent substance misuse often falls on the parents as caregivers. This can result in negative effects on parental wellbeing and their mental health. These negative effects on parents could cause social and somatic stress, potentially leading to serious psychological illnesses including depression, anxiety, fear of danger, guilt, anger as well as grief associated with failure in the parental role (Barnard, 2005; Butler & Bauld, 2005; Orford et al., 1998; Usher, Jackson, & O'Brien, 2007). In the family, mothers have been shown to be the main source of emotional support that keeps a family together (Green, 2005; May, 2008). In western countries, mothers are frequently held responsible for their children's behavior and development (Gillies, 2007). Therefore, when a family encounters a problem such as adolescent substance misuse, the actions and abilities of the adolescent's mother are often called into question by the society (May, 2008). Although in the literature about the negative impact of substance misuse on the family system (e.g. stigmatized, conflicted, worried, and frustrated) is vividly described, the various and unique experiences of mothers of adolescents with substance misuse issues have not been reported and more work is needed to adequately portray maternal experiences (Benishek, Kirby, & Leggett Dugosh, 2011; Chaote, 2011; Orford et al. 2010; Usher et al., 2007).

Research literature suggests that a 'mothering narrative' would move beyond assignment of blame and give voice to the everyday realities of mothering (Krane & Davies, 2000). While the prevalence of substance misuse among adolescents in Canada is concerning, no existing studies explore the experiences of mothers who parent them. This study aimed to address this gap by exploring the lived experiences of mothering an adolescent who misuses substances.

Nursing focuses on the care of individuals, families, and communities in the maintenance and attainment of optimal health and quality of life. The findings of this study may serve as a catalyst for nurses working in hospital and community settings to provide better individual, familial, and social supports for mothers of adolescents who misuse substances, and for the adolescents themselves (Besener, 2004). Ultimately, it is hoped that this study's findings will assist nurses to identify resources and interventions to provide support and care for these mothers, their adolescents, and families.

Purpose and Research Question

The purpose of the study was to explore the lived experiences of mothers of adolescents who misuse substances. To accomplish this purpose, a qualitative evidence synthesis and qualitative study were completed. The research question that guided both the qualitative evidence synthesis and qualitative study was: what are the lived experiences of mothers of adolescents who misuse substances?

Design

This thesis was completed using a two-phased approach, a systematic qualitative evidence synthesis and a qualitative study. In the first phase, a systematic synthesis of qualitative studies that reported on the experiences of mothers who parented an adolescent who misused substances was completed. The initial search included studies related to parenting and was not specific to mothers. This search strategy was used to ensure that the experiences of mothers was captured and because it was unknown whether sufficient qualitative literature existed to capture the specific experiences of mothers who parented an adolescent who misused substances. Eleven qualitative studies were included into the review and an overview of the general issues reported in the literature related to the mothers' experiences parenting an adolescent who misused

substances are outlined in this chapter. A detailed description of the methods used for the literature review and synthesis are described in Chapter 2.

The second phase was a qualitative study designed to understand the experience of mothering an adolescent who misuses substances. A descriptive qualitative approach was used with semi-structured interviews and thematic analysis to understand the experiences from the mothers' perspective (Granheim & Lundman, 2004; Sandelowski, 2000). A detailed description of the methods used to conduct the qualitative study is in chapter 3.

Background

Search strategy

I reviewed literature on adolescents' substance misuse and parents' experiences reported in peer reviewed articles published in English between the years 2005-2015. Findings from this review included: definitions of drug abuse, misuse, and substance dependence; the effects of drug abuse on adolescents; the effects of adolescent drug abuse on parents; parental influences on adolescent drug abuse; family-based therapy for treating adolescent drug abuse; and the mother's role in adolescent substance misuse.

Substance Abuse, Misuse, and Dependence Defined

The terms substance abuse, drug misuse and substance dependence, or other forms of these terms (i.e. drug abuse, substance misuse, drug dependence), are often used interchangeably in the literature to define the use of drugs and/or alcohol in such a way as to disrupt predominant social norms (Saunders & Young, 2002). These terms have been defined in the following way: *Substance abuse*, also known as "drug or alcohol abuse," refers to a maladaptive pattern of substance use resulting recurrent and significant adverse consequences (CCSA, 2014); *Substance misuse* means the use of illicit drugs or alcohol that causes harm to a person's health and lifestyle

leading to dependence (Lifeline Australia, 2016); and *Substance dependence*, also referred to as “drug or alcohol dependence,” is a cluster of cognitive, behavioral and physiological symptoms and continued substance use despite the occurrence of severe substance-related problems (CCSA, 2014). For the purposes of this thesis, the term substance misuse is used because it is predominant in the recent literature. However, if a specific quote from the literature or a participant interview used a term other than substance misuse that term was retained

Effects of Substance Misuse on Adolescents

Although substance misuse is hazardous to people of all ages, it has more detrimental effects on adolescents (Baigent, 2003; Usher, Jackson, & O’Brien, 2007). The negative influence of adolescent compulsive and problematic substance misuse can be seen on many levels, including education and health, as well as social relationships with peers and family (Jackson & Mannix, 2003). Substance misuse during adolescence is not only associated with family problems, but also with death due to overdose, drug-induced psychosis, HIV, sexually transmitted infections (STI), and psychiatric co-morbidities like mood and anxiety disorders, conduct disorder, and attention deficit hyperactivity disorder (ADHD) (Bonomo & Bowes, 2001; Cassidy, Joobar, King, & Malla, 2011; Elkington, Bauermiester, & Zimmerman, 2010; Jackson & Mannix, 2003; Malone, Hill, & Rubino, 2010; Myles & Wilner, 1999). Additionally, adolescent substance misuse is a strong predictor of lifetime development of drug addiction (Bruner & Fishman, 2008).

Effects of Adolescent Substance Misuse on Parents

Adolescent substance misuse and its effects on the family is a complex phenomenon (Butler & Bauld, 2005; Chaote, 2011; Guo & Slesnick, 2013; Jackson, Usher, & O’Brien, 2007; Sim & Wong, 2008; Usher, Jackson, & O’Brien, 2007; Yuen & Toumbourou, 2011). The burden

of managing the problems related to adolescent substance misuse falls on the family, particularly the parents (Butler & Bauld, 2005; Usher et al., 2007). Parental stress-related consequences can include depression, anxiety, fear of danger, guilt, anger, as well as grief associated with perceived failure in the parental role (Barnard, 2005; Usher, Jackson, & O'Brien, 2007).

According to the literature, parents have reported feeling concerned and conflicted (Benishek, Kirby, & Leggett Dugosh, 2011), worried and uncertain (Orford et al. 2010), and stressed and stigmatized (Usher et al., 2007). These parents refer to family relationships as shattered (Usher et al., 2007), fractured (Choate, 2011) and damaged (Jackson, Usher, & O'Brien, 2007). Parental disagreements regarding substance misuse are also reported (Butler & Bauld, 2005; Orford et al. 2010). Fighting and blaming negatively affect the marital relationship, leaving parents conflicted about how to respond to their family's problems (Usher et al., 2007). Parents might be torn between wanting to provide support for their adolescents that misuse substances and needing to provide a stable environment for themselves and their other children (Jackson et al., 2007).

Parental Influences on Adolescent Substance Misuse

Parental influences on adolescent substance misuse include family support and control, parental warmth and monitoring, parent-child communication, consistency of discipline, parental substance misuse, parents' conflict, and family structure (e.g. single and two- parent household) (Borawski et al., 2003; Hawkins, Catalano, & Miller, 1992; Luk et al., 2010; Martins et al., 2008; Parker & Benson, 2004; Windle, 2000). Low parental monitoring and lack of knowledge of the adolescent's activities, a permissive parenting style, lack of closeness between parents and their adolescents, lack of parental support, conflict among family members especially parents, and being raised in a single-parent household are cited as risk factors related to adolescent substance

misuse (Borawski et al., 2003; Hawkins, Catalano, & Miller, 1992; Luk et al., 2010; Martins et al., 2008; Parker & Benson, 2004).

Family-Based Therapy for Treating Adolescent Substance Misuse

Recent adolescent substance misuse treatment models focus on a holistic understanding of the family as a unit (Guo & Slesnick, 2013; Sim & Wong, 2008; Toumbourou & Bamberg, 2008; Yuen & Toumbourou, 2011). A common finding in the literature is the notion that treating an adolescent with substance misuse through family-based therapy, which involves family therapy and individual therapy, is far more effective than individual therapy alone (Guo & Slesnick, 2013; Liddle et al., 2001; Sim & Wong, 2008; Toumbourou & Bamberg, 2008; Yuen & Toumbourou, 2011). Not only does family-based therapy produce positive effects on the adolescent but it also improves family functioning and parental wellbeing (Guo & Slesnick, 2013; Liddle et al., 2001; Sim & Wong, 2008; Yuen, & Tombouro, 2011).

Mother's Role in Adolescent Substance Misuse

Considering traditional family dynamics, mothers have been shown to be the main figure, as well as the main source of emotional support that assists in keeping a family together in Western industrial capitalist societies (Chodorow, 1978; Green, 2005; May, 2008). Also in these societies, motherhood is part of a powerful nuclear family ideology in which women have primary responsibility for child rearing (Chodorow, 1978; DiQuinzio, 2007). In Western industrialized capitalist societies, a 'good' mother is defined as white, heterosexual, middle-class, able-bodied, married, thirty-something, with usually one or two children in a nuclear family. Ideally, this mother is expected to be doing 'it all', 24 hours a day, seven days a week (Green, 2005; O'Reilly, 2008). A mother who is deemed a 'bad' mother is a mother who, by choice or circumstances, does not carry out the profile of the good mother. She may be too old or

too young, non-white, poor or lesbian, or she may work outside the home, or be divorced (O'Reilly, 2008). In Western industrialized capitalist societies, being a 'good' mother is particularly important for a successful moral representation of self and some authors question whether a 'bad' mother (or a mother who cannot show her 'good' self) can present her moral self (Liamputtong, 2006; Ribbens McCarthy, Edwards, & Gillies, 2003). Every society has its own acceptable and moral behavior which are its social norms. The moral identity of each societal member is compared and contrasted to society's norms. In western industrialized capitalist societies, mothers are strongly expected to be 'good' and strive to present themselves that way (May, 2008; Ribbens McCarthy, Edwards, & Gillies, 2000).

When a family encounters a problem such as adolescent substance misuse, the actions taken by the mother before, during, and after the problem arises are sometimes called into question by individuals outside the immediate family (Godwin, 2004; May, 2008). In reviewed literature considering adolescent substance misuse, the role of single mothers, is negatively described (Barrett & Turner, 2006; Daire et al., 2013; Fauber et al., 1990). Unmarried or divorced mothers' relationships with their children are described as less hierarchical, more permissive, and less controlling, which contributes to an increase in the adolescent's likelihood of engaging in risky behaviors such as substance misuse (Daire et al., 2013; Fauber et al., 1990; Smetana, 1995).

Literature Gap

In summary, although the negative impact of adolescent substance misuse on the family system is described in the literature, the experiences of mothers of adolescents with substance misuse have been generalized within the family system and not specifically reported as the mothers' experiences or in the mothers' voices. While some evidence suggests that mothers feel

ashamed and blamed because of their perceived responsibility for their adolescents' involvement with drugs or alcohol, the subjective experience, as recounted by these mothers, is yet to be explored (Butler & Bauld, 2005; Jackson et al., 2007; Usher et al., 2007).

Methodological and Epistemological Standpoint

My epistemological standpoint as the researcher of this study is congruent with the constructivist paradigm. This worldview was chosen because through it one assumes that there are multiple realities which are constructed and holistic, and that there are multiple interpretations of these realities in each person's life experiences (Lincoln & Guba, 1985; Polit & Beck, 2012). The goal of researching a phenomenon from a constructivist perspective is to understand "the world of human experience" (Cohen & Manion, 1994, p.36). A constructivist researcher by interacting with the participants throughout the research process is able to obtain the multiple views of reality that may exist (Appleton & King, 1997). Since the purpose of this study is to understand the everyday reality and lived experiences of mothers whose adolescents misuse substances, the constructivist paradigms relevant for this inquiry. By considering the constructivist paradigm methodologically, a researcher for an inquiry engages in purposeful sampling after entry to the field and analysis of data inductively (Lincoln & Guba, 1985). This is the inquiry process that I followed in the second phase of this study. Interviewing the research participants (mothers) in a natural setting (the organization) allowed access to a deep understanding of their real life. Thematic analysis of the data through constructivist inquiry allowed me to interpret the data and grasp the real life experiences of the studied population.

Thesis Outline

This first chapter provided a general introduction to the research topic of mothers' experiences of parenting an adolescent who misuses substances and an overview of the literature

relevant to the topic. I have also articulated the research question that guided the two phases of the thesis. This chapter closed with an articulation of my epistemological standpoint as a researcher and the importance of a qualitative approach to understanding the experience of mothering an adolescent who misuses substances. These elements set the stage for the rest of the thesis, which includes a systematic qualitative evidence synthesis, a qualitative study of mothers' experiences parenting an adolescent who misuses drugs, and an integrated discussion with implications for nursing and recommendations for future research. Chapter 2 is written as a manuscript that provides a synthesis of qualitative studies which were focused on mothering an adolescent who misuses substances. This chapter is currently in review for publication in a book on mothering and substance misuse. Chapter 3 is written as a manuscript that describes a qualitative study focused on the experiences of mothers of adolescents who misuse drugs. This chapter is formatted for submission to the *Journal of Child & Adolescent Substance Abuse*. Chapter 4 is an integrated discussion of the findings of the systematic qualitative evidence synthesis and qualitative study with the broader purpose of describing how both elements of the thesis contribute to the advancement of nursing science.

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Chapter 2

Mothering an Adolescent Who Misuses Substances: A Qualitative Evidence Synthesis

This chapter of the thesis has been submitted for publication in W. E. Peterson, L. L. Armstrong, & M. Foulkes (editors) *Mothers, addiction, and recovery: Finding meaning through the journey*. Demeter Press: Bradford, ON.

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Note: This chapter of the Thesis is formatted using MLA, which is the required style for the book's publisher.

Abstract

Background

Mothers are said to be the main source of emotional support for family members. When a family encounters a problem such as adolescent drug misuse, the burden of managing is thought to fall primarily on the mother.

Aim

While research on the effects of adolescent substance misuse on the family unit exists, a synthesis of findings capturing the specific experience of mothers has not been done. The purpose of this literature review was to synthesize evidence on the experiences of mothers of adolescents who misuse substances.

Methods

We conducted a synthesis of qualitative evidence on the experience of mothering an adolescent with substance misuse modeled on the Joanna Briggs Institute methodology for Qualitative Systematic Reviews. Qualitative Evidence Synthesis was used to analyze and synthesize qualitative studies. Study and participant characteristics were reported descriptively and a conventional content analysis approach was used to create a narrative synthesis of the themes (sub-themes) and categories (sub-categories) and their definitions. Original quotes were used, when possible, to support the narrative synthesis.

Findings

New categories regarding mothers' experiences emerged from our systematic qualitative synthesis including: 1) I love you and we can talk no matter what; 2) So this is really happening . . . My kid's on drugs; 3) What have I done?; 4) My family is shattered: a) I can't believe what you're doing, b) I can't face this, c) I've lost my baby; and 5) It's not my addiction.

Implications

The findings of this review provide knowledge and understanding regarding what it means to mother an adolescent who misuses substances. The findings provide foundational knowledge necessary to support and guide further research into mothers' lived experiences and facilitate development of approaches to address mothers' challenges when supporting their adolescents who misuse substances.

Mothering an Adolescent Who Misuses Substances: A Qualitative Evidence Synthesis

Adolescence is the time when substance misuse most commonly begins (Leyton and Stewart 2). It is, the life stage between 10 and 19 years of age, and a transition period between childhood and adulthood that is characterized by major physical and psychological changes. (Buitelaar 357; WHO, “Adolescence: a unique time requiring a tailored response”). Adolescents are more likely than people in other age groups to use drugs and alcohol, engage in risky patterns of use, and experience harms from use due to the physiological and psychological impact of substances on their developing brains (Winters, Botzel and Fahnhorst 417). Substance misuse is the harmful use of substances such as alcohol, illicit drugs, prescription medications, nicotine, and solvents (e.g. glue, paint thinners) (Lifeline, “What is substance misuse and addiction”).

Considering traditional family dynamics, mothers have been characterized as the main figures, as well as the source of emotional support that assists in keeping a family together in Western industrial capitalist societies (May 473). In Western countries, mothers are frequently held responsible for their children’s behavior and development (Gillies 94). Therefore, when a family encounters a problem such as adolescent drug misuse, the actions and abilities of the adolescent’s mother are often called into question by the society (May 473). The societal blaming may cause negative effects on maternal wellbeing and mental health, including social and somatic stress, potentially leading to serious psychological illnesses including depression, anxiety, fear of danger, guilt, as well as grief associated with failure in the parental role (Barnard 14).

While qualitative research on the effects of adolescent substance misuse on the family unit exists, the specific experiences of mothers are rarely captured. Furthermore, a systematic review and synthesis of these experiences, has not previously been done. An accurate synthesis

will provide an evidence-based foundation from which future health care interventions targeted at improving individual, family, and social supports for mothers of adolescents who misuse substances.

PURPOSE AND RESEARCH QUESTION

The purpose of this study was to synthesize existing evidence on the experience of mothering an adolescent with substance use issues. The research question was: “Based on existing evidence, what are the experiences of mothers of adolescents who misuse substances?”

STUDY DESIGN

This was a systematic qualitative evidence synthesis (Grant and Booth 94) modeled on the Joanna Briggs Methodology (The Joanna Briggs Institute 35) for systematic reviews. We chose to model our review on the Joanna Briggs Institute guidelines because they allow for the synthesis of qualitative evidence and one team member is trained in Joanne Briggs Methodology. This review was designed to synthesize publically available literature on the experiences of parents, and particularly of mothers, of adolescents who misuse substances. The review team had expertise in the care of individuals who misuse substances, and the study was designed with input from an expert in maternal-child care. The search strategy was developed with the assistance of a library scientist.

Eligibility criteria. Studies were included if they were primary studies using a qualitative design on the experiences of parents and/or mothers of adolescents who misuse substances, available in full text, and published in English from 1995- February 2016. We excluded all non-research and reports not subject to peer-review (i.e. abstracts, unpublished theses, books, conference summaries), as well as quantitative studies. The grey literature was excluded in this synthesis because the research team was interested in peer-reviewed studies.

Search Strategy. Three online databases were searched: OVID MEDLINE (1995 to February 2016), Psych INFO (1995-February 2, 2016), and CINAHL (1995 to February 2016) using pre-determined keywords and MeSH headings (e.g., ‘adolescent’, ‘substance misuse’, ‘mothers and experience’). A 20-year time frame was selected for this review. Given the exploratory nature of this study and the paucity of literature on the topic, we felt a 20-year timeframe was more appropriate than the 10-year search period typically used. This timeframe was agreed upon by all reviewers in consultation with a library scientist. We tailored each search to ensure the most appropriate terms were used and complete search strategies are reported (see table 2). We also conducted a targeted search of all articles published in the Journal of Child and Adolescent Substance Abuse. This journal was chosen because of its relevance to our topic. Finally, in the preparation phase of this review, we conducted a hand search literature review and all additional pertinent articles were included.

Study Selection. After removing duplicates, the retrieved citations were transferred to Covidence, an online program useful for creating and managing systematic reviews (Covidence sec.1). Using this platform, we completed a two-level screening process for selecting studies to include. First level screening was done by titles and abstracts. In this level, citations were: a) excluded, b) kept due to their relevance to the inclusion criteria, or c) marked as unsure. Citations marked as unsure were retained for further screening. The primary reviewer screened all citations and exclusion was confirmed by a second reviewer. Second level screening involved screening the full-texts of all retained citations and this was done by all reviewers, with every full-text reviewed by at least two team members. Consensus among all reviewers was reached on the final set of included studies.

Data Extraction. The primary reviewer extracted data from the selected studies using summary tables created in Microsoft Word. Extracted data included: a) study characteristics (i.e. title, year, country of origin, study design, data collection approach/methods, data analysis strategy, and theoretical/conceptual framework); b) parent/mother characteristics (i.e. number of parents in the study, number of mothers, age range, type of family, marital status, and ethnicity, education, and employment); c) adolescent characteristics (i.e. sex, age range, misused substance, employment, living situation, education, adolescent's parenthood, and history of mental illness); d) study findings (including identified categories, themes, and their conceptual definitions); and e) quotes provided by the study participants. The above mentioned characteristics and criteria were agreed upon by all reviewers and were selected to provide sufficient information and detail of the included studies to allow for transferability of the findings. The parent/mother and adolescents' characteristics were chosen to obtain information regarding the selected studies' participants. Ultimately the studies' findings and quotes were extracted in order to obtain information from selected studies in relation to the research question.

Data Synthesis. Study characteristics, parent/ mother characteristics, and adolescent characteristics were summarized and described using frequencies and percentages. We aggregated the extracted categories and themes (subcategories and subthemes) and compared their conceptual definitions using a Constant Comparison approach (Lincoln and Guba 339-344). Similar definitions were grouped together to create new categories, which we named. New conceptual definitions for each new category were crafted to reflect the aggregated data captured within. Finally, quotes from the original studies were embedded within each new category to ensure confirmability of our findings and give voice to the original participants. Data analysis was undertaken primarily by two team members, however all steps of the data analysis were

reviewed at multiple occasions by the full team to ensure credibility and we reached 100 percent agreement on them to ensure credibility (Lincoln and Guba 301-327).

Results

The search strategies retrieved a total of 1461 citations, from which we removed 711 duplicate citations. First-level screening was carried out on 750 potential citations and of these 678 were considered irrelevant. Primary reasons for exclusion at this stage included: 1) they were not full-text articles or research studies and 2) they were off topic (i.e. not about parents or parenting). A total of 72 citations were included in second-level screening, during which we excluded an additional 60 citations. The main reasons for exclusion were: 1) inappropriate study design (i.e. quantitative methods or intervention evaluation); 2) inappropriate population (i.e. adolescents who were interviewed about substance misuse or parents who were interviewed about adolescent's substance misuse, but it was not indicated that they were parents of adolescents who misuse substances themselves; 3) off-topic (i.e. not adolescent substance misuse); and 4) inappropriate outcome (i.e. experiences of parents regarding their adolescents' treatment for their substance misuse). Two studies that met all eligibility criteria, were excluded at the data extraction phase, because they did not include data about parents' or mothers' experiences that could be extracted. In total, we included 11 articles in this qualitative evidence synthesis. Ten articles were retained from the database searches and one article was found through hand searching (see fig. 1).

STUDY CHARACTERISTICS

The 11 qualitative studies included in this review were conducted in the following countries, 4 in Australia, 2 in the United States, and 1 each in Brazil, Denmark, Ireland, the Netherlands, and the United Kingdom. Sample sizes ranged from one to thirty-two participants. Data were

collected using conversational-style interviews in 5 studies, semi-structured interviews in 4 studies, and focus groups in 2 studies. In all 11 studies data were analyzed using a version of thematic analysis (see table 2).

PARTICIPANT CHARACTERISTICS

Parents' characteristics. Participant characteristics were reported in all 11 studies, however not all authors collected the same socio-demographic information. For example, marital status was reported in six studies, ethnicity of parents was reported in five studies, age of parents and parental education were reported in three studies, and employment status was reported in two studies. Given the information provided, participants in the included studies had the following demographic characteristics, marital status (44% married and 38 % divorced), ethnicity (100 % Danish, Dutch, or Anglo- Australian), between 30 and 65 years old, high school educated (70%), and unemployed (6 %). Interestingly, parental role (i.e. mother or father) was reported in all 11 studies. The percentage of participants represented by mothers in the studies ranged from 55% to 100% (see table 3).

Adolescents' Characteristics. Adolescents' characteristics were not reported consistently in all studies. The most reported characteristic was the type of substance adolescents' misused, which was mentioned in 10 studies. The least reported characteristics were: ethnicity which was mentioned in 2 studies; and adolescents' living situation; adolescents' mental health history; and adolescents' parenthood were each mentioned in 1 study. Adolescents' employment was not reported in any of the studies reviewed. Adolescents' sex (male or female) was reported in 4 studies. The adolescents' age ranged from 13-19 years as reported in 7 studies. Two studies (Study 4 and study 6) included adolescents as study participants (see table 4).

CATEGORIES AND THEMES REPORTED IN THE STUDIES

The authors in all 11 studies reported their findings in themes in 9 studies and categories in 2 studies. In total, we extracted 43 themes (supported by 33 subthemes) and five categories (supported by 8 subcategories) on the experiences of mothers of adolescents who misuse substances from the studies. By comparing the conceptual definitions of these themes and categories, we re-grouped them into 10 distinct themes/categories. From this aggregated data, we created five new categories, supported by three subcategories. These new categories included: 1) I love you and we can talk no matter what; 2) So this is really happening . . . My kid's on drugs; 3) What have I done?; 4) My family is shattered; and 5) It's not my addiction. The category My family is shattered has 3 subcategories: I can't believe what you're doing, I can't face this, and I've lost my baby (see fig. 2). Each of these new categories are described below and supporting quotes extracted from the original studies are embedded throughout. All supporting quotes are from mothers and while some of the included data was based on father and mother perspectives, the following synthesis is largely reflective of the experience of mothers of adolescents who misuse substances.

I love you and we can talk no matter what. This category was represented in 5 articles (1, 3, 4, 5, 6). Parents, mainly mothers, described how love and trust were fundamental in their relationships with their children who misuse substances and despite their adolescents' substance misuse, their love did not subside. "The door was always open and every time he came home I always told him I loved him even though I didn't like his lifestyle and I didn't like a lot of the people he was associating with. But I always told him I loved him and that home was always here if he wanted it" (Study 1; Jackson and Mannix 176). Mothers also took steps to maintain their relationship with their adolescent in spite of active substance misuse and hoped that their 'good' relationship would reduce or control their adolescent's substance use behaviors. "It's

important to keep the communication lines open. The bottom line is that you have to trust them. It happens anyway so I would rather they tell me” (Study 5; Gilligan and Kypri 3).

So this is really happening . . . My kid's on drugs. This category was represented in three studies (1, 9, 11) and is underpinned by the mothers' realization that their adolescents had problems with substance use. The mothers described their rousing suspicion and hypervigilance in surveilling their adolescents' behaviors, which changed markedly from their substance misuse. “I had strong suspicions he was using drugs because he just changed as a person. His grades at school had started to drop, he became very aggressive and unpleasant to be around . . . he broke things, he kicked in walls . . . his father denied it and it wasn't until I found a bong and I showed it to his father that he [father] took any notice, but by then it was too late” (study 1: Jackson and Mannix 172). Furthermore,

You know in the back in your mind, you know something isn't right, but instead of . . . you just keep sort of going it 'will clear up, it looks okay'. But then she kept, she just started to lose a lot of weight, she never had money even though she was working a lot. Well sort of like I guess the real crunch for me that I knew something was wrong, she came home really late one night, and she sort of seemed to just fall apart, but at the same time be yelling and screaming, and it was all about a moth that was in her room, and it was a big giant monster and so I sort of started thinking 'hang on you know there is something going on here' and then I would sort of sit down and just have a chat with her and she started saying 'her friend had this drug problem' and I went 'oh okay'. (Study 9; Usher, Jackson and O'Brien 424)

What have I done? This category was represented in four studies (7, 8, 9, 11) and was described as the guilt and regret experienced by mothers regarding their adolescents' substance misuse. "I had to come to terms with my own drinking ... and I used to drink so much I was guaranteed drunk and throwing up...I just realized ... as a parent your behavior ... contributed to your child's behavior and there is not anything you can do about it now" (Dion 399). Mothers recognized that their interpersonal life issues contributed to their adolescents' substance misuse.

I had a relationship before that was mentally abusive to me and to my kids and I was with him for seven years. So [my daughter] had to deal with that, too. So that's where a lot of her anger issues come from. And, yeah, of course, I blame myself for that. That I do blame myself for, because I knew better. But I didn't know how to get out. But [my daughter] doesn't understand that, so it was just making her more angry. She was always writing letters and saying, "I don't know why my mom is still with him". (Study 8; Cohen-Filipic and Bentley 448)

Mothers reported feelings of failing as a parent: "... I failed as a mum. Why did I not see this, why could I not protect my son from this? Why couldn't I make him better? ... But until then it was where have I gone wrong?" (Study 9; Usher, Jackson and O'Brien 428). Regardless of whether the mother had her own history of substance use, guilt was perpetuated by a sense that if the problem was recognized earlier, it could have been prevented. "You do look back and you think to yourself 'well, where did we go wrong?'. Or why didn't you see it—all these things go through your mind. You feel guilty, I do even now. You just wonder what you missed" (Study 11; Butler and Bauld 39).

My family is shattered. This category was described by mothers in seven studies (1, 2, 7, 8, 9, 10, 11). Due to the adolescent's substance misuse, the family unit was fractured. The family was

faced with challenges and stressors caused by the ill-behavior of the adolescent, which often included things like threatening, frightening and violence. As a result, the mothers described their families as dysfunctional and falling apart.

When your child gets a drug problem, suddenly in your family you have someone who is intimidating, menacing, violent, abusive, can't be trusted, off the planet, you can't rationalize with them, they'll steal from you, you've got the other children fearful of them, and you're meant to just deal with it. That's your lot. Get on with it. There's nowhere you can really go for help... there's no Karitane or day care or anywhere you can get relief. Drug rehab couldn't help because he didn't want to be helped. (Study 1; Jackson and Mannix 173)

Three subcategories were needed to adequately represent the variation in this category across the studies: a) I can't believe what you're doing, b) I can't face this, and c) I've lost my baby.

I can't believe what you're doing. This subcategory portrays the mothers' shock and dismay at the actions taken by their adolescents in order to obtain and use drugs and alcohol. "When he was 16 he was stealing things, he stole things in conjunction with another young man that lived in our area and it was stuff like lawnmowers out of peoples garages, that is how it started and I found them in my car and I was horrified, horrified" (Study 9; Usher, Jackson and O'Brien 425).

Since the family had been fractured due to substance misuse,

the verbal abuse is absolutely disgraceful . . . It is a terrible thing for you to sit there and listen to what your daughter is saying to you. You know personal stuff, 'you fat whore, whatever, I don't know all these words, you're nothing, good for nothing, blah, blah, blah, I hope you . . .', what did she say, 'I hope you die' and

at one stage she was going to get bikies to come around and fix me up". (Study 9; Usher, Jackson and O'Brien 425)

Finally, some mother's went so far as to describe their child's behavior as evil. "You know you still love him, he ain't evil. You know, I thought he was turning into the devil, that's what I felt" (Study 11; Butler and Bauld 40).

I can't face this. This subcategory pertains to the mothers' feelings of blame, shame, humiliation, and isolation resulting from their adolescents' substance misuse. The mothers described how their parenting capabilities were questioned and how others (friends, family members, society generally) blamed them for their adolescents substance misuse.

I had to call the police in my house sometimes and they'd be like, "Well, why don't you just take his cell phone and his car away?" Well, that's what I did, and that's why he's acting this way. Now what? I tried to do all these things, but it's like "Well, you know, you just need to have control over your son." Well, how? I mean, do you think I want to be in this situation? I mean, it was crazy, absolutely crazy. . . How can I protect myself and my child? And they were like, "Well, you know, he's your responsibility and if he does anything, you're held accountable." I mean it was awful. I mean, I felt like I was losing my mind at times because . . . there weren't the resources out there... this is a crisis. I mean, where do I go? (Study 8; Cohen-Filipic and Bentley 450)

The mothers also described how they experienced blame in almost all situations, including while trying to obtain help for their child, and how this attack on their character directly affected their family units. "It is a problem society needs to deal with, but because they don't want to look at it, you just get blamed with the whole lot. I would not go to the police or the ambulance ever again.

There's too much blame that goes on . . . Meanwhile the family just becomes more and more dysfunctional . . ." (Study 9; Jackson, Usher and O'Brien 426).

Mothers described feeling isolated from their friends and communities because of their adolescents' substance misuse. "I hadn't got a friend in the world left, and I mean that. I mean, I used to have quite a lot of friends, and not one of my friends or the family were there for me" (Study 11; Butler and Bauld 40). This isolation was described as both a consequence of the substance misuse and a personal choice made to avoid feelings of shame and humiliation.

You're on your own with it. The family ends up very isolated because people don't understand about it . . . his brothers, they wouldn't have anybody come over to the house because there is too much stuff going on. The younger children . . . I wouldn't let any of their friends come over and I didn't make any friends. (Study 2; Jackson, Usher and O'Brien 328)

I've lost my baby. The final subcategory in 'My Family is shattered' describes the grief and loss felt by the mothers because of their adolescents' substance misuse. The mothers described how they believed that drugs and alcohol would rob their children of their aspirations and happiness. "I still grieve for the person that he used to be..." (Study 9; Usher, Jackson and O'Brien 427). These feelings of sorrow and grief were so powerful for some mothers, that while their child was still alive, the mothers were so full of doom that it was as if their child had no future at all.

Well I did go through a bit of a grief process like I said, denial first, and then definitely a lot of that bargaining went on, um, and just for the depression and the grief of it, you know and I do feel that I have lost my son, who my son could have been because he will never have a loan, he'll never own a house, or he'll never own land or anything like that because it is impossible for him to get a bank loan

... I don't know if he will ever have a full time job again because once you have these big spaces on your resume . . . there is nothing to put down, it just becomes increasingly difficult to get work, um, so a lot of his things are already set in concrete now and a lot of his potential has disappeared down the drain now.

(Study 9; Usher, Jackson and O'Brien 427)

It's not my addiction.

This category, which was evident in two studies (7, 9), represents the mothers' self-preservation, resilience and breaking of the co-dependence cycle. The mothers described how, in spite of their adolescents' substance misuse, they needed to take back their lives and focus on their own health and well-being. This involved separating themselves from their child and the addiction and participants indicated that this was necessary for their own survival.

Well I am a fairly strong person but eventually I said, "this is too much for me." I told Paul that he was old enough and big enough to make his own decisions and we had carried him for long enough and he had to stand on his own two feet . . . that was it . . . I didn't have any more back pain, I didn't have any more migraines, I didn't have any more stomach aches. (Study 9; Usher, Jackson and O'Brien 428).

In all 11 studies, the mothers came to the realization that the only healthy way forward for them and their adolescent was to come to terms with the fact that they needed to focus on their own health and well-being so they could support their adolescent through the healing process.

Discussion

To date, few studies have explicitly studied the effects of adolescents' substance misuse on their parents (Choate 1359) or the experiences of parents related to adolescents' substance misuse.

Our search strategy identified only 11 qualitative studies on this topic published in the past 20 years. We suggest that this is the first synthesis study of any kind on this topic and the first study to focus specifically on the mother's perspective. The synthesized understanding proposed here is described using five categories and three subcategories: 1) I love you and we can talk no matter what; 2) So this is really happening . . . My kid's on drugs; 3) What have I done?; 4) My family is shattered: a) I can't believe what you're doing, b) I can't face this, c) I've lost my baby; and 5) It's not my addiction.

Previous literature, much of it quantitative, links adolescent substance misuse with family risk factors including low parental monitoring and lack of knowledge of the adolescents' activities (Borawski et al. 68; Martins et al.920), permissive parenting styles, lack of closeness between parents and their adolescents, conflict among family members, parental substance abuse (Hawkins, Catalano and Miller 83), lack of parental-adolescent communication (Luk et al.426), lack of parental support (Parker and Benson 520), and adolescents being raised in a single-parent household (Barrett and Turner 111). Our first category, 'I love you and we can talk no matter what' can be influenced positively or negatively by these factors. For example, the importance of building a foundation of love and trust in the home is the essence of what is described in this category. Authors suggest that a parent-child relationship built on a foundation of love and trust may have a protective effect against problem behaviors in youth, (Ribeiro Gomes et al. 397), parents today may be misinterpreting these findings. As a growing trend, parents are giving their adolescents alcohol (and in some cases illicit drugs) at young ages to demonstrate their love and trust and to facilitate adult decision making. Parents are choosing this strategy because of a commonly held belief that exposing ones child to alcohol in a supervised environment prevents adolescent substance misuse (Jander et al. 8). Unfortunately, studies consistently demonstrate

that this practice leads to more adverse alcohol-related outcomes, including binge drinking and adult problematic substance misuse (Irons, Iacono and McGue 276; Kaynak et al. 600-601).

These research findings must be widely disseminated so parents can make sound and evidence-informed decisions regarding their parenting approaches to alcohol and drug use.

In the literature on adolescent substance misuse, single mothers are particularly criticized (Barrett & Turner 111; Daire et al. 60; Fauber et al. 1112). By teasing out the mothers' perspectives (from a sample comprised primarily of single mothers), our synthesis lends a more nuanced understanding of single mothers' experiences with adolescents who misuse substances and provide information that may be counter to the interpretations reported in previous quantitative research. Notable differences include the single mothers who offer affection and serve as protectors and counselors for their adolescents, positively influence them against misusing substances. Also the adolescents value these mothers as women who sacrifice themselves and give everything they have to benefit their children (Ribeiro Gomes et al. 397). Our findings also highlight the complexities of navigating the social and contextual challenges that influence access to social supports. To ensure adequate access to services for these marginalized mothers due to their low socioeconomic status, it is imperative that the discourses surrounding them be consistent with their reality and non-biased in their delivery of care.

Among parents specifically mothers who participated in the studies reviewed, the realization and acknowledgment that their adolescent was misusing substances was a critical turning point for them as parents. It was at this point that they recognized their parenting styles and relationships with their adolescents needed to change. This realization was the essence of the category 'So this is really happening . . . My kid's on drugs' and may be a pivotal transition point in the trajectory of the adolescent's substance misuse. With any transition point there is an

opportunity for change (Chick and Meleis 238-239), and with appropriate guidance, it may be possible for mothers to use this realization as a catalyst for positive change for their adolescent. Information useful for helping mothers navigate this critical time should be widely accessible. While there is a plethora of self-help based interventions available through organizations such as Al-Anon and Narcotics Anonymous that offer advice on ‘what to do when you find out your child is misusing substances’, we were unable to find any evidence-informed interventions useful for parents at this point, which have demonstrated efficacy for promoting adolescent recovery. This highlights a very important gap in the literature and more research is needed to identify what is most effective for helping parents specially mothers and their adolescents once substance using behavior is known.

After the initial shock of learning that their adolescent was using substances, mothers began to question their own actions and their implications. This emerged in the category ‘What have I done?’. Hallmarks of this category included maternal guilt attributed to their own personal substance misuse, maternal interpersonal life issues, and perceived failure as a mother. Healthcare providers working with these mothers should encourage both mothers and adolescents to engage in care by facilitating access to family-centered programs. These programs aim to foster positive coping and skills in all family members and are shown to be protective against continued adolescent substance misuse (Brody 113-114). Building capacity for all family members may promote healthier lifestyles and behaviors in subsequent generations. More research is needed to support the development and testing of such programs.

Among the mothers who participated in the studies reviewed, the effects of adolescent substance misuse on the family was evident and is characterized in our category ‘My family is shattered’ and its three subcategories ‘I can’t believe what you’re doing’, ‘I can’t face this’, and

'I've lost my baby'. In the studies, mothers described how parenting adolescents who misused substances was stressful and challenging. Keeping the family intact was almost impossible because of the adolescents' menacing behavior and criminal acts. Anger, violence, and stealing are examples of risk taking behaviors. Adolescence is, by definition, a transitional developmental stage when risk taking is common because of the heightened reward responsiveness of the adolescent mind (Geier 338-339). When substances are used regularly or in a binge pattern (typical of adolescent use), individuals may experience a compulsion to continue their use. This can also lead to increased risk taking to acquire and consume the substance (Leyton and Stewart 29). Examples of these behaviors may be stealing to pay for substances or exchange of sexual acts when money is not available. The combined effect of risk taking related to age and risk taking related to substance use and addiction cannot be ignored.

Harm reduction is a philosophy of care that is directed to individuals with the purpose of reducing harms associated with certain behaviors (Leslie 53). A harm reduction approach is appropriate with the risk-taking behaviors and experimentation that occur in adolescence (Leslie 53). Two harm reduction programs for adolescents' alcohol misuse have been successfully implemented and evaluated. These programs are the Alcohol Misuse Prevention (AMPS) program in the United States and the School Health and Alcohol Harm Reduction (SHAHRP) program in Australia (Leslie 54). Despite international evidence of successful harm reduction programs for adults who misuse drugs (e.g., methadone maintenance programs, needle exchange programs) we were unable to find literature specific to harm reduction strategies for adolescents who misuse drugs. Only one of the reviewed study's reported that parents tried to involve their adolescents in harm reduction strategies such as immunization (e.g., hepatitis B, hepatitis C) and safer sex (Usher, Jackson and O'Brien 427). Partnership for a Drug- Free Canada (PDFC), a

registered charity, has a comprehensive website designed for parents to learn about drugs and adolescent drug misuse. The website provides helpful parenting tips, because parents are the first line of defense in a drug prevention strategy and are essential for an adolescent's recovery from drug addiction (PDFC sec 1; Chen et al. 1425). Healthcare providers need to include parents in strategies regarding adolescents' substance misuse in order to determine which strategies need to be implemented as prevention or as treatment.

For all the mothers in the studies reviewed, the ultimate step toward personal wellness was when they came to terms with their adolescents' substance misuse, recognizing that it was not *their* addiction. This realization allowed the mothers to break the cycle of co-dependence and begin their own healing journey. This contributed to the mothers being resilient and seeking the help and support they needed in order to change their parenting practices and support their adolescent while they navigated substance misuse. Co-dependence within the family system can be adaptive or maladaptive. Adaptive co-dependence preserves the family from destructive forces and contributes to familial homeostasis (Scaturo 99). Maladaptive co-dependence rigidly prevents the family from adapting to normative changes as family members grow and family dynamics evolve (Knudson and Terrell 250; Scaturo 99). Co-dependence is a "dysfunctional pattern of relating to others with an extreme focus outside of oneself, lack of expression of feelings, and a personal meaning derived from relationships with others" (Fischer and Spann 87; Knudson and Terrell 245). Recovery from maladaptive co-dependence requires therapeutic intervention, which can occur through professional counselling or self-help groups (Scaturo 99). Co-Dependents Anonymous (CoDA) is a self-help group that provides supports and education for co-dependent persons that may be a useful resource for mothers of adolescents who misuse substances (CoDA sec 1).

While conducting this qualitative synthesis, literature emerged that described interventions to help parents cope with the stress associated with having an adolescent who misuses substances. Two therapies that appear to be particularly relevant for improving parental coping are Behavioral Exchange Systems Training (BEST), and sand tray group therapy (Bamberg, Toumbourou, Blyth and Forer 188; James and Martin 390). BEST is a professionally-led parent training intervention designed to help parents learn strategies to assertively manage family problems (Bamberg, Toumbourou, Blyth and Forer 189). Sand tray group therapy is a treatment approach for parents to cope with their adolescents' substances misuse through reflection on their own life challenges. Sand tray therapy incorporates the use of miniature figures, creative elements and artistic abilities to facilitate the creative expression of thoughts and emotions related to the challenges faced by the parent (James and Martin 392). Further research into the efficacy of these interventions with a variety of different parents and geographic contexts is warranted.

LIMITATIONS OF THE STUDY

There are three limitations to consider when interpreting the findings of this study. First, as with all meta-synthesis studies, there is a possibility that we misrepresented the original experiences/interpretations. This can occur any time one synthesizes aggregated qualitative data from multiple sources (Sandelowski, Docherty and Emden 367-369; Walsh and Downe 207). To minimize this potential bias, we followed a rigorous Systematic Review methodology (Joanna Briggs), which involved double screening and verification of the data extracted. The research team also had expertise in review methods, substance use and addiction treatment, and mothering, which further enhances the validity of our results. Second, it is possible that the search strategy failed to identify all pertinent literature; however a library scientist with expertise

in systematic reviews created the searches using both MeSH headings and keywords. Finally, the database search was limited to studies written in English, which were published after 1995. It is possible that we omitted pertinent studies published prior to 1995 or that our aggregated understanding is biased towards English-speaking cultures.

CONCLUSION

This study synthesized the qualitative literature on the experiences of mothers of adolescents who misuse substances. The familial complexities and social processes that influence mothers' experiences with their adolescents' substance misuse were highlighted. The five categories that emerged from this review could inform the development of new interventions to help mothers navigate the challenges of parenting an adolescent who misuses substances. Assessing mothers' experiences is essential to appropriately targeting these new interventions. For example, mothers who experience feelings of guilt, sorrow, blame and humiliation, may reach out to health care and social service providers to help them cope with their adolescents' substance misuse. This review also supports the need for health care and social services providers to become more sensitive to the differing needs of mothers and communities where adolescents who misuse substances live. Health care providers should recognize that being judgmental, stigmatizing, and discriminatory against adolescents who misuse substances is detrimental to entire communities. Adolescents are our future and our future depends on effectively addressing the needs of adolescents who misuse substances so they can become productive members of society. While some interventions exist to enhance mothers' coping skills so they can help their adolescents through the challenges of substance misuse, more work is needed to examine intervention use and effectiveness.

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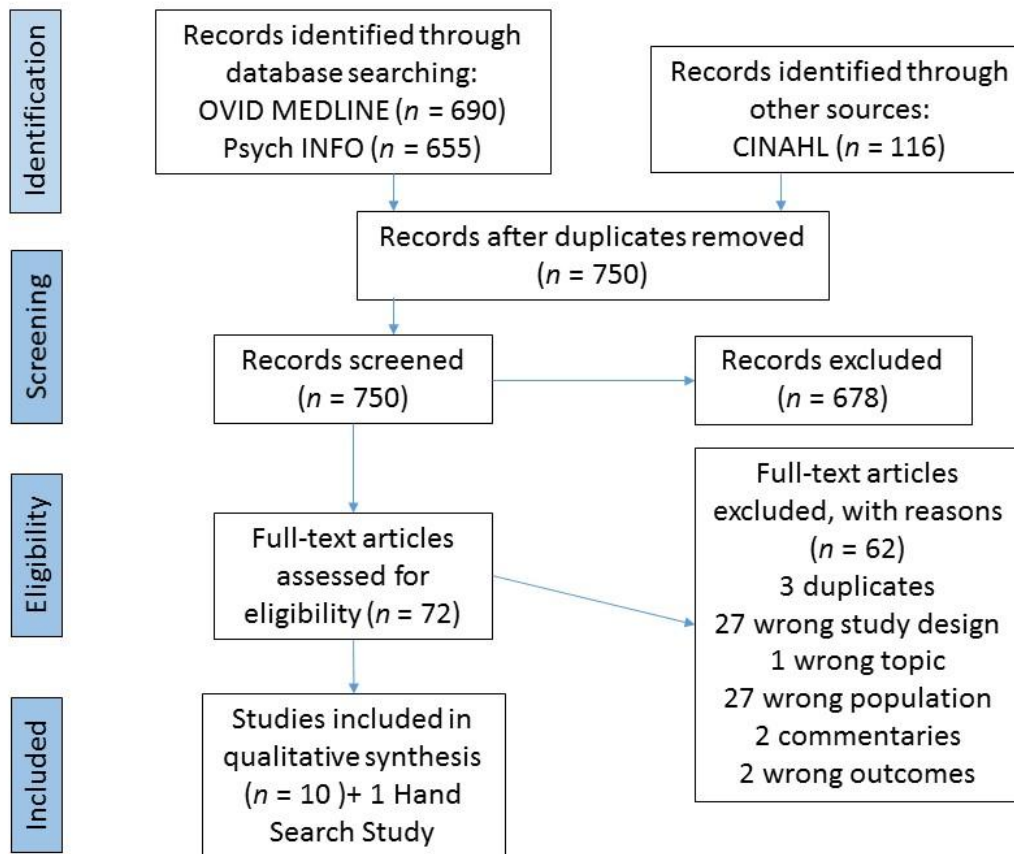


Fig. 1. Literature review process flowchart adapted from Moher, Liberati, Tetzlaff, Altman and the PRISMA Group (267).

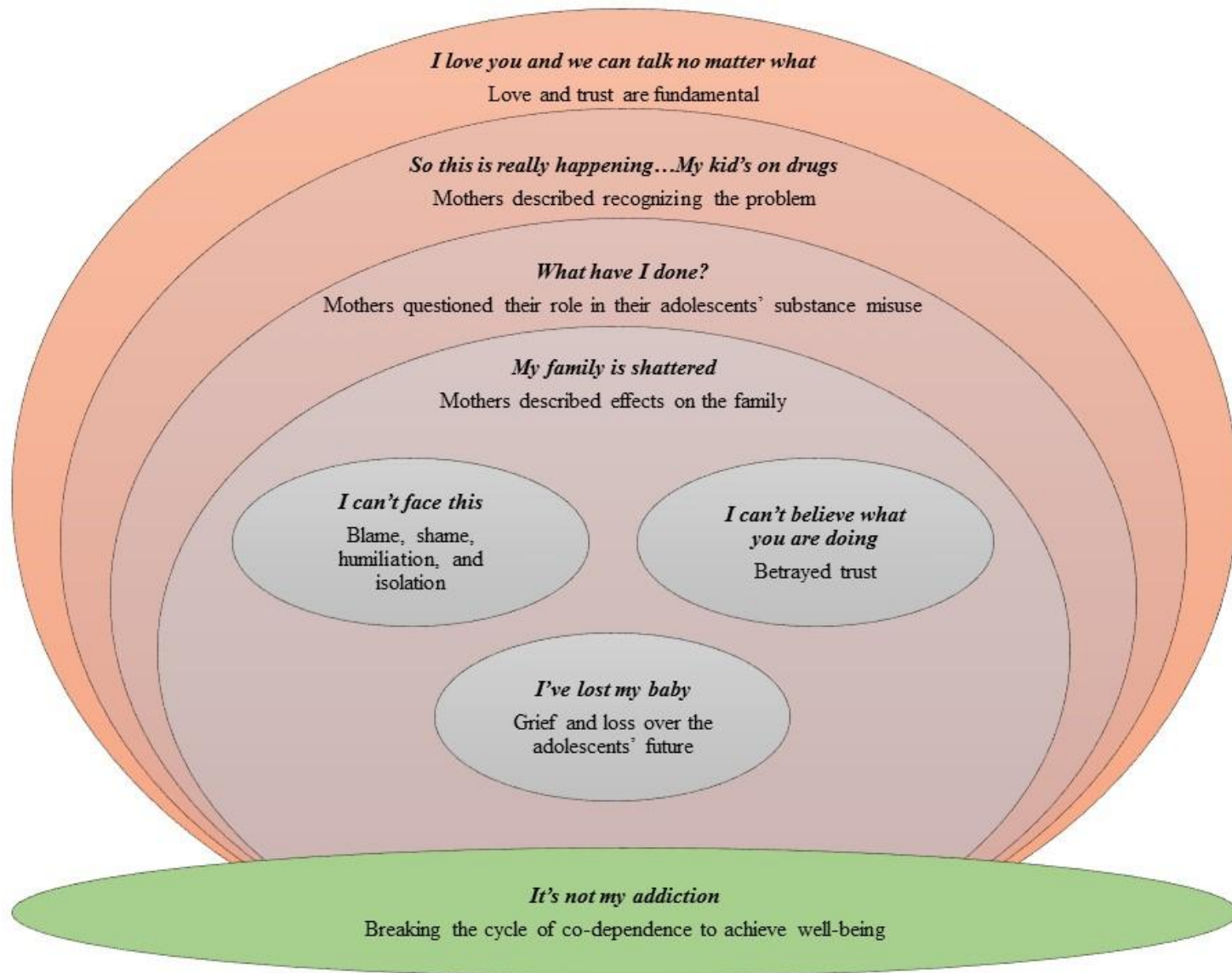


Fig. 2. Categories and subcategories to characterize mothers' experiences with adolescents' substance misuse.

Table # 1. Example of search strategy for Ovid MEDLINE.

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) <1995 to Present>

Search Strategy:

Adolescent terms

1 Adolescent Behavior/ or Psychology, Adolescent/ or Adolescent/ or Adolescent Health/ or Adolescent Psychiatry/ (1693135)

2 (adolescent* or teen* or youth or juvenile*).ti,ab. (290267)

3 or/1-2 (1791452)

Substance misuse terms

4 exp substance-related disorders/ or psychoses, substance-induced/ (237030)

5 ((substance or drug* or alcohol) adj2 (abuse* or misuse* or "use" or using)).ti,ab. (142650)

6 or/4-5 (315571)

7 **3 and 6 (62697) Adolescent AND Substance terms**

Mothers AND Experience terms

8 maternal behavior/ or mother-child relations/ or grandparents/ or parents/ or mothers/ or single parent/ (96120)

9 exp Stress, Psychological/ (100020)

10 Personal Narratives/ or Narration/ (7657)

11 exp adaptation, psychological/ (107209)

12 or/9-11 (198293)

13 8 and 12 (10366)

14 ((mother* or maternal or parent*) adj2 (cope or coping)).ti,ab. (871)

15 ((mother* or maternal or parent*) adj2 (stress* or distress*)).ti,ab. (5612)

16 ((mother* or maternal or parent*) adj2 (perspective* or experience*)).ti,ab. (6422)

17 or/13-16 (19677)

18 **7 and 17 (327) Adolescent AND Substance AND Mothers AND Experience (690)**

Table # 2. Qualitative studies that describe parents', particularly mothers', experiences with adolescents' substance misuse.

ID #	Title	Author (year)	Country	N	Study Design	Data Collection	Data analysis strategy	Theoretical/ conceptual framework
1	Then suddenly he went off the rails: Mothers' stories of adolescent cannabis use	Jackson and Mannix (2003)	Australia	12	Qualitative; explorative-descriptive	Conversational style-Interviews	Thematic analysis	Feminist research
2	Fractured families: Parental perspectives of the effects of adolescent drug abuse on family life	Jackson, Usher, and O'Brien (2007)	Australia	18	Qualitative	Conversational-style interviews	Van Manen-Thematic analysis	NR
3	Communicating trust between parents and their children: a case study of adolescents' alcohol use in Denmark	Demant and Ravn (2013)	Denmark	37	Qualitative	Focus groups, 6	Thematic analysis	Niklas Luhmann's sociological
4	The context of alcohol consumption among adolescents and their families	Ribeiro Gomes et al. (2014)	Brazil	22	Qualitative	in-depth interviews	Inductive thematic analysis	Symbolic Interactions; Family Systems; Calgary Family Assessment and Intervention Model
5	Parent attitudes, family	Gilligan and	Australia	32	Qualitative	Semi-	Thematic	NR

	dynamics and adolescent drinking: qualitative study of the Australian parenting guidelines for adolescent alcohol use	Kypri (2012)				structured interviews	analysis	
6	Determinants of binge drinking in a permissive environment: focus group interviews with Dutch adolescents and parents	Jander et al. (2013)	Netherlands	26	Qualitative	Focus groups, 18 Interviews, 8	Thematic analysis	NR
7	That's What I Mean by a Hundred Little, a Thousand Little Deaths...': A Case Study of the Grief Experienced by the Mother of a Substance Abusing Child	Dion (2014)	United States	1	Case study	Conversation style interviews	Thematic analysis using Miles and Huberman's approach	NR
8	From Every Direction: Guilt, Shame, and Blame Among Parents of Adolescents with Co-occurring Challenges	Cohen-Filipic and Bentley (2015)	United States	23*	Qualitative: Phenomenology	Semi-structured, individual, in-person interviews	Thematic analysis	NR
9	Shattered dreams: Parental experiences of adolescent substance abuse	Usher, Jackson, and O'Brien (2007)	Australia	18	Qualitative, hermeneutic phenomenology	In depth conversation style interviews	Phenomenological thematic analysis	NR
10	Mothers' experiences of their children's detoxification in the home: results from a	Van Hout and Bingham (2012)	Ireland	9	Qualitative	Conversation style interviews	Thematic analysis	NR

	pilot study							
11	The parents' experience: coping with drug use in the family	Butler and Bauld (2005)	United Kingdom	10	Qualitative	Semi-structured interviews	Thematic analysis	NR
Note. ID = study identification number assigned by research team. * 9 parents and 14 clinicians participated.								

Table # 3. Study participant (the mothers) characteristics.

Study ID	N (parents)	Mothers n (%)	Age Range	Family Type	Marital Status n (%)	Ethnicity n (%)	Education n (%)	Employment n (%)
1	12	12 (100)	Early 40's to mid 50's	Nuclear and single parent	Married: 9 (75) Divorced: 3 (25)	Anglo-Australian	Post school qualification 12 (100)	Employed 12 (100)
2	18	16 (89)	NR	NR	NR	NR	NR	NR
3	37	Not specified	NR	Nuclear and single parent	Mostly married others: single parents or representatives of the family	Danish 37(100)	NR	NR
4	8	7 (88)	NR	Single parent and nuclear	single mothers 5 (71) Married 2 (29)	NR	Not higher than primary education 8(100)	NR
5	32	27 (84)	35-44 10(31) 45-54 19(59) 55-64 2(6) ≥ 65 1(3)	Nuclear and single parent	Married 25(78) divorced/separated/ single 7 (22)	Australian born 22(69); overseas born: Canada 1(.03); Netherlands 1(.03); Fiji 1(.03); Ireland 1(.03); New Zealand 2(.06); South Africa 1(.03); USA 2 (.06); Zimbabwe) 1 (.03)	No High school 1 (3) - Completed High School 13 (41) Completed university/college 9 (28) Post graduate degree/s 8 (25)	Full time/part time 28 (88) Unemployed 2 (6) Retired 1 (3) Full-time study 1 (3)
6	18	10 (56)	NR	NR	NR	Dutch 18(100)	NR	NR
7	1	Mother/ grandmother	NR	Nuclear	Married	NR	NR	NR

		1 (100)						
8	9	6(67)	NR	NR	NR	Caucasian, African-American , or Latino/Latina	NR	NR
9	18	16 (89)	NR	NR	NR	Non-Indigenous Australians 18(100)	NR	NR
10	9	9(100)	NR	NR	NR	NR	NR	NR
11	10	9(90)	NR	NR	NR	NR	NR	NR
Note. NR = not reported.								

Table # 4. Study participant (the adolescents) characteristics.

Study	Sex	Age Range	Ethnicity	Misused substance	Employment	Living situation	Education	Adolescent's parenthood	History of mental health
#1	Males	15-16	NR	cannabis	NR	NR	NR	NR	NR
#2	NR	NR	NR	Not specified illicit drugs	NR	NR	NR	NR	NR
#3	NR	14-16	Danish	Alcohol	NR	NR	NR	NR	NR
#4	Males Females	15-19	NR	Beer, rum, Vodka, and Whiskey	NR	Living with mothers: 6 Living with father: 1 Living with parents: 4	Dropped out: 3 Unfinished secondary education: 4 Finished secondary: 1 Young adult education: 2 Remedial primary education: 1	single parent 2(18) single 9(82)	NR
#5	NR	13-17	NR	Alcohol	NR	NR	NR	NR	NR

#6	Males Females	16-18	Dutch	Alcohol	NR	NR	47 from secondary education 36 from pre- university educational background	NR	NR
#7	Female	36 at the time of study but started using drugs at age 15	NR	Drugs generally	NR	NR	NR	Single mother	NR
#8	NR	13-19	NR	Not specified	NR	NR	NR	NR	Mental health and substance abuse challenges
#9	NR	NR	NR	Alcohol, marijuana, ecstasy, amphetamines	NR	NR	NR	NR	NR
#10	NR	NR	NR	Alcohol, heroin, cannabis, cocaine, over the counter codeine, methadone	NR	NR	NR	NR	NR

#11	NR	NR	NR	Heroin	NR	NR	NR	NR	NR
Note. NR = not reported.									

Table # 5. New categories for mothers' experiences of their adolescents' substance misuse.

Category/ subcategory	Description	Studies	Representative quotes
I love you and we can talk no matter what	Mothers described how love and trust were fundamental in their relationships with their children who misuse substances.	1, 3, 4, 5, 6	“The door was always open and every time he came home I always told him I loved him even though I didn’t like his lifestyle and I didn’t like a lot of the people he was associating with. But I always told him I loved him and that home was always here if he wanted it...”(Study 1; Jackson and Mannix 176).
So this is really happening...My kid's on drugs	Mothers described their recognition of the fact that their adolescents misuse substances.	1, 9, 11	“Well sort of like I guess the real crunch for me that I knew something was wrong, she came home really late one night, and she sort of seemed to just fall apart, but at the same time be yelling and screaming, and it was all about a moth that was in her room, and it was a big giant monster and so I sort of started thinking ‘hang on you know there is something going on here’ she started saying ‘her friend had this drug problem’ and I went ‘oh okay’ (Study 9; Usher, Jackson and O’Brien.424).
What have I done?	The recognition of the problem of their adolescents' substance misuse led them to feel guilty and blame themselves that they had something to do with this problem.	7, 8, 9, 11	“You do look back and you think to yourself ‘well, where did we go wrong?’ Or why didn’t you see it—all these things go through your mind. You feel guilty, I do even now. You just wonder what you missed”(Study 11; Butler and Bauld 39)
My family is shattered	Mothers described that the main effect of substance misuse has been on their families.	1,2,11	“When your child gets a drug problem, suddenly in your family you have someone who is intimidating, menacing, violent, abusive, can’t be trusted, off the planet, you can’t rationalize with them, they’ll steal from you, you’ve got the other children fearful of them...” (Study 1; Jackson and Mannix 173).

I can't believe what you're doing	Mothers described one of the effects of substance misuse was that they experienced betrayal of trust between themselves and their adolescents	2, 9, 10, 11	"He never stole our belongings and sold them or anything like that, but he did take money and that was, your heart sunk, you know, your heart sunk. But he did try to pay it back, but it was with somebody else's ..." (Study 2; Jackson, Usher and O'Brien 324).
I can't face this	Another effect of the substance misuse on the family was that mothers described feelings of blame, shame, humiliation, and isolation.	2, 7, 8, 9, 10, 11	"It is a problem society needs to deal with, but because they don't want to look at it, you just get blamed with the whole lot. I would not go to the police or the ambulance ever again. There's too much blame that goes on..." (Study 9; Usher, Jackson and O'Brien 425).
I've lost my baby	The other effect of substance misuse on the family was that mothers described the feeling of grief and loss regarding their adolescents' lives especially their futures.	7, 9	"And then again, that is what I mean by the little deaths that you live every day, it is the deaths of a dream (Study 7; Dion 401).
It's not my addiction	Mothers described that they have broken the co-dependence cycle of substance misuse between themselves and their adolescents and have taken into consideration their own health and well beings.	7, 9	"Well I am a fairly strong person but eventually I said, 'this is too much for me'. I told Paul that he was old enough and big enough to make his own decisions and we had carried him for long enough and he had to stand on his own two feet" (Study 9; Usher, Jackson and O'Brien 428).

Chapter 3

The Experience of Mothering an Adolescent who Misuses Substances

This chapter is based upon an unpublished manuscript formatted to submission to the Journal of Child and Adolescent Substance Abuse. Recommended manuscript length: Not specified.

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Note: This chapter of the Thesis is formatted using APA formatting the required style for the selected journal.

Abstract

When a family encounters a problem such as adolescent drug misuse, the burden of managing it is thought to fall primarily on the mother. The purpose of this study was to explore the experiences of mothers of adolescents who misuse drugs. A qualitative descriptive design was used. Interviews were conducted, audio-recorded, and transcribed verbatim. Thematic analysis was undertaken. The main categories included: recognition, punishment/surveillance, negative emotions, relationships, escalating effects, strategies, and home – a safe place. These findings can inform the development of nursing interventions to help nurses meet the needs of these mothers and assist them and ultimately their adolescents to attain optimal wellbeing.

The Experience of Mothering an Adolescent who Misuses Substances

The social construction of traditional family dynamics in Western industrial capitalist societies situates mothers as the main figure responsible for the emotional support that keeps a family together (May 2008). Mothers are frequently held responsible for their children's behavior and development in these societies (Gillies, 2007). Therefore, when a family encounters a problem such as adolescent substance misuse, the actions and abilities of the adolescent's mother are often called into question by the society (May, 2008). Maternal wellbeing and mental health may be adversely affected by this societal blaming resulting in social and somatic stress, potentially leading to serious psychological illnesses including depression, anxiety, fear of danger, guilt, as well as grief associated with perceived failure in the parental role (Barnard 2005).

Although the literature about the negative effects of substance misuse on the family system (e.g. stigmatized, conflicted, worried, and frustrated) is vividly described, the various and unique experiences of mothers of adolescents with substance misuse issues have not been reported and more work is needed to adequately portray maternal experiences (Benishek, Kirby, & Leggett Dugosh, 2011; Chaote, 2011; Orford et al. 2010; Usher et al., 2007). These studies included both qualitative and quantitative approaches. A recent synthesis of the qualitative literature on the experiences of mothers of adolescents who misuse substances (Katouziyan, Vandyk, & Phillips, in press), identified the familial complexities and social processes that influence mothers' experiences. Katouziyan, Vandyk, and Phillips (in press) reviewed and synthesized 11 qualitative studies conducted in Australia ($n=4$), United States ($n= 2$), Brazil ($n= 1$), Denmark ($n= 1$), Ireland ($n= 1$), the Netherlands ($n= 1$), and the United Kingdom ($n= 1$). Sample sizes in the studies ranged from one to 32 participants. Data were collected using

conversational-style interviews in 5 studies, semi-structured interviews in 4 studies, and focus groups in 2 studies. All 11 studies used a version of thematic analysis.

The main reasons for exclusion were: 1) inappropriate study design (i.e. quantitative methods or intervention evaluation); 2) inappropriate population (i.e. adolescents who were interviewed about substance misuse or parents who were interviewed about adolescent's substance misuse, but it was not indicated that they were parents of adolescents who misuse substances themselves; 3) off-topic (i.e. not adolescent substance misuse); and 4) inappropriate outcome (i.e. experiences of parents regarding their adolescents' treatment for their substance misuse). Two studies that met all eligibility criteria, were excluded at the data extraction phase, because they did not include data about parents' or mothers' experiences that could be extracted.

Five categories and three subcategories emerged from the synthesized studies: 1) I love you and we can talk no matter what; 2) So this is really happening . . . My kid's on drugs; 3) What have I done?. . . I failed as a mum; 4) My family is shattered; and 5) It's not my addiction (Katouziyan, Vandyk, & Phillips, in press) (Table 5). Our review confirmed that a "mothering narrative" would move beyond assignment of blame and give voice to the everyday emotional realities of mothering (Katouziyan, Vandyk, & Phillips, in press; Krane & Davies, 2000). While the prevalence of drug use/misuse among adolescents in Canada is concerning, no existing studies specifically explore the experiences of mothers who parent these teens. This study aims to address this gap by exploring the experiences of mothers of adolescents who misuse substances.

Methods

Study Design

A descriptive qualitative approach was implemented to gain in-depth understanding of experiences of mothers of adolescents who misuse substances. The study addressed the research

question: what are the experiences of mothers of adolescents who misuse substances? According to Sandelowski (2000), in a descriptive qualitative research design, the researcher's description serves as a comprehensive summary of a phenomenon. The descriptive qualitative approach is congruent with the constructivist paradigm because it assumes that there are multiple realities which are constructed and holistic, and that there are multiple interpretations of these realities, which are lived by each person (Lincoln & Guba, 1985).

Setting

The setting of this study was an urban center in Ontario, Canada. Participants were recruited from a non-profit organization that provides addictions and family services to adult clients who have addiction and gambling problems and their families as well as to youth struggling with substance misuse and their parents. The addiction services provided by this organization include adult and family programs, and youth and parent programs. The youth and parent programs are subdivided into: a) a youth and young adult substance abuse program (ages 18-24); b) youth justice programs; c) a youth continuing care program (ages 15-17); d) school-based program; e) a pregnant and parenting young women program; and f) a parent program. The parent program is for parents who are concerned about their adolescent(s) who are abusing substances, and it offers support, counseling and education.

The parent program is 15 weeks in length and includes assessment and treatment. There are six groups that run consecutively in a year, and generally there are about eight parents per group. There is unlimited individual counseling which is provided to parents prior to, during, and after the 15 week program. Adolescents are not included in the parent program, however, they are seen by a counselor as part of the youth program or by a school based counselor at their

schools. This organization served 1003 clients for substance abuse (alcohol and/ or drugs) between the ages of 10-19, and 154 parent clients from September 2014 to August 2015.

Participants and Recruitment

The organization's parent program coordinator served as a gatekeeper and facilitator for accessing the study participants. The parent program coordinator worked with her counselor colleagues to connect the mothers with the lead researcher, who recruited the participants. In a brief information session at one of the parent program group meetings, the lead researcher provided mothers with an introduction to the topic and purpose of the study and the study information sheet (Appendix A). After that session, four mothers contacted the lead researcher and the interview dates were set.

A convenience sample of four mothers who attended the parent program were recruited to obtain an understanding of the experience of being a mother parenting an adolescent who misused drugs. Mothers were eligible to participate if they met the following inclusion criteria: 1) a mother, step mother or grandmother with a caregiver role to an adolescent (age 10 to 19) struggling with drug misuse; 2) being capable of participating in the interviews as scheduled and be willing to give informed consent; and 3) able to speak and read English (Appendix B).

Ethical Considerations

Prior to recruitment, the study protocol was approved by the University of Ottawa, Health Sciences and Sciences Research Ethics Board (Appendix C). Permission to recruit potential participants was obtained from the director of the community organization where the recruitment took place (Appendix D).

Data Collection Procedures

To insure the confidentiality of the participants, all interviews took place at the organization in a private room. Confidentiality was maintained by not including participants' names or identifying data in the interview transcripts.

Data collection occurred using face-to-face interviews with each mother on an individual basis. Interviews were conducted in a private interview room at the organization. Therefore, in the event that a participant required emotional support during or after an interview staff were available to provide counseling. Prior to the interview the consent was reviewed with each participant and signed (Appendix E). Each participant received a signed copy of the consent form. Each participant completed a demographic questionnaire (Appendix F). Each audio recorded interview lasted approximately one hour. The following open-ended question was used to start the interviews: "tell me from the beginning about your experiences as a mother to an adolescent who abuses drugs." Additional clarifying questions were asked to elicit further information from participants. Clarifying questions included questions such as: How did that make you feel? What did that mean for you? Is this ... what you felt (Appendix G)?

Data Analysis

The audio recorded interviews were transcribed verbatim by a transcriptionist. Data were analyzed using thematic analysis as explained by Granheim and Lundman (2004). According to this approach, the transcripts were read carefully in order to gain a comprehensive understanding from the texts. Then texts were divided into "meaning units" which were sentences or paragraphs having some aspects related to each other considering their contexts or contents. Using an iterative process, the meaning units were condensed into codes. Through describing and interpreting the codes, categories and subcategories emerged. I reviewed all transcripts and each thesis committee member reviewed at least 1 manuscript. Then the codes obtained from all

transcripts were discussed among all thesis committee members during advisory meetings. After the initial codes were agreed upon, we all discussed the description and interpretation of the codes to identify the categories and subcategories from each transcript. At the end consensus among us all was reached to determine the common categories and subcategories in the transcripts.

Quality: Trustworthiness and Rigour

To establish rigour in my study, Lincoln and Guba's (1985) criteria of trustworthiness was implemented using the criteria outlined below.

Reflexivity

In qualitative research, the researcher must be aware of his/her own biases, preferences, and preconceptions during the data collection and analysis (Finlay, 2002). In order to be aware of my own biases and preconceptions which I had regarding the topic of the study, after each interview I reflected in a journal regarding my own biases and preconceptions. Since the interviews with participants occurred simultaneously when I was conducting the systematic qualitative evidence synthesis, occasionally I led the interview toward the direction I wanted by considering the mothers' experiences from the studies I was reviewing. Also I became aware that as a researcher I needed to stay neutral to their experiences, which I did not do since I am a mother as well and empathized with the participants.

Credibility

In order to ensure the credibility of the study's findings, I used thematic analysis as my methodology which is congruent with descriptive qualitative approaches (Graneheim & Lundman, 2004). According to Lincoln and Guba (1985) credibility is the confidence in the truth of the data and the interpretations which can be achieved through the data. In this study,

credibility was ensured by peer debriefing (Creswell, 2007; Lincoln & Guba, 1985). All research team members have expertise in qualitative research and the lead researcher reviewed all the transcripts and each member reviewed at least one transcript. Transcripts were reviewed independently and then coding and categories were discussed during regular team meetings. At these meetings team members discussed their interpretations of the data. When categories and subcategories began to emerge, the team discussed them and consensus was reached by all team members about the nature and content of each category and subcategory.

Dependability

Dependability is the reliability and consistency of the findings overtime (Lincoln & Guba, 1985). According to Lincoln and Guba (1985), dependability can be demonstrated by the process notes, and any drafts of the final report that lead to the development of results and subsequent interpretations were retained (Polit & Beck, 2012). The auditability (establishing an audit trail for the study so another research could follow the process and arrive at similar findings) of the study was considered by the research team members during team meetings. All team members assisted in ensuring that the data collection and findings were logically reported and that the audit trail could be followed.

Confirmability

Confirmability refers to the objectivity of the data and is the criterion of neutrality (Lincoln & Guba, 1985). Confirmability in this study was achieved by using direct quotes from the study's participants to support each category and subcategory.

Transferability

Transferability refers to the potential application of findings outside of the study, in other settings or groups (Lincoln & Guba, 1985). Participant quotations and rich, detailed descriptions

were used to help facilitate transferability of the results when the study's findings are read by other professionals whose work involves adolescent drug misuse and mental health such as psychologists, social workers, teachers and addiction counselors.

Results

Participant Characteristics

Four participants between the ages of 41 and 55 years were included in this study. All participants were married and spoke English. Three participants had a college diploma and one held a university degree. All participants were referred to the organization by the school where their adolescent was enrolled. All four of the participants' adolescents were males between 16 and 17 years of age. Three participants reported that their adolescent was misusing drugs for more than one year and one mother reported that her adolescent was misusing substances for approximately three years. The mothers reported having between one and three children, none of whom were labeled as 'special needs.'

Categories

The analysis of the participants' interviews revealed the reality and challenges that they faced dealing with their adolescents' drug misuse. There were seven categories, supported by twelve sub-categories. These categories included: an overarching category home – a safe place, and the categories recognition, punishment/surveillance, negative emotions, relationships, escalating effects, and strategies. The category negative emotions has three subcategories: Worry, frustration, and self-blame. The category relationships has two subcategories: Familial conflict and unequal parental roles. The category escalating effects includes four subcategories: the cycle (start, stop, use), negative changes in school performance, suicidal ideation, and criminal involvement. The category strategies has three subcategories: helping, rationalizing, and

joining the program. These categories and subcategories captured the experience of mothers parenting an adolescent who misuses drugs and encompassed the temporal dimension from their first awareness of the adolescents' drug misuse until the interview (Table 6).

Recognition. Recognition of drug misuse was described as a combination of the mothers' intuition (or tacit understanding) and their overt awareness. One mother described intuition as "... a feeling that there's something going on and ... most of the time, it is. Call it intuition, call it reading him" (participant 2). Another mother described her overt understanding of her adolescent's drug use when "... [I] first discovered it with a friend coming and [telling me] that ... my son had offered his son some marijuana ... We'd also seen some of his social media ... [that] was pointing to some drug use" (participant 3). The mothers described how this recognition led to an internal dialogue about whether drug misuse would be problematic or if it was just teenage experimentation. One mother questioned whether her adolescent's drug use "... was going to become a problem. Was this something he just tried? You know, did he like it?" (participant 4). Another mother stated "I guess at first I just thought it was exploration, experimenting" (participant 3).

Punishment/surveillance. Punishment or surveillance were ways in which the mothers reacted to their adolescents' drug misuse. Punishment was described as cutting adolescents' social activities and privileges. One mother stated: "It was a very severe punishment and we took away a lot of social activities. You know, phone, so forth, any sort of things that he was allowed to do. He wasn't allowed to hang out with his friends" (participant 2). Surveillance happened by monitoring the adolescent's activities through social media (e.g. Facebook) or iCloud. In some instances this surveillance was intentional and in other instances it was inadvertently initiated. One mother reported:

I was monitoring his laptop so I was able to see conversations. I went onto his Facebook and I saw that he was in the midst of having a conversation with someone to sneak out of the house that night to go and smoke. (participant 4)

Negative emotions. The mothers described a plethora of negative emotions that were felt in response to their adolescents' drug misuse. Negative emotions were described by all of the mothers. These negative emotions included worry, frustration, and self-blame.

Worry. Worry was described by the mothers as fearful thoughts related to their adolescents' drug misuse and "... that's worrisome because ... you're dealing with a kid who's, you know, at the time, 15, outside of your house. You have no idea where they are, what they're doing ...that's really worrisome" (participant 2). Worry also consisted of being scared about the adolescent's future because a "criminal record basically means it makes it harder to cross the border and it also makes it harder ... to get a job" (participant 1). The mothers were concerned about loss of their reputation and privacy due to their adolescents' drug misuse. One mother said, "you don't want to air your dirty laundry, but also I still worry that... with social media, the world is small and you don't want these actions affecting him down the road. That's what it was I think, more so than that there's a stigma. It's more like... I just didn't want it everywhere" (participant 2). The same mother expressed worry as confusion when she stated "I was very confused not knowing kind of what do you do with this... how do we proceed next? What do we do?" (participant2).

Frustration. This subcategory encompassed feelings of being powerless and frustrated by the adolescent's drug misuse. Mothers described being powerless regarding their adolescents' substance misuse. One mother said, "as a mom, you want to try and fix things, so how can you fix things? Well, you can't fix him. They have to want to fix themselves. So you feel helpless"

(participant 2). Another mother described, “I can't believe that... yeah, I felt like ... how could it happen to me” (participant 1). Frustration was described by mothers when the family was not adequately involved in the adolescent’s cognitive behavioral therapy.

So I don't know how, from therapy to home life, it's supposed to be inclusive. And we're a family unit ...at the time he was 15. How is a 15-year-old supposed to navigate himself through learning strategies if parents aren't involved in helping him execute them?”

(participant 3)

Mothers also described being frustrated with being rejected by health care facilities because of their adolescent’s drug misuse. “Very frustrated and just... I mean very frustrated. Feeling like... like no matter where you went ... as soon as you told them he was using drugs, they didn't want anything to do with him” (participant 3).

Self-blame. The mothers described self-blame as feeling responsible regarding their adolescents’ drug misuse. They described questioning their actions own and whether they missed any signs. One mother wondered whether

I had failed him somehow... I mean I guess at first I just thought it was exploration, experimenting. He came to us and he told us that the marijuana helps his anxiety and it helps him to feel like he fits in. And that's when I thought to myself? What have I missed all this time. (participant 3)

Mothers wondered “...what could I have done differently? Like, you know, where did we go wrong?” (participant 1). Self-blame was also described as questioning whether the disclosure of her own history of drug misuse could have any influence on the adolescent’s drug misuse.

He knows that in my lifetime... I have [misused substances], so he felt comfortable I think talking to me. And like today I don't know. Now that I look back, I don't know if I

would have told him. Like I think maybe I would have lied. I don't know. Because I guess you're always wondering like did I influence him. (participant 4)

Relationships. Mothers described the effect of their adolescents' drug misuse on relationships that included familial conflict and an unequal parental role. *Familial conflict* was described as "...awful... the relationships at home were stressed, really stressed" (participant 2) because of the drug misuse. Conflicts also happened between mothers and the adolescents' fathers. One mother described:

I was absolutely furious with my husband ... I mean I lost it with him... I said, "You know, if you're making me choose between my child and you... like I will choose him [child]." I was just so angry that he [husband] would kick him [child] out of the house because it's like no matter how bad it gets, I would never do that. (participant 1)

Mothers perceived an *unequal parental role* between themselves and the adolescents' fathers when dealing with their adolescents' drug misuse. Mothers described themselves as "I was really resentful of the fact that I was having to be the strong one, like I was tired of being the strong one" (participant 1). Mothers perceived that they were the parent in charge. One mother stated "I have now had the conversations with my husband where I've said 'I don't want to be that person in charge,' like I don't want that role anymore because ...it's not fun to do it by myself" (participant 2). Mothers perceived they were "... having to carry everything on my own..." (participant 4).

Escalating effects. Mothers described escalating effects on their adolescents' lives as a result of the drug misuse. These escalating effects included: the cycle of starting, stopping and using; negative changes in school performance; suicidal ideation; and criminal involvement.

The Cycle (start-stop-use). The cycle of substance misuse by the adolescents occurred in the order of using drugs, promising to stop then using again. One mother described that “it didn’t matter how much we told him to stop or no matter how many times he promised that he would stop, he wouldn’t necessarily stop. Like we just... it wasn’t over” (participant 1). The cycle gave way to negative changes in school performance.

Negative changes in school performance. Due to the drug use the adolescents were struggling in school and their grades were dropping. One mother described “[He] was doing well in school. He was getting like honors, honor society... honor society. He’s doing phenomenal... and then everything went to hell... his grades were slipping” (participant 4) because of the drug misuse.

Suicidal ideation. Mothers described that as substance misuse escalated their adolescents had thoughts about killing themselves. One mother stated it “... was probably around grade nine when his grades started to fail. He told me that he wanted to commit suicide” (participant 3). Another mother reported “He was feeling suicidal. And like every other day thinking about how to kill himself” (participant 4).

Criminal involvement. Mothers described that part of their adolescents’ drug misuse trajectory included engagement in criminal activities such as break-ins. One mother reported “he was with some friends that broke into a house of one of their friends who was away on holidays. They went there to smoke up and drink. So they’re charged” (participant 3). Another mother reported:

That was when things got worse for him again because it turned out that the reason why he got involved with that fight went back to his drug dealing. So he was charged with

disturbance of the peace but then a month later, they laid another charge on him. They added assault to it. (participant 1)

Strategies. Strategies for navigating their adolescents' drug misuse included helping, rationalizing, and joining the parent program. Mothers described *helping* their adolescents in many ways. One mother reported,

[he] came to me at one point... and said, 'Mom, I need some help... I'm smoking cigarettes. I'm smoking a lot. I'm addicted. I don't know how to stop.' So at that time, that's how... my whole kind of helping him kind of got started. (participant3)

Another mother described how she helped her son with his suicidal ideation.

I said "would you be willing to let me help you get help?" So I called him back the next day. I called the suicide hotline that night. They... coached me a little bit [and told me]...that it was good that he talked to me about it. [He] assured me that he was not going to hurt himself that night. (participant 4)

Mothers also described how they helped their adolescents seek help for drug misuse. One mother stated,

because I have an EAP [Employee Assistance Program] program through my work. I first made him call this hotline and talk about it on the phone. I want to find out about student services and like are there guidance counselors and people that can help me."

And, through them, I found out about [name of organization] and so [he] agreed to start seeing a school-based counselor. (participant 1)

Rationalizing. Mothers rationalized their adolescents' drug misuse and attributed it to school anxiety or lack of self-esteem. One mother "believe[d] that that's part of the reason why he uses drugs. I believe he has anxiety because of school" (participant 2). Mothers attributed

substance misuse to low self-esteem, one mother said, “I felt that... [he] has always had a self-esteem problem” (participant 1). Another mother said “I think it’s his [lack of] self-esteem that’s making him smoke up” (participant 4).

Joining the program. The mothers described that they joined the parent program to get help for themselves in regards to their adolescents’ drug misuse. One mother said “I found out eventually through the school that, you know, [name of organization] offers a parenting class, I did it, because it’s offered and it can help me” (participant 2). Joining the program had positive effects for all of the mothers in this study. These effects included: peer support, effects on family, effects on emotions, and effects on the mother-adolescent relationship.

The mothers described *peer support* as a positive aspect of the parent program on their lives. Since they had support from other parents whose adolescents were dealing with the same issues regarding drug misuse, the mothers felt that they were not the only ones dealing with their adolescents’ substance misuse. One mother said,

I think any time you’re in a support group where people can relate to what you’re going through, or you can relate to what they’re going through, I mean you always come out ahead... I think lots of the parents in our group had sons that are around the same age, so there’s certainly been... like everybody can relate to this, right...it’s not uncommon.

(participant 2)

Another mother said, “I learned by talking to people, that a lot of people go through this stuff and I’m not alone and I shouldn’t be ashamed” (participant 1).

The program was credited with having positive *effects on family* lives despite the remaining struggles related to the adolescents’ drug misuse. Through the program, families had learned better ways to cope with their adolescents’ drug misuse. As one mother described,

“before I started this program, the relationships at home were stressed, really stressed. And now as much as we’re still dealing with lots, it is far better... I don’t know if I just learned to deal with things better” (participant 2).

The mothers reported that the positive *effects on emotions*, which they attributed to their participation in the program. These positive effects included being able to cope better with stressors due to their adolescents’ drug misuse, being able to take care of self, not feeling powerless, and being able to let go of negative feelings regarding their adolescent’s drug misuse. One mother reported, “you feel so powerless at the beginning but then you learn that you can...control yourself and the influence that that has on those other people. So it's been really, really good that way. It gives you more hope” (participant 1). Another mother said, “I did not sleep, I don’t know for how long and since I've started coming here, there's not a night that I haven't slept. Even if we’re dealing with difficult times, I still sleep because I can let it go” (participant 3).

The mothers reported that the program had positive *effects on the mother and adolescent relationship*. The mothers described their relationships with their adolescents improved due to the program because they were able to communicate better with their adolescent. The mothers had learned to emotionally coach adolescents through stressful days and they accepted their adolescent despite their differences. One mother said, “I can even emotion coach him now through texts. He’ll say, ‘I’m having a really crummy day,’ and then ... sometimes it's like, ‘Oh, okay, okay, breathe, okay I'm ready for this’” (participant 3). Another mother said,

I feel like through this program, through the communication styles that have been better at home, it’s that spot for him now. When he’s upset, and he calls. He’s saying, Mom,

I'm having a bad day. I need you to come get me. And he wants to go home. (participant 2).

Home, a safe place

All of the mothers perceived that home was a symbol of safety for their adolescents struggling with drug misuse. Also for the mothers themselves home was a place that they could protect and nurture their adolescents free from the influences of the outside world that contributed to their adolescents' struggles with drug misuse. When their adolescents had left home, whether by force or by choice, the mothers expressed their distress because "it's more important right now that he has a safe place and that he knows it's his safe place because as a child, your home should be your safe place" (participant 2). One mother said, "It broke my heart to think that my son...that he couldn't come home" (participant 3). Another mother said, "to not have him home I would wake up and be so... my nerves were so like just raked, just like it was so bad I would just go to the bathroom like and cry for an hour and then go back to bed. That was hard" (participant 4).

In summary, mothers' experiences with their adolescents who misused substances included descriptions of their initial awareness and response to the substance misuse. Mothers described the punishments and surveillance measures they took as they worked with their adolescents to address substance abuse issues. Negative emotions were described by the mothers and included worry, frustration and self-blame. The effects of an adolescent's substance misuse on relationships within the family contributed to familial conflict and the mothers perceived unequal parental roles related to the family's response to adolescent substance misuse. The mothers described escalating effects from their adolescents' substance misuse, which included the cycle of starting, stopping and use; negative changes in school performance; the adolescent's

suicidal ideation, and involvement in criminal activities. All of the mothers reported engaging in strategies to cope with or overcome the effect of an adolescent's substance misuse, including helping their adolescent, rationalizing the misuse and responses to it, and joining a program to learn how to cope. Mothers described the importance of maintaining home as a safe place for their families and their adolescents who misused substances.

Discussion

This qualitative descriptive study of the experience of mothering an adolescent who misuses substances casts light on aspects of the response to adolescent substance misuse that have received limited previous researcher attention. The findings of this study highlight several potential areas for intervention by nurses and other health care professionals. There were similarities and differences between the study's findings and the reviewed literature. One of these similarities was the mothers' experiences with recognition of an adolescent's drug misuse, which was congruent with the similar experiences reported in previous studies (Butler & Bauld, 2005; Jackson & Mannix, 2003; Usher et. al., 2007). The only difference was that the mothers in this study characterized their recognition experience as 'intuition' that appears to be a unique description compared to previous published studies where mothers' recognition of their adolescent's drug misuse was due to confirming their suspicions and stop denial regarding their adolescents' drug misuse (Butler & Bauld, 2005; Jackson & Mannix, 2003; Usher et. al., 2007).

Another similarity was that the mothers in this study described using various forms of punishment or surveillance with their adolescents who misused substances which has been described as constant vigilance in previous research (Jackson & Mannix, 2003). Constant vigilance included grounding (limiting freedom of movement) an adolescent as punishment for substance misuse or searching the adolescent's bedroom as a form of surveillance (Jackson &

Mannix, 2003). Technological advancements since Jackson and Mannix's (2003) study have changed the nature of surveillance. Mothers in my study used technology and social media surveillance strategies that facilitated close monitoring of their adolescents and did not exist at the time of Jackson and Mannix's (2003) study.

Mothers described negative emotions as integral to their experiences with adolescents who misused substances. Worry and frustration about adolescent substance misuse was described by the mothers. They also reported that they had feelings of powerlessness at times, often related to navigating the health care and treatment systems where they sought help to address their adolescents' substance misuse. One of the most profound emotional states reported by the mothers was their feeling of self-blame. Self-blame was described as a feeling of being responsible for their adolescents' drug misuse. This finding was congruent with previous evidence which had suggested that mothers felt ashamed and blamed because of their perceived responsibility for their adolescents' drug misuse (Butler & Bauld, 2005; Jackson et al., 2007; Usher et al., 2007).

Adolescents' substance misuse had profound effects on family dynamics and relationships, which have been described previously as damaged and fractured family relationships (Choate 2011; Jackson, Usher, & O'Brien, 2007). In my study, relationships were marred by familial conflict through which the mothers described that the relationships in the family were stressed and negatively affected by their adolescents' substance misuse. Familial conflict in the form of parental disagreements have been observed in other studies (Butler & Bauld, 2005; Orford et al., 2010). One mother in my study described the negative effect on her marital relationship when a disagreement arose because her spouse kicked their adolescent out of the house for substance misuse, which has been reported in other studies (Usher et al., 2007).

Family dynamics were also affected by adolescent substance misuse through the mothers' perceptions of unequal parental roles. Previous literature revealed that the burden of managing problematic adolescent substance misuse often fell on the parents as caregivers which can result in negative effects on parental wellbeing and mental health (Barnard, 2005; Butler & Bauld, 2005; Usher et al., 2007). Mothers in my study perceived they were solely carrying the burden of managing problems regarding their adolescents' drug misuse. The unequal parental role that mothers perceived in my study was a new finding which had not been reported in previous literature.

Mothers described the escalating effects of their adolescents' substance misuse. These effects were congruent with previous reports about the negative consequences of substance misuse among adolescents that included difficulty at school, and problems with the law (CCSA, 2015). The mothers reported that suicidal ideation was one of the escalating effects that occurred when their adolescents misused substances. Illegal drug misuse in adolescents has been reported to contribute to suicidal thoughts and actions (Gart & Kelly, 2015). For example, adolescents who have depression and who use illegal drugs are prone to impulsivity which is a leading factor for increased risk of suicidal behavior (Vitiello & Pearson, 2008).

The organization's program where the mothers were recruited was identified as having a positive effect on their experiences mothering and adolescent who misused drugs. The positive effects of treatment and family support services have been documented in previous studies (Butler & Bauld, 2005). Butler and Bauld (2005) recruited parents from a specialist agency that had provided support to the parents when they were dealing with their children's substance misuse. Parents in that study reported the benefit of the program included a reduced feeling of isolation and an increased understanding of their son or daughter who was a drug user. For

mothers in my study, the peer support derived from the program reduced their sense of isolation and they felt they were not the only ones dealing with their adolescents' substance misuse. An additional benefit of the program was enhanced communication between the mothers in my study and their adolescents. The mothers described that they learned strategies to help them communicate more effectively with their adolescent and understand them better on an emotional level, a finding which has been observed in previous research (Butler & Bauld, 2005). In the study conducted by Butler and Bauld (2005) mothers reported better relationships with their sons or daughters because the adolescents were less angry and confrontational toward them. The mothers had received assistance and support for themselves on how to cope better with their adolescents' drug use. Maternal love was symbolized as home, a safe place. Mothers in my study often talked about home as a safe place for their adolescents despite their drug misuse. This contextual representation of the perceived significance of home for the mothers is unique to my study. However, Jackson and Mannix (2003) reported a similar experience among mothers in their study who strived to maintain a loving relationship with their adolescents despite their drug use.

The findings of my study resonated with the fact that there is a need to create services where mothers and their adolescent are treated together rather than individually because the adolescent's drug misuse impacts the whole family not just the adolescent. According to the literature reviewed, treating an adolescent with substance misuse through family-based therapy that involves both family and individual therapy, is far more effective than individual therapy alone (Guo & Slensick, 2013; Liddle et al., 2001; Sim & Wing, 2008; Toumbourou & Bamberg, 2008; Yuen & Toumbourou). Not only does family-based therapy produce positive effects on the

adolescent but it also improves family functioning and parental wellbeing (Guo & Slesnick, 2013; Liddle et al., 2001; Sim & Wong, 2008, Yuen, & Tombouro, 2011).

Limitations

This study has a number of limitations. First, due to resource limitations (a feasibility issue), recruitment was challenging, limiting the study sample to four mothers. Although my study's findings are insightful regarding mothering an adolescent who misuses substances and their needs, data saturation was not achieved by my study's sample size and if there were more mothers I would have wanted to include them in my study. The mothers all shared similar educational and cultural backgrounds, which limited the diversity of experiences that may have been observed had mothers from more diverse ethno-cultural backgrounds in regards to their adolescents' substance misuse. Because all participants were recruited from the same agency, their positive perceptions about the agency may be biased. Finally, since the participants were interviewed after seeking assistance through the agency, this differentiates them from the mothers who are not or may not reach the stage of obtaining support for mothering and adolescent who misuses substances.

Conclusion

In comparison to previous studies, this study provides new insight into the challenges of mothering an adolescent who misuses drugs from the perspective of the mothers. This new insight was the mothers' perception of unequal parental roles in dealing with their adolescent's drug misuse. Many challenges these mothers face may be rooted in traditional social constrictions of family norms and values in traditional Western capitalist societies. The mothers who participated in this study sought help to navigate the challenges they faced with their adolescents' substance misuse.

Findings from this study may assist nurses in the use of interventions, as well as other resources, for providing support and care for mothers of adolescents who misuse substances. In order to promote wellbeing of mothers of adolescents who misuse substances, early intervention is vital. By providing early targeted interventions to meet the needs of these mothers, nurses who are specialized in mental health and substance abuse can assist the mothers and ultimately their adolescents to attain optimal health and wellbeing. Future research into the experiences of mothering an adolescent who misuses substances should include grounded theory or phenomenological approaches with more participants to open more avenues in providing services and changing policies that target the needs of mothers and their adolescents who misuse substances. Also more research regarding preventive measures would assist mothers to cope with their adolescents' drug use upon recognition, and help adolescents who misuse substances to diminish the escalating effects on their lives.

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Table 6. *Categories and Sub-Categories from the Qualitative Study.*

Category/subcategory	Description	Representative quotes
Recognition	A combination of intuition (or tacit understanding) and overt awareness that led to an internal dialogue about whether drug use was just teenage experimentation or would be problematic.	<p>He had a friend over on a Saturday morning and I walked by the room and ... I got a whiff of something. I went into the room and asked the boys ... what was I smelling and the boys quickly were like, nothing, there's nothing here. (lines 11-14, P2)</p> <p>I have a feeling that there's something going on and ... most of the time, it is. Call it intuition, call it reading him, I don't know what it is... (lines 112-114, P2)</p> <p>And so when we first found [out] about it... we'd discovered the dealing before we discovered the using and then we... concluded that, "Well, he must be using because otherwise how would he have gotten into the dealing?" So... we discovered ... and I say we, I say my husband and I... we found a substantial amount of marijuana in his room. (lines 18-21, P1)</p> <p>We first discovered it with a friend coming and talking to us that he... my son had offered his son some marijuana. So it was a bit of a shock to us. We'd also seen some of his social media and caught wind of their lingo on his social media that it was pointing to some drug use. (lines 10-12, P3)</p> <p>I was happy when he joined the ski club. So when I picked him up, I asked, so how did it go, and he seemed happier. Happier than he would normally have been and right away, I guess somewhere in my body I felt that he had smoked up. And it was just an intuition because he's not normally that happy about doing outdoor activities. (lines 20-23, P4)</p> <p>So for me there was some shock. Deep concern you know, especially with, you know, was this something that was going to become a problem. Was this something he just tried? You know, did he like it? What was the experience like? (lines 30-32, P4)</p> <p>I guess at first I just thought it was exploration, experimenting. (line 55. P3)</p> <p>So we were just very open as a family to, "Okay. This is exploring. It's a stepping stone into your, into teenage hood." It wasn't that it wasn't a problem, it's just that I</p>

		looked at it as teenage experimenting. That's what I saw it as. (lines 60-64, P3).
Punishment/ Surveillance	The ways in which the mothers reacted to their adolescents' drug use.	<p>Whenever we would discover something, there were many, many punishments that would go with it (268-269, P1).</p> <p>Everything's been taken away from him. And when I say everything, I mean like no car privileges, no phone, no computer, no... (lines 290-291, P1)</p> <p>He wasn't allowed to hang out with his friends. (line 37, P2)</p> <p>It was a very severe punishment and we took away a lot of social activities. You know, phone, so forth, any sort of things that he was allowed to do. (lines 24-26, P2)</p> <p>I was monitoring his laptop so I was able to see conversations. I went onto his Facebook and I saw that he was in the midst of having a conversation with someone to sneak out of the house that night to go and smoke. (lines 52-53; lines 56-57, P4)</p> <p>I don't know how this happened, but his... all his messages were going on my daughter's iPad because we all have iPhones. So I guess through iCloud or whatever, the messages started coming through on her iPad. So I was reading. I was like... I thought it was like a blessing. I was like oh my God. Like I know exactly what's going on. (lines 199-202, P2)</p> <p>So for quite a few weeks I got to see exactly kind of what was going on and was really... it really shed some light on things because, you know, when he said he was going somewhere, he was often not going there but he was going to meet somebody to go smoke up or do drugs. (lines 199-205, P2)</p>
Negative emotion	The plethora of negative emotions mothers felt in response to their adolescents' drug use, included worry, frustration, and self-blame.	
Worry	Mothers described worry in the form of fearful thoughts related to their adolescents' drug use, including concerns about adolescents'	<p>If he does anything now, because he turns 18 at the end of this month, if he's on probation as a youth and does anything during that probation period or he does anything for the next two or three years, it's going to escalate out of control and he will have a permanent record for life. And that's what scares me now. Criminal record basically means it makes it harder to cross the border and it also makes it harder to do... to get a job ... (lines 753-758, P1)</p> <p>During that time ... it was worrisome. That's what it was. It was very worrisome. (lines</p>

	<p>activities outside the home, future effects of a criminal record, loss of reputation and privacy, and not knowing what to do and what to expect regarding the adolescent's drug use.</p>	<p>64-65, P2)</p> <p>I mean that's worrisome because, you know, now you're dealing with a kid who's, you know, at the time, 15, outside of your house. You have no idea where they are, what they're doing, you know. That's really worrisome. (lines 376-379, P2)</p> <p>Your brother's have to live with everything now that goes on in the community because of what you did. (lines 576-577, P3)</p> <p>You don't want to air your dirty laundry, but also I still worry that, you know... I mean, you know, with social media, the world is small. And you don't want these actions affecting him down the road. That's what it was I think, more so than that there's a stigma. It's more like... I just didn't want it everywhere. (lines 173-177, P2)</p> <p>And, you know, again we tried to explain to [Name 3] that he has to not do things so impulsively and especially with nowadays with social media and videos and pictures. There's no such thing as a private... (lines 138-140, P1).</p> <p>It made me feel... I think probably confused. I was very confused not knowing kind of what do you do with this. You know, what... how do we proceed next? What do we do? So that's how I felt (lines 28-30, P2)</p> <p>We were just... we completely panicked and were scared and we thought, "Oh my goodness, what's going to happen?" (lines 25-26, P1)</p>
Frustration	<p>Frustration was manifest by being rejected from health care settings and as a feeling of powerless and disbelief about their adolescents' drug use.</p>	<p>I think a lot of it was that I felt a sense of desperation is what it was, is that... I mean yeah. As a mom, you want to try and fix things, so how can you fix things? Well, you can't fix him. They have to want to fix themselves. So you feel helpless.</p> <p>When you're dealing with the drug abuse, as much as I want to fix him, you know, you can lead a horse to water but you can't force the horse to drink, right. I can support him but ... I can't stop it for him. So that is... you know, I mean ... that's tough because you want to do everything you can for them. (lines 364-371, P2)</p> <p>I'd feel so helpless that I... you know, whether I wasn't getting through to him or that I just... it was beyond my power to help him. (lines 616-617, P3)</p> <p>I can't believe that... yeah, I felt like ... "how could it happen to me that, you know..."</p>

		<p>(lines 512-513, P1)</p> <p>Very frustrated and just... I mean very frustrated. Feeling like... like no matter where you went, you weren't going to be serviced as like... like you say, you know, we pay taxes and we have lots of services here but it's like as soon as you told them he was using drugs, they didn't want anything to do with him. Because they said he needed to be clean in order for them to be able to deal with him. (lines 106-109, P3)</p> <p>So I don't know how, from therapy to home life, it's supposed to be inclusive. And we're a family unit. He's... at the time he was 15. How is a 15-year-old supposed to navigate himself through learning strategies if parents aren't involved in helping him execute them? And that's where my husband and I started thinking, like, "Where do we go with this? We keep spending thousands of dollars and where is this going?" (Lines 187-191, P3)</p>
Self-blame	Mothers questioned their parental capabilities and held themselves responsible for their adolescents' drug use. Self-blame was also described as questioning whether the disclosure of her own history of drug use contributed to the adolescent's drug use.	<p>What have I done wrong with this kid? Like, How could I possibly have a kid like this? (Lines 147-148, P1)</p> <p>I had failed him. (lines 54-55, P3)</p> <p>... He told us that the marijuana helps his anxiety and it helps him to feel like he fits in. And that's when I thought to myself? What have I missed all this time? (Lines 73-75, P3)</p> <p>I thought over the years, like what could I have done differently? Like, you know, where did we go wrong? (lines 491-492, P2)</p> <p>Now that I look back, I don't know if I would have told him. Like I think maybe I would have lied. I don't know. Because I guess you're always wondering like did I influence him. (lines 33-34; lines 39-41, P4)</p>
Relationships	Mothers described effects of their adolescents' drug use on relationships including familial conflicts and unequal parental roles.	
Familial conflicts	Mothers described that many conflicts arose in the family including between them and the	<p>It was awful. It was awful. Everything was... the relationships at home were stressed, really stressed (lines 380-381, P2).</p> <p>There was a lot of conflict in the home. (lines 27-28, P3)</p>

	adolescents' fathers.	<p>I was absolutely furious with my husband so I... I mean I lost it with him. It was like... I said, "You know, if you're making me choose between my child and you... like I will choose him." Like it was awful like the things that I said to him but ... I was just so angry that he would kick him out of the house because it's like no matter how bad it gets, I would never do that. (lines 198-202, P1)</p> <p>And his father, I think, was kind of like fueling that fire, and then on top of that blamed me and said... like it's one hundred percent your fault. This is your fault that [Name 3]'s not coming home. (lines 93-95, P4)</p>
Unequal parental roles	Mothers perceived unequal parental roles. They described themselves as the strong parent, the parent in charge, and the parent who carried all the responsibilities regarding their adolescents' drug use.	<p>I was really resentful of the fact that I was having to be the strong one, like I was tired of being the strong one and having to do this on my own. I was really angry and resentful towards my husband about that and... yeah, I mean that's been a really big part of it for me (lines 368-370, P1).</p> <p>Like so now, like in the last six months I would say, maybe even a bit longer, I'd say that I have now had the conversations with my husband where I've said I don't want to be that person in charge, like I don't want that role anymore because it's not fun. It's not fun to do it by myself. And so I've... (lines 120-123, P2)</p> <p>I said I feel like I'm having to carry everything on my own and I said I'm really disappointed in you as a father for not... (lines 1779-180, P4)</p>
Escalating effects	Mothers described escalating effects of drug misuse on the adolescents' lives. These included: the cycle, negative changes in school performance, suicidal ideation, and criminal involvement.	
The Cycle (start-stop-use)	Mothers described the cycle of drug use by their adolescents that occurred in the order of start using drugs, promising to stop then use again.	<p>No mom... like I've learned my lesson. Like I'm not, you know, I'm not doing that. I'm just hanging out with my friends. Like I'm not... but every now and again, you know, we'd find something ... there was always something. (lines 65-69, P2)</p> <p>It didn't matter how much we told him to stop or no matter how many times he promised that he would stop, he wouldn't necessarily stop. Like we just... it wasn't over. (lines 281-283, P1)</p> <p>He'd say, you know, "I'll stop using," and we kind of thought things were back on track. And then we caught wind, through social media again, that he was now selling it, at a very young age. (lines 17-18, P3)</p>

Negative changes in school performance	Mothers explained that due to drug use their adolescents were struggling in school and their grades were dropping.	[He] was doing well in school. He was getting like honors, honor society... honor society. He's doing phenomenal... (lines 377-378, P4) and then everything went to hell... (line 391, P4) His grades were slipping. (line 27, P3) We started noticing a lot of absence from [Name 3]. Like really struggling in school, not going to school. (lines 193-194, P2)
Suicidal ideation	The participants described that their adolescents had thoughts about killing themselves.	That was probably around grade nine when his grades started to fail. He told me that he wanted to commit suicide. (lines 66-67, P3) He was feeling suicidal. And like every other day thinking about how to kill himself. (lines 155-156, P4)
Criminal involvement	Adolescents engaged in criminal activities such as break ins, fights, and drug dealing and some adolescents were charged for their criminal involvement.	He was with some friends that broke into a house of one of their friends who was away on holidays. They went there to smoke up and drink. (lines 560-561, P2) So they're charged and they should be because I'd be pissed off if I was away on holidays with my family and kids were in my house. (lines 565-566, P2) He was going to be charged for breaking and entering. (line 232, P3) So that was when things got worse for him again because it turned out that the reason why he got involved with that fight went back to his drug dealing. (Lines 98-99, P1) So he was charged with disturbance of the peace but then a month later, they laid another charge on him. They added assault to it. (lines 114-116, P1)
Strategies	Mothers described strategies they used to cope with their adolescents' drug use, including helping, rationalizing, and joining the parent program.	
Helping	The participants helped their adolescents in many ways regarding smoking, suicidal ideation, drug use, and	[He] came to me at one point... and said, Mom, I need some help... I'm smoking cigarettes... I'm addicted. I don't know how to stop. So at that time, that's how... my whole kind of helping him kind of got started. (lines 218-221, P2) So... I suggested to [Name 3] a few things. Like what are you willing to try and how much are you smoking and... I called the Smoker's Help Line. (lines 224-225, P2) I said would you be willing to let me help you get help... I called the suicide hotline

	anxiety.	<p>that night. They coached me a little bit and that it was good that he talked to me about it. [Name 3] assured me that he was not going to hurt himself that night. (lines 165-168, P4)</p> <p>I want to find out about student services and like are there guidance counselors and people that can help me. I found out about [Organization 1] and [my son] agreed to start seeing a school-based counselor... and started seeing her. (lines 78-85, P1)</p> <p>I went to a private service and paid out of my pocket, because we don't have any benefits... we're self-employed... so it's very costly but we did it for a good year ... (lines 94-95, P3)</p>
Rationalizing	Mothers rationalized their adolescents' drug use as a result of school anxiety, and lack of self-worth.	<p>I believe that that's part of the reason why he uses drugs. I believe he has anxiety because of school. I think, you know, if you're not learning the same way as other kids and you're struggling and you can feel it, certainly Grade 9, Grade 10 is when you really start to see that. I can totally understand how he has anxiety. (lines 270-273, P2).</p> <p>Always I felt that, at the root of all of this, [He] has always had a self-esteem problem. He's always felt, for whatever reason, he's been down on himself. (lines 308-309,P1)</p> <p>I think it's his self-esteem that's making him smoke up. (lines 221-222, P4)</p>
Joining the program	Mothers described obtaining benefits from participation in the program, including peer support, family and emotional support and help to improve the relationship with their adolescents.	<p>I did the two day... they have sort of a... I forget what it's called, a family spiral? Yeah they have that program here first that kind of introduces some of the concept. And so by the time I started the parent program, some of those things were already in place. (lines 331-333, 336-337, P1)</p> <p>I found out eventually through the school that, you know, [Organization 1] offers a parenting class, I did it, because it's offered and it can help me. (lines 147-149, P2)</p> <p>He was using a street drug. And so, at that point, I guess, ended up talking with the principal and the principal ended up contacting me. And he was tremendous through this whole thing. And I mean, I never really cried on the phone with a principal before but I cried. And he was the one that actually said, "I strongly recommend you contact [Organization 1] for yourself." And he pushed me in that direction. (lines 320-324, P3).</p> <p>So the school board sends out... I, they'll send you information about different things that are going on. So one of the meetings was a meeting at [Organization 3] and it was</p>

		about drugs and at that time I had just found out that [Name 3] had smoked up at the ski trip. And while we were there, we learned about I think [Organization 1] at that meeting. And then so...(lines 201-204, 206-207, P4)
	Peer support	<p>... I think any time you're in a support group where people can relate to what you're going through, or you can relate to what they're going through, I mean you always come out ahead. (lines 501-503, P2)</p> <p>I mean I think lots of the parents in our group had sons that are around the same age, so ... like everybody can relate to this, right... it's not uncommon. (lines 343-344,P2)</p> <p>I don't feel alone (line 536, P4) this program is a... it's a blessing. (line 538, P4)</p> <p>I learned by talking to people, that a lot of people go through this stuff and I'm not alone and I shouldn't be ashamed. (lines 153-154, P1)</p> <p>Coming here has made a big difference because, first of all, I learned so much from other parents. (lines 489-491, P1)</p>
	Family support	<p>Before I started this program, the relationships at home were stressed, really stressed. And now as much as we're still dealing with lots, it is far better. Way better. I don't know if I just learned to deal with things better or... (lines 379-382, P2)</p> <p>It makes me cry to think that this place and the people that are in it have changed our lives, you know, and it's... it's... I mean I don't even have words for it because it's just... it's made such a difference to us. But, like I said, we're still in it and we're still working through it. (lines 357-359, P3)</p>
	Emotional support	<p>You're just more equipped to deal with the stresses that come your way. (line 519, P2)</p> <p>I first started to take care of myself is by coming here. (line 486, P1)</p> <p>You feel so powerless at the beginning but then you learn that ... you can control yourself and the influence that that has on those other people. So it's been really, really good that way. It gives you more hope. (lines 655-658, P1)</p> <p>I did not sleep, I don't know for how long and since I've started coming here, there's not a night that I haven't slept. Even if we're dealing with difficult times, I still sleep because I can let it go. (lines 354-355, P3)</p>

	<p>Mother and adolescent relationship improvement</p>	<p>I'm really just trying to focus on his relationship. I want to make sure that, you know, he is okay. That he has that support that he doesn't feel bashed down all the time (lines 617-61, P2)</p> <p>I can even emotion coach him now through texts. He'll say, "I'm having a really crummy day," and then we just... it's... sometimes it's like, "Oh, okay, okay, breathe, okay I'm ready for this," and ... you start walking yourself through. (lines 626-628, P3)</p> <p>I've learned different ways to read him. I've learned to really understand that he's different than I am and just because he can't say certain things in a certain way. And, I think, I think I've learned a lot more about accepting him. (lines 500-506, P1)</p>
<p>Home—a safe place</p>	<p>Mothers described home as a symbol of safety for their adolescents struggling with drug use. When their adolescents had left the home by force or by choice, mothers described distress regarding this matter.</p>	<p>It's more important right now that he has a safe place and that he knows it's his safe place because as a child, your home should be your safe place. (lines 639-640, P2)</p> <p>I said, "No one," like, "My sons can never be kicked out of the house." Like, "I don't care how old they are."(lines 260-261, P1)</p> <p>I feel like through this program, through the communication styles that have been better at home, it's that spot for him now. When he's upset, and he calls. He's saying, Mom, I'm having a bad day. I need you to come get me. And he wants to go home. (lines 641-643, P2)</p> <p>It broke my heart to think that my son and that I'd worked so hard... to think that he would... that he couldn't come home... (lines 600-601, P3)</p> <p>To not have him home I would wake up and be so... my nerves were so like just raked, just like it was so bad I would just go to the bathroom like and cry for an hour and then go back to bed. That was hard. (lines 336-338, P4)</p>

Chapter 4
Integrated Discussion

Mothering an Adolescent who Misuses Substances: Integrated Discussion

This thesis was completed in two phases, a systematic qualitative evidence synthesis and a descriptive qualitative study to explore the experiences of mothering an adolescent who misuses substances. The first phase was a systematic qualitative evidence synthesis of the qualitative studies that described the experience of parenting an adolescent who misused substances. The original intent of the thesis was to explore mothers' experiences related to their adolescents' substance misuse. The systematic qualitative evidence synthesis provided qualitative evidence of parents' experiences of parenting an adolescent who misused substances. There was sufficient qualitative evidence from the studies reviewed to extract the experiences that were unique to the mothers. This knowledge base allowed for an exploration of the experience of mothering an adolescent who misused drugs through qualitative interviews in the second phase of the thesis. The qualitative interviews provided an opportunity to explore the mothers' experiences with an adolescent who misused drugs in a local context.

This chapter provides an integrated discussion of the findings from both phases of the thesis. It includes a comparison of the findings between the systematic qualitative evidence synthesis and the qualitative interviews. This comparison will set the stage for a discussion of emotional coaching and family-centered approaches in the substance use field and outline the need for more research to understand the effectiveness of these approaches for mothers of adolescents who misuse substances. Finally, the implications for nursing practice, research and policy are described.

Thesis Summary

A systematic qualitative evidence synthesis and a descriptive qualitative study were conducted to achieve this study's two research goals. First, qualitative evidence of mothers' experiences with their adolescents who misused substances was systematically reviewed and

synthesized. Second, qualitative interviews were conducted to further explore the experiences of mothers of adolescents who misused drugs. In the first part of the study, I completed a systematic qualitative evidence synthesis of studies that explored the experiences of parents of adolescents who misused substances and then extracted the mothers' experiences from these studies. In the second phase, I conducted a qualitative study with four mothers of adolescents who misused drugs to better understand their experiences.

Summary of Thesis Findings

Systematic qualitative evidence synthesis. The purpose of this study was to synthesize existing evidence on the experience of mothering an adolescent with substance use issues. Eleven qualitative studies were included in the review. Most of these published studies were conducted in Australia and the United States between 2003 and 2015. The ages of the mothers studied ranged from 30 to 69 years of age. The experiences of mothers based on this review and synthesis were summarized in the following five categories and three subcategories: 1) I love you and we can talk no matter what; 2) So this is really happening . . . My kid's on drugs; 3) What have I done?; 4) My family is shattered: a) I can't believe what you're doing, b) I can't face this, c) I've lost my baby; and 5) It's not my addiction. While conducting this qualitative review and synthesis, literature findings emerged that described interventions to help parents cope with the stress associated with having an adolescent who misused substances. Two therapies that appear to be particularly relevant for improving parental coping are Behavioral Exchange Systems Training (BEST) and sand tray group therapy (Bamberg, Toumbourou, Blyth, & Forer, 2001; James & Martin, 2002). BEST is a professionally-led parent training intervention designed to help parents learn strategies to assertively manage family problems (Bamberg, Toumbourou, Blyth & Forer, 2001). Sand tray group therapy is a treatment approach for parents

to cope with their adolescents' substance misuse through reflection on the parents own life challenges. Sand tray therapy incorporates the use of miniature figures, creative elements and artistic abilities to facilitate the creative expression of thoughts and emotions related to the challenges faced by the parent (James & Martin, 2002). Further research into the efficacy of these interventions with a variety of different parents and geographic contexts is warranted.

Qualitative study. The focus of this section was to explore the experiences of mothers of adolescents who misused substances. In the qualitative study, four mothers of adolescents who misused drugs were interviewed using face-to-face interviews. Thematic analysis was used in the analysis of transcripts (Graneheim & Lundman, 2004). The results were presented in categories and sub-categories. The ages of the mothers interviewed were between 41 and 55 years of age. Three mothers reported that their adolescent had misused drugs for more than a year and one mother reported that her adolescent had been misusing drugs for approximately three years. The analysis of the participants' interviews revealed the reality and challenges that they faced dealing with their adolescents' drug misuse. Seven categories, supported by twelve sub-categories were identified in the data. These categories included: recognition, punishment/surveillance, negative emotions, relationships, escalating effects, strategies, and home – a safe place. The category home – a safe place represents an overarching category that encompassed all the other categories. The category negative emotions has three subcategories: worry, frustration, and self-blame. The category relationships has two subcategories: familial conflict and unequal parental roles. The category escalating effects includes four subcategories: the cycle (start, stop, use), negative changes in school performance, suicidal ideation, and criminal involvement. The category strategies has three subcategories: helping, rationalizing, and joining the program. These categories and subcategories capture the experiences of mothers parenting an adolescent

who misused drugs and encompassed the temporal dimension from their first awareness of the adolescents' substance misuse until the time of the interview. A summary of the thesis findings are presented in Table 7.

Integration of Systematic Qualitative Evidence Synthesis and Qualitative Interviews

Findings

By integrating the findings of the two phases, common categories can be identified. For example, 'so this is really happening . . . my kid's on drugs' and 'recognition' are closely aligned. In my study as well as the systematic qualitative evidence synthesis, this was the initial experience that the mothers expressed. In both phases of my thesis mothers described their recognition of the fact that their adolescents misused substances. What have I done? and self-blame shed light on the mothers' emotional response to their experience and internalize the responsibility for their adolescents' actions. The key point in recognizing the similarity between these two categories is that in both phases of my thesis mothers had felt guilty that they had to do something about their adolescents' substance misuse. My family is shattered and familial conflict encompass the nature of the family environment once an adolescent begins to misuse substances. The similarity of these two categories was that mothers in both phases of my thesis described that as a result of the adolescents' drug use many conflicts arose in the family. Finally, there were similarities in mothers' experiences between the categories of it's not my addiction and joining the program. These two categories encompassed mothers' recognition that they could only control their own behaviors and that seeking help for themselves was the best opportunity to improve their own wellbeing. The key finding between these two categories was that the mothers in both phases of my thesis had broken the cycle of co-dependency and not to internalize their adolescents' substance misuse toward themselves. Also joining the program had numerous

benefits for mothers such as teaching them to cope effectively with their adolescents' drug misuse. This finding was similar to the findings in the studies that used the two therapies identified during the literature review. The BEST and sand tray group therapy appeared to be particularly effective as well in improving parental coping (Bamberg et al., 2001; James & Martin 2002). The participants in the second phase of my thesis described how peer support and emotional coaching their adolescents had helped them to be mentally and emotionally in a better place than when they found out about their adolescents' drug misuse. The importance of the program is highlighted through how the program positively impacted the participants' lives, though they expressed that they were still facing many challenges regarding their adolescents' drug misuse.

The integration of these two phases also revealed some differences. The mothers' experiences in the second phase occurred in the context of home, a safe place. In the first phase, the experiences of mothers happened within the context of love and trust "I love u, and you can talk to me no matter what." These two categories differ in social environment context levels. The first category home, a safe place encompasses the family and the conceptualization of the home being a safe space. The second category, "I love u, and you can talk to me no matter what," is related to the interpersonal relationship and relational dynamics between mothers and adolescents. This nuanced distinction is tempered by the essence of both categories, which was love.

In the second phase, mothers' experiences appeared to be more in depth than was reported in the studies reviewed in phase one. The participants talked about using punishment and surveillance after they recognized that their adolescents' substance misuse. The mothers reported that after their efforts at punishment and surveillance failed, they helped their

adolescents by joining the program. The escalating effects of adolescents' substance misuse was not revealed in the first phase of the study. Also unequal parental role which was expressed by the participants in the second phase, was not reported in phase one. This also highlights the importance of involving both parents in family therapy treatments when dealing with adolescent drug misuse. Three categories from phase one of my study 'I can't believe what you're doing; I can't face this; and I have lost my baby' did not come up in the findings of the second phase of my thesis. It is possible that if there were more participants in the second phase of the study, more categories may have emerged from the interviews and more differences or similarities could have been obtained from the two phases of my thesis (Table 8).

Emotional Coaching in the Substance Misuse Field

Emotional coaching and understanding the adolescents' emotions were strategies used by the mothers in the second phase of the study. The mothers learned emotional coaching by attending the parent program at the organization. When I asked the program coordinator about emotional coaching, she explained that the counselors at the organization had received emotion-focused family therapy training through the emotion-focused family therapy organization with Dr. Joanne Dolhanty and Dr. Adele LaFrance Robinson (Emotion-Focused Family Therapy (EFFT), 2016).

Emotional coaching consists of the following five steps: 1) acknowledging the presence of emotion, 2) naming the emotion; 3) validating the emotion; 4) meet the need for the emotion; and 5) problem-solve to address the emotion (Greenberg, 2002). Emotional coaching is essential for children who are "super feelers" (EFFT, 2016). I became familiar with this term while conducting one of the interviews: "... she calls them super feelers and I would definitely classify him as a super feeler" (Participant 3). Super-feelers are described as individuals who experience

their own emotions or others very intensely, can feel alone in the world because they perceive that they are not understood, and can pick up others' emotions very easily (EFFT, 2014). The super-feelers, in order to avoid pain and emotions can be more vulnerable to developing eating disorders, anxiety, depression and other mental conditions (EEFT, 2014). The participants in the qualitative interviews described characteristics indicative that their adolescents were super-feelers with signs and symptoms of anxiety, depression, and suicidal ideation, all of which can be addressed with emotional coaching.

Emotion-focused family therapy is a treatment model initially developed for individuals struggling with an eating disorder and their families (Lafrance Robinson, Dolhanty, & Greenberg, 2013). The therapy is based on the integration of family-based therapy and traditional emotion-focused therapy with the aims of helping parents support their child's refeeding and stop the child's symptoms as well as supporting parents to become their child's emotion coach and to consider any emotional blocks which may interfere with the recovery process (Lafrance Robinson, Dolhanty, & Greenberg, 2013). According to Lafrance Robinson et al. (2013), the foundation of emotion-focused family therapy (EFFT) has been in a deep understanding in the healing power that families possess in treating children with mental health issues. The essence of EFFT is that it allows caregivers to have a vital role in their loved one's mental health and wellbeing (EFFT, 2016). Also this therapy is based on the belief that difficulties with emotions are the underlying causes of some mental health issues (Purvis, 2013). This treatment model has been used for the treatment of anxiety, depression and parent-child relationship difficulties (EFFT, 2016). Throughout this therapy, the therapist empowers and trains parents as "beginner therapists" (Purvis, 2013). Through the process, parents become their children's emotion coaches and assist them in managing stress and regulating upset emotions (EFFT, 2016). In a pilot study

of a 2-day emotion-focused family therapy for parents of children with eating disorders, there was an increase in parental self-efficacy due to positive shifts in their views because of their role as an emotional coach and a decrease in their own negative emotions such as self-blame (Lafrance Robinson et al., 2016).

In EFFT parents are also trained to recognize and work through their own emotional blocks that could interfere with their supportive efforts (Lafrance Robinson et al., 2016). Because EFFT is a relatively new treatment modality, it is usually delivered as an adjunctive therapy with standard treatments and research evaluating its effectiveness is still in progress (EFFT 2016). There was no study found that evaluated the effectiveness of EFFT for helping mothers or even parents of adolescents who misused substances. The participants in the qualitative phase of this thesis described that because of the emotional coaching they learned in the parent program, they could help their adolescents regulate their anxiety and other emotions. The participants expressed that they were communicating better with their adolescents and understood them better after the training. This finding is consistent with the claim that parents/caregivers who use emotional coaching with their child, support him/her in regulating his or her own emotions as a way to reduce the need for substance (mis)use, eating disorders, cutting or to cope with pain, anger or loss (EFFT, 2016).

After attending the program, the participants in the qualitative study described positive changes they had achieved due to the strategies they learned. They reported that they had learned to regulate their own emotions (being aware of their emotional blocks) and had become the emotional coaches to their adolescent, which was empowering to the mothers even though they were still dealing with challenges regarding their adolescents' drug misuse. One of the strengths of EFFT is that it can be offered to parents as an intensive low-cost group based intervention

(Lafrance Robinson et al., 2016). Future research is needed to evaluate the efficacy of EFFT in a program such as the parenting an adolescent with substance misuse program.

Family-Centered Treatment Approaches for Adolescent Substance Misuse

The parent program brought stability in the mothers' lives. This stability was in addition to the mothers learning emotional coaching and reporting being able to help their adolescents to regulate their emotions regarding substance use. The mothers mentioned that they still faced daily challenges, but they had learned how to cope with stressors related to their adolescents' drug misuse. It came to my knowledge that no treatment modality except counseling has been implemented for the mothers of these adolescents and that mothers did not know what to expect because their adolescents were still misusing substances. This matter made me explore what treatment modalities in the field of adolescent substance misuse exist.

Traditional family theories have usually portrayed the family as the source of problems that have led to the development of substance abuse among their members (Copello et al., 2005; Orford et al., 2005). However, since the 1980's there has been growing awareness of the importance of family and its members to the treatment process (Copello et al., 2005; Velleman et al., 1993). Regarding adolescent substance abuse there is a theory called family system theory, which is the basis for many family treatment approaches (Walters & Rotgers, 2011). Based on this theory, there is an emphasis on holistic understanding of the family (Baldwin et al., 2012; Evan 2010; Yuen & Toumbourou, 2011). Understanding the importance of family in adolescent substance abuse and the journey through treatment toward recovery is essential "if goals of improved health and wellbeing are the sustainable outcomes, then the family, which may or may not be part of the problem, must be a part of the solution" (Hornberger & Smith, 2011, p.71).

Four family therapy approaches represent the largest research bases (Baldwin et al., 2012). These four approaches are: a) Multidimensional Family Therapy (MDFT; Liddle & Hogue, 2001), b) Brief Strategic Family Therapy (BSFT; Szapocznik, Hervis, & Schwartz, 2003), c) Functional Family Therapy (FFT, Alexander & Parsons, 1982), and d) Multi Systemic Therapy (MST; Henggeler, Schoenwald, Borduin Rowland, & Cunningham, 1998). All these treatments are system-oriented approaches which aim to alter dysfunctional family patterns that affect the beginning and maintenance of adolescent substance misuse and delinquency (Baldwin et al., 2012). These treatments help parents learn how to communicate effectively with each other with less conflict, which assists parents to improve their parental skills such as limit setting, and assisting adolescents to be part of environments outside their families, such as school (Liddle & Hogue, 2001).

In a meta-analysis Waldron and Turner (2008) reported that “well-established,” treatments included MDFT and FFT. The other two family-based models, BSFT and MST, and behavioral family therapy were considered “probably efficacious.” In a review by Austin, MacGowan, and Wagner (2005) which emphasized family-based interventions for substance use problems, MDFT and BSFT were recognized as “probably efficacious” and two other models MST and FFT as “possibly efficacious.” Considering that these approaches are well established as the most effective treatments for adolescent substance misuse (Rowe, 2012), each approach is explained in the following sections.

Multidimensional Family Therapy

Multidimensional family therapy (MDFT) is a comprehensive family and community-based treatment for adolescent substance misuse that integrates four principles including individual therapy, drug counseling, family therapy, and multiple systems-oriented intervention;

(Danzer, 2013; Liddle & Hogue, 2001; Rowe, 2012). MDFT interventions work in four domains and target changes in the adolescent development and intrapersonal issues, the parent(s), the family interactions and extra familial relationships which are systems of influence on the adolescent and family like working with schools and the juvenile justice system (Danzer, 2013; Rowe, 2012).

The adolescent domain includes adolescent academic, social skills, drug refusal skills and problem-solving abilities (Liddle, 2009; Rowe, Liddle, & Dakof, 2001). The parent domain includes parenting skills and practices which include monitoring, and the use of age-appropriate rules regarding drug abstinence and the enforcement of those rules (Liddle, 2009; Rowe, 2012). The family-interactional domain includes interfamilial communication and the strength of familial relationships (Liddle, 2009). The last domain, the extra familial domain, refers to the family members' interactions with outside systems such as schools or juvenile justice system providers (Liddle, 2009).

Treatment based on MDFT includes individual and family sessions that can be held in school, clinic, community settings, and in the home (National Institute on Drug Abuse [NIDA], 2012). During individual sessions, adolescents learn better coping skills regarding life stressors and communication skills in expressing their thoughts and feelings (NIDA, 2012). There are parallel sessions with parents that test their parenting skills and the parents are taught how to have a positive and developmentally appropriate influence on their adolescents (NIDA, 2012).

Although MDFT as a therapeutic framework and treatment system incorporates empirically validated comprehensive intervention including a family therapy component and ongoing abstinence-based support for parents and adolescents, it does not provide aftercare (Austin, Macgowan, & Wagner, 2005). The addition of an aftercare program has been observed

to be essential for MDFT because adolescents with severe comorbid mental health issues like depression and anxiety initially responded positively to MDFT but then returned to their baseline levels of substance misuse at one year follow up (Hogue & Liddle, 2009). Although this treatment model is less costly than residential care treatment models for substance misusing adolescents, it is costly to train each individual practitioner in this treatment model (Rowe 2012; Baldwin et al., 2012). Due to the resource constraints of community clinics and lack of provincial or federal funding, the fidelity of MDFT can be compromised (Rowe, 2012). The organization where the research participants of the qualitative phase of this thesis were recruited seemed to have MDFT as its treatment framework since it encapsulated the four domains described earlier. Due to lack of resources and funding for trained practitioners the parent program had a waiting list and parents had to wait to be part of the program.

Brief Strategic Family Therapy

Brief strategic family therapy (BSFT) is another family systems approach in which one member's problem behaviors are detected to stem from unhealthy family interactions. The counselors trained in this model help the family in altering negative interaction patterns (Szapocznik, Hervis, & Schwartz, 2003). In early research studies, this approach showed great results using strategies with troubled Hispanic boys and their families (Szapocznik et al., 1989). This model of treatment relies on three core structural family therapy strategies of "joining," "family pattern diagnosis," and "restructuring" to change negative family interactions between the youth and family to make important changes in their lives (Szapocznik & Williams, 2000).

The developers of BSFT recognized that this model's pure focus is on "within family" structural strategies techniques but also they considered the effect of Hispanic culture on the families regarding the structural strategies used in the model (Santisteban, Suarez-Morales,

Robbins, & Szapocznik, 2006). A clinical trial conducted by Santisteban, Muir, Mena, and Mitrani (2003) with 126 Hispanic drug involved adolescents, showed that BSFT had superior results compared to the group therapy for reducing marijuana use. In BSFT, the counselor's role is to identify the family interactions that are related to the adolescent behavioral problem and to assist in altering the family patterns that maintain the adolescent's substance misuse problem (NIDA, 2012). This treatment approach is flexible and can be adapted to broad family situations in various settings such as mental health clinics, drug abuse treatment programs, community settings and families' homes (NIDA, 2012).

Functional Family Therapy

Functional family therapy (FFT) is a family-based treatment model that combines the family systems approach of BSFT with behavioral techniques to improve family communication, problem-solving, conflict resolution and parenting skills (Alexander & Parsons, 1982). The goal of FFT is to alter the maladaptive family patterns that maintain the adolescent problems (Alexander & Parsons, 1982). The goal of this treatment model is to alter negative family interactions. The model uses behavioral interventions in order to encourage positive ways of communication and more effective problem-solving within the family (Rowe, 2012). This model always involves the adolescent and at least one other family member in each session (NIDA, 2012). In FFT the intervention strategies include engaging the family and increasing their motivation for change and bringing change in family members' behaviors by using behavioral interventions (NIDA, 2012). The FFT intervention is widely circulated in mental health and youth care clinics in the United States and Europe, showing significant promise in transferability efforts to increase utilization of evidence-based practices (Breuk et al., 2006).

Multi-System Therapy

Multi-System Therapy (MST) is a comprehensive and intensive family and community-based treatment for adolescents with delinquent and violent behaviors who also misuse substances and have mental health issues (Rowe, 2012). MST counselors use a combination of family group work, parental sessions, and one-on-one sessions with adolescents for therapeutic intervention (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). The natural settings for this treatment model are homes, schools, and community settings (NIDA, 2012). When adolescents participate and receive treatment with their families, they show significant reduction in drug misuse during the treatment and for at least 6 months after treatment (NIDA, 2012). According to Huey et al. (2004), MST was more effective than emergency hospitalization in reducing suicide attempts and decreasing symptoms for up to one year after referral for a psychiatric emergency.

In summary, the value of family-based treatments over individual-only therapy is evident (Baldwin et al., 2012). The findings of one meta-analysis demonstrated that counselors and clinicians who used these four models were better equipped with skills and interventions to tackle mental health and substance use in adolescents as well as assisting their families (Baldwin et al., 2012). According to this meta-synthesis training for the MDFT model is available to individual clinicians but very costly, and MST is available to groups in a treatment setting at a high cost. The MDFT model has not been privatized and the mental health organizations which are based on this model face employee cutbacks because they are publically funded when there is an economic downfall (Baldwin et al., 2012). MST, FFT, and BSFT are privatized and clinicians offer their services on a for profit basis (Baldwin et al., 2012), limiting their accessibility to only those families with the economic means to pay for these therapies.

Nursing Implications

Regarding this study, there are implications for practice, research, and policy which could be considered. The following sections will describe these implications. Considerations and recommendations for each area of the discipline will be outlined. This section and chapter will close with overall conclusions from the study.

Implications for Nursing Practice

According to this study's findings the mothers, on their own, tried to manage and cope with their adolescents' substance misuse, which caused emotional distress for them. When adolescents started receiving counseling at school, more information should have been given to the mothers regarding the availability of services offered in the community such as the parent program. Had the mothers been aware of the availability of these services they may have sought assistance earlier. This population of mothers needs to be identified and provided with support when they found out about their adolescents' substance misuse. A community nurse specialized in adolescent mental health and addiction can assist mothers and families of adolescents with substance misuse by assessing their needs earlier on and addressing their needs by redirecting them to appropriate services. In Ontario, Community Care Access Center (CCAC) nurses specialized in mental health and addiction collaborate with school boards, teachers and community-based organizations to support adolescents in their early struggles with mental health and addictions (Ontario Association of Community Care Access Centers (OACCAC), 2016). An adolescent attending school has to be referred by the school to CCAC, then the CCAC mental health and addiction provide support for students particularly after treatment for mental health and substance misuse issues (Central CCAC, 2013). None of the mothers in my study mentioned about a CCAC nurse who would have had this role regarding their adolescent drug misuse.

Because substance misuse affects the whole family, nurses specialized in mental health and addiction need to know how to work with families, especially mothers, of adolescents who misuse substances. These nurses provide evidence-based practice interventions to support and assist adolescents and their families until their needs are met, which may take months or even years. Substance misuse and its negative effects on the family require long-term support.

Recovery from an adolescent's addiction is a continuous process requiring familial supports. The mothers in this study were willing to invest in and provide for their adolescents. Also they mentioned that their stressors have not ended but they are able to deal with them effectively. These mothers were still concerned about the future of their children especially due to their criminal charges and their mental health issues. The organization was focused on counseling adolescents for substance misuse, but not for mental health issues.

To my knowledge, there are two organizations in Ottawa for adolescents who misuse substances, especially illicit drugs. One organization provides services for parents and their adolescents. The other organization is a treatment program for adolescents and youth who are dependent to illicit drugs. Both of these programs have a waiting list and they are not able to provide services for the parents when those services are needed. This waiting list situation is similar in other areas of Ontario. According to the Auditor General of Ontario's 2016 Annual report, the demand in Ontario for mental health and addiction services is rising and wait lists are growing (Addictions and Mental Health Ontario (AMHO), 2016). Both are funded by the same ministry and also rely on support of public funding. This matter brought to my attention that perhaps both these programs could develop formal partnerships with each other to respond to the needs of families and their adolescents who misuse substances, especially illicit drugs. Also there is a need for an intensive family centered treatment program that would provide services for

adolescents and their families considering tackling the mental health issues of adolescents who misuse substances, including anxiety and suicidal ideation.

The benefits and different kinds of family-centered treatment approaches regarding adolescent substance misuse was discussed earlier. Although there are services provided for parents and their adolescents who suffer from mental health and substance abuse, it has not been indicated what treatment approach they follow which is evidence based and family centered. One of my recommendation from a nursing perspective is that public health / community nurse leaders could examine the current services' efficacy and work on implementing more family centered treatment services for parents and adolescents who misuse substances.

In summary, there is a need for more awareness about adolescent substance misuse. Educating parents and caregivers about the signs of substance misuse to watch for in their adolescents would allow for earlier linkages to substance misuse assistance before the substance misuse progresses to substance dependence. Nurses are an essential part of the health care system that can actively contribute to early recognition of adolescent substance misuse and referral of adolescents and their families to treatment and support programs in the community.

Implications for Research

The first implication for research derives from one of my study's limitations. Because there were only four participants in my study, perhaps if the study would be repeated with more participants, more findings would emerge. Also if the study would be conducted using a grounded theory with a larger sample of participants could aim in developing theories grounded in the experiences of mothers of adolescents who misuse substances (Polit & Beck, 2012). In addition, if the study was conducted using a phenomenological approach with a larger sample of participants, it could provide more in depth insights about the lived experiences of mothers of

adolescents who misuse substances. The second research implication is regarding emotional coaching. Reviewing the literature, I observed that there have been studies conducted that determined the efficacy of emotional coaching for managing eating disorders, but to date no studies have tested the effectiveness of emotional coaching for managing adolescent substance misuse. There is need for more research regarding the effectiveness of emotional coaching with parents of adolescents who misuse substances. By empirically testing the effectiveness of emotional coaching in the substance misuse field, especially with adolescents, we would be able to determine whether emotional coaching could be a strategy to assist parents with their adolescents who misuse substances.

Implications for Policy

My research findings suggest a need for more awareness regarding the multiple dimensions of adolescent substance misuse and its effects on families and family members. This increased awareness may help parents and families who have an adolescent who misuses substances be empowered to seek assistance earlier. There is also a need for stigma reduction efforts regarding substance misuse (Home Office, 2003). In depth insights about the experiences of mothers of adolescents who misuse substances may be useful for informing policy makers about the needs of adolescents and families. The challenges to parenting an adolescent who misuses substances require policy makers to engage with mothers of those adolescents to address this issue and avert its adverse effects on our society's future.

Conclusion

The specific experiences of mothers of adolescents who misuse substances is a phenomenon which has not been fully studied or explored, and this study contributes to our understanding of this phenomenon. The initial phase of this study was, to my knowledge, the

first literature synthesis regarding this phenomenon. As such, it sheds light on the unique experiences of these mothers. In depth interviews with mothers of adolescents who misused drugs in the second phase of this study, provided more insight about the unique experiences of these mothers. Throughout both phases of this study, the everyday lives and struggles that these mothers face dealing with their adolescents' substances misuse can be seen, felt and understood. Adolescents are our future and our future depends on effectively addressing the needs of adolescents who misuse substances so they can become productive members of society. It is hoped that the findings of this study would assist nurses to identify resources and contribute to the development and implementation of interventions to provide support and care for these mothers and their adolescents, families and communities.

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Table 7. *Summary of Thesis Findings*

Categories/Subcategories in Phase One	Categories/Subcategories in Phase Two
I love you and we can talk no matter what	Recognition
So this is really happening . . . My kid's on drugs	Punishment/surveillance
What have I done?	Negative emotions <ul style="list-style-type: none"> • Worry • Frustration • Self-blame
My family is shattered <ul style="list-style-type: none"> • I can't believe what you're doing • I can't face this • I've lost my baby 	Relationships <ul style="list-style-type: none"> • Familial conflict • Unequal parental role
It's not my addiction	Escalating effects <ul style="list-style-type: none"> • The cycle (start, stop, use) • Negative changes in school performance • Suicidal ideation • Criminal involvement
	Strategies <ul style="list-style-type: none"> • Helping • Rationalizing • Joining the program
	Home – a safe place

Table 8. *Similarities & Differences between Phase One and Phase Two of the Study.*

Similarities		Differences	
Phase one	Phase two	Phase one	Phase two
So this is really happening . . . My kid's on drugs	Recognition	I love u, and you can talk to me no matter what.	Home, a safe place
What have I done?	Self-blame	--	Punishment and surveillance
It's not my addiction	Joining the program	--	Unequal parental role
--	--	--	Escalating effects
--	--	I can't believe what you're doing	--
--	--	I can't face this	--
--	--	I have lost my baby	--

Appendix A
Study Information Sheet

~ Mothers ~

Are you interested in participating in a study?

Dear Mothers,

My name is Bita and I am a registered nurse and a Master's of Science in nursing program student at the University of Ottawa. I am conducting a study to explore the experiences of mothers of adolescents living with drug abuse.

I am inviting you to participate in this study. You are eligible to participate if you:

- Are a mother of an adolescent aged 10-19 years
- Are attending the parent program at {Organization}; and
- Speak and read English.

If you are interested in participating, please contact me at the phone number below or give your contact number to one of the counselors at {Organization} and I will contact you.

Your participation is completely voluntary and will not impact the care that you or your child receive at {Organization}.

Thank you.

Masoumeh (Bita) Katouziyan

{Phone number}

Appendix B

Inclusion/Exclusion Criteria and Justification

Inclusion/Exclusion criteria and justification

INCLUSION	EXCLUSION	JUSTIFICATION
Mothers, step mothers or grandmothers who are caregivers to adolescents struggling with drug abuse within the last 12 months. Also they are attending the parent program at {organization}.	Mothers who are caregivers to adolescents struggling with drug abuse but they are not attending the parent program at {organization}.	The participants for this study will be recruited from the parent program at {organization}.
Be willing to give informed consent.	Not being able to give informed consent.	Legally the research could not be conducted until each participant would give her informed consent.
English speaking and reading mothers.	Non English speaking and reading mothers.	Principal investigator is fluent in English. Inability to hire translators and multilingual data collectors due to lack of funding (Polit & Beck, 2012).

Appendix C
Ethics Approval Certificate

File Number: H12-15-05

Date (mm/dd/yyyy): 01/20/2016



Université d'Ottawa **University of Ottawa**
 Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

Ethics Approval Notice
Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Craig	Phillips	Health Sciences / Nursing	Supervisor
Masoumeh (Bit)	Katouziyan	Health Sciences / Nursing	Student Researcher

File Number: H12-15-05**Type of Project:** Master's Thesis**Title:** The Lived Experiences of Mothers of Adolescents Struggling with Drug Abuse: A Phenomenological Study

Approval Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Approval Type
01/20/2016	01/19/2017	Ia

(Ia: Approval, Ib: Approval for initial stage only)

Special Conditions / Comments:
N/A

File Number: H12-15-05

Date (mm/dd/yyyy): 01/20/2016



Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

This is to confirm that the University of Ottawa Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement (2010) and other applicable laws and regulations in Ontario, has examined and approved the ethics application for the above named research project. Ethics approval is valid for the period indicated above and subject to the conditions listed in the section entitled "Special Conditions / Comments".

During the course of the project, the protocol may not be modified without prior written approval from the REB except when necessary to remove participants from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the project (e.g., change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, including consent and recruitment documentation, should be submitted to the Ethics Office for approval using the "Modification to research project" form available at: <http://research.uottawa.ca/ethics/submissions-and-reviews>.

Please submit an annual report to the Ethics Office four weeks before the above-referenced expiry date to request a renewal of this ethics approval. To close the file, a final report must be submitted. These documents can be found at: <http://research.uottawa.ca/ethics/submissions-and-reviews>.

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5387 or by e-mail at: ethics@uOttawa.ca.

Signature:

Riana Marcotte
Protocol Officer for Ethics in Research
For Daniel Lagarec, Chair of the Health Sciences and Sciences REB

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550, rue Cumberland, pièce 154 550 Cumberland Street, room 154
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Appendix D

Letter of Support and Access

October 19th 2015

RE: Ms. Masoumeh Katouziyan

This is a letter of support from [redacted] is for Ms. Masoumeh Katouziyan as she conducts her thesis as a requirement of her Master of Science degree in Nursing at the University of Ottawa.

Ms. Katouziyan's thesis is entitled: "What are the lived experiences of mothers to adolescents struggling with drug abuse." [redacted] Parent Program will support her work. This will involve the voluntary participation of approximately 10 parents from the Parent program.

On-site support for Ms. Katouziyan's work will be provided by [redacted] in her role as the Program Director and [redacted] as the Coordinator of the Parent program.

We look forward to working with Ms Katouziyan on this worthwhile endeavor.

Sincerely,

[redacted]
Program Director

[redacted]
Coordinator, Parent Program.

[redacted]
Executive Director

Appendix E

Participant Informed Consent Form



Université d'Ottawa
Faculté des sciences
de la santé
Ecole des sciences
infirmières

University of Ottawa
Faculty of Health
Sciences
School of Nursing

PARTICIPANT INFORMED CONSENT FORM

Title of Study: The experiences of mothers of adolescents struggling with drug abuse: A phenomenological study.

Principal Investigator: Masoumeh (Bit) Katouziyan, I am a registered nurse and a Master's of Science in nursing program student at the University of Ottawa. I am conducting a study to explore the experiences of mothers of adolescents living with drug abuse. This study is part of my requirements to complete the Master of Science in Nursing degree.

Why am I being given this form?

You are being asked to participate in this research because you

- Are a mother to an adolescent (aged 10-19 years) who has been living with drug abuse within the last twelve months;
- You are attending the parent program at _____ and
- You speak and read English.

Why is this study being done?

The proposed research aims to explore the lived experiences of the mothers who are caring for adolescents struggling with drug abuse. This research will improve our understanding of the particular challenges that mothers of adolescents with drug abuse face from individual, familial, and social perspectives.

What is expected of me?

Your participation in the study will consist of a one-on-one interview with Masoumeh (Bit) Katouziyan. The interview will be approximately 60 minutes in length. The location of the interview will be in a private interview room a _____. You will be asked some demographic information such as age and educational background. The interview will be audio recorded and Masoumeh (Bit) Katouziyan may take some notes. The interviews are to discuss your experiences with being a mother to an adolescent who is living with drug abuse within the last twelve months. You may choose not to answer any questions that make you feel uncomfortable or that you do not wish to answer.

Information about the study results

Research findings will be available to participants by contacting the principal investigator (Masoumeh (Bit) Katouziyan) or the thesis supervisor (Dr. J. Craig Phillips).

Benefits of this study:

- Your participation in this study may contribute to improving individual, familial, and social supports for the mothers whose adolescents are struggling with drug abuse.

☎ 613 562-5473
☎ 613 562-5443
451 Smyth
Ottawa ON K1H 8M5 Canada
www.uOttawa.ca

PARTICIPANT INFORMED CONSENT FORM 2

Potential Risks of this study:

- The risks for this study are no greater than those encountered in everyday life.
- You will be asked to give some personal information.
- You might feel uncomfortable answering some of the questions, and there will be counselors available to talk to if needed.
- You have a right to refuse to answer any question without giving a reason.

Confidentiality and Anonymity:

- Your information collected will only be used for this study purpose and it will remain confidential.
- The information collected from you will be identified with a unique study number, and will not contain information that identifies you.
- The link between your unique study number and your name and contact information will be stored separately and securely in a locked filing cabinet in the thesis supervisor's office (Dr. J. Craig Phillips) at the School of Nursing, University of Ottawa.
- The copies of audio recorded interviews and transcripts will be kept encrypted with a password protected file on Masoumeh (Bit) Katouziyan's laptop during the data analysis phase.
- The audio recorded interviews and transcripts will be kept in a locked filing cabinet in the thesis supervisor office (Dr. J. Craig Phillips) for five years following publication then destroyed. All electronic data will be erased using secure data erasure practices in place at the time of data destruction. Paper documents will be shredded using confidential shredding services.
- Information that identifies you will be released only if it is required to do so by law. In rare instances it will not be possible to ensure confidentiality because of mandatory reporting laws (for example, suspected child abuse, reportable communicable diseases).
- The audio recorded interviews and transcript files will only be accessed by Masoumeh (Bit) Katouziyan and Dr. J. Craig Phillips.
- Quotations of what you say during the interview may be included in reports of this study. Your unique study number will be used to identify your quotes and not your real name.
- Although the parent program coordinator, some of the counsellors, and other parents may know if you chose to/ not to participate in the study but your care will not be affected at Addictions and Family Services.

Conservation of data:

The demographic questionnaires and consent forms will be stored separately from the audio taped interviews, and transcripts and will be stored securely in the thesis supervisor office at the University. The information will only be accessed by Dr. J. Craig Phillips and Masoumeh (Bit) Katouziyan. The information will only be kept for five years following publication and then destroyed to protect your privacy.

Compensation:

Bus tickets will be given to you to replace the cost of taking the bus to the interview.

Voluntary Participation:

- Your participation in this study is voluntary. You do not have to participate in this study.
- You can refuse to answer any questions and to stop the interview at any time.

PARTICIPANT INFORMED CONSENT FORM 3

- You can choose to withdraw from this study at any time; the researchers will only use the information given with your permission. If permission is not given to use the information then it will be destroyed or given to you.
- You are entitled to ask questions about the study at any time.

Who do I contact if I have any further questions?

If you have any questions about this study, please contact the principal investigator:

Masoumeh (Bita) Katouziyan

Tel:

Email:

Or the thesis supervisor:

Dr. J. Craig Phillips

School of Nursing

University of Ottawa

Tel:

Email:

If you have any questions about the ethical conduct of this study, you may contact Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, Ontario, K1N6N5, Tel: 613-562-5387 or ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: *(Signature)* Date: *(Date)*

Researcher's signature: *(Signature)* Date: *(Date)*

Appendix F

Demographic Questionnaire

Demographic questionnaire

Circle the correct answer and write short answer in the space provided

1. What is your age?

- 25 or under
- 26-40
- 41-55
- 56 or older

2. What is your primary language?

- English
- French
- Spanish
- Other

3. What is your marital status?

- Single
- Divorced
- Separated
- Married
- Common law

4. What is the highest level of education that you have completed?

- High school Diploma
- College Diploma
- University Degree
- Other

5. How would you describe your ethnic/racial background?

6. How many children you have?

7. Do you have other children with special needs?

8. How were you referred to {Organization}?

9. How old is your adolescent?

10. How long has your adolescent been living with drug abuse?

Appendix G

Main and Probing Questions

Main question

Please tell me from the beginning about your experiences as a mother to an adolescent who abuses drugs.

Probing questions

To expand on the information reported by the participants, the researcher asked the following questions:

How did that make you feel?

What did that mean for you?

Is this ... what you felt?

Could you please tell me more about...

Appendix H

Journal of Child & Adolescent Substance Abuse

Instructions for authors

Retrieved from,

<http://www.tandfonline.com/action/authorSubmission?journalCode=wcas20&page=instructions>

&

Thank you for choosing to submit your paper to us. These instructions will ensure we have everything required so your paper can move through peer review, production and publication smoothly. Please take the time to read and follow them as closely as possible, as doing so will ensure your paper matches the journal's requirements. For general guidance on the publication process at Taylor & Francis please visit our [Author Services website](#).



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Aims and Scope. The *Journal of Child & Adolescent Substance Abuse* addresses the treatment of substance abuse in all ages of children. With the growing magnitude of the problem of substance abuse among children and youth, this is an essential forum for the dissemination of descriptive or investigative efforts with this population. The journal serves as a vehicle for communication and dissemination of information to the many practitioners and researchers working with these young people.

With this singular mission in mind, the *Journal of Child & Adolescent Substance Abuse* provides subscribers with one source for obtaining current, useful information regarding state-of-the-art approaches to the strategies and issues in the assessment, prevention, and treatment of adolescent substance abuse.

The journal is an interdisciplinary forum geared towards researchers and practitioners for the publication of information on clinical and investigative efforts concerning the assessment, prevention, and treatment of child and adolescent substance abuse. The primary focus is on the empirical study of child and adolescent substance abuse utilizing group comparisons, or single-case experimental strategies.

The journal publishes clinical and research reports from a broad range of disciplines:

- clinical and counseling psychology
- psychiatry
- family therapy
- sociology
- public health
- rehabilitation
- social work

Case studies that are of special clinical relevance or that describe innovative evaluation and intervention techniques, reviews, and theoretical discussions that contribute

substantially to our understanding of child and adolescent substance abuse are also published. These enable the journal to provide a unique combination of clinical problems, solutions, and research findings to its readers.

Submission. *Journal of Child & Adolescent Substance Abuse* receives all manuscript submissions electronically via its ScholarOne Manuscripts site, located at <http://mc.manuscriptcentral.com/wcas>. ScholarOne Manuscripts allows for rapid submission of original and revised manuscripts, as well as facilitating the review process and internal communication between authors, editors, and reviewers via a web-based platform. ScholarOne Manuscripts technical support can be accessed via <http://scholarone.com/services/support/>. If you have any other requests, please contact Vera Lopez or Christopher Plant, the journal's editorial assistants, at vjournal@nova.edu or plant@unlv.nevada.edu, respectively.

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Authors should follow style and ethical guidelines of the American Psychological Association (APA). Grant numbers or other credits should be included as a separate, asterisked footnote and any conflict(s) of interest, whether financial or otherwise, should be fully disclosed. Statements on human/animal rights and informed consent are also required where appropriate.

All parts of the manuscript should be typewritten, doublespaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Each article should be summarized in an abstract of not more than 100 words. Avoid abbreviations, diagrams, and reference to the text in the abstract.

References. References, citations, and general style of manuscripts should be prepared in accordance with the APA Publication Manual, 6th ed. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article. *Examples:*

Journal: Tsai, M., & Wagner, N. N. (1978). Therapy groups for women sexually molested as children. *Archives of Sexual Behaviour*, 7(6), 417–427.

Book: Millman, M. (1980). *Such a pretty face*. New York, NY: W. W. Norton.

Contribution to a Book: Hartley, J. T., & Walsh, D. A. (1980). Contemporary issues in adult development of learning. In L. W. Poon (Ed.), *Ageing in the 1980s* (pp. 239–252). Washington, DC: American Psychological Association.

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