

**EXPLORING THE EXPERIENCES OF CHEMICALLY ADDICTED
ADOLESCENTS REGARDING RELAPSING AFTER TREATMENT**

by

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I hereby declare that the thesis, "Relapsing after treatment: exploring the experiences of chemically addicted adolescents", is my own work, and that all the resources used, or referred to by me during this research study are indicated by means of a complete reference and acknowledgement.

Mrs. MA van der Westhuizen

Date

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ABSTRACT

Against the background of an increase in the demands for treatment of adolescent chemical addiction, as well as the persistently high relapse rate, the significant impact on the development and well-being of chemically addicted adolescents needs to be considered by the social work profession, in order to plan effective intervention strategies. The purpose of this research study was to explore and describe the experiences of chemically addicted adolescents who had relapsed after in-patient treatment. Subsequently, the researcher aimed to generate guidelines and recommendations for social workers, in order to prevent relapse. A qualitative research approach was employed. The researcher made use of descriptive, exploratory and contextual research designs.

The study was conducted at adolescent in-patient treatment centres in the Western Cape, South Africa. Data was collected through semi-structured interviews. Interviews were tape-recorded and transcribed, and field notes were taken to record the data. The sample selected from the population of chemically addicted adolescents in the Western Cape who relapsed after in-patient treatment was selected through the purposive sampling technique. Tesch's framework for data analysis (in Creswell, 2003) was employed, and data verification was conducted through Guba's model (in Krefting, 1991:214-222). The research results, concluding guidelines and recommendations are being disseminated by means of this written report.

Key concepts

Addictive chemical substances, chemical addiction, recovery, relapse, adolescence, aftercare services, treatment programmes, experiences, social work intervention.

CHAPTER ONE

INTRODUCTION AND PROBLEM FORMULATION

1.1 Theoretical background and rationale

“Win the drug war or lose a generation” (*Cape Times*, 2001, April 4); **“Tik is now the enemy”** (*Paarl Post*, 2006, June 22); **“All-out drug war in Western Cape”** (*Cape Argus*, 2005, May 19); **“Tik addiction soars at an alarming rate”** (*Cape Argus*, 2005, April 7); and **“Drug culture alarms parents, drug-related suspensions rise at high school”** (*Mercury News*, 2006, May 6) are only some of the newspaper headlines indicating that substance abuse poses a threat to adolescents in our society.

Adolescent substance abuse is also an international problem (Mental Health Touches, 2006). The United Nations asserts that approximately 25% of people in Central Asia and Eastern Europe who inject drugs are under the age of 20 years (United Nations Youth World Programme of Action for Youth, 2006). Furthermore, substance abuse among American adolescents is increasing, and is related to a multitude of problems for the public health system, government, and American families (Dennis and McGeary, 1999). Noguchi (2006) emphasises the concern about the increase in adolescent drug abuse and drug-related violence in the United States.

In South Africa, adolescent substance abuse is also flourishing (Health Systems Trust, 2002) and taking on epidemic proportions. A study by the University of South Africa’s Department of Criminology in August 2000 revealed that drugs are readily available to adolescents in South Africa (Van Niekerk and Prins, 2001:38). Additionally, statistics from the Hospital Association of South have revealed an increase in the number of young people dying from substance abuse-related causes (Zulu, 2006).

In the Western Cape, it is estimated that 25% of persons under the age of 20 are involved in substance abuse. It has been reported that methamphetamine (known as "Tik") has now become the drug of choice in the Western Cape (Louw, 2006 and the *Paarl Post*, 2006, June 22). An analysis by the Drakenstein Police Service of their statistics further indicates that an estimated 80% of housebreaking- and theft-related cases were drug-related, and most of the arrested suspects were between 12 and 17 years of age (Drakenstein Police Service, 2006). The indicated epidemic of adolescent substance abuse thus becomes one of the focal points in the field of social work.

The chronic use of addictive chemical substances results in chemical addiction, which is "a maladaptive pattern of substance use, leading to clinically significant impairment or distress" (Barber, 2002:2 and Perkinson, 1997:8) in terms of changes in behaviour, mood and thought (Van Wormer, 1995:11). Addictive chemical substances are classified as depressants, stimulants, opioids, hallucinogens, cannabinols, inhalants, anabolic steroids and club drugs (Fisher and Harrison, 2005:14-33).

Adolescence is a developmental phase in the human life cycle. Therefore, chemical addiction during adolescence has an impact on the physical, emotional, spiritual and social well-being and development of the adolescent (Gouws, Kruger and Burger, 2000:2,173). Adolescent substance abuse can be dangerous and even lethal, causing traffic accidents, risky sexual practices, poor academic performance, juvenile delinquency and developmental problems. Damage includes concentration, coordination and learning problems, which will have a negative effect on their future careers and social skills (Mental Health Touches, 2006).

Adolescent substance abuse is also likely to have a long-term impact on both the individual and society, while the risk of substance-abuse disorder in later life

increases (Dennis and McGeary, 1999). Rob Boone of the United Nations Office for Drug Control and Crime Prevention warns that there is a link between drug abuse and HIV/AIDS, owing to impaired judgment caused by chemical substances (Health Systems Trust, 2002). Continuing with this line of thought, Bezuidenhout and Joubert (2003:26) warn that there is a relationship between behavioural problems among adolescents and drug abuse. In addition, 40% of adolescents in treatment for chemical addiction suffer from dual diagnosis: addiction as the primary diagnosis and a secondary psychiatric condition (Zulu, 2006).

As is to be expected from the aforementioned statistical indications of an increase in adolescent drug abuse, the demand for treatment of chemically addicted adolescents is also increasing. Admissions for substance-abuse treatment in America increased from 28 000 in 1993 to 150 000 in 2005 (Smith, 2006).

In South Africa, a study conducted by the Medical Research Council during 2005 determined that treatment demands in South Africa for adolescents suffering from chemical addiction were also increasing. This study gave the following indications regarding treatment demands and the intake trend for treatment of adolescents in South Africa for the first half of 2005: Throughout South Africa the treatment demands for Cannabis- (known as "Dagga") and Methaqualone- (known as "Mandrax")-related problems were generally highest. The treatment demand for cocaine-related problems increased in the whole country, apart from the Western Cape. Heroin as a primary drug of choice increased in the Western Cape, Gauteng and Mpumalanga. Methamphetamine, Ecstasy and LSD as the drug of choice were highest in the Western Cape (South African Community Epidemiology Network on Drug Use, December 2005).

A treatment period for chemically addicted adolescents should be long enough to be effective and produce positive change. Therefore, Gordon (2003:18) advises

an adequate treatment period and ongoing aftercare services. A treatment period of between 8 and 18 months is also recommended (Focus Adolescent Services, 2006). Adolescent treatment programmes in South Africa, however, vary between 3 weeks and 12 months, while treatment programmes in the Western Cape have an average treatment period of 4 to 8 weeks. Treatment entails in-patient recovery programmes in treatment centres and outpatient treatment programmes at the South African National Council on Alcohol- and Drug Abuse, SANCA (Dr. Fourie, Regional Director of SANCA, Western Cape. Personal interview, 2006, April 11).

Related to the issue of the length of treatment, Gorski (2001:4) concurs that ongoing treatment is vitally important in preventing adolescent relapse. Fisher and Harrison (2005:147-148) refer to three different studies in 1997 indicating that different treatment programmes did not have a significant effect on the outcome of treatment. The relapse and recovery rates were, according to these studies, not determined by the treatment programmes, but rather by the quality of the maintenance of recovery. This information indicates a need for ongoing services to chemically addicted adolescents after in-patient treatment is completed, in order to prevent relapsing. Regarding ongoing services, NA (Narcotics Anonymous) is a peer self-help group (Brandt and Delport, 2005:168). Additionally, SANCA renders specialised social work services to chemically addicted adolescents. However, SANCA's current services entail only preventative services, in-patient treatment programmes and outpatient treatment programmes. No specific focus is placed on aftercare (Dr. Fourie. Personal interview. 2006, April 11).

Although treatment programmes exist and the increase in treatment demand indicates that programmes are being utilised, a high relapse potential still exists. Gorski (2001:1) indicates a relapse rate after treatment of 58% for adolescents. In support of this, Fisher and Harrison (2005:156) state that a high relapse rate

after treatment is a consistent finding from studies. The need to develop effective aftercare services thus becomes apparent.

The aforementioned need receives international recognition. The United Nations and American authorities have identified a definite need for social research regarding the treatment of adolescent substance abuse (Dennis and McGeary, 1999 and United Nations Youth World Programme of Action for Youth, 2006).

On a national level, the White Paper for Social Services of South Africa (1997:43) asserts that more statistics and research are needed in order to improve services in relation to substance abuse among South African schoolchildren. Dr. Fourie (Personal interview, 2006, April 11) concurs that there is a definite need for research regarding the aftercare needs of adolescents, in order to develop appropriate services in this regard.

The researcher did an Internet search, as well as an extended literature study on the subject of adolescent chemical addiction. Previous studies in the field of adolescent chemical addiction include Brandt and Delport (2005:163-174) and Terblanche and Venter (1999:161-178), who investigated the theories and the etiology of adolescent chemical addiction. Although these studies and the literature did not focus on the experiences and needs of the relapsed chemically addicted adolescent, the latter study did identify and evaluate the comfort level with "significant others and preferred helpers".

Therefore, the researcher identified a need for research within the national context. It is furthermore concluded that there is a need for qualitative research in order to broaden and deepen the understanding of the experiences of chemically addicted adolescents who relapsed after treatment, in order to assist social workers regarding aftercare services.

1.2 Problem statement

A research problem should capture the focus of the study (Bak, 2004:111). In support of this, Kumar (1999:36) states that one must have a clear idea regarding “what it is you want to find out *about* and not what you *think* you must find”. With regard to the aforementioned theoretical guidelines, the researcher therefore attempted to be clear about what it was she wanted to find out about, when formulating the research problem. The problem statement for this study is expressed as follows:

The researcher has concluded that adolescent substance abuse and the consequential chemical addiction flowing from the abuse, is an international problem. Against the background of the increase in chemical addiction among adolescents, the significant impact on the development and well-being of the adolescent needs to be considered.

Treatment programmes are available and utilised, but the high relapse rate and potential for relapse, as well as the impact resulting from relapses remain a cause for concern. Social work intervention forms an integral part of aftercare services to chemically addicted adolescents after completion of in-patient treatment programmes. Therefore, social work services should adapt to the needs of chemically addicted adolescents in an effort to prevent relapse.

The recognised need for further research in this field indicates that more information and a deeper understanding of the chemically addicted adolescent who has relapsed after treatment, is needed. Dick (2000) asserts that qualitative research aims to explore the experiences of individuals or groups to which the problem statement of the research is related. In order to gain an understanding of reasons why chemically addicted adolescents relapse after treatment, this research study therefore proposes to explore the question of how chemically addicted adolescents experience relapsing after treatment.

1.3 Motivation for research

The statistical proof of the increase in drug abuse among adolescents, the harmful effect on their development and future, and the alarming indication of relapse potential cannot be ignored. Adolescent drug addiction has the potential to rob the youth of a productive future, thus indicating the social and economic burden their addiction can become in the future. The impact of drug abuse on academic performance and cognitive functions endangers future employment capacity. In addition, the physical damage and treatment costs need to be taken into consideration when adolescent substance abuse is explored. Furthermore, the relationship between crime and adolescent drug abuse indicates the social risk involved. The increase in adolescent substance abuse also places an extra burden on the workload of social workers.

The researcher concluded that relapsing after treatment has several implications for chemically addicted adolescents, such as further and even lethal physical and chemical damage, and a larger negative impact on schooling careers and future employment possibilities. In addition, it places a financial burden on the family and society, the danger of becoming involved in crime and being exposed to HIV/AIDS increases, and is harmful to the psychological well-being of the adolescents involved. A relapse thus implies more damage and more costs to these adolescents, their families and welfare organisations. Considering the local short in-patient treatment periods, the researcher recognised the need to explore the experiences of relapsed chemically addicted adolescents, in order to gain understanding of and insight into their needs concerning ongoing services.

As a social worker, the researcher hoped to make a helpful contribution to the recovery potential of chemically addicted adolescents through the proposed research. She therefore planned to use the information obtained through this research study to make recommendations and to generate guidelines for effective aftercare services by social workers, in order to prevent relapses.

1.4 Research question

Research questions are “interrogative statements or questions that the investigator seeks to answer” (Creswell, 2003:108). Cromwell (1996) further explains that qualitative research uses the quality, meaning, context or image of reality in what people do. Therefore, the task of the researcher in qualitative research studies is to explore what is happening as experienced by the individual or group to which the problem situation is related (Dick, 2000), thus employing a research question.

The qualitative research method would be employed in the proposed research study. For the purpose of this study, the researcher would therefore make use of a research question, as the experiences of chemically addicted adolescents who had relapsed after treatment would be explored.

The research question flowing from the research problem was:

What are the experiences of chemically addicted adolescents regarding their relapses following treatment?

1.5 Goal and objectives

The goal of research can be described as “the end toward which effort or ambition is directed” (De Vos, Strydom, Fouchè and Delport, 2002:7). Following the research question, the goal and objectives of the proposed study were stated as follows:

Goal

The researcher aims to explore and describe the experiences of chemically addicted adolescents regarding relapsing after treatment, and to make recommendations to assist social workers in rendering effective aftercare services to chemically addicted adolescents based on this research study.

Objectives

In order to realise the research goal, the objectives are as follows:

- To explore and describe the experiences of chemically addicted adolescents regarding relapsing after treatment.
- Based on the above findings, to compile a report portraying the experiences of chemically addicted adolescents regarding relapsing after treatment, together with concluding guidelines and recommendations flowing from the data obtained regarding support and aftercare services.

1.6 Research methodology

Emanating from the research problem and the research question, the researcher proposed the following:

1.6.1 Research approach

In order to answer the research question, **qualitative research** would be employed. De Vos et al. (2002:79) describe qualitative research as an approach that is concerned with understanding rather than explaining, and concur that it entails the subjective exploration of reality from the perspective of an “insider” to the situation.

Leedy and Ormrod (2005:135) attribute the following relevant characteristics to the qualitative approach. Each characteristic will be followed by the intention in this particular study.

- The qualitative approach is concerned with **interpretation and meaning**.
The proposed study would explore the meaning participants attached to relapsing after treatment in order to discover and gain understanding of the problems experienced by chemically addicted adolescents who relapse after treatment.
- Qualitative research involves **verification**.
The researcher would test the relevant literature within the real-world context of chemically addicted adolescents who had relapsed after treatment.
- Qualitative research is **descriptive**.
In order to realise the goal of the research study, the researcher would explore and describe the process, meaning and understanding of chemically addicted adolescents' experiences regarding relapsing after treatment.
- Qualitative research involves **evaluation**.
Through the proposed research, the researcher would attempt to evaluate the context of the data collected, in order to write a report, to develop concluding guidelines, and to make recommendations for aftercare services by social workers to chemically addicted adolescents to prevent relapse.

Considering the aforementioned characteristics, a qualitative approach would thus be appropriate. The proposed research would attempt to answer the research question by gaining a valid understanding of the experiences of chemically addicted adolescents regarding relapsing after treatment.

1.6.2 Research design

A research design is the procedural plan of the researcher to answer the research question validly, objectively and economically (Kumar, 1999:74). A

research design can therefore be described as a “blueprint”, referring to a detailed research plan, structure and strategy of investigation in order to answer the research question (Mouton, 2001:55).

The **qualitative research method** would be best suited to the research question being asked, as the experiences of chemically addicted adolescents regarding relapsing after treatment had not been fully explored. It was therefore appropriate to employ a flexible strategy that would take shape as the investigation proceeded (Mouton and Marais in De Vos et al., 2002:80).

Subsequently, the following **research designs** were selected for the purpose of this study for their characteristics, given below:

- **Descriptive research**

Descriptive research attempts to describe a situation, problem, phenomenon, service or programme (Kumar, 1999:9-10). The researcher would attempt to describe relapsing after treatment as experienced by chemically addicted adolescents as objectively as possible.

- **Exploratory research**

The researcher made use of exploratory research to investigate a phenomenon where little knowledge exists (Kumar, 1999:9-10). The researcher established that the literature and previous studies had a limited focus on the experiences of relapsed chemically addicted adolescents. Therefore, this study proposed to determine the possibilities of further research concerning this phenomenon. It was envisaged that ongoing research would enhance improved services to the group being studied.

- **Contextual research**

The researcher sought to avoid the separation of participants from the larger context to which they might be related by means of a contextual research

design (De Vos, Strydom, Fouché, Poggenpoel and Shurink, 1998:281). The researcher would explore the experiences of the participants within the context of relapse after in-patient treatment, chemical addiction and adolescents currently back in in-patient treatment programmes after a relapse.

1.6.3 Population and sampling

Kumar (1999:149) describes a **population** as the “electorates” from which the researcher selects participants for the research study. In a qualitative research study, the population includes all the persons about whom the inferences are to be drawn (Leedy and Ormrod, 2005:206). The total population for this study can be defined as follows:

- All chemically addicted adolescents in the Western Cape who had relapsed after treatment.

A **sample** is a subset of measurements drawn from the population in which the researcher is interested (De Vos et al., 2002:199). A sample for inclusion in the study would be selected from the aforementioned population. The proposed criteria for inclusion in the study would be as follows:

- chemically addicted adolescents
- previously underwent in-patient treatment
- relapsed thereafter
- currently back in in-patient treatment programmes
- in the Western Cape.

The sample would include Afrikaans-, English- and Xhosa-speaking adolescents between the ages of 11 and 21 years, from both genders.

Leedy and Ormrod (2005:206) state that the purposive **sampling technique** is suitable for qualitative research. Purposive sampling would be employed to provide the researcher with a sample to access some specialised insight into the phenomena of interest, in this case the experiences of chemically addicted adolescents who had relapsed after in-patient treatment (De Vos et al., 2002:199 and Yegidis and Weinbach, 1996:122).

Dick (2000) advises that, in qualitative research, the researcher should add to the sampling until the information being gathered becomes repetitive. A **sample size** for this study could thus not be determined at the beginning of the research, but would be determined by data saturation, which would enhance external reliability (De Vos et al., 2002:335). The researcher therefore concluded that the purposive sampling technique would be suitable, and would therefore be employed in this qualitative research study. In addition, data saturation would determine the sample size.

It was furthermore proposed that the researcher would establish contact with adolescent in-patient treatment centres in the Western Cape by means of a written invitation (see Annexure A, page 199). The researcher would then arrange for a meeting with the interested centres, where she would explain the purpose of this study to the relevant staff members. They would then be requested to participate in the study and to identify possible participants. The participating centres would then act as “gatekeepers”, regulating the researcher’s access to the participants (Leedy and Ormrod, 2005:137).

Following this, the researcher would obtain names and contact numbers of possible participants who complied with the inclusion criteria, from the participating centres. The researcher planned to then establish contact with these adolescents and their parents/guardians by means of an introduction interview at the aforementioned centres to explain to them the purpose and the process of

this research study (see Annexures B, page 201 and C, page 203). Their willingness to participate in the research would be determined during this time.

Willing and interested participants would then be provided with an outline of possible questions. Confidentiality and consent would be discussed and consent forms would be signed (see Annexure D, page 205). Following this, an appointment would be made for the focus groups to be conducted.

1.6.4 Method of data collection

In a qualitative research study, data collection includes setting the boundaries for the study, identifying the purposefully selected individuals for the proposed study, collecting data through unstructured or semi-structured interviews and observations, and establishing a protocol for recording information (Creswell, 2003:185-188). Considering these criteria, the researcher proposed the following.

1.6.4.1 Preparation for data collection

The researcher would have introduction interviews at the participating centres with the gatekeepers, prospective participants and their parents/guardians. The purpose of these interviews would be to explain the purpose of the study and the criteria for inclusion, to request participation, and to provide the information given below.

Focus groups would be conducted in the mother language of the participants, to enhance comfort levels and to ensure the participants' ability to express themselves. The researcher would make use of translators, should the interviews not be conducted in Afrikaans or English, to ensure the validity and correct understanding of the responses of participants. Additionally, information regarding the location and duration of the focus groups would be given. Assurance of anonymity and confidentiality would also be given, and permission

to tape-record the interviews would be obtained. Participants would be informed that only the researcher, translator (if needed), editor, independent coder and the researcher's supervisor and joint supervisor would have access to the tape recordings and transcripts. Those who agree to participate would then be given a consent form, which would be explained to them, for them to sign.

Following this, focus groups would be conducted at the participating treatment centres.

1.6.4.2 Pilot study

Leedy and Ormrod (2005:152) advise that a pilot study should be done to ensure that the researcher is able to answer the research question. The pilot study will give an indication whether participants respond to the research question. The researcher would therefore first do a pilot study at one of the participating centres, to ensure that the proposed study was feasible.

1.6.4.3 The focus group

A focus group is a planned discussion with the objective to obtain perception on a defined area of interest in a non-threatening and permissive environment (Krueger in De Vos et al., 2002:306). De Vos, Strydom, Fouchè and Delpont, (2005:301) emphasise the value of focus groups in qualitative research when the researcher intends to explore a range of feelings and experiences.

In order to achieve the goal of this research, the researcher would therefore make use of focus groups, as the focus group provides the opportunity to promote self-disclosure among participants. Multiple viewpoints can be obtained, and shared experiences can form a platform for discussion. The use of focus groups is also cost- and time-effective (De Vos et al., 2002:306-307 and Leedy and Ormrod, 2005:146). The focus groups would be used as the method to

explore the experiences of chemically addicted adolescents regarding relapsing after treatment, as described by the goal of this study.

1.6.4.4 Interview guide

The following questions would be asked of the participants in the focus groups:

- Tell me about your relapse episode/episodes.
- What made it difficult for you to stay sober after treatment?
- What kind of support do you need after you leave the treatment programme?

1.6.4.5 Interview techniques

The researcher would make use of the following communication techniques to enhance communication during the focus groups: clarification, encouragement, listening, linking and reflection (De Vos et al., 2005:289-290).

In addition, the researcher would employ a negotiating **role** in order to negotiate entrée through the caregivers and gatekeepers. The researcher would also make use of the role of clarifier, to explain the purpose of the study to gatekeepers and participants (Creswell, 2003:184). In addition, the researcher would facilitate the focus groups. This role would focus on creating a safe and comfortable environment for the groups (De Vos et al., 2002:317).

1.6.4.6 Data recording

The researcher would make use of tape recordings, which would be transcribed later. The transcripts would be kept as evidence of the research. The advantage of the use of tape recordings was that the researcher could listen to them a number of times to ensure that data did not get lost (Kumar 1999:108). Additional data would be obtained by means of field notes, focusing on aspects such as seating arrangements, communication patterns, dynamics and non-verbal

communication (De Vos et al., 2002:318) to add to the transcripts in order to complete the data collection.

1.6.5 Method of data analysis

Sarantakos (in De Vos et al., 2002:286) describes data analysis as the process where data reduction, presentation and interpretation take place. The purpose of data analysis for this study would be to bring about an understanding of chemically addicted adolescents' relapsing experiences after in-patient treatment (Tutty, Rothery and Grinnell, 1996:90). Once data became repetitive and data saturation was reached, data analysis would be conducted.

The researcher would make use of the framework for data analysis for qualitative research by Tesch (in Creswell, 2003:192) to ensure a systematic manner of data analysis. This would involve the following eight steps:

1. The researcher would read all the transcripts in order to get a sense of the whole. Ideas that developed from reading the transcripts would be noted.
2. One transcript would be chosen as the most interesting. It would be studied, while the researcher made notes of the topics and themes identified.
3. The researcher would then repeat the second step with all the transcripts. Once all the topics had been identified, they would be clustered together and labelled according to their characteristics.
4. The topics would be given code words. The transcripts would subsequently be studied again while the codes would be placed in the transcripts at the relevant places.

5. The researcher would then categorise the topics, and certain topics with specific characteristics would be placed into a category.
6. A decision to include the categories would then be made.
7. The categories in each transcript would be identified. All the information in one category would then be collected.
8. The researcher would then proceed to write the report, based on this analysis.

The researcher would attempt to ensure that the data analysis occurred in a comprehensive and systematic manner by following these eight steps.

1.6.6 Method of data verification

It is essential to establish the trustworthiness of a study in order to validate the findings and subsequent conclusions. The trustworthiness of the qualitative data obtained through this study would be based on Guba's model (in Krefting, 1991:214-222). According to this model the following four aspects need to be addressed:

1.6.6.1 Truth value

The level of confidence in the truth of the findings, based on the research design, participants and the context in which the study was undertaken will determine the truth value of the study (Guba in Krefting, 1991:215). The researcher would therefore consider whether the findings were a true reflection of chemically addicted adolescents' experiences regarding relapsing after treatment. The researcher would establish confidence in the truth of the findings through the use of the criteria given below.

- **Interviewing techniques**

The researcher would make use of interviewing techniques such as clarification, encouragement, listening, linking and reflection, in order to utilise the interviewing process to its full potential.

- **Triangulation**

Guba (in Krefting 1991:219) describes triangulation as the comparison of multiple perspectives by using different methods of data collection. Using more than one focus group in different treatment centres would employ triangulation in this study.

- **Peer examination**

Guba (in Krefting, 1991:219) sees peer examination as a profitable criterion for data verification. The researcher was employed at the Department of Social Work at the Huguenot College, Wellington. Advice and guidance from colleagues who were experienced in the field of qualitative research would be used throughout the research study. A further advantage for the researcher was that the research supervisor was well versed in qualitative methodology.

- **Authority of the researcher**

The researcher had specialised in the field of chemical addiction while working as a social worker in three different in-patient treatment centres over the past ten years. During this time she had formed part of multi-disciplinary teams, involved in writing three different in-patient treatment programmes, one of which was specifically focused on adolescents. The researcher had also worked as a social worker in the field prior to the aforementioned employment, where she had observed the impact of chemical addiction on the family and society.

1.6.6.2 Applicability

Guba (in Krefting, 1991:216) refers to applicability as the degree to which the findings of the research study are applicable to other contexts or groups. Transferability is a method through which applicability can be established. The researcher intended to provide a dense description of the research methodology to be employed, in order to enhance transferability.

1.6.6.3 Consistency

Guba (in Krefting, 1991:216) refers to consistency as “whether the findings would be consistent if the inquiry were replicated with the same subjects or in a similar context”. The researcher would make use of a dense description of the research method, triangulation, peer examination and an independent coder in order to establish consistency.

1.6.6.4 Neutrality

The term “neutrality” refers to the degree to which the research findings are unbiased. Guba (in Krefting, 1991:216-217) states that neutrality in qualitative research should reflect the neutrality of the required data, rather than that of the researcher. The findings and recommendations would therefore be based on the data obtained from the transcripts, which would prevent subjective perspectives from guiding the process. Triangulation would also assist the researcher to achieve neutrality.

1.6.7 Ethical considerations

Ethical implications should be carefully considered when human beings are the focus of investigation (Leedy and Ormrod, 2005:101). Kumar (1999:190) describes ethics as principles of conduct and behaviour that are considered by

the profession as correct. The researcher would take the following ethics into consideration while conducting the research study.

1.6.7.1 Informed consent

Leedy and Ormrod (2005:101) suggest that participants should be informed regarding the purpose and nature of the research and that they should have a choice of either participating or not. Other information that the participants should receive is an account of the procedures that will be followed, the advantages and possible disadvantages of participation, and the credibility and role of the researcher (De Vos et al., 2002:65). The researcher proposed to share the aforementioned information with the gatekeepers, participants and their parents/guardians during the introduction interviews. When it was certain that the participants and their parents/guardians had no further questions, all parties involved would sign a consent form.

1.6.7.2 Protection from harm to participants

Leedy and Ormrod (2005:101) propose that the physical and emotional risks involved should be no greater than risks of day-to-day living. The focus groups would take place in the treatment centres, where the discussion and dealing with their addiction were part of the participants' day-to-day living. The researcher would try to ensure that the focus groups formed part of this purpose, in order to prevent physical and emotional disruption. In addition, the participants in this research study would be referred to their therapists for debriefing, if needed, after the focus groups.

1.6.7.3 Right to privacy and confidentiality of data

Sieber (in De Vos, 2002:67) describes privacy as aspects which are not normally for others to observe and analyse. Therefore, the right to self-determination as to

what to share and whether to share should be respected. Participants would not be forced to share their experiences and they would be informed that they could withdraw from the focus group at any time. Their anonymity would also be ensured through making use of pseudonyms. Furthermore, data would be stored in a safe place, and participants would be informed that only the researcher, translator (if needed), editor, independent coder and the researcher's supervisor and joint supervisor would have access to the tape recordings and transcripts.

Finally, the researcher was a social worker, registered at the South African Council for Social Service Professions in accordance with Act 110 of 1978, and thus held to a professional code of ethics.

1.7 Clarification of key concepts

In order to ensure clarity, the researcher will define the concepts that are key to the discussion that will follow in the study.

1.7.1 Addictive chemical substances

Addictive chemical substances are chemical substances which are physically and/or psychologically addictive in nature and cause clinically significant impairment or distress (Perkinson 1997:8 and Barber 2002:2).

1.7.2 Chemical addiction

Chemical addiction is a condition in which the use of chemical substances causes social/emotional/spiritual/physical impairment. Indicators to be measured are tolerance, progression, withdrawal symptoms, and loss of control (Gossop, 1998:78).

1.7.3 Recovery

Gorski and Miller (1982:48) define recovery as “a progressive movement through specific phases, maintaining abstinence and progressive improvement in the quality of lifestyle”.

1.7.4 Relapse

Relapse is a process that occurs within the addict in recovery and manifests itself in a progressive deterioration in the pattern of behaviour and symptoms leading to the use of addictive substances (Gorski and Miller, 1982:48).

1.7.5 Adolescence

For the purpose of this research, an adolescent will be defined as a person between the ages of 11 and 21 years (Louw, van Eden and Louw, 2001:385).

1.7.6 Aftercare services

Professional social work services to the chemically addicted adolescent in recovery, in order to maintain sobriety (Gorski, 2001:4).

1.7.7 Treatment programmes

In-patient managed care and therapy towards recovery of the chemically addicted adolescent (McNeece and DiNito, 1998:217).

1.7.8 Experiences

Experiences as lived, felt, undergone, made sense of, and accomplished by the participants in a qualitative research study (York, 1998:9-22 and Schwandt, 2001:84).

1.7.9 Social work intervention

Roberts and Greene (2002:819) define social work intervention as “who we help, how we provide the services and the degree to which we encourage collaboration”.

1.8 Conclusion

Adolescent chemical addiction is seen as a major problem on both national and international levels (Dennis and McGeary, 1999; Noguchi, 2006; Health Systems Trust, 2002; Van Niekerk and Prins, 2001:38 and Zulu, 2006). Although treatment demands for chemically addicted adolescents have increased (Smith, 2006 and South African Community Epidemiology Network on Drug Use, December 2005), the relapse rate remains a topic of concern (Gorski, 2001:4 and Fisher and Harrison, 2005:147-148). Social work intervention forms an integral part of aftercare services to chemically addicted adolescents. This research stems from the aforementioned information, as well as the identified need for further research in the field of chemical addiction among adolescents (Dennis and McGeary, 1999; United Nations Youth World Programme of Action for Youth, 2006 and The White Paper for Social Services of South Africa, 1997:43).

Chapter One is an orientation to the research study undertaken. It describes the background and motivation for this research, the research problem, the research question to be answered through this study, and the goal and objectives to be achieved. It also describes the proposed research methodology and defines the key concepts relevant to this study.

Chapter Two will describe the methodology selected and how it was implemented in this research study.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1 Introduction

The United Nations warns that the vulnerability of adolescents to chemical addiction has become a major international concern in recent years (United Nations Youth World Programme of Action for Youth, 2006:1 and Fisher and Harrison, 2005:2, 155).

In the United States of America, one of the most pressing public health concerns remains the persistently high level of substance abuse among adolescents (Barrett and Ollendick, 2004:329). McWhirter, McWhirter, McWhirter and McWhirter (2004:116) echo this sentiment and note that, over the past 10 years, there has been an increase in adolescent drug abuse in the United States of America.

This international concern has also been observed in South Africa. Drug abuse among South African schoolchildren, both rural and urban, is also increasing, and is undermining the quality of education and development of the children of South Africa (Government Gazette, 2002:3 and Gouws et al., 2000:17).

Adolescent chemical addiction is associated with damaging physical, mental and social health (Noyoo, Patel and Loffell, 2006:97), and interferes with crucial developmental tasks (Barrett and Ollendick, 2004:330). Gouws et al. (2000:5) expand on this situation by explaining that the lack of development, or damage to development, in one domain influences the developmental process in the other domains, thus affecting the adolescent's general development.

Addressing the aforementioned concern regarding the impact of chemical addiction on adolescents, Butts and Roman (2004:1) recognise the need for effective drug-abuse programmes for youth. This sentiment is echoed by the South African Minister of Education, who emphasises the support which schoolchildren must receive in the treatment for and rehabilitation from drug abuse, as well as the importance of relapse prevention as a part of treatment (Government Gazette, 2002:7).

The researcher conducted an initial literature review in order to discover relevant material published in the field of adolescent chemical addiction. In Chapter One, the researcher has comprehensively discussed the trends, the potential for relapse, and the impact of adolescent chemical addiction, internationally and nationally.

McCoy, Metch and Inciardi (1996:xvi) note that the particular needs of adolescents are often unrecognised and unaddressed when services to chemically addicted adolescents are planned. This present study therefore stems from the question of how chemically addicted adolescents experience relapsing following in-patient treatment, in order to address the involvement of the social work profession in this pressing matter.

Regarding relapsing, the literature distinguishes between a lapse and a relapse. A lapse is described as a “slip” that occurs when a person in recovery attempts to use the drug of choice once, and does not continue to use/abuse drugs afterwards, while a relapse is a lapse escalating into a relapse (Barber, 2002:130; Hester and Miller, 1995:179 and Perkinson, 1997:77). Barber (2002:130) expands on this idea, arguing that a lapse could be a confirming experience if it received the right attention during aftercare services.

Gorski (2001:3), on the other hand, states that relapsing after treatment often occurs when adolescents fail to recognise their addiction to chemical substances.

This author is of the opinion that if adolescents are not ready for treatment, they go into compliance and passively resist treatment. Therefore, although many appear on the outside to be responding to treatment, they relapse after treatment because they did not admit to, or recognise, their addiction.

McCoy et al. (1996:71-93) go further and refer to the addictive cycle, implying that relapsing is part of the process of addiction. Gordon (2003:5,12) is in agreement with this sentiment, and describes relapsing as a complex process. This author concurs that a person in the relapse process struggles with thinking clearly, managing emotions, and regulating behaviour.

The literature identifies the following risk factors contributing to relapsing in adolescent chemical addiction: anger and frustration, positive emotional states (emotional “highs”), stress, overconfidence, social pressures, social control, availability, background conditions such as poverty, parental involvement, learning difficulties, association with drug-using peers and inter-relationship problems (Brandt and Delpont, 2005:170; Fraser, 2002:121; Goodwin 2000:76; Gordon, 2003:15-17 and McWhirter et al., 2004:126-128).

In addition, the following focus areas were identified in the literature regarding aftercare services to the chemically addicted adolescent: social networks, life-style changes, sobriety management programmes, identification of relapse cues, coping skills for high-risk situations, coping with cravings, learning from slips, social skills, problem-solving skills and stress management (Fraser, 2002:121; Gordon, 2003:19-21; Jarvis, Tebutt, Mattick and Sand, 2005:103-169 and Sweet, 1999:255-271). Magen (1998:180) stresses the importance of positive experience and inner strengths for at-risk youth. Resilience among adolescents can also be enhanced through programmes focusing on social competency, autonomy and a sense of purpose and future (Barr and Parrett, 2001:26). While studying the literature, the researcher noted that time-management and the management of feelings were not mentioned as part of the recovery process.

The researcher subsequently discovered a lack of information and research regarding the recovery needs, as identified by chemically addicted adolescents themselves, and concluded that this area should be explored in order to address the need for relapse prevention, as indicated by the South African Minister of Education (Government Gazette, 2002:7 and McCoy et al., 1996:xvi).

In order to understand the reasons behind relapsing after treatment, as seen by chemically addicted adolescents who relapsed after treatment, the present study explored the experiences of a sample of members of this group (Dick, 2000). Shaw and Gould (2001:83) assert that the value of qualitative research is that participants can feel that “people listened to what we have to say”. The present study aimed to give participants the opportunity to discuss their experiences, in order to provide the researcher with an understanding of relapsing after treatment.

Following the orientation to this research study in Chapter One, Chapter Two describes the research methodology and its implementation.

2.2 Research question

Quantitative research makes use of a hypothesis or research question, while qualitative research mainly attempts to answer a research question (De Vos et al., 2005:103). According to Kerlinger and Lee (2000:28), a hypothesis is a statement that can be tested. On the other hand, Bak (2004:21) asserts that a research question should emerge from the research problem and should be closely related to the research goals and objectives, while Creswell (2003:108) defines research questions as “interrogative statements or questions that the investigator seeks to answer”.

This present research problem, as described in Chapter One, did not lead to a statement that could be tested, but rather to a question that the researcher wanted to answer through this study. The task of the researcher was to explore relapsing after treatment, as experienced by the group to which the problem situation was related, namely, chemically addicted adolescents who relapsed after in-patient treatment (Dick, 2000). Therefore, the researcher made use of a research question for the purpose of this study.

The research question flowing from the research problem and related to the goals and objectives was:

What are the experiences of chemically addicted adolescents regarding their relapses following treatment?

2.3 Goal and objectives

Following the research problem and research question, the goal and objectives of the proposed study were as given below.

Goal

The researcher aimed to explore and describe the experiences of chemically addicted adolescents regarding relapsing after treatment, and to make recommendations to assist social workers in rendering effective aftercare services to chemically addicted adolescents based on this research study.

Objectives

In order to realise the research goal, the objectives for this research study were as follows:

- To explore and describe the experiences of chemically addicted adolescents regarding relapsing after treatment.
- Based on the above findings, to compile a report portraying the experiences of chemically addicted adolescents regarding relapsing after treatment, together with concluding guidelines and recommendations flowing from the data obtained regarding support and aftercare services.

2.4 Research methodology

Walliman (2001:8) postulates that research distinguishes itself through experiences and reasoning. Experience results in knowledge gained through encountering situations and events in life, while reasoning is a method of coming to a conclusion. Through this research, the researcher explored the knowledge gained by interviews with chemically addicted adolescents who relapsed after in-patient treatment, regarding their experiences of their situation. Subsequently, the researcher used reasoning as a method to draw conclusions, in order to develop guidelines and to make recommendations for social work aftercare services to chemically addicted adolescents.

2.4.1 Research approach

Shaw and Gould (2001:6-8) attribute the following eight characteristics to qualitative research:

- It involves “immersions” in situations of everyday life.
- The researcher’s role is to gain an overview of the context under study.
- It entails an inquiry into the particular.

- The researcher attempts to obtain information from people on “the inside” of the situation.
- It can “give voice to the normally silenced and can illuminate what is typically masked”.
- The researcher keeps the participants in the foreground and is open to gain a new understanding.
- Qualitative research is interpretative.
- The researcher is essentially the main instrument in the study.

Qualitative research therefore uses narrative descriptions of persons and fits the reality of the cases studied. On the other hand, quantitative research uses “numerical means” with the emphasis on counting, describing and using standard statistics (Mark, 1996:211-213). De Vos et al. (2002:71) describe quantitative research as highly formalised, exactly defined, and focusing on specific questions.

Against this background, in order to answer the research question, the **qualitative research approach** was employed in this study. The researcher explored the experiences of chemically addicted adolescents who relapsed after in-patient treatment, through a flexible strategy of data collection, namely semi-structured interviews (De Vos et al., 2002:71). The primary interest was in the meaning that relapsed adolescents attached to their relapse experiences after in-patient treatment (Creswell 2003:181-183). This research study was concerned with understanding rather than explaining relapsing after treatment of chemically addicted adolescents, and it entailed the exploration of reality from the perspective of the “insiders” to the situation (De Vos et al., 2002:79). Therefore, through this qualitative research, the researcher attempted to develop an understanding of the relapsed chemically addicted adolescents’ experiences by their own descriptions, in order to develop guidelines, and to make recommendations for services to chemically addicted adolescents in recovery.

The research complied with the relevant characteristics related to the qualitative approach (Leedy and Ormrod, 2005:135) given below.

Interpretation and meaning

The study explored the meaning participants attached to relapsing after in-patient treatment, and thus gained an understanding of the problems experienced by chemically addicted adolescents who relapsed after treatment.

Verification

The perspectives of chemically addicted adolescents in the context of relapsing after in-patient treatment were compared with the information obtained in the literature. Therefore, the researcher tested the literature in the real-world context of chemically addicted adolescents who had relapsed after in-patient treatment, thus verifying the results of this study.

Descriptive

In order to realise the goal of the research study, the researcher explored and described the process, meaning and understanding of chemically addicted adolescents' experiences regarding relapse after in-patient treatment.

Evaluation

The researcher attempted to evaluate and interpret the context of the data collected, in order to write a report, to develop guidelines, and to make recommendations for aftercare services by social workers to chemically addicted adolescents, in order to try to prevent relapse.

In order to ensure the applicability of the research approach, the researcher furthermore made use of a relevant research design.

2.4.2 Research design

A research design in qualitative research is the entire process “from conceptualizing a problem to writing the narrative” (De Vos et al., 2002:271). When deciding on a research approach, the researcher considered the fact that the experiences of chemically addicted adolescents regarding relapsing after treatment have not been fully explored. The researcher therefore made use of a research question. The **qualitative research method** was thus elected as best suited to the research question being asked.

Walliman (2001:219) asserts that it is appropriate to select the type of research design as it indicates and relates to the goal of the study. Chapter One explained the reasons for the choice of the specific designs for this study. The following description explains how the designs related to the goal of the study:

Descriptive research

Rubin and Babbie (2005:91) are of the opinion that description is a major purpose of social scientific studies. Through the present research study, the researcher described relapsing after in-patient treatment, as experienced by chemically addicted adolescents, as objectively as possible (Yegidis and Weinbach, 1996:93).

Exploratory research

Silverman (2000:9) asserts that exploratory research is appropriate when little existing knowledge related to the research question exists. Cherry (2000:12) is in agreement with this statement and continues with this line of thought by asserting that exploratory research provides us with a broad picture of what is happening in the field of interest. This study explored the possibilities for further studies regarding the concerned group, as the literature and previous studies indicated a limited focus on the experiences of chemically addicted adolescents regarding

relapsing after treatment, thus indicating a need for further elucidation of the topic.

Contextual research

The purpose of contextual research is to describe and understand events within the immediate, concrete, natural context in which the situation under observation occurs (Babbie and Mouton, 2001:272). The context shared by the participants in this study was as follows: adolescents, suffering from chemical addiction, who received in-patient treatment and relapsed thereafter, currently back in in-patient treatment programmes.

The researcher furthermore focused on the population and sampling techniques to ensure that the participants in this study would be appropriate to answer the research question of this qualitative research study.

2.4.3 Population and sampling

Chapter One comprehensively discussed the literature related to population and sampling in research. The following discussion focuses on how the literature was employed and how the choice of population and sampling methods was made.

Walliman (2001:232) describes a population as a collective term to describe the number of cases that are the subject of the study in a research project. The author advises that the researcher must be clear about the precise focus of the study. Leedy and Ormrod (2005:206) further advise that in a qualitative research study, the population should include all the persons about whom the inferences are to be drawn. The research question, namely what the experiences of chemically addicted adolescents regarding their relapses following treatment are, guided the decision regarding the population for this study.

The total **population** for this study was thus defined as follows:

- All chemically addicted adolescents in the Western Cape who have relapsed after treatment.

Sampling is the procedure used by a researcher to gather the people who will be studied (Sampling in research, 2006:1). Additionally, a **sample** is a selection from the population, and represents the participants that the researcher is able to include in the research study. The sample should be representative of the population in order to enhance the validity of the study (Walliman, 2001:232). A sample for inclusion in the study was selected from the aforementioned population. The criteria for inclusion were based on the contextual nature of the research design.

The criteria for inclusion in the study were as follows:

- chemically addicted adolescents
- previously underwent in-patient treatment
- relapsed thereafter
- currently back in in-patient treatment programmes
- in the Western Cape.

The sample included Afrikaans-, Xhosa-, Sotho- and English-speaking adolescents between the ages of 11 and 21 years, of both genders. The demographic details of the participants in this study are displayed in Table 3.1, page 65, in Chapter Three.

Purposive, non-random sampling is suitable for the semi-structured interviewing method of data collection (Knight, 2002:123 and Rubin and Babbie, 1997:573). Rubin and Babbie (1997:573) advise that participants in interviews be selected on the basis of relevancy to the topic. It was concluded that the purposive **sampling technique** was suitable for this qualitative research, as the researcher made use of semi-structured interviews as the method of data collection.

Purposive sampling was employed to provide the researcher with a sample to access some specialised insight into the phenomena of interest, in this case the experiences of chemically addicted adolescents who had relapsed after treatment (De Vos et al., 2002:199 and Yegidis and Weinbach, 1996:122).

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Knight (2002:63) postulates that a large sample size is expected in quantitative research, while the **sample size** in qualitative research tends not to be a key factor. Cherry (2000:54) expands on this idea by asserting that so much in-depth data is collected in qualitative studies, that only data from smaller samples can be managed.

The researcher considered the fact that the qualitative approach was being used, that contextual research gave focus to the study, and that the purposive sampling technique was employed when deciding on a sample size for this study. The sample size for this study was therefore determined by data saturation, once the information became repetitive (De Vos et al., 2002:335 and Dick, 2000).

The demographics of the sample included in this study will be discussed in depth in Chapter Three, and are described in Table 3.1, page 65.

The researcher initially made contact with three adolescent treatment centres in the Western Cape, namely Hesketh King Treatment Centre, De Novo Treatment Centre, and Toevlug Treatment Centre. A letter of invitation was sent to these centres (see Annexure A, page 199), after which the researcher visited the centres to explain the purpose of this study to the relevant staff members. These staff members were then requested to participate in the study and to act as gatekeepers, identifying possible participants and regulating the researcher's access to the participants (Leedy and Ormrod, 2005:137). Hesketh King Treatment Centre and De Novo Treatment Centre agreed to participate in this research study. Toevlug Treatment Centre, however, did not react to the invitation and was therefore not used for the study. The researcher then invited

Eersterivier Teen Challenge International to participate in the place of Toevlug Treatment Centre. Eersterivier Teen Challenge International accepted the invitation and was then included in this study.

The participating centres compiled a list of all possible participants who met the inclusion criteria. The treatment centres, acting as gatekeepers, then discussed the purpose of the study, the questions that would be asked and the format of the interviews with the prospective participants, using Annexure B, page 201. Following this, they obtained consent from the parents/guardians of the participants, using the letter of consent and the invitation letters (see Annexures C, page 203 and D, page 205). The purpose and the format of the study were discussed with the parents, and they were given the contact number of the researcher, if they should have any questions. Their willingness to participate in the research was also determined during this time. The researcher received no inquiries from the parents/guardians of the participants.

The researcher then had introduction interviews at the different centres with the willing and interested participants. During these interviews they were provided with an outline of possible questions. Confidentiality and consent were discussed and consent forms were signed. Following this, appointments were made for the interviews to be conducted.

The researcher initially concluded that data saturation was obtained after 11 interviews. She was, however, not satisfied with the depth of data obtained. After discussing the matter with her supervisors, it was decided that the researcher would conduct more interviews to ensure that data saturation was indeed obtained. The researcher continued to conduct six more interviews, after which both the researcher and her supervisors agreed that data saturation had taken place.

2.4.4 Method of data collection

The method of data collection should assist the researcher in the attempt to understand the world from the participants' point of view (Sewell, 2006:1). Walliman (2001:91-238) concurs that interviewing, as a method of data collection, is particularly suitable for qualitative research, as it is flexible and descriptive. Flexibility in qualitative research implies that the researcher needs to be open to any data emerging during the process of data collection. The author describes data collection as the process where issues are identified from the people who are involved in the research problem. Mark (1996:67) agrees with this sentiment and concludes that interviews are suitable as the method of data collection when the researcher wants to develop an understanding of the participants' situations.

Disadvantages of qualitative interviewing include the fact that it could be experienced as more intrusive than quantitative approaches, it may be more reactive to personalities and interpersonal dynamics, and it is often seen as more subjective than quantitative interviews (Sewell, 2006:3). On the other hand, this author also identifies the following advantages of qualitative interviews: it allows a participant to describe what is meaningful; it prevents restriction on information shared; it is a rich source of data, and it is flexible. The researcher considered both the advantages and disadvantages, when deciding on the method of data collection and concluded that the advantages of qualitative interviewing suited the goal and objectives of this study.

The researcher planned to make use of focus groups as the method of data collection. The reason for this choice was discussed in Chapter One. However, the number of participants who met the inclusion criteria in specific programmes was not big enough to meet the criteria for focus groups. Focus groups should have not less than four and not more than eight participants (Bless and Achola, 2006:122 and Knight, 2002:70), whereas the maximum number of identified

participants per programme at one specific time for this study was three. The researcher discussed the situation with peers and her supervisors, and concluded that semi-structured individual interviews would be the best alternative to obtain the data.

In this qualitative research study, data collection included the following steps as outlined by Creswell (2003:185-188):

- Boundaries were set in the form of an interview guide, with specific questions to the participants, in order to remain focused on the goal of this research during the interviews. These questions were, however, formulated in such a way that they gave the participants the opportunity to share their experiences without being guided.
- The purposefully selected individuals for the study were selected with the assistance of the staff at the participating treatment centres, who acted as gatekeepers.
- Data was collected through semi-structured interviews.
- A protocol for recording information was established by means of tape recordings and field notes, which were transcribed directly after the interviews had taken place.

The data collection process took place as follows.

2.4.4.1 Preparation for data collection

The researcher invited Hesketh King-, De Novo-, Eersterivier Teen Challenge International and Toevlug Treatment Centres to participate in the research by means of a letter of invitation, as well as personal interviews with the staff members of these centres. During these interviews, the researcher explained the purpose of the study and the criteria for inclusion. The following information was also provided during the interviews:

- Individual interviews would be conducted in the mother language of the participants to enhance comfort levels and to ensure the participants' ability to express themselves.
- The researcher informed the staff members that she would make use of translators if the interviews were not conducted in Afrikaans or English, to ensure the validity and correct understanding of the responses of participants. However, the participants who suited the criteria for inclusion were all Afrikaans- and English-speaking. A translator was therefore not needed for this study.

The centres were then requested to participate in the research. De Novo Treatment Centre, Eersterivier Teencentre International and Hesketh King Treatment Centre agreed to partake in the study.

Following this, the staff members agreed to act as gatekeepers, regulating the researcher's access to the participants. Bourg, Broderick, Flagor, Kelly, Ervin and Butler (1999:65) note that gatekeepers should be used during preparation for interviews. As the centres take responsibility for the adolescents' well-being during the treatment periods at the centres, it was agreed that the gatekeepers would discuss the purpose and the format of the study with possible participants and their parents/guardians. During this process they shared the aforementioned information with the participants and their parents/guardians. Assurance of anonymity, confidentiality and informed consent were also given during this time, and permission to tape-record the interviews was obtained. Participants and their parents/guardians were informed that only the researcher, editor, independent coder and the researcher's supervisor and joint supervisor would have access to the tape recordings and transcripts. Those who agreed to participate then signed the consent form, after it had been explained to them.

Subsequently, the researcher did introduction interviews with all the participants, during which time the aforementioned information was repeated. Tutty et al. (1996:64) emphasise the need to adequately prepare participants for interviews. Therefore, it was explained to the participants that they had been chosen for this study as they were viewed as the “experts” regarding relapsing after treatment. It was also explained to them that their input could make a valuable contribution to the social work profession in developing an understanding of the relapsing experience, and consequently to improve support to chemically addicted adolescents through appropriate aftercare services. The participants then had an opportunity to ask questions. The following questions emerged from these interviews:

- “Will I be able to see the results?”
The researcher informed the participants that the treatment centre would receive a copy of the document with the research results. They would therefore have access to the document through the treatment centres.
- “Will the findings be used to improve aftercare services?”
The researcher explained that the objective of this study was to develop guidelines, and to make recommendations for aftercare services. She also explained that the results would be made available to all the relevant role-players, but that the role-players had to decide whether they would use the information.

Following this, interviews were conducted at the participating treatment centres.

2.4.4.2 Pilot study

The New Dictionary of Social Work (1995:45) defines a pilot study as “the process whereby the research design of a prospective survey is tested”. Knight (2002:50-94) further explains that a pilot study makes it possible for the

researcher to change the questions, if it is established that the participants do not understand any of them, or if a question does not answer the research question. The author identifies the following three purposes for a pilot study: to see if participants are able to answer the questions in a reasonable time, to identify possible difficulties with questions, and to ensure that the chosen data analysis method will be adequate.

For this reason, the questions that were to be used during this study were pre-tested through an interview with one adolescent who complied with the inclusion criteria (Walliman, 2001:238). The pilot study gave an indication that participants would be able to respond to the research question and that the chosen method of data analysis would be appropriate.

The pilot study was done at Hesketh King Treatment Centre. The interview lasted 50 minutes, during which time adequate responses regarding the research question were obtained. The researcher transcribed the interview and discussed it with her supervisors, to ensure that the responses could be accepted as relevant for this study, that the research question could be answered, and that the method of data analysis would be desirable for this study. It was decided that the method of data collection, the questions in the interview guide, as well as the method of data analysis were indeed suitable to answer the research question.

2.4.4.3 Semi-structured interviews

Walliman (2001:239) states that semi-structured interviews are suitable when the researcher wishes to explore a situation, and to obtain information that cannot be predicted. Bless and Achola (2006:122) agree with this statement and advise that interviews should be held in a safe environment.

During this study, the individual interviews were planned discussions with the object of obtaining an understanding of relapsing after in-patient treatment, in a

non-threatening and permissive environment (Krueger in De Vos et al., 2002:306). In order to achieve the goal of this research, the participants were given the opportunity to share their experiences of relapsing after treatment. The interviews took place in a safe and familiar environment, namely the treatment centres. The interview rooms made provision for comfortable seating arrangements and privacy. The researcher was able to create a comfortable atmosphere by having a relaxed casual conversation with the participants, before the formal questions were put to them.

Seventeen individual interviews were conducted over a period of seven months. The criteria for inclusion made it difficult to find enough participants in one admission group, thus prolonging the period of data collection. The data collected in these interviews will be discussed in depth in Chapter Three.

2.4.4.4 Interview guide

The following questions were asked of the participants:

- Tell me about your relapse episode/episodes.
- What made it difficult for you to stay sober after treatment?
- What kind of support do you need after you leave the treatment programme?

During the pilot study, the researcher found that the participant did not mention social workers as possible support. It was decided not to add or to change the questions, as the goal of the study was to explore the relapse experiences and not to focus on the current understanding and expectations of professional assistance.

2.4.4.5 Interview techniques

The researcher made use of the following communication techniques to enhance communication during the interviews: listening, clarification, questioning, focusing, reflection, encouragement and probing (De Vos et al., 2005:289-290; Brammer and MacDonald, 1999:71-80; Jacobs, Masson and Harvill, 2002:119-125 and Egan, 2002:95-148). These techniques were employed as follows.

Listening

This included a very active process of hearing and seeing, thus being aware of non-verbal communication. It also entailed listening to the content, voice and body language. This technique was chosen to ensure that both verbal and non-verbal messages would be recorded, transcribed and analysed. The researcher made use of field notes to record non-verbal responses, while tape recordings were used to ensure that the content and tone of voice were heard.

Clarification

The researcher employed this technique to ensure that data would not be misinterpreted. It brought vague material into clearer focus. The researcher informed the participants when she was unsure or confused regarding the meaning of certain responses. She used restatements and asked for clarification, for example: "What do you mean when you say...?"

Questioning

The literature distinguishes between open-ended and closed questions. The researcher employed open-ended questions to encourage participants to actively explore their experiences, without guiding the responses. This technique was valuable to encourage conversation and to focus on the research question. The primary open-ended questions that were asked are listed in the interview guide (see Section 2.4.4.4, page 44).

Focusing

Focusing was used when the participants discussed other issues than the issue of relapsing after treatment, thus defocusing. The researcher made use of this technique only when participants moved away from the research question. Focusing was also used to ensure that the participants explored the whole situation, for example, by repeating the question and asking the participants to concentrate on key words in the question.

Reflection

This was used to ensure that the researcher entered the participants' frame of reference and that they were being understood correctly. It also helped participants to become aware of what they were saying. The researcher made use of reflection to encourage participants to look deeper into what was being said, and to ensure that her understanding of the content of the messages was correct, for example: "You told me that... Does that mean ...?" This technique was used with care, in order to avoid the possibility of guiding the process.

Encouragement

Encouragement was used to make participants feel that what they had to say was important, and that it would add value to the process. The researcher made use of non-verbal encouragement techniques such as eye contact and nodding to ensure that participants felt free to share their experiences.

Probing

This technique was employed to deepen the response to the questions, for example: "What do you mean by that?" and "Tell me more about that." The value of this technique was also to ensure that all possible opinions and experiences mentioned by the participants were fully explored. In addition, it served as a tool to encourage participants to continue with their lines of thought.

The researcher also employed a negotiating **role** in order to negotiate entrée through the caregivers and gatekeepers. She also made use of the role of clarifier, in order to clarify the purpose of the study to the gatekeepers and participants (Creswell, 2003:184). In addition, the researcher facilitated the interviews. This role focused on creating a safe and comfortable environment for the discussions to take place in (De Vos et al., 2002:317).

2.4.4.6 Interview process

The interview process of Hepworth, Rooney, Rooney, Strom-Gottfried and Larsen (2006:43-52) was employed. These authors divide the interview into three phases, which are given below.

Phase 1: Contact and contract phase

Hepworth et al. (2006:43-48) suggest that this phase of the interview should include addressing the physical conditions and establishing rapport. During this phase, the researcher ensured that the participants were comfortable. She introduced herself and explained her motivation for doing this research. This phase also included the explanation of why the participants were seen as “experts” in the context of the study, and why the data obtained would be valuable for aftercare services to chemically addicted adolescents in recovery. The researcher concluded this phase by explaining the research question and the three questions that would be explored. Although the participants were then given the opportunity to ask questions, no questions emerged during this phase.

Phase 2: Action phase

This phase of the interview is defined as the “exploration process” (Hepworth et al., 2006:48-50). The researcher began this phase with the first question, namely: “Tell me about your relapse episode/episodes.” When the participants did not

have any more information to share, she moved on to the following questions, namely: “What made it difficult for you to stay sober after treatment?” and “What kind of support do you need after you leave the treatment programme?” The aforementioned interview techniques were employed throughout this phase. The information shared by the participants during the first question guided the format in which the following questions were asked.

Phase 3: Evaluation and termination phase

The researcher concluded the interviews by asking the participants how they had experienced the interview and exploration. She emphasised that the participants would be able to discuss any discomfort or emotions resulting from the interview with their therapists immediately after the interviews. The interviews were concluded with words of appreciation and good luck wishes regarding their recovery.

2.4.4.7 Data recording

Knight (2002:71) advises that participants should receive pseudonyms to be used during the interviews, when tape recordings are used. The participants were therefore not addressed by their names during the interviews, but rather by pseudonyms, chosen by the participants themselves. The researcher made use of tape recordings, which were transcribed immediately after the interviews took place.

Additional data was obtained by means of field notes, focusing on non-verbal communication (De Vos et al., 2002:318), and added to the transcripts in order to complete the data collection. In order to avoid the possibility of disturbance during the interviews, the researcher made the field notes directly after the interviews took place.

2.4.5 Method of data analysis

Mark (1996:301) describes data analysis as the process by which raw data is reduced. This process enables the researcher to get an idea of trends in the data, and of differences between interviews. This author states that data analysis is the method that ensures that the research question is answered accurately. Neuman (1997:426) refines this description by pointing out that data analysis is a search for patterns, objects or a body of knowledge. Furthermore, the literature indicates that data collection and data analysis are integrated, and that the first interview and transcript are also the beginning of the data analysis process (Ezzy, 2002:60 and Gerson and Horowitz in May, 2002:216). The purpose of data analysis for this study was to bring about an understanding of chemically addicted adolescents' relapsing experiences after in-patient treatment (Tutty et al., 1996:90). Once data became repetitive and data saturation was reached, data analysis was conducted.

The choice of the method of data analysis was discussed in Chapter One. It assisted the researcher to work through all the transcripts, in order to transform the data into a workable form. All the interviews were tape-recorded and transcribed verbatim. The interviews ranged from 25 to 50 minutes in length. Field notes were added to the transcripts. The transcriptions took place within twelve hours after each interview. Seventeen transcripts resulted, which formed the database of this study.

The researcher made use of the framework for data analysis for qualitative research by Tesch (in Creswell, 2003:192) to ensure a systematic manner of data analysis. This involved the following eight steps:

1. The researcher read all 17 transcripts, and noted any ideas that developed from reading the transcripts, where the data leading to the idea was

transcribed. This process enabled the researcher to get a sense of the whole body of data that was produced during the interviews.

2. The transcript from the first interview was then chosen. It was studied, while the researcher made notes of the topics, themes, thoughts and ideas that were identified while reading the transcript.
3. The researcher then repeated Step 2 with all the transcripts. Once all the topics had been identified, they were clustered together and labelled according to their characteristics. They were categorised in the following groupings: Major themes, secondary themes and leftover themes.
4. The different topics were then given code words. The transcripts were studied again while the codes were placed in the transcripts at the relevant places.
5. The researcher then described the different themes that emerged from the data and categorised the topics, after which certain topics with specific characteristics were placed into the category.
6. At this point a decision was made about which categories would be included. The chosen categories were then alphabetised.
7. The researcher then studied each transcript, while identifying the categories in each transcript. All the information from the different transcripts was then taken from the transcripts and placed under the relevant category. The data related to each category was thus collected in one place.
8. The researcher then proceeded to Chapter Three of the research, based on this analysis.

By following these eight steps, the researcher ensured that the data analysis occurred in a comprehensive and systematic manner.

To ensure consistency in the study, she then provided an independent coder with clean sets of the transcribed interviews. The independent coder was experienced in the field of qualitative research, and therefore capable of doing an independent analysis. The researcher and independent coder subsequently reached consensus regarding the identified themes and sub-themes. Both the researcher and the independent coder agreed that data saturation had been achieved, thus confirming the sample size. The results from the discussions with the independent coder were subsequently discussed with the researcher's supervisors before a final decision was made regarding the themes and sub-themes, and data saturation. This process also improved the credibility and trustworthiness of the empirical findings and results of the study.

The information and conclusions obtained through the data analysis process will be described and discussed in Chapter Three of this document.

2.4.6 Method of data verification

In order to establish the trustworthiness of this study, and to validate the findings and subsequent conclusions, the trustworthiness of the qualitative data obtained through the study was based on Guba's model (in Krefting, 1991:214-222). The following four aspects of this model were addressed:

2.4.6.1 Truth value

Guba (in Krefting, 1991:215) advises that the level of confidence in the truth of the findings, based on the research design, participants and the context in which the study was undertaken, will determine the truth value of the study. Table 2.1 describes the strategies, criteria and applicability of the researcher's methods of ensuring that the findings were a true reflection of the participants' experiences regarding relapsing after treatment.

Table 2.1: Description of the trustworthiness of this study

STRATEGY	CRITERIA	APPLICABILITY
Interviewing techniques	Employing good interviewing skills: Listening Clarification Questioning Focusing Reflection Encouragement Probing	These skills were employed to utilise the interviewing process to its full potential. They enabled the researcher to assist participants to fully explore the research question. The implementation of these techniques is discussed in Section 2.4.4.5, page 45.
Triangulation	Guba (in Krefting, 1991:219) describes triangulation as the comparison of multiple perspectives.	<ul style="list-style-type: none"> - More than one interview in different treatment centres was conducted in this study. - The independent coder, supervisors and researcher were involved in the analysis of the data.

Peer examination	Guba (in Krefting, 1991:219) sees peer examination as a profitable criterion for data verification.	<ul style="list-style-type: none"> - Advice and guidance from colleagues at the Department of Social Work at the Huguenot College, who were experienced in the field of qualitative research, were used throughout this research study. <p>A further advantage for the researcher was that the research supervisor and independent coder were well versed in qualitative methodology.</p>
Authority of the researcher	The researcher was a graduate, busy with a Master's Degree and obtained the permission of the University of South Africa to do research.	<ul style="list-style-type: none"> - The researcher had specialised in the field of chemical addiction, while working as a social worker in three different treatment centres over the past 10 years. - During this time she formed part of multi-disciplinary teams, and was involved in writing three different in-patient treatment programmes, one of which specifically focused on adolescents. <p>The researcher also worked as a social worker in the field prior to the aforementioned employment, where the impact of chemical addiction on the family and society was observed. However, she was careful not to make use of previous roles, and to focus on her role as facilitator and researcher, in order to prevent contamination or leading and guidance during the interviews.</p>

2.4.6.2 Applicability

In order to ensure the applicability of this study, the researcher had to consider the degree to which the findings of the research study were applicable to other contexts or groups (Guba in Krefting, 1991:216). Table 2.2 describes the strategies, criteria and applicability by which the researcher ensured that the findings were applicable to other groups or contexts.

Table 2.2: Description of the applicability of this study

STRATEGY	CRITERIA	APPLICABILITY
Transferability	Sampling	<ul style="list-style-type: none"> - The focus of the study, choice of population and inclusion criteria enhanced the transferability of this study. - Purposive sampling was used. - The demographics of the sample are discussed in Section 2.4.3 page 35 and Chapter Three, page 65-70.
	Dense description: Transferability is enhanced through a great deal of information about the participants and the findings (Guba in Krefting, 1991:216).	<ul style="list-style-type: none"> - The demographic details of the participants are discussed and described in Section 3.2, page 65-70. - The data was obtained through direct interviews and compared with the available and relevant literature. Section 3.3, page 70-129 in Chapter Three discusses this in depth.

2.4.6.3 Consistency

Guba (in Krefting, 1991:216) refers to consistency as “whether the findings would be consistent if the inquiry were replicated with the same subjects or in a similar context”. Table 2.3 describes the strategies, criteria and applicability by which the researcher ensured that the findings were consistent.

Table 2.3: Description of the consistency of this study

STRATEGY	CRITERIA	APPLICABILITY
Dependability	Triangulation	As described in Table 2.1, page 52
	Dense description: It entails a dense description of the research method and procedures followed (Krefting, 1991:220)	The methodology used in this study is covered in detail in Chapter Two.
	Peer examination	As described in Table 2.1, page 53
	Independent coder	The independent coder was experienced in qualitative research. The researcher and the independent coder worked independently, after which consensus regarding themes, sub-themes and data saturation was gained.

2.4.6.4 Neutrality

The term “neutrality” refers to the degree to which the research findings are unbiased. Guba (in Krefting, 1991:216-217) asserts that neutrality in qualitative research should consider the neutrality of the required data, rather than that of the researcher. Table 2.4 describes the strategies, criteria and applicability by which the researcher ensured that neutrality was achieved in this study.

Table 2.4: Description of the neutrality of this study

STRATEGY	CRITERIA	APPLICABILITY
Conformability	Verbatim transcripts	The findings and recommendations were based on the data obtained from the transcripts, which prevented subjective perspectives from guiding the process.
	Field notes	Field notes were added to the transcripts to ensure that data did not get lost, and that all aspects were considered during data analysis.
	Triangulation	As described in Table 2.1, page 52

2.4.7 Ethical considerations

Knight (2002:54) postulates that ethical practice in research is designed to prevent the research hurting the participants in any way. In order to employ ethical practice in this research study, the researcher considered the following ethics.

2.4.7.1 Informed consent

Informed consent ensures that participants in a study are truly voluntary (Mark, 1996:40). Leedy and Ormrod (2005:101) add that participants should be informed regarding the purpose and nature of the research and regarding the fact that they have a choice of either participating or withdrawing. The literature identifies other information that the participants should receive, such as the procedures that will be followed, the advantages and possible disadvantages of participation, and the credibility and role of the researcher (De Vos et al., 2002:65). Informed consent thus formed the basis of the preparation of the data collection process. The researcher shared the aforementioned information with the gatekeepers, participants and their parents/guardians during the introduction interviews and letters of invitation. The involved parties signed the consent forms only once it was ensured that the gatekeepers, participants and their parents/guardians had no further questions.

2.4.7.2 Protection from harm to participants

Leedy and Ormrod (2005:101) propose that the physical and emotional risks involved should be no greater than risks of day-to-day living. The interviews took place in the treatment centres, where the discussion and dealing with their addiction were purposeful to the participants' day-to-day living. The researcher ensured that the interviews formed part of this purpose, in order to prevent

physical and emotional disruption. Participants were referred to their therapists for debriefing, if needed, after the interviews.

2.4.7.3 Right to privacy and confidentiality of data

Mark (1996:46) describes confidentiality in social work research studies as the participants' right to know that all information about them and the information they shared during the study will be treated in a responsible manner. This description relates to Sieber's description (in De Vos, 2002:67) of privacy as "aspects, which are not normally put out for others to observe and analyse". Therefore, the right to self-determination as to what to share and whether to share was respected during this study. Participants were not forced to share their experiences and they were informed that they could leave the interview at any time. Their anonymity was further ensured through the use of pseudonyms. Furthermore, data was stored in a safe place and participants were informed that only the researcher, translator (if needed), editor, independent coder and the researcher's supervisor and joint supervisor would have access to the tape recordings and transcripts.

2.5 Limitations

The limitations to this study were as follows.

- Social class is not reflected optimally in this study. The participants came from the three treatment centres where treatment is provided free of charge, and were screened and accepted at these treatment centres. The researcher thus concluded that it was safe to assume that the participants came from backgrounds where their parents/guardians were unable to afford in-patient treatment. This study therefore does not reflect the experiences of relapsed chemically addicted adolescents from different economic backgrounds.

- Only Afrikaans- and English-speaking participants from mainly “Coloured” and “White” communities partook in this study, thus not reflecting the experiences of chemically addicted adolescents from other cultures and ethnic groups. However, two of the participants came from the “Black” community, which added value to the data obtained.
- The majority of participants were male, thus limiting the reflection of the two different genders.

2.6 Conclusion

The researcher elected qualitative research as the suitable research method to answer the research question, which flowed from the research problem. This method made it possible for the researcher to utilise a flexible approach in her attempt to explore the experiences of chemically addicted adolescents who had relapsed after in-patient treatment.

The research designs that were employed, namely the exploratory, descriptive and contextual designs, proved to be relevant to the research question, and enabled the researcher to obtain the goal and objectives of this study.

Purposive sampling enabled the researcher to include “insiders” in the context to which the study was related, answering the research question through a sample that can be seen as “experts” in the field of adolescents relapsing after in-patient treatment.

The researcher initially planned to obtain data through focus groups, but was unable to identify enough participants at one particular time to form focus groups. Data collection therefore took place by means of semi-structured interviews.

The interviews were tape-recorded, then transcribed, and field notes were added to the transcripts. Following this, Tesch's descriptive data analysis method (in Creswell, 2003:192) was employed to transform the data into a workable form. Trustworthiness and ethical practice received attention during the whole process.

Chapter Three will discuss the transcripts of the data obtained through tape-recorded interviews and field notes. Themes and sub-themes will be described, and data will be compared with the relevant literature.

CHAPTER THREE

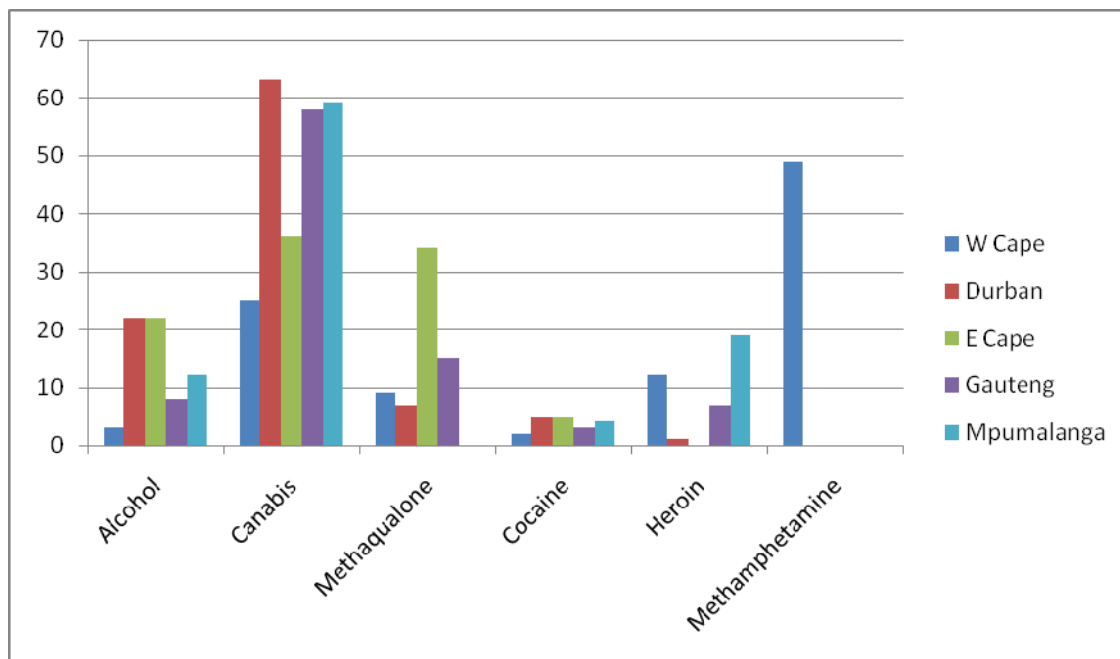
RESEARCH FINDINGS

3.1 Introduction

This research study aimed to explore and describe the experiences of chemically addicted adolescents regarding relapsing after the completion of in-patient treatment programmes in the Western Cape, South Africa. The researcher studied the trends; relapsing potential and impact of chemical addiction among adolescents, on international and on national level, and discussed the matter comprehensively in Chapter One. Subsequently, it was concluded that adolescent substance abuse, and the consequential chemical addiction flowing from the abuse, are international problems (Dennis and McGeary, 1999; United Nations Youth World Programme of Action for Youth, 2006; Van Niekerk and Prins, 2001:38; Van Wormer, 1995:11; Gouws, et al., 2000:2,173; Barber, 2002:2 and Perkinson, 1997:8).

Focusing on chemically addicted adolescents in South Africa, the Medical Research Council reported that, during 2005, treatment demands in South Africa for adolescents suffering from chemical addiction were increasing. Figure 3.1 describes the treatment demands for chemically addicted adolescents in South Africa, and highlights the alarmingly high demand for treatment of adolescents who are addicted to Methamphetamine in the Western-Cape (South African Community Epidemiology Network on Drug Use, December 2005).

Figure 3.1: Treatment demands for adolescents in South Africa for the first half of 2005 (South African Community Epidemiology Network on Drug Use, December 2005)



The literature indicates that there is a need for further research in this field, and that more information and a deeper understanding of the chemically addicted adolescent who has relapsed after treatment, is needed, in order to determine the precipitating factors regarding relapses of adolescents after treatment (White Paper for Social Services of South Africa, 1997:43; United Nations Youth World Programme of Action for Youth, 2006 and Dennis and McGeary, 1999). In addition, the motivation for this study stemmed from the statistical proof of the increase in drug abuse among adolescents, the harmful effect on their development and future, and the alarming indication of relapse potential (United Nations Youth World Programme of Action for Youth, 2006; Smith, 2006; Dennis and McGeary, 1999; Gouws, et al., 2000:2,173; The South African Community Epidemiology Network on Drug Use, December 2005; Gorski, 2001:1 and Fisher and Harrison, 2005:156).

On the other hand, the researcher found a gap in the literature regarding the relapse experiences as described by the chemically addicted adolescents who relapsed after treatment. Therefore, through this research, the researcher attempted to obtain information from people in “the inside” of the situation, which could give “voice to the normally silenced” (Shaw and Gould, 2001:6-8).

Kvale (1996) asserts that qualitative research aims to promote intellectual understanding of the topic of interest, in this case the experiences of chemically addicted adolescents regarding relapsing after treatment. In Chapter Two, the researcher gave a full description of the qualitative research methodology that was employed in this research study. This study, through the methodology described in Chapter Two, therefore aimed to develop a better understanding of chemically addicted adolescents’ experiences of relapsing after in-patient treatment, in order to interpret the data, and to provide the social work profession with concluding guidelines and with recommendations regarding aftercare services to chemically addicted adolescents.

The sample for this study was drawn from the population of all chemically addicted adolescents in the Western Cape who had relapsed after in-patient treatment, and who were currently back in in-patient treatment. The demographic data of the sample is discussed in Section 3.2, page 64, of this chapter.

The protocol for data recording was the use of tape recordings to record the verbal data obtained from the interviews, and field notes to obtain the non-verbal data. The verbal- and non-verbal data was transcribed directly after the interviews and resulted in 17 transcripts. Baron and Byrne (2000:40) postulate that human feelings and emotions are often reflected in the face. Therefore, the importance of non-verbal data was considered throughout the analysis process. The researcher made use of the framework for data analysis for qualitative research by Tesch (in Creswell, 2003:192) to ensure a systematic manner of data analysis. Data verification was also addressed through the use of an

independent coder. Chapter Three will discuss the results of the data analysis in depth.

The themes and sub-themes that emerged from this study, as identified by the researcher and the independent coder will be discussed in Section 3.3, page 70-129, of this chapter. In order to relate the results of a study of this type to the larger context, De Vos et al. (2002:273) advise that a researcher should avoid the separation of the various themes and sub-themes from the larger context to which they are related. Therefore, although the themes and sub-themes are discussed separately, the information will overlap in order to relate back to the larger context, owing to the contextual nature of this study.

Subsequently, data obtained from the participants was compared with relevant literature and will be discussed in depth in this chapter. De Vos et al. (2002:269) postulate that the purpose of a literature control in qualitative research is to compare and contrast the findings of the study with existing theories and previous research reported in the relevant literature. Continuing with this line of thought, Holloway and Wheeler (1998) are of the opinion that the literature control in qualitative research should not guide and direct the research process. The authors concur that the literature should rather be used as an aid to compare and contrast with relevant literature the themes that emerge from the study. The literature control was therefore used as a verification tool, and enabled the researcher to verify the major themes with the relevant literature.

3.2 Demographic data

The demographic details of the 17 participants in this study are displayed in Table 3.1.

Table 3.1: Demographic data of participants

AGE	GENDER	LANGUAGE	DRUG CHOICE	OF PARENTAL USE OF CHEMICAL SUBSTANCES	RACIAL GROUP
18	Male	Afrikaans	Methamphetamine	No history	Coloured
20	Male	English	Methamphetamine	Mother: alcohol	Coloured
16	Male	English	Methamphetamine	No history	Coloured
20	Male	Afrikaans	Cocaine	No history	Coloured
19	Male	Afrikaans	Methamphetamine	No history	Coloured
20	Male	English	Heroin	No history	Sotho
20	Male	English	Heroin	No history	Coloured
17	Female	English	Methamphetamine	No history	Coloured
15	Female	Afrikaans	Methamphetamine	No history	Coloured
15	Female	Afrikaans	Methamphetamine	Father: Mandrax	Coloured
18	Female	English	Methamphetamine	No history	White
19	Male	Afrikaans	Methamphetamine	No history	Coloured
17	Male	Afrikaans	Methamphetamine	Father: alcohol	Xhosa
18	Male	Afrikaans	Methamphetamine	Father: alcohol	Coloured
20	Male	Afrikaans	Methamphetamine	Father: alcohol	White
17	Male	Afrikaans	Methamphetamine	No history	Coloured
20	Male	Afrikaans	Alcohol	Both parents: alcohol	Coloured

3.2.1 Age

The ages of the participants ranged from 15 to 20 years. The two 15-year-old participants were female participants. Only one participant was 16, while there were three 17-year-old and three 18-year-old participants.

The study also included two 19-year-old participants, as well as six 20-year-old participants.

The demographic age data illuminates the fact that the youngest participants were female and that the largest age group of the candidates who complied with the inclusion criteria for this study was 20 years of age. The researcher considered the fact that the inclusion criteria for this study requested that the participants should have a history of previous treatment and a relapse thereafter. This could be seen as a contributing factor to the reason why the larger age group was in a later phase of adolescence.

Regarding the ages of the participants in this study, Louw et al. (2001:385-388) and Gouws et al. (2000:2-7) describe the ages between 14 and 18 years as the middle adolescent phase, and the ages between 18 and 21 years as the late adolescent phase. Using these criteria, the researcher concluded that the participants in this study were busy with the developmental tasks of the middle- and late-adolescent phases. These tasks include the following: acceptance of gender roles, development of cognitive skills and the gaining of knowledge, development of an own identity, development towards independence and preparation for a career, development of socially acceptable behaviour, forming relationships, and the development of moral understanding and a value system.

3.2.2 Gender

The criteria for inclusion for this study included both genders as the researcher hoped to gain a broader understanding of the relapsing experiences of adolescents through interviews with both genders. However, the researcher was able to include only four female participants in this study. Only one of the participating treatment centres, De Novo Treatment Centre, accommodated female patients.

3.2.3 Language

The researcher indicated in Chapter One that Afrikaans-, English- and Xhosa-speaking adolescents, who complied with the criteria for inclusion, would be included in this study. However, only one Xhosa-speaking participant and one Sotho-speaking participant complied with the criteria for inclusion. These two participants were fluent in Afrikaans and English. The researcher gave them the option of a translator, but they both preferred to speak directly to the researcher in Afrikaans and English.

In reflection, the researcher is of the opinion that the quality of data obtained benefited from the fact that a translator was not used. It prevented misinterpretation of data, thus improving the neutrality and consistency of data verification in this study. Consistency was also improved by the fact that the interviews with all the participants were conducted in the same manner.

3.2.4 Drug of choice

Two participants' drug of choice was Heroin, one participant preferred Cocaine, and one participant preferred Alcohol. The drug of choice for 13 participants was Methamphetamine.

The demographic data related to the drug of choice therefore confirms the statements that Methamphetamine has now become the drug of choice in the Western Cape (Louw, 2006; Mashaba, 2005; Caelers, 2005; Service Delivery Plan of the Department of Social Development, 2007-2017:11 and South African Community Epidemiology Network on Drug Use, December 2005). Regarding the aforementioned trend in the Western Cape, the premier of the Western Cape Province, Minister Rasool, as well

as the State President, President Mbeki have voiced their concerns regarding this matter (Azzakani, 2007:4).

Mans (2000:7-8) classifies Methamphetamine and Cocaine as **central nervous system stimulants**. Cocaine causes the user to feel energetic and self-assured. Depression and lethargy are often symptoms suffered by Cocaine addicts who discontinue using the substance (Mans, 2000:45). The effects of Methamphetamine are increased energy levels and sexual activeness during the high period, which is followed up by a low period, which includes anxiety, paranoia and physical discomfort. Physical addiction appears after a short period of time, and is followed by a psychological addiction. Physical damage caused by addiction to Methamphetamine includes convulsions, loss in muscle weight, and skin and dental problems, while the psychological damage includes aggression, depression, hallucinations, psychosis and confusion (Plüddeman, 2007).

Although the exact permanent damage caused by Methamphetamine has not yet been determined, preliminary tests indicate speech problems, physical weakness and strokes as problems associated with the use of this drug (Yu in Pienaar, 2006:15). On the other hand, Volkov (2004) reports in the Journal of Nuclear Medicine that research is showing indications of brain recovery after nine months of sobriety. It is, however, important to consider the fact that the participants in this study had not reached nine months of sobriety when this study was conducted.

Heroin and Alcohol, on the other hand, are classified as **central nervous system depressants** (Mans, 2000:7-8). Stoppard (2000:83) describes Heroin as a forceful drug. It slows down the heartbeat, with a subsequent drop in blood pressure. It is also highly addictive on a physical and a psychological level. The withdrawal symptoms of Heroin last longer than

those of most other drugs. Alcohol causes a feeling of self-assurance, and inhibitions tend to disappear. The user suffers from anxiety and depression, when discontinuing the use thereof. Addiction to Alcohol takes longer to develop than the aforementioned drugs (Stoppard, 2000:38).

3.2.5 Parental use of chemical substances

Six of the participants in this study indicated a history of chemical use in the family. The researcher did not have any diagnostic information regarding substance use or abuse by the parents of the participants, and could therefore not assume that the use of chemical substances by the parents of the participants resulted in an addiction history.

They reported Alcohol and Mandrax as the drugs of choice for parents. One participant reported that both parents used Alcohol, while one reported that his mother used Alcohol. Three participants reported their fathers using Alcohol, and one participant reported her father using Mandrax.

The literature studied by the researcher concurs that children of alcoholics are more susceptible to addiction, and suggests that alcoholism amongst parents is a strong predictor of addiction among their children (Goodwin, 2000:72; Fraser, 2002:122 and McWhirter et al., 2004:119).

The demographic data regarding the family history of parental use of chemical substances therefore indicates that 35.29% of the participants were related to family members who used chemical substances. The data can, however, not conclude that the aforementioned use of chemical substances resulted in addiction.

3.2.6 Racial group

The sample drawn from the population included two black and two white participants. However, 13 of the candidates for inclusion in this study belonged to the “Coloured” community. De Vos et al. (2002:201) assert that diversity in a sample allows for greater applicability of the research findings to the population from which the sample has been drawn. In this study, no comparison was made of the racial differences. The cultural diversity was, however, noted, and was included in the study.

3.3 Discussion on the themes and sub-themes

The data acquired from the 17 semi-structured interviews was analysed through the framework for data analysis for qualitative research by Tesch (in Creswell, 2003:192) by both the researcher and the independent coder. Consensus discussions between the researcher, the independent coder and the study supervisors followed, after which a final decision was made regarding the themes and sub-themes.

Table 3.2 presents the themes and sub-themes that emerged from the data.

Table 3.2: The themes and sub-themes resulting from the data analysis process

Theme	Sub-theme
<p>1. Factors precipitating relapsing after treatment among chemically addicted adolescents</p>	<ol style="list-style-type: none"> 1. The role of parental support as a precipitating factor to relapses following treatment among adolescents 2. The role of the peer group as a precipitating factor to relapses following treatment among adolescents 3. The role of feelings as a precipitating factor to relapses following treatment among adolescents 4. The role of reasoning as a precipitating factor to relapses following treatment among adolescents 5. The role of continued drug use as a precipitating factor to relapses following treatment among adolescents 6. The role of the lack of life skills as a precipitating factor to relapses following treatment among adolescents 7. The role of physical factors as a precipitating factor to relapses following treatment among adolescents 8. The role of social factors as a precipitating factor to relapses following treatment among adolescents

<p>2. The experiences of chemically addicted adolescents following a relapse after treatment</p>	<ol style="list-style-type: none"> 1. The adolescents experienced different feelings following a relapse after treatment <ul style="list-style-type: none"> • The adolescents experienced an initial feeling of pleasure following a relapse after treatment • The adolescents experienced a feeling of discouragement following a relapse after treatment • The adolescents experienced a feeling of guilt following a relapse after treatment • The adolescents experienced suicidal ideation following a relapse after treatment 2. The adolescents experienced behavioural changes following a relapse after treatment 3. The adolescents experienced physical changes as a result of relapsing after treatment
<p>3. Factors predisposing adolescents to go back to treatment following a relapse</p>	<ol style="list-style-type: none"> 1. The adolescents realised that they had a problem following a relapse after treatment 2. The adolescents were rejected by their parents and society following a relapse following treatment 3. The adolescents did not like themselves while using drugs following a relapse after treatment
<p>4. The adolescents' experiences of factors that could assist them in preventing relapses</p>	<ol style="list-style-type: none"> 1. The adolescents needed social support following treatment 2. The adolescents needed parental support following treatment 3. The adolescents needed a different lifestyle and life skills following treatment 4. The adolescents needed social work intervention following treatment 5. The adolescents needed spiritual support following treatment

Theme 1: Factors precipitating relapsing after treatment among chemically addicted adolescents

The participants in this research study had all been attending in-patient treatment programmes previously, and had relapsed thereafter. The interviews were conducted while they were back in in-patient treatment programmes. Although the participants were requested to discuss their relapses after treatment, all the participants in this study began their stories at the stage when they left the treatment programmes, prior to their relapses. The researcher therefore concluded that the participants viewed the experiences after leaving the treatment programmes, and directly prior to their relapses as an important part of the whole experience of relapsing.

During the interviews, the participants mainly focused on the negative and painful experiences following treatment, and the subsequent relapses. However, brief references to positive experiences after leaving treatment programmes, and prior to their relapses were also made. The researcher noted a gap in the literature with regard to positive experiences of chemically addicted adolescents following in-patient treatment.

Relapsing after treatment for chemical addiction is common, predictable and preventable (Buddy, 2003:1). Goodwin (2000:91-93) confirms this view and refers to the addictive cycle, which indicates relapsing as a normal part of addiction and recovery. McCoy et al. (1996:xii) are in agreement with this sentiment, and continue with this line of thought, referring to the addiction prone personality, which enhances the relapse potential.

In line with the aforementioned aspects, the literature indicated development of an own identity, forming relationships, the development of moral understanding and a value system as some of life tasks adolescents have to master in order to become independent adults (Louw et al., 2001:338). Gouws et al. (2000:5)

explain that the lack of development in one domain influences the development of the other domains, thus effecting the adolescent's general development. Gerwe (2000:415) postulates that recent neuro-scientific studies into the early developmental process indicate that there is an increase in evidence of the enormous influence of this period on later developmental processes. Therefore, drug abuse interrupts the general development of adolescents, and impacts on all the life tasks that they have to master. The fact that these life tasks have not been mastered therefore makes efforts to recover from the addiction more difficult.

Magen (1998:72-82) identifies the experiences of the self as worthy, the experiences with the external world, and experiences with others as factors identified by adolescents as contributing factors to adolescent happiness. Insufficient experience in these areas could relate to precipitating factors for a relapse.

The participants were comfortable, and eager to discuss the factors precipitating their relapses, but experienced difficulty when they tried to describe their feelings during that time.

The researcher indicated the relevant characteristics related to the qualitative approach used in this study in Chapters One and Two. The following description indicates how this theme related to the relevant characteristics (Leedy and Ormrod, 2005:135).

In order to realise the goal of the research study, the researcher explored and described the process, meaning and understanding of chemically addicted adolescents' experiences regarding factors precipitating a relapse after in-patient treatment through this theme. Therefore, through this study, the researcher discovered and gained understanding of the problems that chemically addicted adolescents may experience after treatment.

The following eight sub-themes will focus on the areas of concern regarding factors precipitating a relapse, as identified by the participants in this study.

Sub-theme 1: The role of parental support as a precipitating factor to relapses following treatment among adolescents

The participants' discussion of the effect of parental support, or the lack thereof, was characterised by painful emotions. The non-verbal data in the transcripts describes their facial expressions and hand gestures as being sad and frustrated.

McWhirter et al. (2004:123) warn that adolescents are placed at risk when they have to enter into life roles before acquiring the necessary life skills. The following statements indicate that this aspect did put them at risk, and that it can be seen as a precipitating factor:

“And I had no one to go to, and I was looking after my grandmother and I never knew how to handle it.”

And

“But when my dad passed away, I had to live up to his reputation. And I guess I could not maintain it, so I cracked.”

The same participant continued with this line of thought in the following statement:

“Since my dad passed away all I’ve been doing is encouraging my mom, my sister, my younger brother. So I guess I was not ready for that role.”

Another participant indicated that the parental expectations caused strain:

“So I was supposed to be, um, the child in the making. In other words, um, so there was a lot of stress on me...”

In addition, poor parent-child communication, substance abuse by the parents, poor family management practices, a lack of parental warmth and trust, lack of parental involvement, dysfunctional discipline, absence of parental limit-setting and parents being poor role models further place adolescents at risk (Fraser, 2002:122; Dodgen and Shea, 2000:39, Dimoff, 2007:2, National Institute on Drug Abuse, 2006 and Gouws et al., 2000:106).

The aforementioned literature confirms the following statements by two participants regarding parents being poor role models, as well as substance abuse by parents:

“Daar is altyd ‘n party in die huis in. So die goed [referring to chemical substances] is altyd daar.”

And

“But when I get home.... My mom is drunk and her friends are drunk....and my dad works shifts.”

The lack of parental warmth and parental involvement were noted by the following statements by four participants:

“I was on my own. I did not talk to anybody.”

And

“There is nobody that you can really go to. They also have their own problems.”

And

“Like, I did not have a relationship with my mother and my father. Going to them and say: listen here can’t I speak to you about this or that. I always just kept to myself.”

And

“Niemand het my gesupport of iets nie.”

Continuing with this line of thought, McWhirter et al. (2004:120) distinguish between external and internal problems as factors precipitating a relapse. Internal problems include the inability to cope with emotional pain and a poor self-esteem, while external problems include violence, school pressure and problems within the family. In line with the aforementioned authors, Brandt and Delport (2005:165) report that the lack of trust in families leads to a perception of “my parents do not trust me anyway”. Regarding parental problems, the following four participants expressed themselves as follows:

“My parents still thought I was on drugs. After a while I thought to myself, is this worth it, because I am not seeing any... I am not getting anything out of it.”

And

“My mense het my geblame vir goed wat ek nie gedoen het nie.”

And

“My ma-hulle sê, kyk jy gaan nêrens nie, jy moet nou net hier bly. Dan raak ek nou frustrated.”

And

“Daar was probleme by die huis gewees. Daar bly net ‘n geskel, want goete raak weg. Dan sê hulle dis ekki.”

The following statements by two participants also refer to problems in the parental subsystem as factors causing distress, and are confirmed by the

aforementioned statement in the literature regarding external problems (McWhirter et al., 2004:120):

“My mother and my father had problems over me.”

And

“You know if you have to stop and there is no love in the house, it really makes it difficult for me”

The participants highlighted through this sub-theme the age-inappropriate roles they had to fulfil in their families, high expectations, parental substance use/abuse, a lack of parental support, a lack of communication with parents, a lack of parental trust, and problems in the parental subsystem as aspects that caused distress after they left treatment. Apart from the parental impact on the participants following treatment, they also identified the role of the peer group as a precipitating factor in their relapses, as described in the following sub-theme.

Sub-theme 2: The role of the peer group as a precipitating factor to relapses following treatment among adolescents

In addition to the role of their parents, the participants referred to the importance of the peer group in their lives, while discussing factors precipitating their relapses. The non-verbal data in the transcripts indicated distress, as the participants frowned and avoided eye contact, while discussing this aspect.

Adolescents need to be accepted, and if the family fails to give acceptance to the adolescent, he or she will turn to other means in order to meet this need (Erikson in McCoy et al., 1996:47). On the other hand, Bezuidenhout and Joubert (2003:66) concur that adolescents have a powerful need to spend more time with their peers and less time with their families. This sentiment is echoed by Gouws et al. (2000:74), who note that the functions of the peer group in adolescence are

support, a reference to develop norms, and recreation. McWhirter et al. (2004:119) are, however, of the opinion that peers strongly influence the adolescent's decision to revert to drug abuse.

In line with the aforementioned sentiment by Bezuidenhout and Joubert (2003:66), one participant referred to the lack of support by friends, as well as peer group pressure:

“Daai was ‘n swaar maand vir my gewees. En daai cravings dit was altyd daar gewees en die vriende en dan moet ek try om nee te sê.”

Part of the developmental tasks of adolescence is to find a place in society, and to develop self-confidence (Gouws et al, 2000:67). The following statements by participants indicated that when the chemically addicted adolescent experiences difficulty in this area, it can contribute to a relapse. Referring to the impact of friends on his self-confidence, one participant reported:

“I did not have friends. I got bullied a lot, so um....”

In line with this aspect, one participant reported a lack of assertiveness to withstand temptation from friends:

“My vriende. Ek kan nie nee sê nie.”

This sub-theme gave the researcher some insight into the lack of assertiveness, the need for support from friends and the harmful effect of peer pressure as factors precipitating relapses after treatment amongst chemical adolescents.

Sub-theme 3: The role of feelings as a precipitating factor to relapses following treatment among adolescents

In addition to the discussions on the precipitating role of parents and the peer group regarding their relapses, the participants referred to feelings contributing to their relapses following treatment.

Two participants briefly referred to the positive feelings attached to sobriety after treatment, prior to their relapses:

“That time meant something for me. And it is nogal nice to be without drugs.”

And

“It felt lekker.”

Brendtro, Brokenleg, and Von Bockern (2002:43-60) discuss the Circle of Courage and describe the value of the area of mastering. The participants' aforementioned statements express an experience of mastering sobriety, and support the description of positive feelings regarding sobriety after treatment in relation to mastering.

However, two participants referred specifically to negative feelings that were not addressed:

“I felt worst than I did on drugs, so I used to cry... Why me?”

And

“I just craved for the high feeling.”

Another participant referred to a negative feeling caused by parental problems:

“My pa drink baie en somtyds dan is dit goed van ‘n jaar gelede. En as hy dronk is dan skel hy my. En die drugs help my om daarvan te vergeet.”

In line with the above-mentioned descriptions by the participants, Mans (2000:10) describes the reasons for drug use, abuse and relapse, and indicates that drugs provide the adolescent with an opportunity to escape from negative feelings and the subsequent emotional stress.

Concluding this aspect, two participants referred to similar situations where negative feelings occurred, without receiving the necessary support, and indicated that this contributed to their relapses:

“During that time, my uncle raped me, and my mommy she did not want to believe me.”

And

“Ek was verkrag en, dit het vir my gevoel ek is niemand nie.”

Also, one participant indicated that he needed happiness, and did not know where to find it:

“And you know, worldly stuff, and I thought it would make me happy, but it never worked.”

In addition, one participant indicated that a feeling of guilt regarding previous drug-related behaviour, prior to his first in-patient treatment, contributed to his relapse:

“I would take people’s phones and I used to sell it and the thoughts of it...that was something that made me relapse. I felt really bad.”

This sub-theme illuminates how non-addressed negative feelings among chemically addicted adolescents who completed treatment can result in relapses. Gouws et al. (2000:63) accentuate the importance of emotional support to adolescents. The authors concur that emotional support is essential for recovery, as emotions influence beliefs, and beliefs influence actions. Additionally, the following sub-theme describes the role of reasoning as a precipitating factor to the participants’ relapses.

Sub-theme 4: The role of reasoning as a precipitating factor to relapses following treatment among adolescents

This sub-theme focuses on the participants’ discussions of the role of their reasoning as relating to relapsing after their first treatments. As this topic is of an abstract nature, participants struggled to voice their experiences.

The following statements by five participants refer to their reasoning regarding precipitation to relapse:

“Dit was amper of ek toe al aanvaar het ek gaan dit [referring to drugging] nie meer doen nie en dan een ding sê vir jou in jou gedagtes vat maar en so.”

And

“Dan kom daai stinking thinking.”

And

“Thinking: ja, I remember when I used to do that [referring to drugging]. And you just think about it more and more. And then you wake up in the morning.... And you go straight to the dealer.”

And

“Like getting up in the morning... you know you have to do it [referring to drugging]. Staying without it, after using it for a certain period and now giving it up... you are just very agitated. It is almost like the stuff is speaking to you, telling you, you have to do it.”

And

“Ek het skielik net te veel terug gedink [referring to when he was still using drugs].”

Piaget’s developmental approach asserts that adolescents between the ages of 11 and 15 years develop the ability to think abstractly and logically, to process information and to develop an identity. Also, cross-cultural research regarding the cognitive development of adolescents indicates that adolescents from different cultures progress through the same stages, but at different rates. Continuing with this line of thought, Laurence Kohlberg’s theory of moral development indicates that adolescents learn to distinguish between right and wrong during this time. Adolescents also internalise their obligations to their families and society (Piaget and Kohlberg in Gouws et al., 2000:5,32,38,102-103). The aforementioned information influences the reasoning of adolescents.

Through their aforementioned statements, the participants referred to their inability to control their thinking about their drug history, which caused discomfort and stress. Precipitating factors regarding relapse included frequent exposure to high-risk situations, physical or psychological reminders and recurrent thoughts of the past (Treatment for Alcohol and Other Drug Abuse, 2007).

With regard to this aspect, Grieve, van Deventer and Mojapelo-Batka (2005:176-177) refer to optimal arousal and cognition as key aspects in motivation of

behaviour. The authors concur that arousal becomes a motivational force in order to maintain homeostasis, but also to actively seek stimulation to maintain levels of arousal. The fact that the participants to this study did not have a replacement for arousal, could therefore contribute to the continued thoughts of missing the drug of choice, and therefore contributed to relapsing. Chemically addicted adolescents' reasoning is therefore influenced by the motivational force of their attempts to maintain the levels of arousal, previously provided by their drugs of choice.

The participants reasoning regarding addiction and drug abuse also influenced their levels of motivation for recovery and sobriety. The researcher verified this aspect with Gorski (2001:3), who concurs that relapsing after treatment often occurs when adolescents fail to recognise their addiction to chemical substances. Therefore, although many appear on the outside to be responding to treatment, they relapse after treatment because they have not admitted to, or recognised, their addiction. Two participants indicated that they were not ready to change during their first treatments, and that their motivations to enter treatment were of an external nature:

“Ek het opgehou omdat my ma-hulle uitgevind het.”

And

“I knew I was actually just doing it to get my mom’s approval. I was not doing it because I saw something wrong.”

Stoppard (2000:7) asserts that knowledge does not prevent the adolescent from experimenting, using or abusing drugs. Two participants confirmed this literature during this study:

“Ek het geweet wat die beteken as ek weer begin gebruik. Probleme gaan weer kom.”

And

"It is almost like a baby, you learn from your mistakes."

The responses of the participants in this sub-theme illuminated recurrent thoughts of drug abuse, external motivation during first treatments, and the fact that knowledge did not prevent relapses as precipitating factors to relapse. Additionally to the role of reasoning, the participants referred to continued drug use as a precipitating factor to their relapses.

Sub-theme 5: The role of continued drug use as a precipitating factor to relapses following treatment among adolescents

Apart from the external motivation during their prior treatments, and the fact that knowledge did not prevent them from relapsing, the participants were comfortable in admitting that they did not maintain abstinence after the early treatments. The participants showed insight regarding the role this played in their relapses.

The literature indicates the importance of abstinence for chemically addicted persons in recovery. Fisher and Harrison (2005:188) and Gorski (2001:2) concur that chemically addicted adolescents must recognise the importance of abstinence as an important factor in relapse prevention. Edmonds and Wilcocks (1994:57) agree with this sentiment and advise that adolescents must learn to value their sobriety, and commit themselves to change. Malhotra, Basu and Guptra (2007:1) go further to describe abstinence as the long-term goal of recovery. Two participants admitted that they continued to use their drugs of choice during their first treatments:

"I went through with using drugs during the whole time."

And

"I was doing it [referring to drugs] underground every now and then, socially, you know."

Participants indicated that they did not always start with their drug of choice, but substituted another drug for it before they reverted to their drug of choice and old drugging habits. Malhotra et al. (2007:6) warn that the use of other substances puts the chemically addicted adolescent at risk, and the use of other drugs can accentuate the cravings for the drug of choice.

Two participants continued using dagga, not realising that it would lead them back to their drugs of choice:

"I never stopped with the dagga."

And

"I did not know that dagga was still a problem, you see? I never stopped with the dagga."

Furthermore, three participants indicated that they replaced their drugs of choice with other drugs, and that this contributed to their relapses:

"Jy drink en as jy dronk is dan dink jy nie en dan tik jy weer en dan is dit verby."

And

"Ek het saam met vriende gaan drink en toe gaan ek weer tik."

And

"And it started with ecstasy."

This sub-theme focuses on two precipitating factors to relapses, namely participants who did not stop using their drugs of choice, and participants who replaced their drugs of choice by other drugs. This information illuminates the value of knowledge regarding the effect of drugs and the importance of abstinence, which should be obtained and internalised during the treatment of the addiction.

Sub-theme 6: The role of the lack of life skills as a precipitating factor to relapses following treatment among adolescents

The participants in this study also indicated that they did not have a plan regarding making positive changes in their lives after their first treatments.

Dodgen and Shea (2000:119) refer to the Social Learning Theory for relapse prevention, and advise that life skills, including anger management, refusal skills and relaxation, will support the addicted person in his or her effort to prevent a relapse and to adapt to a sober lifestyle. The participants reported that they did not have a plan to explore a new lifestyle, and that their efforts were based on their need to stay away from drugs. This information highlights the fact that the participants were not equipped with life skills to create a new lifestyle when they completed their first treatments.

Three participants indicated that they stayed at home, that they were bored, and that they struggled especially during the times when they used to drug:

“Ek het die heelyd in die huis gesit. Ek het gefight, gefight, gefight... Maar toe teen die Vrydag, toe besluit ek net nee, ek kan nie meer nie. Ek wil net nou uit die huis uitkom.”

And

“Ek het net in die huis gesit, televisie gekyk, geëet.”

And

“Gewoonlik tik ons net Vrydae. Toe Vrydagmiddag kom, toe kan ek dit nie meer uithou nie.”

Another life skill identified by two participants as a precipitating factor in their relapses was budgeting, and is described as follows:

“Geld is vir my amper soos ‘n iets wat my gelei het tot die drugs.”

And

“Ek was alleen en ek het geld gehad. Ek was vervelig en al wat in my kop opgekom het was net tik.”

In line with the aforementioned statements, Fisher and Harrison (2005:162) refer to budgeting and financial management as life skills that need to be addressed, in order to prevent a relapse.

The responses regarding this sub-theme focused on boredom, no routine, no new activities to substitute for the drugs, and a lack of budgeting skills as precipitating factors to relapses.

Sub-theme 7: The role of physical factors as a precipitating factor to relapses following treatment among adolescents

As part of their discussions of the precipitating factors leading to their relapses, participants referred to physical factors that impacted on their recovery, as well as on their relapses.

The literature studied by the researcher did not provide information on the positive physical experiences of chemically addicted adolescents during recovery. One participant, however, referred to positive experiences, such as sleeping and eating habits that returned to normal patterns:

“Ek kon in daai tyd lekker geslaap het en geëet het.”

On the other hand, another participant reported to have experienced physical discomfort, which made sobriety less desirable, and therefore contributed to her relapse:

“Dit was horrible gewees, want ek het plat gelê en dit was net soos pyn hier deur jou collarbone en jou maag.”

Stoppard (2000:71) supports the abovementioned statement by the participant, and warns that a central nervous system stimulant can lead to severe physical exhaustion, which causes the person to feel “horrible” and tired. Mans (2000:53) furthermore asserts that part of the withdrawal symptoms of Heroin and Methamphetamine is intense pain and nervous twitching.

Additionally, Edmonds and Wilcocks (1994:59) assert that cravings are often a factor precipitating a relapse. Connors, Donovan, and DiClemente (2001:199) define cravings as “internal and external stimuli associated with drug withdrawal.” These authors explain that a relapse occurs as the addicted person is seeking to relieve physical and emotional cravings. The emotional craving for a high feeling was discussed in Sub-theme 3, page 80 of this theme. Cravings become accentuated during high-risks situations such as conflict, negative feelings and stress (Malhotra et al., 2007:8). In support of this, Brummer (2006:15) refers to the Matrix Model, which focuses on teaching chemically addicted persons skills to deal with cravings as part of relapse prevention, rather than protecting them by locking them up during cravings.

Two participants said that they did not plan to relapse, but explained that the cravings contributed to their relapses:

“Maar ek het nie nog gedink regtigwaar om terug te gaan nie. Dis net wanneer.... As jy daai craving kry.”

And

“Ek het besluit ek wil dit nie meer doen nie. Na ‘n tyd, toe begin ek cravings te kry.”

Another participant indicated that music reminded him of the positive aspects of drugs, and triggered cravings:

“As jy verkeerde music hoor soos 50 cents, dan maak dit jou kop deurmekaar.”

Additionally, Velasquez, Maurer, Crouch, and DiClemente (2001:177) suggest that self-efficacy plays a role in the management of cravings. The authors support this suggestion by referring to studies that have shown that people with a sense of self-efficacy can withstand cravings better.

With regard to the physical experiences of the participants that precipitated their relapses, cravings and withdrawal symptoms were identified as factors to be managed to prevent relapses.

Sub-theme 8: The role of social factors as a precipitating factor to relapses following treatment among adolescents

In conclusion of this theme, the participants showed frustration regarding their environments during their discussions on environmental factors that precipitated their relapses. The non-verbal data indicated powerlessness and discouragement, through sighing, avoidance of eye contact and sad facial expressions, when the participants discussed this sub-theme.

Brendtro et al. (2002:7) postulate that labelling can alienate adolescents, putting them at risk and therefore contributing to relapsing. One participant indicated that labelling did cause him distress:

“Soos ek in die pad afkom dan sê hulle hier kom die tikkop aan en dan maak hulle hulle deur toe en so.”

In addition, Griewe et al. (2005:177) note that apart from personally valued motives for behaviour, socially valued incentives can also “push people towards goals”. Fraser (2002:121) and Terblanche and Venter (1999:167) are in agreement, and state that tolerance for drug use in the community, availability and high crime rates put the chemically addicted adolescent at risk.

One participant made the following statement regarding the school environment in his community:

“By die skool is die drugs erg, maar die onderwysers weet nie wat aangaan nie.”

Ganga (2007) refers to the concern regarding drug supply, demand and addiction in the Western Cape. Describing their experiences of their communities in the Western Cape, three participants’ responses confirmed the aforementioned literature comments with regard to the availability of drugs in their communities:

“Die omgewing waarin ek veral is. Nou op die oomblik is dit net ek en my suster wat gekom het vir recovery. Verder, al die jongspan-hulle gebruik dit.”

And

“Daar in my omgewing... oral waar ‘n mens kom is... kinders se ouers hulle verkoop die goeters [referring to drugs].”

And

“Toe gaan ek saam winkel toe, toe het hulle tik daar by hulle en toe kom die craving.”

One participant also referred to the tolerance and attitudes in his community regarding drug abuse as follows:

“Outside everybody does it.”

Fisher and Harrison (2005:58) identify the need for separation from “wet places” as part of relapse prevention. The fact that the participants referred to the availability and tolerance toward drug use in their communities can also be linked with their association with peers. The participants indicated that they felt trapped, because they were constantly confronted with peers who drugged. Regarding visiting friends who used drugs, or places where drugs were available, three participants reported that they viewed this aspect as a precipitating factor to their relapses:

“Ek moes nie daar gewees het nie. Nou sit ek daar en dis net...sjoe.”

And

“So my friends started coming to me again.”

And

“Dit was baie swaar gewees om nugter te bly. Om te sien my tjommies is daar en hulle tik voor my.”

Responses regarding the precipitating environmental influences focused on the availability of drugs, tolerance toward drugs in the community, social rejection, labelling and peer pressure in the immediate environment. In addition to the factors precipitating their relapses, the participants described their experiences following their relapses after treatment through the following theme.

Theme 2: The experiences of chemically addicted adolescents following a relapse after treatment

The literature reviewed focused on factors precipitating relapses, and the factors contributing to relapse prevention. The researcher was, however, not able to find much information or discussions on the experiences regarding relapsing, as reported by chemically addicted adolescents, who relapsed after treatment.

In order to address this gap in the literature, the goal of this research was to explore and describe the experiences of chemically addicted adolescents regarding relapsing after treatment, thus employing the exploratory research design. Exploratory research is appropriate when little existing knowledge related to the research question exist (Silverman, 2000:9).

The participants again experienced difficulty in expressing their experiences in abstract terms. They were, however, able to give concrete descriptions of their experiences. Also, they were able to name their feelings. The researcher continued with interviews, after data saturation was observed, in order to ensure that this was a common denominator amongst the participants.

Considering the important developmental phase of adolescence, the interruption of development, caused by substance abuse, should be considered (Gouws et al., 2000:32). In line with this sentiment, Gorski (2001:2) warns that when the impaired development of the chemically addicted adolescent is not addressed during and after treatment, the risk of relapsing increases.

With the understanding of the concrete nature of the data, the following three sub-themes will illuminate the areas of importance, regarding the relapse experiences after treatment of chemically addicted adolescents, as described by the participants. These descriptions gave the researcher a deeper understanding of the impact of their relapses on the participants.

Sub-theme 1: The adolescents experienced different feelings following a relapse after treatment

Participants became emotional when discussing their experiences of their relapses. These emotions need to be addressed in order for them to make sense of their relapses, to learn from the experiences and to move toward positive growth.

The literature indicates that one of the contributing factors to adolescent substance abuse is the feeling of pleasure that the drug creates (Stoppard, 2000:7). The author explains that the effect of the drugs on the brain changes the chemical composition of the brain, thus changing perceptions, which have an influence on emotions. The researcher found further confirmation regarding this statement in the literature. Dimoff (2007:2) refers to the craving for the “high feeling”, which increases relapse potential. When chemically addicted adolescents therefore experience emotional, social and parental stress, as described in Theme 1, Sub-themes 1, page 75; 3, page 80; and 8, page 90, they will long for the feeling of pleasure that they experienced during drug use, and therefore relapse potential is increased.

The participants reported pleasure, discouragement, guilt, and suicidal ideation as the feelings they experienced during their relapses as follows.

- **The adolescents experienced an initial feeling of pleasure following a relapse after treatment**

Five participants described the initial pleasure they felt when they relapsed as follows:

“Aan die begin het dit soos die eerste keer gevoel. So ‘n lekker gevoel. Maar dit was nie die moeite werd nie”.

And

“It felt like I could enjoy life, but...you know, I was not really enjoying life.”

And

“Then I started doing drugs again and it was like a relief you know.”

And

“Tik kind of made me feel calm and wiser”.

And

“Toe die eerste hit slaan, toe voel ek lekker.”

The participants, however, indicated that this feeling of pleasure did not last long, and was soon followed by mixed emotions. Because of the relapse, the adolescents did not deal with the feelings and problems as described in Theme 1, pages 75-92, and the relapse added to their emotional, social and parental problems.

One participant explained the transition from the initial pleasure felt during the relapse to the feeling of mixed emotions as follows:

“Relief, and then, you know, so when I sat alone in my room with all those feelings of disappointment, sadness and anger because I am doing it [referring to his relapse] again.”

- **The adolescents experienced a feeling of discouragement following a relapse after treatment**

The following three responses of participants showed that they were discouraged by their relapses:

“Dit het net vir my gevoel ek kan nie sonder drugs nie, drugs is nou net deel van my lewe.”

And

“My relapse was really hard; I mean I wanted to say no.”

And

“So wat was die use? Ek gaan nou nie weer try nie, want hier tik ek nou net meerderer.”

Another participant described his feeling of discouragement, caused by relapsing as follows:

“Toe hou ek weer op. Maar elke keer gebeur dieselfde ding.”

Ross' Cognitive–Behavioural Theory describes the feeling of discouragement as: “the adolescents try to make sense of their situation” (Ross in Brandt and Delport, 2005:165). With regard to adolescent substance abuse and relapses, adolescents understand the relapse as proof that they are unable to maintain sobriety, in order to make sense of the situation. Velasquez et al. (2001:10) support this view, and are of the opinion that self-efficacy is related to this aspect. It influences the chemically addicted adolescent's sense of how well he or she can succeed in changing.

- **The adolescents experienced a feeling of guilt following a relapse after treatment**

Three participants linked this feeling of discouragement with feelings of guilt:

“Ek het skuldig gevoel.”

And

“I had this guilty conscience...always.”

And

“Ek was hartseer omdat ek weer begin het.”

The latter statement by the participant indicates the impact of her relapse on her self-image.

In line with the aforementioned feelings, one participant also described the impact of the relapse and drugs, contrary to guilt, as follows:

“Tik maak so. Jy het nie gevoelens nie. Jy gee nie om wat die mense dink van jou nie.”

The participant indicated that the relapse, and the effect of the drugs, caused selfish behaviour, which increased feelings of guilt after he returned to treatment.

- **The adolescents experienced suicidal ideation following a relapse after treatment**

Suicidal ideation has been reported as a symptom of drug abuse (Mans, 2000:36). McWhirter et al. (2004:226) support this statement and suggest that suicidal ideation is the result of decreased social support and subsequent isolation. Perkinson (1997:137) and Schlebusch (2005:195) describe suicidal ideation as a consequence of the fact that chemically addicted persons believe that everyone would be better off without them. Perkinson (1997:137) continues with this line of thought and concurs that, “when all life’s pain remains and all the pleasure leaves”, suicide becomes attractive to the chemically addicted person.

The aforementioned statements by the participants indicated that the initial feeling of pleasure after a relapse was soon followed by negative feelings. Suicidal ideation is therefore also a logical symptom of their relapses, considering the fact that their relapses were precipitated by negative feelings that were not dealt with.

Two participants reported that they had experienced suicidal ideation, and that they had tried to commit suicide. They, however, linked this with their drugging experiences. The participants also indicated that they were relieved that they had not succeeded or followed through with the suicidal ideation:

“I had a lot of suicidal thoughts. Once I tried to cut my wrists, but it did not work. Sjoie, I am so glad it did not work”.

And

“I tried to commit suicide...and it is always afterwards when you realise you have done it” [referring to the effort to commit suicide].

The participants' discussion of this sub-theme indicated a pattern regarding the emotional implications of relapses. The pattern starts with a feeling of relief after the first intake, is soon followed by negative feelings, which have a negative influence on the chemically addicted adolescent's self-efficacy, and often leads to suicide ideation. In addition, behavioural changes following their relapses were reported by the participants.

Sub-theme 2: The adolescents experienced behavioural changes following a relapse after treatment

The aforementioned negative feelings can also be related to the impact of the relapse on social behaviour. The participants experienced this aspect of their relapses as stressful, and reported that it added to the negative influence of the relapses on self-efficacy.

Dodgen and Shea (2000:145) postulate that increasing numbers of criminal offenders are involved with drugs. In Chapter One, the researcher reported that an analysis by the Drakenstein Police Service of their statistics (2006) indicated that an estimated 80% of housebreaking- and theft-related cases were drug-related, and most of the arrested suspects were between 12 and 17 years of age. Furthermore, Stimmel (1993:199) refers to the loss of conditional reflexes as “disinhibition”. The author continues to explain that the aggression, paranoia, intense cravings and increased irritability are symptoms of drug abuse, which lead to criminal actions.

Five participants reported that, during their relapses, as a result of the aforementioned symptoms, combined with the feelings and physical discomfort

as described in Theme 1, Sub-themes 3, page 80 and 7, page 88, they engaged in criminal activities to support their addiction:

“Ek het vir ‘n tyd drugs by die skool verkoop.”

And

“Ek het gerob en ingebreek en so.”

And

“Ek vat sommer mense se goeters.”

And

“I am embarrassed, but I would see them and rob them.”

And

“I went to jail. I went in and out.”

The data obtained also referred to the lack of discipline and parental involvement, as described in Theme 1, Sub-theme 1, page 75, as an aspect to consider regarding the relapsed chemically addicted adolescent's involvement in crime. A participant referred to the reaction of his parents regarding his criminal actions as follows:

“Like I would steal the sewing machine, and just for that day they would be angry, and the next day it's like gone.”

Additionally, drugs replace the social activity of the chemically addicted person, which decreases the influence of the peer group on the addicted adolescents' behaviour (McWhirter et al., 2004:119; Brandt and Delport, 2005:165 and Butts and Roman, 2004:195). The participants did refer to peer pressure, reasoning and environmental influences as precipitating factors to their relapses, as described in Theme 1, Sub-themes 2, page 78; 3, page 80 and 8, page 90.

The literature, however, confirms the following statements by two participants:

"I started selling all my things, my clothes, my car and my jewellery. And after that I had nothing."

And

"I had a job, but they dismissed me."

The participants' responses in this sub-theme illuminate problematic social behaviour in the form of criminal actions, and economic losses due to their pre-occupation with drugs as key areas in the experiences of the participants regarding their relapses. Apart from the feelings related to their relapses, and the behavioural changes that followed their relapses, the participants referred to physical changes resulting from their relapses.

Sub-theme 3: The adolescents experienced physical changes as a result of relapsing after treatment

In addition to the feelings and behavioural changes experienced as a result of their relapses, the participants described the physical impact of their relapses. One participant reported an awareness of the physical damage during his relapse:

"My health was deteriorating."

Health risks caused by drug use include cardiac damage, liver damage, high blood pressure, malnutrition, sores that do not heal, and weight loss (Dodgen and Shea, 2000:10 and Mans, 2000:58). While abusing drugs, chemically addicted persons do not focus on their physical maintenance. Apart from losing their appetites and not sleeping while drugging, the chemically addicted adolescent also shows no interest in his or her appearance and personal hygiene

(Mans, 2000:53). One participant expressed her concern regarding her physical appearance as a reason why she requested further treatment, in the following statement:

“You don’t care about how you look.”

Two participants, however, focused on the physical need for drugs that they experienced during the relapse:

“Toe ek dit in my hande het, toe wil ek net enige plek sit, as ek dit nou net hier kan doen sommer.”

And

“Na ‘n kort tydjie, dan raak ek weer...dan moet ek weer kry.”

One participant also continued to link her feelings during a relapse with her reasoning, which resulted in a craving as follows:

“Die dwelm het my vertel dat ek normaal is.”

Another participant reported emotional cravings for more drugs:

“I was paranoid and I just wanted more and more.”

The latter statement by the participant is confirmed by in the literature by Butts and Roman (2004:195) who refer to the chemically addicted person’s inability to control intake. These statements are furthermore linked with the impact of cravings and withdrawal symptoms as discussed in Theme 1, Sub-theme 7, page 88.

In addition, tolerance for central nervous system stimulants develops rapidly, and is characterised by intense craving for the drug during withdrawal (World Health

Organisation, 2004:19). Physical dependence is also related to tolerance. Tolerance and physical dependence develop as “the nerve cells chemically and structurally counteract the drug’s psychoactive effects”. These chemical changes result in the individual becoming obsessed with obtaining the drug “for a sense of well-being”. The physical dependence and tolerance leave the chemically addicted person with cravings for the drug, and these cravings direct the behaviour of the chemically addicted person (Perkinson, 1997:198 and Gooney, 2002:37).

The literature reviewed by the researcher therefore confirms the responses of the participants regarding deterioration of health and cravings as a result of relapses.

Apart from feelings, behavioural changes and deteriorating health, the participants also referred to factors predisposing them to return to in-patient treatment programmes.

Theme 3: Factors predisposing adolescents to go back to treatment following a relapse

This theme does not relate directly to the questions asked, as indicated in the interview guide in Chapters One and Two. However, the participants consistently referred to the reasons why they wanted to return to treatment programmes, while discussing their relapse experiences. During the consensus discussions between the researcher and the independent coder, it was concluded that the motivation to go back to treatment forms part of the participants’ experience of relapsing. In addition, the researcher considered the contextual nature of this research study, referring to the criteria for inclusion being that the participants returned to treatment after their relapses. Subsequently, it was decided that this information formed a separate theme.

The researcher did a literature search regarding the reasons why adolescents want to go back to treatment after a relapse, but was unable to find relevant information in the literature studied.

However, Gorski (2001:3) indicates that relapsing after treatment often occurs when adolescents fail to recognise their addiction to chemical substances. Therefore, adolescents can relapse because they are not ready for treatment. When a relapse occurs the adolescent receives confirmation regarding the addictive nature of the substance, and therefore realises that he or she needs to return to treatment programmes. Buddy (2003:1) confirms this view and postulates that a relapse could therefore form part of the learning process that eventually leads to recovery.

In addition, the literature distinguishes between intrinsic motivation and extrinsic motivation for recovery. Intrinsic motivation for recovery is associated with high-level motivation, and is characterised by an eagerness to learn and grow, as well as a strong will to succeed. These characteristics lead to the will to make an effort to change. On the other hand, extrinsic motivation is associated with low-level motivation, and the characteristics include dependence on others, striving for approval from others, limited consequential thinking, and the peer group definition of what is right and what is wrong (Gouws et al., 2000:60 and Bezuidenhout and Joubert, 2003:165-167).

The following three sub-themes will focus on the areas concerning the motivation of the chemically addicted adolescent to return to treatment, as described by the participants in this study.

Sub-theme 1: The adolescents realised that they had a problem following a relapse after treatment

The participants expressed concern when they discussed this aspect. Their concern was related to self-efficacy, and referred to the fact that they were unable to withstand cravings and social, emotional and parental pressures as discussed in Theme 1, Sub-themes 1, page 75; 3, page 80; 7, page 88 and 8, page 90. On the other hand, the participants indicated that they had hope that further treatment would lead to sobriety, indicating intrinsic motivation.

Malhotra, et al. (2007:8) report that persistent drug cravings, a lack of a social network, and a need to derive joy from a drug-free lifestyle could contribute to the adolescent experiencing a need for further guidance and support, thus seeking a follow-up service. Three participants reported that they felt trapped in their addiction, and that they realised that they were not benefiting from the relapse and consequential drug abuse:

“I was stuck with this choice. Because I saw that drugs were going to take me down the drain.”

And

“Here I was messing up my life. I just could not handle it.”

And

“Dit was amper so, ek sponsor die duiwel, al my goed raak weg, my geld en goeters.”

These experiences of feeling trapped in their addiction led to the decision to return to in-patient treatment. The researcher regards this as an indication that their previous experiences of in-patient treatment achieved a level of trust in the possibility that the treatment could eventually lead to sobriety.

One participant indicated that the relapse was not what she wanted, and that she was disappointed with the results, as described in Theme 2, pages 92-102:

“Dis nie wat ek wou gehad het nie.”

Consistent with the aforementioned statement by Malhotra, et al. (2007:8) regarding a lack of a social network’s role in the motivation to seek further help, a participant reported the following:

“To stop and there is nobody to help you, and it is just you.”

This sub-theme draws attention to the fact that the participants were not satisfied with their lives and relapses, and that they reached out for help as they felt alone and unsupported in their environments. It indicates that they regarded in-patient treatment as an opportunity to learn how to overcome their addiction, therefore revealing intrinsic motivation to change.

Sub-theme 2: The adolescents were rejected by their parents and society following a relapse after treatment

The participants also described the impact of their relapses on their parents and their status in their communities. This aspect appears to be an extrinsic form of motivation.

Coercion or putting pressure on the chemically addicted adolescent can be a motivational factor regarding seeking further treatment. However, Goodwin (2000:144) warns that it must be remembered that this is an external form of motivation. Considering the aforementioned fact that intrinsic motivation leads to the will to make an effort (Gouws et al., 2000:60 and Bezuidenhout and Joubert, 2003:165-167), one participant expressed an extrinsic motivation to return to treatment:

“And then my mom put me out, my dad put me out and wanted nothing to do with me. My family did not want me there; because they knew I was skelm and stealing from them.”

Also, two participants reported that they became aware of the impact of their relapses on their parents:

“My ma-hulle was baie gery [referring to her parents’ concern]. My ma het vir my geloop en soek. Dan bly ek net weg van die huis af.”

And

“My familie is heeltemal uitmekaar getrek.”

These statements also confirm the aforementioned extrinsic motivation, referring to the rejection by their parents.

McNeece and DiNito (1998:221) are of the opinion that the families of chemically addicted persons are heavily affected by the substance abuse. The initial recovery gives hope to the parents of the chemically addicted adolescents, while the subsequent relapse causes disappointment, conflict and immense concern. Allen-Meares and Garvin (2000:304) confirm this assumption by asserting that symptoms of family distress often appear during a disruptive life transition.

Perkinson (1997:169) asserts that adolescents are conscious about how they get along with others socially. This author explains that most chemically addicted adolescents who fail in their efforts to remain sober experience anger at themselves. They also feel that society has given up on them. The researcher links this viewpoint with the statement by Gouws et al. (2000:74), who point out that the function of the peer group is to give acceptance to the adolescent.

One participant indicated that he felt alienated during his relapse:

“Nobody liked me anymore, and you know all the wrong people liked me.”

The aforementioned responses by the participants in this sub-theme indicate that the motivation for returning to treatment could be external in nature.

Sub-theme 3: The adolescents did not like themselves while using drugs following a relapse after treatment

Concluding this theme, while describing their relapses and subsequent decisions to return to treatment, participants showed facial expressions of anger, shame and disappointment in themselves. These emotions caused negative implications for their self-images, but also became a motivation to change.

Relapses can have a harmful effect on the chemically addicted adolescent's sense of self, as described by the participants in this study in Theme 2, Sub-theme 1, page 93. On the other hand, the information received by the participants as described in Theme 1, Sub-themes 1, page 75; 3, page 80; 4, page 82 and 8, page 90 also indicate that the lack of social, emotional and parental support after treatment, as well as harmful reasoning, did contribute to a lack of self-efficacy, thus harming the self-image of the chemically addicted adolescent.

The participants were comfortable in admitting that they suffered from a low self-esteem, because of their relapses, and that they needed help in this regard. Three participants explained their opinions of themselves following their relapses as follows:

“I did not like myself.”

And

"I felt bad about myself."

And

"I think absolutely nothing about myself."

On the other hand, one participant did appear to still have hope, therefore returning to treatment in an effort to change:

"Ek wil verander."

Through this statement, the participant showed an intrinsic form of motivation.

Also, Connors et al. (2001:23-39) point out that when a chemically addicted person is ready for change, he or she seeks confirmation and support to gain greater self-efficacy. In line with the feeling of hope that can be derived from self-efficacy, Perkinson (1997:169) indicates that when chemically addicted adolescents are faced with issues such as deteriorating health, which can lead to death, they become aware of their spiritual needs. During this study, two participants referred to hope derived from a spiritual awareness through the following statements:

"I think God had his finger upon me and He had a purpose."

And

"Ek dink dit is die moeite werd, want die Here het vir my 'n tweede kans gegee om 'n ander pad te vat."

The researcher concludes from the data in this sub-theme that the participants wanted to return to treatment, because they felt they were unable to succeed without further treatment; therefore they needed support to enhance self-efficacy. However, the fact that they returned to treatment also indicated that they had hope and a sense of purpose. This theme also gave the researcher a better

understanding of the nature of intrinsic and extrinsic forms of motivation, when the participants returned to treatment.

Theme 4: The adolescents' experiences of factors that could assist them in preventing relapses

Apart from factors precipitating their relapses, their experiences of the relapses, and their reasons for returning to treatment, the participants also discussed their experiences regarding factors that could assist them in preventing further relapses.

The literature once again does not focus clearly on the aspects that the adolescents, at whom this research is aimed, highlighted as factors that could contribute to their recovery from their addiction.

Developing guidelines and making recommendations to assist social workers in rendering effective aftercare services to chemically addicted adolescents, based on the findings of this research study, were objectives of this study. This theme describes the experiences of chemically addicted adolescents, regarding factors that could assist them in preventing a relapse.

The literature studied by the researcher emphasises the importance of parental support; the impact of the peer group, and the mastering of life skills as valuable focus areas in support to chemically addicted adolescents in recovery (Page and Page, 2003:209; McNeece and DiNito, 1998:221; McWhirter et al., 2004:123 and Gouws et al., 2000:67). Furthermore, education, parental involvement, promotion of interests, support groups, development of life skills, and relapse prevention skills are aspects that are illuminated in the literature as the areas that should be addressed through aftercare services to chemically addicted adolescents (Goodwin, 2000:143; Fraser, 2002:122; Gouws, et al., 2001:68; Health Resources, 2006:1-2 and McWhirter et al., 2004,126). Malhotra et al. (2007:8)

divide these aspects into five areas to be addressed in this regard: listing the assets of the chemically addicted adolescent in recovery and building upon them; listing of handicaps and ways of improving or coping; tapping social resources available; and restoration to an earlier level of functioning and restoration of social skills.

The participants' discussions regarding their experiences of factors to assist them in preventing relapses were, however, consistent with the concrete nature of the other themes of this study. They highlighted the following five sub-themes, when describing their needs regarding prevention of a relapse.

Sub-theme 1: The adolescents needed social support following treatment

The participants consistently referred to self-help groups as social support that they would be able to utilise in order to support them in their efforts to maintain sobriety.

Social support following treatment plays an essential role in providing emotional support, which should include the opportunity to verbalise feelings and the opportunity to cry, in order to release pent-up emotions (Gouws et al., 2000:97).

The literature indicated the following advantages regarding self-help groups such as Narcotics Anonymous (referred to as NA):

- The self-help groups provide chemically addicted adolescents with role models to assist them in forming new beliefs regarding substance abuse (Brandt and Delport, 2005:168).
- Self-help groups assist chemically addicted adolescents to form new, healthy interpersonal relationships and to learn to function in the community (Focus Adolescent Services, 2006:6).
- Self-help groups for the family, such as AL-ANON, NARANON and Tough Love ensure that the family members understand the addiction, as well as the

recovery process, and that they receive support regarding their own experiences of the addiction in the family (Mental Health Touches, 2006:6).

- These groups provide chemically addicted adolescents with the opportunity to interact socially, and lead to independent social interactions (Barr and Parrett, 2001:26).
- Self-help groups enhance the feeling of belonging and the ability to adjust norms in a positive way, thus addressing the developmental tasks of adolescence (McWhirter et al., 2004:126-127).
- McLeod (2003:449) identifies two further advantages of self-help groups.
 - The first advantage is that a professional person's involvement is not needed, and can thereby "transcend the budgetary limitation of health and welfare agencies".
 - The second advantage identified by the author is the value of interaction with others "who know what it feels like".

The aforementioned literature served as verification to the following statements by two participants:

"NA meetings, want almal daar...hulle verstaan jou."

And

"I need people that I can go and talk to."

Furthermore, Brendtro, et al. (2002:43-60) discuss the Circle of Courage as therapeutic tool in services to chemically addicted adolescents. The key areas are belonging, mastery, independence, generosity and mending of the broken circle. The authors postulate that the Circle of Courage gives purpose to their lives, and that a loss of purpose will enhance relapse potential. During the interviews, two participants indicated that they needed to contribute by being an example in their communities:

“Dis my lewe en ek wil iemand wees wat almal na kan opkyk.”

And

“Like, sjoe what happened to her? She can do it [referring to obtaining sobriety], now we can also do it.”

The participants indicated that their involvement in their communities should make support and help available to other chemically addicted adolescents. The following responses by two participants explain the aforementioned viewpoints:

“To open a support group in my area, because there is nothing like it there.”

And

“Ek gaan na die social worker toe en ek gaan vir hulle saamneem om die vorms te kry, sodat hulle ook hierheen kan kom [referring to the treatment programme].”

Magen (1998:72) asserts that the aforementioned contributions by chemically addicted adolescents in recovery will contribute to the experience of the self as worthy, and that this will lead to a sense of achievement and accomplishment, thus enhancing self-efficacy.

The following statement by a participant identifies another advantage that the stories of other addicts, as shared in the self-help groups, will become a motivation to change:

“Ander mense se stories. Daai kan my ook laat besef maar nee, voor ek by daai punt uitkom kan ek nou al miskien werk aan myne.”

Continuing with the discussion on self-help groups, two participants explained the value of sponsors from these self-help groups:

“Sien tannie, jy moet mos vir jou ‘n sponsor ook kry. So, sê nou maar jy kry ‘n craving, dan bel jy jou sponsor en dan help hy jou om aan ander goete te dink tot die craving oorgaan.”

And

“Having a sponsor... to talk to and who understands what I am going through, just someone to talk to.”

Also, the participants showed insight into the value of the programmes followed at the self-help groups, and indicated that these programmes formed part of their involvement in the groups. The following statement by a participant is representative of this insight:

“Ek moet die 12 stappe aanhou doen [referring to the NA programme].”

Barrett and Ollendick (2004:337) give confirmation on this in the literature and advice that the Twelve Step Programme can effectively address and include behaviour and social interaction.

On the other hand, as part of social support three participants referred to the value of peers as an important part of their reintegration in society through the following statements:

“As jy wil nugter bly moet jy vir jou nuwe vriende kry, want jy kan nie ophou tik, maar dan beweeg jy nog steeds met jou ou vriende nie.”

And

“Vriende werk vir my. Maar nou nie vriende wat ook daardeur gegaan het nie, want daar gaan iemand wees wat gaan sê nee maar kom ons doen ‘n bietjie dit [referring to using drugs] of kom ons try dit weer.”

And

“Die tjommies met wie ek eerste vriende gewees het, wat nie drugs gebruik het nie. Ek kan nou weer begin om saam met hulle te loop.”

Referring to the importance of peer groups, the literature advises that changes in the peer group and environment are an important aspect of relapse prevention, and that the relapsed chemically addicted adolescent should learn to make different choices when choosing friends (McNeece and DiNito, 1998:218 and Bezuidenhout and Joubert, 2003:66).

Still focusing on the role of social support, one participant referred to positive input from a community member, seeing him as a positive element in his life after treatment, and prior to his relapse:

“Altyd as ek my hare laat sny het dan bly ek agter en dan praat ek daar met die oom oor die drugs. Hy was ook ‘n dug addict gewees en hoe hy gemaak het.”

Another participant referred to the positive impact of community attitudes:

“Some people in my area applaud me, because I am trying to change.”

The participants showed insight regarding the role of their peer groups regarding their relapses, as described in Theme 1, Sub-theme 2, page 78, and indicated that they were aware of the need for change in this regard. The value of the self-help groups, self-help group programmes and sponsors in this regard was also emphasised. In addition to social support, parental support was identified as a factor that could assist the participants in preventing further relapses.

Sub-theme 2: The adolescents needed parental support following treatment

Apart from social support the participants consistently referred to parental problems as a precipitating factor in relapse, a matter of concern during relapse, and a motivation for returning to treatment. They continued to request support in this area.

Parental interest, understanding, approval, acceptance, trust, guidance and discipline are factors contributing to the adolescents' ability to master developmental tasks (Gouws et al., 2000:68). McNeece and DiNito (1998:221), in addition, concur that parental support is crucial for the chemically addicted adolescent's recovery and growth toward a sober lifestyle. In line with this thinking, Mans (2000:10) refers to the impact on the recovery of the adolescent of parental example, availability and trust.

The following statement by a participant regarding her mother's availability after she left treatment illuminates it as an aspect that supported her in her effort to avoid drugs after treatment:

"My ma was op vakansie."

The fact that her mother was home and available assisted her in her efforts to remain sober.

Another participant referred through the following statement to her mother's example as an aspect that assisted her in her efforts to maintain sobriety:

"My ma dans en gaan te kere sonder drank of om iets wat haar lyf nou miskien kan vergiftig te gebruik."

The example of the participant's mother gave her hope that she can experience joy without drugs.

Additionally, the literature advises that families should be empowered to become involved in treatment, and to make use of the self-help groups, as discussed in this theme, Sub-Theme 1, page 110. The impact of the adolescent's chemical addiction on the family should also be addressed. Often self-help groups are effective in supporting the family, and addressing the feelings related to the addiction (McNeece and DiNito, 1998:221-226; Goodwin, 2000:146 and Edmonds and Wilcocks, 1994:56). The participants indicated that they regarded the involvement of their families in aftercare efforts as essential to prevent relapses. The following responses by four participants indicate the need to address family problems:

"Definitely my family situation. You know, just to get it off my chest."

And

"Omdat hulle vir my sê ek kan nie hierna toe gaan nie. Dis nie vir hulle nie, dis vir my wat ek daai choice moet maak."

And

"As daar nie trust in die huis is nie, dan vat jy dit so, ag hoekom het ek rehab toe gekom. Maar dit moet van jou af kom."

And

"Hulle moet my aanmoedig, want om sober te wees is mos nou 'n new lifestyle en ek was nog nooit regtig, ek was maar altyd gedrug gewees."

These statements relate to the literature. Family therapy as part of treatment and aftercare for adolescent chemical addiction has strong empirical support (Barrett and Ollendick, 2004:337). Key family areas to address in order to develop resilience are belief systems, organisational patterns and communication patterns (Allen-Meares and Garvin, 2000:309). Goodwin (2000:73) is of the opinion that the family should learn to identify and to understand the addiction, as

well as the recovery process. In support of this, Fraser (2002:122) asserts that relapse prevention should include the adjustment of family management practices. The Structural Approach developed by Salvador Minuchin and Associates further accentuates the need to empower parents “to parent their children” as part of relapse prevention (Minuchin in McNeece and DiNito, 1998:222).

In line with the aforementioned statements by the participants, and the support for the statements found in the literature, Gouws et al. (2000:68) concur that adolescents need a “happy home” to assist them to develop healthy self-esteem and to master social developmental tasks. This viewpoint confirms the viewpoints of two participants:

“Someone who loves you no matter what. Once you have that love, it pushes you forward. You need somebody to love you in order to love back.”

And

“My Mommy, trusting me again and believe I can do it. That and love and care for me again.”

The literature and the responses of the participants in this sub-theme place the emphasis on parental involvement in aftercare services to chemically addicted adolescents. This sub-theme is therefore closely related to Sub-theme 4, page 123 of this theme. On the other hand, apart from social and parental support, a different lifestyle and the development of life skills were identified as factors that could assist the participants in their efforts to avoid further relapsing.

Sub-theme 3: The adolescents needed a different lifestyle and life skills following treatment

The participants discussed the importance of changes in their life style, and acquiring the relevant life skills and showed awareness that their lifestyles did not support their efforts to abstain from drug use.

A healthy lifestyle increases self-efficacy, and empowers adolescents at-risk. It includes a balance between psychological, physical, spiritual and social well-being (Van Niekerk and Prins, 2001:77). Gouws et al. (2000:28) are in agreement with these authors. The authors, however, identify physical fitness, nutrition, hygiene and mental health as the four areas that should be in balance, in order to obtain a healthy lifestyle. Continuing with this line of thought, Magen (1998:78) focuses on adolescent happiness, and illuminates experiences with the external world in terms of rewards, acceptance, and the excitement of discovering new things as important aspects in developing a healthy lifestyle.

In their attempt to provide information regarding their need to adjust their lifestyles, and to acquire relevant life skills, three participants referred to the following efforts made during their efforts to remain sober:

“Daai tyd was ons baie besig gewees.”

And

“I kept myself busy and forced myself to go to church. And got myself a job.”

And

“Ek het sport gedoen en ek het ‘n girlfriend ook geontmoet wat my weggehou het van die goed [referring to drugs] af.”

In order to maintain sobriety, chemically addicted adolescents need to adjust their lifestyle. It is important that they replace the drug with new adventures,

because a search for excitement could contribute to relapsing (Velasquez et al., 2001:177 and Mans, 2000:10). Velasquez et al. (2001:177-181) suggest that, by replacing tempting activities with healthy substance-free ones, chemically addicted adolescents will learn to enjoy life again, thereby reinforcing their efforts to remain sober. Also, a change of lifestyle means that a more productive lifestyle should be adopted, to ensure improved quality of life (Malhotra et al., 2007:1). A participant emphasised the importance of change in his lifestyle in order to empower him to withstand the temptations of the drug sub-culture:

“We [referring to chemically addicted adolescents in recovery who are trying to remain sober] need something to keep our minds off the drugs. Like a place that when you go there you know, ok, when I go there I am safe. Something else than the police station or the hospital.”

This statement also indicated that the participants needed diversion from their previous lifestyles. The Annual Report of the Department of Social Development of the Western Cape (2005-2006:8) acknowledges this need, and advises that diversion from drugs is needed, and that youth activities should be developed to address this aspect of relapse prevention. Referring to the replacement of their previous drug-related lifestyle, three participants continued with this line of thought through the following statements:

“Activities like squash or to play tennis table.”

And

“To have like activities, like fun days.”

And

“Hiking, outdoor stuff, making you feel good about yourself.”

Gorski (2001:2) is of the opinion that to focus only on the addiction, and not address the development of life tasks can lead to relapse. In order to adjust their lifestyle, life skills are needed to empower chemically addicted adolescents in

recovery. The development of life skills leads to empowerment on individual, interpersonal and community levels (Van Niekerk and Prins, 2001:250).

In addition, the literature identifies the following life skills as important in this regard: stress management, problem-solving skills, decision-making skills, assertiveness training, communication skills, self-care, and goal setting (Gouws et al., 2000:124; McWhirter et al., 2004:126; Barr and Parrett, 2001:26; Fisher and Harrison, 2005:162-169 and Velasquez et al., 2001:22-26).

The participants in this study did not refer directly to the aforementioned aspects, as highlighted in the literature. The researcher considered the fact that the participants' communication during the interviews was on a concrete level. However, two participants did refer to music as an aspect that they wanted to include in their new lifestyle:

“En leer om kitaar te speel.”

And

“Listening to the right music.”

Three participants also particularly expressed the need to resume their education and employment after treatment:

“Om te studeer miskien...”

And

“Ok, ek kan mos nie lekker lees en skryf nie. Ek wil dit leer.”

And

“n Werk kan ook help, want dan hou dit my besig.”

The researcher did find in the literature referrals to guidance regarding education and employment as aspects to address as part of relapse prevention (Treatment for Alcohol and Other Drug Abuse, 2007:2 and Fisher and Harrison, 2005:162-

169). Also, McWhirter et al. (2004:122) discuss the consequences of drug abuse, and suggest that consequential memory and learning problems should be addressed, in order to assist the chemically addicted adolescent to develop the ability to live a balanced and independent life in recovery.

Additionally, Fisher and Harrison (2005:158) postulate that chemically addicted persons in recovery should separate from “wet places”, in order to prevent relapses. This sentiment is supported by Malhotra et al. (2007:2) who stress the importance of separation from the drug using sub-culture, in order to maintain sobriety. This viewpoint supports the following statement by a participant who wanted to maintain sobriety:

“Jy moet wegbly van die wet places af, soos die danse en die vriende wat ook die goeters [referring to drugging] doen.”

Participants furthermore identified money as an area to be addressed in relapse prevention. The literature does confirm that budgeting and financial planning form part of the key areas to be addressed in relapse prevention (Fisher and Harrison, 2005:162-169). One participant verbalised this area as follows:

“Geld is gevaarlik. Ek moet werk om die geld vir my ma te gee.”

The researcher found very little support in the literature of the value of time-management as a life skill to be developed, in order to improve the lifestyle of the chemically addicted adolescent in recovery as part of relapse prevention. References regarding the management of leisure time were the only link to this aspect found in the literature (Fisher and Harrison, 2005:162-169 and Velasquez et al., 2001:181). Six participants, however, emphasised time-management as an area, which they regarded as important to prevent relapses, and expressed themselves as follows:

“Time-management, you always have to manage free time and there is always a lot of that.”

And

“Om besig te wees, net om elke dag aktiwiteite te hê wat ek moet voltooi.”

And

“Die moment as jy net sit en niksdoen nie, dan kom daai stem in jou kop op. Jy moet ‘n plan hê vir elke dag.”

And

“To keep yourself occupied with the right things, like sports or chores. To read a book and not fake it, I mean you have to read a book.”

And

“A routine, now I am actually achieving things.”

And

“You see one of the main reasons why you drug is boredom.”

The participants stressed the importance of time-management as a life skill. This aspect is not fully addressed in the literature studied by the researcher. In addition, budgeting, social protection from “wet places”, music, education and employment and activities to divert the attention away from drugs and the drug sub-culture were identified as key areas in which to develop life skills. The responses of the participants furthermore indicated that these life skills would improve their lifestyle, and therefore play an important part in preventing relapse.

The discussions on the area that could be addressed to prevent further relapses also focused on the need for a therapeutic input. The following sub-theme describes the data obtained in this regard.

Sub-theme 4: The adolescents needed social work intervention following treatment

Participants indicated that they had not received social work intervention services after their first treatments. They indicated that they felt unsupported, and that they regarded this aspect as a need to be addressed through aftercare services:

“Ek wil ‘n social worker word tannie, want die mense het help nodig en daar is niemand om mee te praat nie.”

This viewpoint was further explained as follows by three other participants in this study:

“Like having an open door, like a passage way, where you are walking through towards your goal. And suppose you just make pit stops here and there for encouragement.”

And

“50% can be support, but the other 50% is you alone. Because not everybody has a very strong backbone, to resist.”

And

“You got the basics, but still, you know like in my area, you always need like outside help from people who know about this problem.”

Furthermore, two adolescents referred to the need to receive information, and to be referred to relevant support systems:

“I could have gone to those places [referring to NA] but if I like knew, or like had more information about the stuff.”

And

“Knowledge or education. I did not know that I was actually doing the same thing than people who spike.”

Fisher and Harrison (2005:155) support the aforementioned indication of a lack of social work intervention, and identify a lack of multi-disciplinary services as part of aftercare for the chemically addicted adolescent. These services should be co-ordinated by the social worker, and be seen as an ongoing process to prevent attitudes and behaviour to revert to those in the drug sub-culture (Treatment for Alcohol and Other Drug Abuse, 2007:1-2).

Also, in order for relapse prevention programmes to be effective, the social worker should attempt to understand the social connection of adolescents toward drug abuse and to gain insight into the expected influence of drugs in their social context (McNeece and DiNito, 1998:216).

A participant continued to request support regarding problems with his parents:

“Iemand moet praat met my ouers, dat hulle kan verstaan.”

With regard to the involvement of family in aftercare services to the chemically addicted adolescent, the literature confirms that parents play an important role in the development of life tasks. Parents should be assisted to support the chemically addicted adolescent to become emotionally mature, which includes independence, responsibility, ability to make independent decisions, empathy with others, acceptance of minor frustrations, and the development of a degree of reliability (Gouws et al., 2000:2). Malhotra et al. (2007:4) are in agreement, and postulate that social work intervention services to chemically addicted adolescents should focus on family and behavioural approaches.

Focusing on their needs regarding social work intervention, two participants referred to the need for assistance regarding reasoning, as well as emotional and social problems:

"I have to go make things right, to help me to face my problems."

And

"I need to accept that the world does not revolve around me."

Cravings in recovery were identified as a precipitating factor to relapses, as discussed in Theme 1, Sub-themes 3, page 80 and 7, page 88. Participants referred to cravings as a need to be addressed during social work intervention. The following statement by a participant is representative of this identified need:

"How to deal with the cravings."

In order to address cravings through social work intervention, Gorski (2001:5) notes that the chemically addicted adolescent and his or her family should be supported to learn to identify the early warning signs of a relapse. Furthermore, they should be assisted in learning how to manage these warning signs. Westermeyer (2007:1-4) further advises that therapists make use of the following techniques when assisting clients to cope with urges: decatastrophising, disputing expectancies, and distracting.

A further need identified by a participant to this study was social work intervention regarding self-esteem and self-image:

"I need to find myself, self-respect [referring to practical guidance]."

In support of this statement the literature indicates that, with regard to social work services to the chemically addicted adolescents in recovery, they should be assisted through cognitive therapy to change perceptions about themselves and their abilities, in order to enhance self-efficacy, and to contribute to positive change (Barrett and Ollendick, 2004:338 and Barr and Parrett, 2001:16). Allen-Meares and Garvin (2000:276) support this sentiment and link behavioural and cognitive frameworks. The authors advise that appropriate changes by the

adolescents should be rewarded, and that inappropriate behaviour should be sanctioned. The aim of this action could therefore be to create a different perception regarding the rewards for sobriety versus the rewards for drugging.

Continuing with this line of thought, Gorski (in Fisher and Harrison, 2005:158) refers to four primary goals in recovery, namely recognition of the addiction, recognition of the need for abstinence, recognition of the importance of a recovery programme, and the diagnosis of other problems that can lead to relapse. The author links these areas with the change in perceptions that should be addressed in therapy. In support of the viewpoint of change in perceptions, McLeod (2003:80) refers to the assumption in the Psychodynamic Approach that the client may not be “consciously aware of the true motive or impulses behind his or her actions”. Therefore, as indicated by the aforementioned statement by the participant, chemically addicted adolescents should learn to understand themselves, in order to understand the motives behind their behaviour, and to move toward positive change.

A participant referred to a need to change perceptions as follows:

“To try and find the root....the cause of the problems. Small things, that I thought it cant’ be that that made me go to drugs...it can.”

The participants in this study also indicated that the development of life skills should be addressed through social work intervention. Three participants focused specifically on the development of anger-management skills, stress management and decision-making skills as areas they need support in, in order to prevent further relapsing:

“You must learn not to rush into things.”

And

“Like cross, you need to take time out.”

And

“To become calm, it makes it easier to think.”

With regard to this sub-theme, the responses of the participants conveyed the importance of the availability and involvement of professionals in aftercare services to chemically addicted adolescents. Their responses illuminate the following key areas to include in aftercare services: information and referrals, family therapy, skills to deal with cravings, forming of new perceptions, and the development of life skills.

In conclusion to the identified therapeutic needs, Lewis, Dana and Blevins (2002:105) emphasise the importance of maintaining change in behaviours and perceptions, as part of the focus of social work intervention to chemically addicted adolescents.

Sub-theme 5: The adolescents needed spiritual support following treatment

In addition to the need for social work intervention, the participants reported spiritual support as a valuable aspect when addressing prevention of further relapses. They enjoyed their discussions on spirituality during the interviews. The non-verbal data described their facial expressions, while discussing this aspect, as smiling, and their body language as relaxed.

Bekker (2003:52-53) postulates that addiction is a mental, physical and spiritual disease, and that all three areas should be addressed, in order to ensure happiness for the chemically addicted adolescent. This sentiment is shared by Sweet (1999:240), who asserts that addressing the spiritual needs of the addicted person is part of total recovery from the addiction. Participants in this study indicated that spirituality assisted them in recovery prior to their relapses, and that they viewed a healthy spiritual life as important in relapse prevention.

The following two responses serve as confirmation:

“I gave my heart to the Lord and there is just something that I feel there is lots of pressure that came off me and I feel more relaxed.”

And

“As ek nie my hart vir die Here gegee het nie, sou ek te swak gewees het.”

In support of these statements by the participants, Gouws et al. (2000:118) assert that spirituality gives the adolescent hope and confidence. Furthermore, it has a valuable impact on self-efficacy. Hope derived from spiritual well-being increases the belief that they “can do it”, referring to remaining sober (Van Niekerk and Prins, 2001:73). A participant voiced her opinion on the viewpoints in the literature as follows:

“Prayer and the cravings will go away.”

And

“Water drink help vir die cravings, en bid tannie.”

Three participants stressed the church’s involvement in services to the chemically addicted adolescent as part of relapse prevention:

“The church. I will join the youth group. I have to be with young people.”

And

“Dis lekker by die kerk.”

And

“Die kerk moet vir my bid en my aanmoedig.”

The spiritual needs as identified by the participants in this study include the feeling of hope and sense of purpose spirituality contributes to the recovery

process, the value of prayer as part of dealing with cravings, and the role the church can play as a support system in relapse prevention.

3.4 Conclusion

This study aimed to obtain an understanding of the relapsing experiences of chemically addicted adolescents. In order to achieve the goal and objectives of this research study, as described in Chapters One and Two, 17 interviews were conducted with chemically addicted adolescents in the Western Cape, who relapsed after in-patient treatment, and went back to in-patient treatment centres. The relapsing experiences of the participants were recorded, documented and analysed. The data was divided into themes and sub-themes, verified with the relevant literature and previous studies, and was discussed in depth in Chapter Three.

The data resulted in four main themes, namely:

- Factors precipitating relapsing after treatment among chemically addicted adolescents;
- The experiences of chemically addicted adolescents following a relapse after treatment;
- Factors predisposing adolescents to go back to treatment following a relapse, and
- The adolescents' experiences of factors that could assist them in preventing further relapses

The experiences of the participants illuminated the following aspects with regard to relapsing after treatment:

- The participants viewed parental and social support as positive elements after treatment, prior to their relapses;
- Sobriety during the period after treatment, prior to their relapses resulted in positive feelings and physical experiences;

- The participants experienced social, parental and emotional problems that led to relapse, and needed to be addressed as part of relapse prevention;
- Reasoning needed to be addressed through aftercare services, as this impacts on self-efficacy, motivation to change and the ability to deal with problems;
- Abstinence plays an important role in relapse prevention;
- Adolescents and their parents needed support and guidance to change lifestyles after treatment;
- The development of life skills was an important element in the ability to change lifestyles;
- The participants identified time-management and the ability to deal with cravings as important life skills to master as part of relapse prevention;
- The availability of drugs and the acceptability thereof in the communities were seen as precipitating factors in relapse;
- The participants indicated that relapses could lead to criminal behaviour;
- The motivation to return to treatment was both internal and external in nature;
- Participants expressed the need for social work intervention, and indicated that a lack of social work input led to relapse;
- The participants identified that a balance was needed between spiritual, emotional, physical and social well-being;
- To develop a sense of purpose would be valuable and would contribute to the enhancement of self-efficacy;
- The participants explained that knowledge did not prevent them from relapsing, and that knowledge should be internalised in order to have an impact on relapse prevention.

Chapter Four will conclude this study and focus on the conclusions, recommendations and guidelines following from the information in Chapter Three.

CHAPTER FOUR

SUMMARY, LIMITATIONS, CONCLUDING GUIDELINES, RECOMMENDATIONS AND CONCLUSION

4.1 Introduction

This research study aimed to explore and describe the experiences of chemically addicted adolescents regarding their relapsing after treatment, to develop guidelines, and to make recommendations to assist social workers in rendering effective aftercare services to chemically addicted adolescents.

Chapter One introduced this study by means of the motivation for this research, the goal and objectives, and the proposed methodology to be employed in order to complete the study. Chapter Two described how the chosen qualitative methodology was employed, while Chapter Three discussed the themes and sub-themes that were identified through the process of data analyses. The data obtained through the semi-structured interviews with the participants in this study was supported with previous research studies and relevant literature. The final Chapter Four will begin with a brief description of the previous chapters, as well as the limitations of this study. Concluding guidelines will subsequently form a platform for the recommendations for future research in relation to the exploratory nature of the study, and provide social workers with recommendations regarding intervention through aftercare services to chemically addicted adolescents, following treatment.

Chapter Four will also discuss the findings of this qualitative research study in relation to the objectives of this study, as presented in Chapter One, namely:

- To explore and describe the experiences of chemically addicted adolescents regarding relapsing after treatment.
- Based on the above findings, to compile a report portraying the experiences of chemically addicted adolescents regarding relapsing after treatment, together with concluding guidelines and recommendations flowing from the data obtained regarding support and aftercare services.

The researcher was able to explore and describe the experiences of a group of chemically addicted adolescents regarding relapsing after in-patient treatment, and to subsequently answer the research question, namely what their experiences were regarding their relapses following treatment, through the chosen methodology, as discussed in Chapter Two. Also, based on the data obtained, analysed and discussed in Chapter Three, in Chapter Four the researcher will provide the social work profession with concluding guidelines and recommendations in order to provide chemically addicted adolescents with relevant social work intervention services following treatment.

4.2 Summaries

4.2.1 Chapter One

The first chapter of this research study comprised of a brief theoretical background, the rationale and motivation for this research, as well as a problem statement that led to the research question. This information formed the basis of the goal and objectives of this study. Chapter One focused on the qualitative research methodology that was chosen for this particular research, and discussed the proposed research design for the study.

4.2.2 Chapter Two

The second chapter of this research study discussed the motivation for the choice of research methodology. In addition, the researcher described how the research design was implemented, and discussed the population and sampling process. An in-depth description of the various steps that were carried out during the research process was given. These steps consisted of: the preparation for data collection; the pilot study; the semi-structured interviews that were used to collect data; the interview techniques employed during the interviews; the protocol for data recording and the interview guide that was employed; data analyses through the eight steps of Tesch (in Creswell, 2003:192); and data verification according to the model of Guba (in Krefting, 1991:214-222). Chapter Two was concluded by a discussion on the limitations of the study.

A brief conclusion regarding the methodology used for the purpose of this study will follow, and will introduce the summary of Chapter Three, as well as the concluding guidelines, derived from the findings from the data, as discussed in Chapter Three.

4.2.2.1 Methodology

The qualitative research methodology and the exploratory-, descriptive- and contextual research designs that were chosen and employed during this study assisted the researcher to gain an understanding of the experiences of chemically addicted adolescents who had relapsed after in-patient treatment, this proving to be an effective means to obtain the goal of this research study.

The researcher planned to make use of focus groups to collect the data for this research, but the number of participants who met the inclusion criteria in specific programmes was not large enough to meet the criteria for focus groups. Focus groups should have not less than four and not more than eight participants (Bless

and Achola, 2006:122 and Knight, 2002:70), whereas the maximum number of identified participants per programme at one specific time for this study was three. Following a discussion with peers and study supervisors, it was concluded that semi-structured individual interviews would be the best way to obtain the data. The semi-structured interviews, employed to collect data through the qualitative research methodology, enabled the researcher to explore the experiences of the participants to this study regarding relapses following treatment, hence giving the researcher a better understanding of the obstacles they face in their efforts to remain sober; the precipitating factors to their relapses; their experiences after treatment and relapsing; and their descriptions of factors that could assist them to maintain sobriety after treatment. Also, it provided the researcher with information from the perspective of the participants (Shaw and Gould, 2001:6-8). Qualitative research aims to obtain data from insiders to the situation being studied, thus indicating that this methodology was the effective choice in order to obtain the goal of the research.

The participants to this study conveyed detailed descriptions of their experiences regarding precipitating factors to their relapses following in-patient treatment; factors that could assist them in preventing further relapses; and their experiences during their relapses. The researcher is therefore of the opinion that the research question has been answered.

4.2.3 Chapter Three

Chapter Three consisted of an in-depth discussion of the themes and sub-themes that were identified during the data analysis process. The researcher included relevant quotes from interviews, in order to give a clear description of the contents of each theme and sub-theme, and to provide motivation for the findings.

4.2.3.1 Findings

The data collected through semi-structured interviews with the participants was analysed and resulted in the following themes and sub-themes:

Theme 1: Factors precipitating relapsing after treatment among chemically addicted adolescents

Sub-theme 1: The role of parental support as a precipitating factor to relapses following treatment among adolescents

The participants highlighted the following regarding the parental support as a precipitating factor to their relapses:

- The age-inappropriate roles they had to fulfil in their families
- The high expectations of their parents
- Parental substance use/abuse
- A lack of parental support
- A lack of communication with parents
- A lack of parental trust
- Problems in the parental subsystem

Sub-theme 2: The role of the peer group as a precipitating factor to relapses following treatment among adolescents

Participants focused on the following factors that contributed to the peer group's role in their relapses:

- A lack of assertiveness among the chemically addicted adolescents
- The need for support from friends

- The harmful effect of peer pressure

Sub-theme 3: The role of feelings as a precipitating factor to relapses following treatment among adolescents

The researcher concluded from the data that non-addressed negative feelings among chemically addicted adolescents who completed treatment can result in relapses. The value of emotional support following treatment was therefore accentuated through this sub-theme.

Sub-theme 4: The role of reasoning as a precipitating factor to relapses following treatment among adolescents

The responses of the participants in this sub-theme illuminated the following:

- Recurrent thoughts of drug abuse led to relapses
- External motivation during first treatments led to relapses
- Knowledge did not prevent relapses

Sub-theme 5: The role of continued drug use as a precipitating factor to relapses following treatment among adolescents

This sub-theme focuses on the following two precipitating factors to relapses, namely:

- Participants who did not stop using their drugs of choice
- Participants who replaced their drugs of choice by other drugs

The value of knowledge regarding the effect of drugs and the importance of abstinence, which should be obtained and internalised during the treatment of the addiction were noted in this sub-theme.

Sub-theme 6: The role of the lack of life skills as a precipitating factor to relapses following treatment among adolescents

This following key focus points emanating from this sub-theme indicates that the participants in this study did not have a plan regarding making positive changes in their lives after their first treatments:

- Boredom
- No routine
- No new activities to substitute for the drugs
- A lack of budgeting skills

Sub-theme 7: The role of physical factors as a precipitating factor to relapses following treatment among adolescents

The physical experiences of the participants that precipitated their relapses were identified as follows:

- Cravings
- Withdrawal symptoms

Sub-theme 8: The role of social factors as a precipitating factor to relapses following treatment among adolescents

This sub-theme identifies the following social factors as precipitating factors to the relapses of chemically addicted adolescents:

- The availability of drugs in the immediate environment
- Tolerance toward drugs in the community
- Social rejection
- Labelling

Theme 2: The experiences of chemically addicted adolescents following a relapse after treatment

Sub-theme 1: The adolescents experienced different feelings following a relapse after treatment

The following pattern regarding the emotional implications of relapses was identified through this sub-theme:

- A feeling of relief after the first intake
- Negative feelings leading to a negative influence on the chemically addicted adolescent's self-efficacy
- Suicide ideation

Sub-theme 2: The adolescents experienced behavioural changes following a relapse after treatment

Problematic social behaviour in the form of criminal actions, and economic losses due to their pre-occupation with drugs were described as factors that were viewed as key areas in the experiences of the participants regarding their relapses.

Sub-theme 3: The adolescents experienced physical changes as a result of relapsing after treatment

As part of their relapse experiences, participants expressed a concern regarding their deteriorating health as a result of their continued drug use.

Theme 3: Factors predisposing adolescents to go back to treatment following a relapse

Sub-theme 1: The adolescents realised that they had a problem following a relapse after treatment

This sub-theme illuminates the following:

- The participants were not satisfied with their lives and relapses
- They reached out for help as they felt alone and unsupported in their environments

Intrinsic motivation to change was observed through this sub-theme.

Sub-theme 2: The adolescents were rejected by their parents and society following a relapse after treatment

The responses by the participants in this sub-theme indicate that the motivation for returning to treatment could be external in nature.

Sub-theme 3: The adolescents did not like themselves while using drugs following a relapse after treatment

It was concluded from the data in this sub-theme that the participants wanted to return to treatment, because they felt they were unable to succeed without further treatment; therefore they needed support to enhance self-efficacy. It was also noted that the fact that they returned to treatment also indicated that they had hope and a sense of purpose.

Theme 4: The adolescents' experiences of factors that could assist them in preventing relapses

Sub-theme 1: The adolescents needed social support following treatment

The participants showed insight regarding the value of the following social support regarding the prevention of relapses:

- Self-help groups
- Self-help group programmes
- Sponsors

Sub-theme 2: The adolescents needed parental support following treatment

The responses of the participants in this sub-theme place the emphasis on parental involvement in aftercare services to chemically addicted adolescents. They identified the following key areas to be addressed:

- Parental availability
- Parental example
- Trust
- Parental love

Sub-theme 3: The adolescents needed a different lifestyle and life skills following treatment

The participants identified the following life skills that they will need in their efforts to abstain from drug use.

- Time-management
- Budgeting
- Social protection from "wet places"
- Music
- Education

- Employment
- Activities to divert the attention away from drugs and the drug sub-culture

Sub-theme 4: The adolescents needed social work intervention following treatment

Participants indicated that they need social workers to be available, and to address the aforementioned needs. They emphasised that this service should focus on support and guidance.

Sub-theme 5: The adolescents needed spiritual support following treatment

The participants identified the following value that they expect to find through spiritual guidance:

- A feeling of hope
- A sense of purpose

They emphasised the value of prayer as part of dealing with cravings, and the role the church can play as a support system in relapse prevention.

These themes and sub-themes were supported with the relevant literature and previous research, and discussed in depth in Chapter Three.

The data analysis and verification processes, which formed the basis of the concluding guidelines, must be viewed within the context of the limitations of this research study.

4.3 Limitations of the study

The researcher discussed the limitations of this research study in Chapter Two. They are included in this chapter to serve as a reminder, and to form a platform

for the concluding guidelines and recommendations that will follow in this chapter.

The researcher did not experience any limiting factors regarding the implementation of the research methodology that was chosen for this study. However, the parameters of the research were limited for the following reasons:

- Social class is not reflected optimally in this study. The participants came from the three treatment centres where treatment is provided free of charge, and were screened and accepted at these treatment centres. The researcher thus concluded that it was safe to assume that the participants came from backgrounds where their parents/guardians were unable to afford in-patient treatment. This study therefore does not reflect the experiences of relapsed chemically addicted adolescents from different economic backgrounds.
- Only Afrikaans- and English-speaking participants from mainly “Coloured” and “White” communities partook in this study, thus not reflecting the experiences of chemically addicted adolescents from other cultures and ethnic groups. However, two of the participants came from the “Black” community, which added value to the data obtained.
- The majority of participants were male, thus limiting the reflection of the two different genders.

4.4 Concluding guidelines

The researcher was able to develop insight regarding the experiences of relapsing after treatment, by means of semi-structured interviews with relapsed chemically addicted adolescents. The interviews were transcribed, analysed and verified with previous research studies and relevant literature. It resulted in a better understanding of the needs regarding support and aftercare services, as

identified by chemically addicted adolescents, who relapsed after in-patient treatment, and who returned to in-patient treatment centres.

4.4.1 Criteria for intervention strategies for services to chemically addicted adolescents

The following criteria serve as description of the context for the application of the concluding guidelines of this study.

Chemical addiction is a condition in which the use of chemical substances causes impairment in the following areas:

- Social
- Emotional
- Spiritual
- Physical

Indicators to be measured are

- Tolerance
- Progression
- Withdrawal symptoms
- Loss of control (Gossop, 1998:78)

Recovery, according to Gorski and Miller (1982:48) is defined as

- “A progressive movement through specific phases
- Maintaining abstinence
- Progressive improvement in the quality of lifestyle”.

Relapse is

- A process
- It occurs within the addict in recovery

- It manifests itself in a progressive deterioration in the pattern of behaviour and symptoms
- It leads to the use of addictive substances (Gorski and Miller, 1982:48)

Adolescence

For the purpose of these guidelines, an adolescent will be defined as a person between the ages of 11 and 21 years (Louw et al., 2001:385).

Aftercare services are described as

- Professional social work services to the chemically addicted adolescent in recovery
- In order to maintain sobriety (Gorski, 2001:4)

Social work intervention is defined as

- “Who we help
- How we provide the services
- The degree to which we encourage collaboration” (Roberts and Greene, 2002:819).

The concluding guidelines emanated from the findings of the data analysis process, and are designed to assist social workers, by means of workshops, in their efforts to provide chemically addicted adolescents with appropriate services. The aforementioned themes and sub-themes formed the basis of the guidelines.

4.4 2 Guidelines, goals and objectives

The guidelines emanating from the empirical and literature study of this research resulted in four guidelines. Each guideline consists of goals and objectives in order to describe the application of the specific guideline. Table 4.1 describes the guidelines for intervention strategies regarding services to chemically addicted adolescents, following treatment.

Table 4.1: Guidelines to develop social work intervention strategies for services to chemically addicted adolescents, following treatment

GUIDELINES	GOALS AND OBJECTIVES
<p>1. Social work intervention services to chemically addicted adolescents following treatment</p>	<p>Goal 1: Intervention to assist chemically addicted adolescents with the internalisation of knowledge following treatment</p> <p>Objectives</p> <ul style="list-style-type: none"> • Chemically addicted adolescents should be assisted to internalise their knowledge regarding drugs mobilised. • Chemically addicted adolescents should be assisted to identify, and to manage high risks. <p>Goal 2: Intervention to assist chemically addicted adolescents with the development of new insights following treatment</p> <p>Objectives</p> <ul style="list-style-type: none"> • The value of abstinence, as well as the motivation to remain sober should be internalised. • Chemically addicted adolescents should be assisted to develop insight regarding the impact of their drug addiction on their relationships with their parents, and they should be assisted and motivated to find ways to rectify the damage their drug-induced behaviour caused to their relationships with their parents.

	<p>Goal 3: Intervention to assist chemically addicted adolescents with the development of life skills following treatment</p> <p>Objectives</p> <ul style="list-style-type: none">• Chemically addicted adolescents should be supported to deal with reminders and cravings through practical advice, and they should be empowered to address discomfort in a healthy manner.• Chemically addicted adolescents should be motivated to find joy in day-to-day living.• Chemically addicted adolescents should be able to change poor self-images through intervention, in order to improve resilience.• Intervention should include the development of assertiveness, in order to provide chemically addicted adolescents with ways to deal with peer pressure, and to make the right choices regarding friendships.• Chemically addicted adolescents should be assisted to develop basic life skills, in order to enhance their abilities to adjust to a sober life style. <p>Goal 4: Intervention to assist chemically addicted adolescents with the management of feelings following treatment</p> <p>Objective</p> <ul style="list-style-type: none">• Opportunities to identify and express feelings should be provided.
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	<p>Goal 5: Intervention to assist chemically addicted adolescents with general support following treatment</p> <p>Objectives</p> <ul style="list-style-type: none"> • Social workers should ensure that chemically addicted adolescents have accessibility to support in times of trauma, such as rape. • Support groups could be utilised as valuable resources regarding peer support.
<p>2. Social work intervention services to the parents of chemically addicted adolescents following treatment</p>	<p>Goal 1: Intervention to assist the parents of chemically addicted adolescents with addressing feelings and expectations following treatment</p> <p>Objectives</p> <ul style="list-style-type: none"> • The parents of chemically addicted adolescents should be provided with the opportunity to address their own feelings regarding their children's addiction. • Intervention should address expectations and insight regarding the life tasks of adolescents, in order to empower the parents to support and guide their chemically addicted adolescents to manage the relevant life tasks. <p>Goal 2: Intervention to assist the parents of chemically addicted adolescents with the adjustment of roles following treatment</p> <p>Objectives</p> <ul style="list-style-type: none"> • Parents should develop insight regarding their own roles in terms of examples and availability, in order to be able to support their chemically addicted adolescents after treatment. • The social worker should address parenting, in terms of combining love, caring and unconditional acceptance with discipline.

	<p>Goal 3: Intervention to assist the parents of chemically addicted adolescents with the development of resilience following treatment</p> <p>Objective</p> <ul style="list-style-type: none"> • The parents of chemically addicted adolescents should receive information on high-risk situations, warning signs regarding cravings, and effective ways to deal with these situations and signs.
<p>3. Combined social work intervention services to chemically addicted adolescents and their parents following treatment</p>	<p>Goal 1: Intervention to develop healthy communication patterns following treatment</p> <p>Objective</p> <ul style="list-style-type: none"> • Communication patterns between chemically addicted adolescents and their parents should be adjusted. <p>Goal 2: Intervention to develop limit-setting family management practices following treatment</p> <p>Objective</p> <ul style="list-style-type: none"> • The parents and chemically addicted adolescents should be assisted to find healthy ways to define roles, boundaries and disciplinary measurements.
<p>4. Social work intervention by means of the community work method in social work</p>	<p>Goal 1: Encouragement of collaboration of local churches</p> <p>Objective</p> <ul style="list-style-type: none"> • Local churches should be mobilised to address the spiritual needs of chemically addicted adolescents. <p>Goal 2: Encouragement of collaboration of local schools</p> <p>Objective</p> <ul style="list-style-type: none"> • Activities at local schools should be mobilised.

	<p>Goal 3: Encouragement of collaboration of local self-help groups</p> <p>Objective</p> <ul style="list-style-type: none">• Social work intervention should include referrals, development and utilisation of self-help groups. <p>Goal 4: Encouragement of collaboration of local community leaders</p> <p>Objective</p> <ul style="list-style-type: none">• Community leaders should be mobilised and assisted to deal with the problem of adolescent chemical addiction in the community.
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Guideline 1: Social work intervention services to chemically addicted adolescents following treatment

Rationale

The literature describes relapsing after treatment for chemical addiction as common, predictable and preventable (Buddy, 2003:1). Furthermore, the addictive cycle indicates relapsing as a normal part of addiction and recovery (Goodwin, 2000:91-93).

In order for relapse prevention programmes to be effective, the following aspects need to be included:

- The social worker should attempt to understand the social connection of adolescents to drug abuse and to gain insight in the expected influence of drugs in their social context (McNeece and DiNito, 1998:216).
- The focus of intervention should be on the addiction, as well as the development of life tasks during adolescence (Gorski, 2001:2).
- Chemically addicted adolescents should be assisted to change perceptions about themselves and their abilities, in order to enhance self-efficacy, and to contribute to positive change (Barrett and Ollendick, 2004:338 and Barr and Parrett, 2001:16).
- Chemically addicted adolescents should learn to understand themselves, in order to understand the motives behind their behaviour and to move toward positive change (McLeod, 2003:80).

Regarding recovery, the aforementioned aspects should lead to the obtainment of the following four primary goals in recovery (Gorski in Fisher and Harrison, 2005:158):

- Recognition of the addiction
- Recognition of the need for abstinence
- Recognition of the importance of a recovery programme
- The diagnosis of other problems that can lead to relapse

In conclusion, Lewis, Dana and Blevins (2002:105) emphasise the importance of maintaining change in behaviours and perceptions, as part of the focus of social work intervention to chemically addicted adolescents.

Implementation

Intervention should focus on the internalisation of knowledge, the development of new insights, the management of feelings, the development of life skills, and general support. This will be discussed in terms of the following goals and objectives:

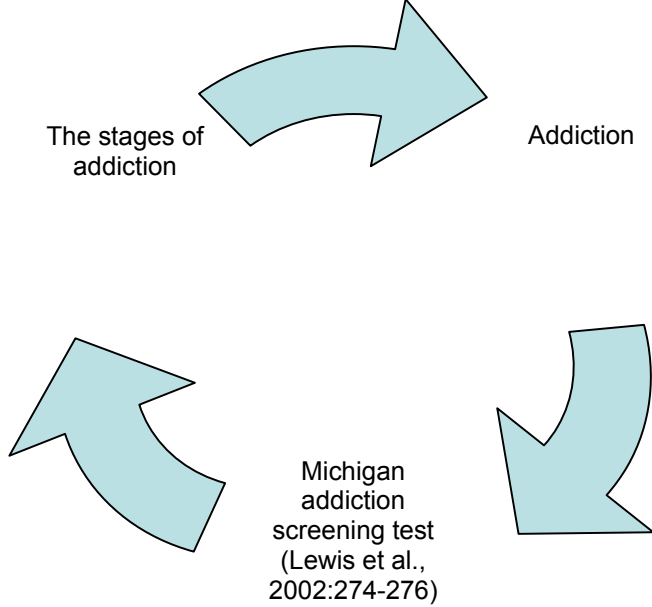
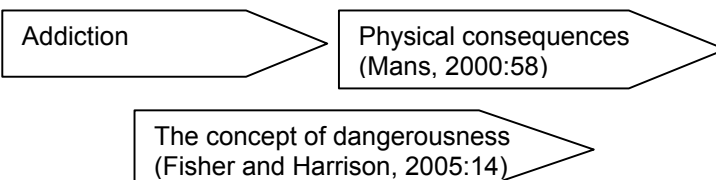
Goal 1: Intervention to assist chemically addicted adolescents with the internalisation of knowledge following treatment

Objective 1: Chemically addicted adolescents should be assisted to internalise their knowledge regarding drugs.

Although reasoning regarding addiction and drug abuse influences their levels of motivation for recovery and sobriety (Gorski, 2001:3), knowledge does not prevent the adolescent to experiment, use or abuse drugs (Stoppard, 2000:7). In addition, Gorski (2001:3) concurs that relapsing after treatment often occurs when adolescents fail to recognise their addiction to chemical substances.

Therefore, intervention should focus on assistance to internalise the knowledge regarding the severity of the harm caused by drugs. The adolescent should learn to understand the physical impact of drug abuse. Health risks caused by drug use include cardiac damage, liver damage, high blood pressure, malnutrition, sores that do not heal, and weight loss (Dodgen and Shea, 2000:10 and Mans, 2000:58).

Table 4.2: Intervention strategies regarding the internalisation of knowledge

Topics	Focus areas
The process of addiction (McNeece and DiNito, 1998:38)	 <p>The diagram illustrates the process of addiction. On the left, the text 'The stages of addiction' is connected by a large, light blue curved arrow pointing to the right towards the word 'Addiction'. Below this, a second large, light blue curved arrow points from 'Addiction' back to the left towards 'The stages of addiction'. In the center, between these two arrows, is the text 'Michigan addiction screening test (Lewis et al., 2002:274-276)', indicating an intervention point.</p>
The recovery process	Stages of change (Miller and Rollnick in Velasquez et al., 2001:133): → Pre-contemplation → Contemplation → Preparation → Action → Maintenance → Relapse → Recycle →
Physical impact	 <p>The diagram shows the physical impact of addiction. It features three arrow-shaped boxes. The top-left box contains the word 'Addiction'. A horizontal arrow points from this box to a top-right box containing 'Physical consequences (Mans, 2000:58)'. Below these two boxes is a third box containing 'The concept of dangerousness (Fisher and Harrison, 2005:14)', with an arrow pointing from it towards the right.</p>

Objective 2: Chemically addicted adolescents should be assisted to identify, and to manage high risks.

Precipitating factors regarding relapse include frequent exposure to high-risk situations, physical or psychological reminders, and recurrent thoughts of the past (Treatment for Alcohol and Other Drug Abuse, 2007). Additionally, Fisher and Harrison (2005:158) postulate that chemically addicted persons in recovery should separate from “wet places”, in order to prevent relapses. This sentiment is supported by Malhotra et al. (2007:2) who stress the importance of separation from the drug-using sub-culture, in order to maintain sobriety.

In order to address cravings through social work intervention, Gorski (2001:5) notes that chemically addicted adolescents should be supported to learn to identify the early warning signs of a relapse. Furthermore, they should be assisted in learning how to manage these warning signs.

Table 4.3: Intervention strategies regarding the identification and management of high risks

Topics	Focus areas
Identifying warning signs/“triggers”	<ul style="list-style-type: none"> • Negative feelings • Physical pain • Social events and “wet places” • Positive events • Withdrawal (Velasquez et al., 2001:139)
Techniques	<ul style="list-style-type: none"> • Decatastrophising • Disputing expectancies • Distracting (Westermeyer, 2007:1-4)

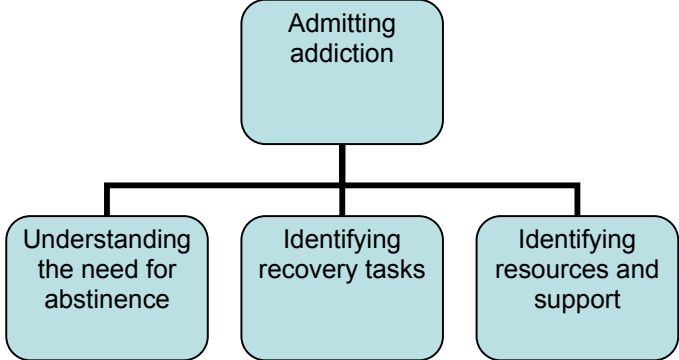
Goal 2: Intervention to assist chemically addicted adolescents with the development of new insights following treatment

Objective 1: The value of abstinence, as well as the motivation to remain sober should be internalised.

Chemically addicted adolescents must recognise the importance of abstinence as an important factor in relapse prevention, must learn to value their sobriety, and must commit themselves to change (Fisher and Harrison, 2005:188; Gorski, 2001:2 and Edmonds and Wilcocks, 1994:57).

In addition, Grieve et al. (2005:176-177) refer to optimal arousal and cognition as key aspects in motivation of behaviour. The authors concur that arousal becomes a motivational force in order to maintain homeostasis, but also to actively seek stimulation to maintain levels of arousal. The fact that chemically addicted adolescents do not have a replacement for arousal could therefore contribute to the continued thoughts of missing the drug of choice, and therefore contribute to relapsing. Chemically addicted adolescents' reasoning is therefore influenced by the motivational force of their attempts to maintain the levels of arousal, previously provided by their drugs of choice.

Table 4.4: Intervention strategies regarding the motivation to adhere to abstinence

Topics	Focus areas
Education	 <pre> graph TD A[Admitting addiction] --- B[] B --- C[Understanding the need for abstinence] B --- D[Identifying recovery tasks] B --- E[Identifying resources and support] </pre>
Managing thoughts	<ul style="list-style-type: none"> • Identifying negative thinking/reasoning • Identifying practical ways to manage and change harmful thoughts <p>(Velasquez, 2001:171)</p>
Identifying the advantages of abstinence	<p>Physical advantages</p> <ul style="list-style-type: none"> • Appearance • Health <p>Advantages for relationships</p> <ul style="list-style-type: none"> • Peer relationships • Family relationships • Relationship with society <p>Advantages for the self</p> <ul style="list-style-type: none"> • Self-esteem • Self-image <p>Spiritual advantages</p> <ul style="list-style-type: none"> • Hope • Purpose

Objective 2: Chemically addicted adolescents should be assisted to develop insight regarding the impact of their drug addiction on their relationships with their parents, and they should be assisted and motivated to find ways to rectify the damage their drug-induced behaviour caused to their relationships with their parents.

Brandt and Delpont (2005:165) report that the lack of trust in families leads to a perception of “my parents do not trust me anyway.” Chemically addicted adolescents in recovery must learn to understand the damage of their addiction to the level of parental trust, and must accept responsibility to earn their parents' trust through new behaviour.

Piaget's developmental approach asserts that adolescents between the ages of 11 and 15 years develop:

- the ability to think abstractly and logically
- to process information
- to develop an identity.

Continuing with this line of thought, Laurence Kohlberg's theory of moral development indicates that adolescents learn to:

- distinguish between right and wrong and
- internalise their obligations to their families and society.

(Piaget and Kohlberg in Gouws et al., 2000:5,32,38,102-103)

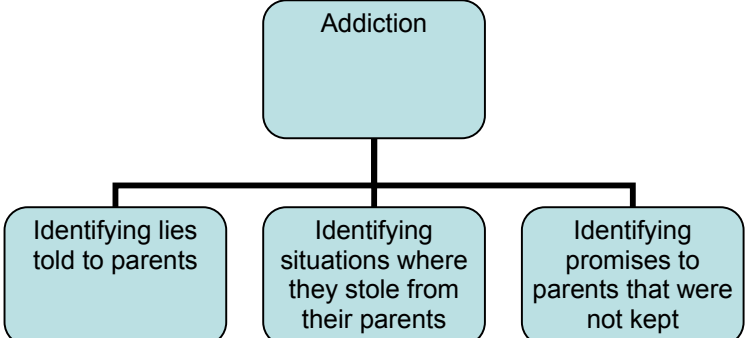
In addition, the literature distinguishes between intrinsic and extrinsic motivation:

- Intrinsic motivation for recovery is associated with high-level motivation, and is characterised by an eagerness to learn and grow, as well as a strong will to succeed. These characteristics lead to the will to make an effort to change.
- On the other hand, extrinsic motivation is associated with low-level motivation, and the characteristics include dependence on others, adolescent

striving for approval from others, limited consequential thinking, and the peer group definition of what is right and what is wrong.

(Gouws et al., 2000:60 and Bezuidenhout and Joubert, 2003:165-167).

Table 4.5: Intervention strategies regarding the development of insight regarding the damage of addiction to the family, and ways to rectify the damage caused by drug addiction

Topics	Focus areas
Identifying factors that caused distrust in parental relationships	 <pre> graph TD A[Addiction] --- B[] B --- C[Identifying lies told to parents] B --- D[Identifying situations where they stole from their parents] B --- E[Identifying promises to parents that were not kept] </pre>
Development of intrinsic levels of motivation	<ul style="list-style-type: none"> • Identifying pros and cons for recovery • Assigning importance to the pros and cons <p>(Velaquez et al., 2001:89)</p>
Identifying ways to rectify damage caused by drug addiction	<ul style="list-style-type: none"> • Development of an own identity • Forming relationships • Development of moral understanding and a value system • Changing behaviour accordingly <p>(Louw et al., 2001:338)</p>

Goal 3: Intervention to assist chemically addicted adolescents with the development of life skills following treatment

Objective 1: Chemically addicted adolescents should be supported to deal with reminders and cravings through practical advice, and they should be empowered to address discomfort in a healthy manner.

Stoppard (2000:71) warns that a central nervous system stimulant can lead to severe physical exhaustion, which causes the person to feel “horrible” and tired. Mans (2000:53) furthermore asserts that part of the withdrawal symptoms from Heroin and Methamphetamine is intense pain and nervous twitching.

Additionally, Edmonds and Wilcocks (1994:59) note that cravings are often a factor precipitating a relapse. Connors et al. (2001:199) define cravings as “internal and external stimuli associated with drug withdrawal.” They explain that a relapse occurs as the addicted person is seeking to relieve physical and emotional cravings. Cravings become accentuated during high-risk situations such as conflict, negative feelings and stress (Malhotra et al., 2007:8).

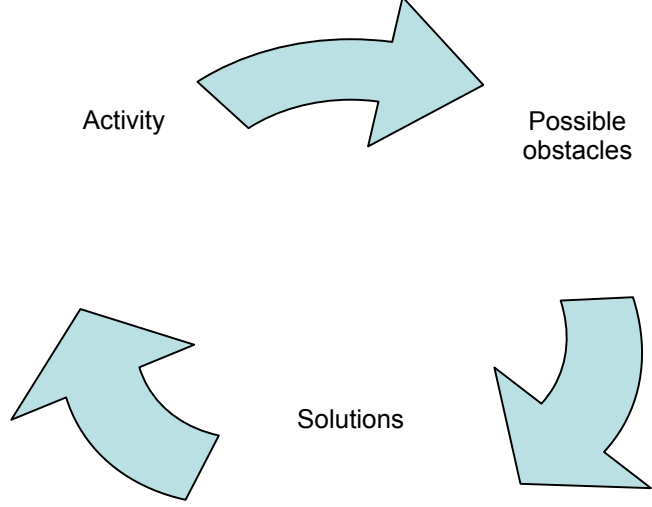
Table 4.6: Intervention strategies regarding dealing with withdrawal and cravings

Topics	Focus areas
Withdrawal	<ul style="list-style-type: none"> • Prepare the adolescent through information on withdrawal symptoms to be expected (Mans, 2000:53) • Referrals to medical facilities
Cravings	<ul style="list-style-type: none"> • Raise awareness for signs of cravings • Identify support systems to contact for assistance when cravings occur • Develop self-motivating statements (Fisher and Harrison, 2005:114-115)

Objective 2: Chemically addicted adolescents should be motivated to find joy in day-to-day living.

Malhotra et al. (2007:8) postulate that a need to derive joy from a drug-free lifestyle could contribute to the adolescent experiencing a need for further guidance and support, thus seeking a follow-up service.

Table 4.7: Intervention strategies to find joy in day-to-day living

Topics	Focus areas
Identifying a strategy	<ul style="list-style-type: none"> • Listing the assets of the chemically addicted adolescent in recovery and building upon them • Listing of handicaps and ways of improving or coping • Tapping on social resources available • Restoration to an earlier level of functioning • Restoration of social skills. <p>(Malhotra et al., 2007:8)</p>
Identifying practical ways to enjoy life	 <p>The diagram illustrates a cyclical relationship between 'Activity' and 'Possible obstacles' at the top, and 'Solutions' at the bottom. A large blue arrow points from 'Activity' to 'Possible obstacles'. Two smaller blue arrows point from 'Possible obstacles' down to 'Solutions', and from 'Solutions' back up to 'Activity'.</p>

Objective 3: Chemically addicted adolescents should be able to change poor self-images through intervention, in order to improve resilience.

Part of the developmental tasks of adolescence is to find a place in society, and to develop self-confidence (Gouws et al, 2000:67). Brendtro et al. (2002:43-60) discuss the Circle of Courage and describe the value of the area of mastering. Mastering sobriety should lead to positive feelings and an improvement of the self-image.

Additionally, Velasquez et al. (2001:177) suggest that self-efficacy plays a role in the management of cravings.

Table 4.8: Intervention strategies regarding the development of a positive self-image and self-efficacy

Topics	Focus areas
Development of a positive self-image	<ul style="list-style-type: none"> • Identification of strengths, and practical ways to apply it in everyday life • Identification of weaknesses, and practical ways to deal with it • Development of a description of the desired self <ul style="list-style-type: none"> ○ How I see myself ○ How others see me ○ How I want to see myself • Identification of objectives to become the desired self
Development of self-efficacy	<ul style="list-style-type: none"> • Identification of <ul style="list-style-type: none"> ○ The most tempting situations ○ The hardest times • Identification of <ul style="list-style-type: none"> ○ Possible solutions ○ Pros and cons of each solution <p>(Velasquez et al., 2001:106-112)</p>

Objective 4: Intervention should include the development of assertiveness, in order to provide chemically addicted adolescents with ways to deal with peer pressure, and to make the right choices regarding friendships.

McWhirter et al. (2004:119) note that peers strongly influence the adolescent's decision to revert to drug abuse. Therefore, chemically addicted adolescents should learn to make different choices when choosing friends (McNeece and DiNito, 1998:218 and Bezuidenhout and Joubert, 2003:66).

Table 4.9: Intervention strategies regarding dealing with withdrawal and cravings

Topics	Focus areas
Identifying the impact of peers on their well-being	Identifying peers who do not provide them with: <ul style="list-style-type: none"> • Support • A reference to develop norms • Healthy recreation Identifying peers who provide them with: <ul style="list-style-type: none"> • Support • A reference to develop norms • Healthy recreation (Gouws et al., 2000:74)
Identifying reasons to say no	<ul style="list-style-type: none"> • I do not want to go, because..... • I do not want to use drugs, because.... • I do not have to listen to you, because....
Identifying ways to say no	<ul style="list-style-type: none"> • Avoidance • Giving reasons • Using support systems

Objective 5: Chemically addicted adolescents should be assisted to develop basic life skills, in order to enhance their abilities to adjust to a sober life style.

Dodgen and Shea (2000:119) refer to the Social Learning Theory for relapse prevention, and advise that life skills, including anger management, refusal skills and relaxation, will support addicted persons in their efforts to prevent a relapse

and to adapt to a sober lifestyle. Also, McWhirter et al. (2004:122) discuss the consequences of drug abuse, and assert that the consequential memory and learning problems should be addressed, in order to assist the chemically addicted adolescent to develop the ability to live a balanced and independent life in recovery.

A healthy lifestyle increases self-efficacy, and empowers adolescents at-risk. It includes a balance between:

- Psychological,
- Physical,
- Spiritual and
- Social well-being

(Van Niekerk and Prins, 2001:77).

Gouws et al. (2000:28), on the other hand, identify physical fitness, nutrition, hygiene and mental health as the four areas that should be in balance, in order to obtain a healthy lifestyle.

Table 4.10: Intervention strategies regarding the development of life skills

Topics	Focus areas
Basic life skills	<ul style="list-style-type: none"> • Stress management • Problem-solving skills • Decision-making skills • Assertiveness training • Communication skills • Self-care, and goal setting <p>(Gouws et al., 2000:124; McWhirter et al., 2004:126; Barr and Parrett, 2001:26; Fisher and Harrison, 2005:162-169 and Velasquez et al., 2001:22-26)</p>
Education	<ul style="list-style-type: none"> • Identify needs • Identify relevant resources <p>(Fisher and Harrison, 2005:162-169)</p>

Budgeting	<ul style="list-style-type: none"> Financial planning (Fisher and Harrison, 2005:162-169)
Time-management	<ul style="list-style-type: none"> Leisure Hobbies Socialising Day planning to enhance a balanced life style (Fisher and Harrison, 2005:162-169; Van Niekerk and Prins, 2001:77; Gouws et al., 2000:28 and Velasquez et al., 2001:181)

Goal 4: Intervention to assist chemically addicted adolescents with the management of feelings following treatment

Objective 1: Opportunities to identify and express feelings should be provided.

Mans (2000:10) indicates that drugs provide the adolescent with an opportunity to escape from negative feelings and the subsequent emotional stress, while Gouws et al. (2000:63) stress the importance of emotional support to adolescents. In addition, Dimoff (2007:2) refers to the craving for the “high feeling”, which increases relapse potential.

Table 4.11: Intervention strategies regarding addressing feelings

Topics	Focus areas
Positive feelings	<pre> graph TD A[Positive feeling] --> B[Identifying] A --> C[Describing] A --> D[Action] </pre>
Negative feelings	<pre> graph TD A[Negative feeling] --> B[Identifying] A --> C[Describing] A --> D[Action] </pre>

Strategies	<ul style="list-style-type: none"> • Distinguish between the feeling and the fact • Sharing the feeling • Understanding the consequences of the feeling • Learn the meaning of the feeling • Move on/let go
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Goal 5: Intervention to assist with general support following treatment

Objective 1: Social workers should ensure that chemically addicted adolescents have accessibility to support in times of trauma, such as rape.

Table 4.12: Intervention strategies regarding support in times of trauma

Topics	Focus areas
Building trust	<ul style="list-style-type: none"> • Building a relationship with support systems • Regular contact
Availability	<ul style="list-style-type: none"> • The chemically addicted adolescent should know who to contact in a crisis • The social worker should be visible and involved in the community

Objective 2: Support groups could be utilised as valuable resources regarding peer support.

Table 4.13: Intervention strategies regarding the utilisation of support groups and peer groups

Topics	Focus areas
Referrals	<ul style="list-style-type: none"> • Acquire relevant contact details of relevant self-help groups, e.g. NA • Facilitate contact between the chemically addicted adolescent and the self-help groups
Practical support	<ul style="list-style-type: none"> • Transport • Communication, e.g. telephone calls

Assistance in starting groups	<p>Should the area not have available and active self-help groups, the social worker should facilitate the development thereof.</p> <ul style="list-style-type: none"> • Contact with groups in other areas to obtain information and support • Identification of group leaders • Training of group leaders • Arranging a venue
Peer group support	<ul style="list-style-type: none"> • Identifying the characteristics of a positive peer group • Identifying ways to make contact with, and to utilise positive peer groups

Guideline 2: Social work intervention services to the parents of chemically addicted adolescents following treatment

Rationale

Intervention services to chemically addicted adolescents following treatment should include their parents. According to Barret and Ollendick (2004:337) this viewpoint has strong empirical support.

Parents should learn

- To identify the signs of addiction
- To understand the addiction
- To understand the recovery process (Goodwin, 2000:73)

In support of this, Fraser (2002:122) asserts that relapse prevention should include the adjustment of family management practices.

Implementation

Intervention should focus on addressing feelings and expectations, the adjustment of roles, and the development of resilience. It will be discussed in terms of the following goals and objectives:

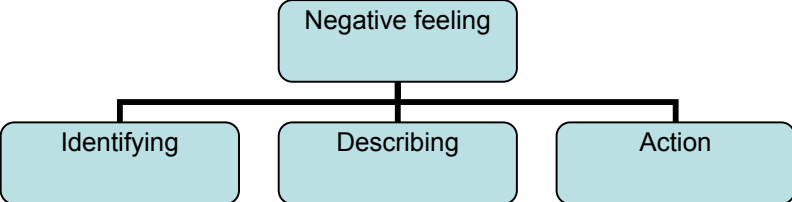
Goal 1: Intervention to assist the parents of chemically addicted adolescents with addressing feelings and expectations following treatment

Objective 1: The parents of chemically addicted adolescents should be provided with the opportunity to address their own feelings regarding their children's addiction.

The families of chemically addicted adolescents are heavily affected by the substance abuse. The initial recovery gave hope to the parents of the chemically addicted adolescents, while the subsequent relapse has caused disappointment, conflict and immense concern (McNeece and DiNito, 1998:221). Allen-Meares and Garvin (2000:304) confirm this assumption by asserting that symptoms of family distress often appear during a disruptive life transition.

Efforts to provide the parents with support regarding the aforementioned impact of the addiction could be addressed through self-help groups for the family, such as AL-ANON, NARANON and Tough Love. These groups ensure that the family members understand the addiction, as well as the recovery process, and that they receive support regarding their own experiences of the addiction in the family (Mental Health Touches, 2006:6). Often self-help groups are effective in supporting the family, and addressing the feelings related to the addiction (McNeece and DiNito, 1998:221-226; Goodwin, 2000:146 and Edmonds and Wilcocks, 1994:56).

Table 4.14: Intervention strategies regarding addressing feelings

Topics	Focus areas
Negative feelings	 <pre> graph TD A[Negative feeling] --> B[Identifying] A --> C[Describing] A --> D[Action] </pre>
Strategies	<ul style="list-style-type: none"> • Distinguish between the feeling and the fact • Share the feeling • Understand the consequences of the feeling • Learn the meaning of the feeling • Move on/let go
Referrals to Self-help groups	<ul style="list-style-type: none"> • Acquire relevant contact details of relevant self-help groups, e.g. NARANON • Facilitate contact between the parents of the chemically addicted adolescent and the self-help groups

Objective 2: Intervention should address expectations and insight regarding the life tasks of adolescents, in order to empower the parents to support and guide their chemically addicted adolescents to manage the relevant life tasks.

Chemically addicted adolescents in recovery are placed at risk when they have to enter into life roles before acquiring the necessary life skills (McWhirter et al., 2004:123). Allen-Meares and Garvin (2000:276) further advise that appropriate changes by the adolescents should be rewarded, and that inappropriate behaviour should be curbed. The aim of this action could therefore be to create a different perception regarding the rewards for sobriety versus the rewards for drugging.

In addition, adolescents need to be accepted, and if the family fails to give acceptance to the adolescent, the adolescent will turn to other means in order to meet this need (Erikson in McCoy et al., 1996:47).

Factors contributing to the chemically addicted adolescent's ability to master developmental tasks are:

- Parental interest
- Parental understanding
- Parental approval
- Parental acceptance
- Parental trust
- Parental guidance
- Discipline (Gouws et al., 2000:68 and McNeece and DiNito, 1998:221)

Table 4.15: Intervention strategies regarding parental involvement in chemically addicted adolescents' ability to master life tasks

Topics	Focus areas
Identification of adolescent life tasks	Adolescent developmental tasks include the following: <ul style="list-style-type: none"> • Acceptance of gender roles • Development of cognitive skills and the gaining of knowledge • Development of an own identity • Development towards independence and preparation for a career • Development of socially acceptable behaviour • Forming relationships • Development of moral understanding and a value system. (Louw et al., 2001:385-388 and Gouws et al., 2000:2-7)
Development of techniques to assist the chemically addicted adolescent	<ul style="list-style-type: none"> • Modelling through example • Guidance • Boundaries • Reward systems • Curbing of negative behaviour

Goal 2: Intervention to assist the parents of chemically addicted adolescents with the adjustment of roles following treatment

Objective 1: Parents should develop insight regarding their own roles in terms of examples and availability, in order to be able to support their chemically addicted adolescents after treatment.

Following treatment, chemically addicted adolescents are placed at risk through the following parental factors:

- Poor parent-child communication
- Substance abuse by the parents
- Poor family management practices
- A lack of parental warmth and trust
- A lack of parental involvement
- Dysfunctional discipline
- Absence of parental limit setting
- Parents being poor role models (Fraser, 2002:122; Dodgen and Shea, 2000:39, Dimoff, 2007:2, Gouws et al., 2000:106 and National Institute on Drug Abuse, 2006)

In line with this aspect, Mans (2000:10) refers to the impact of parental example, availability and trust on the recovery of the adolescent. In addition, problems in the parental subsystem refer to external problems, which could lead to relapsing (McWhirter et al., 2004:120).

Table 4.16: Intervention strategies regarding the development of effective role models

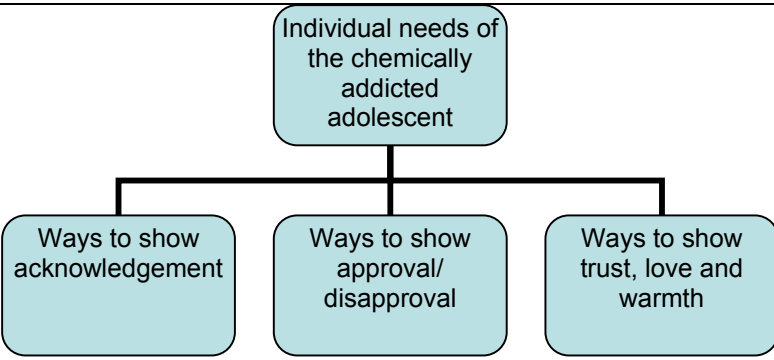
Topics	Focus areas
Identifying weaknesses	<ul style="list-style-type: none"> • Level of availability • Substance use/abuse and the availability of chemical substances in the house • Disciplinary measurements • Own lifestyle in terms of: <ul style="list-style-type: none"> ○ Taking care of health ○ Responsible and acceptable social practices ○ Healthy relationship practices between the parents ○ Ability to deal with feelings ○ Spiritual practices
Identifying strengths	<ul style="list-style-type: none"> • Level of availability • Substance use/abuse and the availability of chemical substances in the house • Disciplinary measurements • Own lifestyle in terms of: <ul style="list-style-type: none"> ○ Taking care of health ○ Responsible and acceptable social practices ○ Healthy relationship practices between the parents ○ Ability to deal with feelings ○ Spiritual practices
Development of a Plan of Action	<ul style="list-style-type: none"> • Identification of changes that need to be made • Identification of support systems to assist parents to make relevant changes • Development of measurement tools to evaluate the impact of the changes on the chemically addicted adolescent

Objective 2: The social worker should address parenting, in terms of combining love, caring and unconditional acceptance with discipline.

The Structural Approach accentuates the need to empower parents “to parent their children” as part of relapse prevention (Minuchin in McNeece and DiNito, 1998:222). In addition, Gouws et al. (2000:68) concur that adolescents need a

“happy home” to assist them to develop a healthy self-esteem and to master social developmental tasks.

Table 4.17: Intervention strategies regarding the development of parenting skills

Topic	Focus areas
Addressing the needs of the chemically addicted adolescent	 <pre> graph TD A[Individual needs of the chemically addicted adolescent] --> B[Ways to show acknowledgement] A --> C[Ways to show approval/disapproval] A --> D[Ways to show trust, love and warmth] </pre>

Goal 3: Intervention to assist the parents of chemically addicted adolescents with the development of resilience following treatment

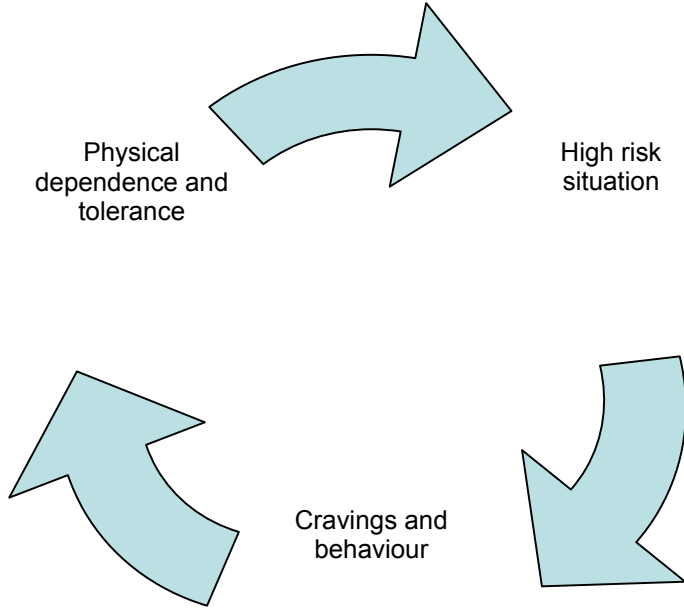
Objective 1: The parents of chemically addicted adolescents should receive information on high-risk situations, warning signs regarding cravings, and effective ways to deal with these situations and signs.

Cravings become accentuated during high-risks situations such as:

- Conflict
- Negative feelings
- Stress (Malhotra et al., 2007:8)

In support of this, Brummer (2006:15) refers to the Matrix Model, which focuses on teaching chemically addicted persons skills to deal with cravings as part of relapse prevention, rather than protecting them by locking them up during cravings.

Table 4.18: Intervention strategies regarding the identification and management of high-risk situations

Topics	Focus areas
<p>Understanding the impact of high risks (Perkinson, 1997:198 and Gooney, 2002:37).</p>	 <p>Physical dependence and tolerance</p> <p>High risk situation</p> <p>Cravings and behaviour</p>
<p>Identification of high risk situations</p>	<ul style="list-style-type: none"> • Raise awareness for signs of cravings (Fisher and Harrison, 2005:114-115) Raise awareness of high risk situations • Negative feelings • Physical pain • Social events and “wet places” • Positive events • Withdrawal <p>(Velasquez et al., 2001:139)</p>
<p>Identification of techniques to manage high-risk situations</p>	<ul style="list-style-type: none"> • Decatastrophising • Disputing expectancies • Distracting <p>(Westermeyer, 2007:1-4)</p>

Guideline 3: Combined social work intervention services to chemically addicted adolescents and their parents following treatment

Rationale

Key areas in families to address in order to develop resilience are

- Belief systems
- Organisational patterns
- Communication patterns (Allen-Meares and Garvin, 2000:309)

Implementation

Intervention should focus on the development of healthy communication patterns and limit-setting family management practices. It will be discussed in terms of the following the following goals and objectives:

Goal 1: Intervention to develop healthy communication patterns following treatment

Objective 1: Communication patterns between chemically addicted adolescents and their parents should be adjusted.

Communication should enhance openness and trust in the parent-child relationship. Negative forms of communication lead to coercion or putting pressure on the chemically addicted adolescent. Although it can be a motivational factor regarding seeking further treatment and changing behaviour, it must be remembered that this is an external form of motivation (Goodwin, 2000:144).

Table 4.19: Intervention strategies to develop positive communication patterns

Topic	Focus area
Establishing communication protocol (Velasquez et al., 2001:155)	<pre> graph TD A[Communication protocol] --- B[Description of need, problem situation or behaviour] A --- C[Description of the feelings regarding the need, problem situation or behaviour] A --- D[Discussion on ways to address the need, problem situation, or to change the behaviour] </pre>

Goal 2: Intervention to develop limit-setting family management practices following treatment

Objective 1: The parents and chemically addicted adolescents should be assisted to find healthy ways to define roles, boundaries and disciplinary measurements.

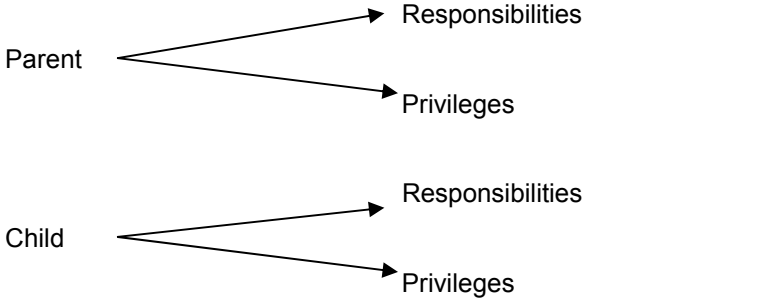
Social work intervention should address the following aspects in order to ensure positive changes and growth in the parent-child relationship:

- Dysfunctional discipline
- Absence of parental limit-setting
- The moral development of the adolescent, in order to learn to distinguish between right and wrong (Fraser, 2002:122; Dodgen and Shea, 2000:39, Dimoff, 2007:2, Gouws et al., 2000:102-106 and National Institute on Drug Abuse, 2006)

Through the development of clearly defined roles and boundaries, parents should be assisted to support the chemically addicted adolescent to become emotionally mature, which includes:

- Independence
- Responsibility
- Ability to make independent decisions
- Empathy with others
- Acceptance of minor frustrations
- Development of a degree of reliability (Gouws et al., 2000:2)

Table 4.20: Intervention strategies to define roles, boundaries and disciplinary measurements in the parent-child relationship

Topics	Focus areas						
Defining roles	 <pre> graph LR Parent --> P_Responsibilities Parent --> P_Privileges Child --> C_Responsibilities Child --> C_Privileges </pre>						
Defining boundaries	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;">Acceptable behaviour</td> <td style="width: 50%; text-align: center; vertical-align: top;">Unacceptable behaviour</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td style="text-align: center;">Tasks House rules</td> <td style="text-align: center;">Tasks House rules</td> </tr> </table>	Acceptable behaviour	Unacceptable behaviour	↓	↓	Tasks House rules	Tasks House rules
Acceptable behaviour	Unacceptable behaviour						
↓	↓						
Tasks House rules	Tasks House rules						
Defining disciplinary measurements	<ul style="list-style-type: none"> • Relate negative actions with specific penalties • Relate positive actions with specific rewards <p>(Allen-Meares and Garvin, 2000:276)</p>						

Guideline 4: Social work intervention by means of the community work method in social work.**Rationale**

Fisher and Harrison (2005:155) identify a lack of social work intervention and a lack of multi-disciplinary services as part of aftercare for the chemically addicted adolescent. These services should be co-ordinated by the social worker, and be seen as an ongoing process to prevent attitudes and behaviour to revert to those in the drug sub-culture (Treatment for Alcohol and Other Drug Abuse, 2007:1-2).

Implementation

Intervention should focus on co-ordination of services, and should include churches, schools, self-help groups and community leaders. It will be discussed in terms of the following the following goals and objectives:

Goal 1: Encouragement of collaboration of local churches**Objective 1: Local churches should be mobilised to address the spiritual needs of chemically addicted adolescents.**

According to Bekker (2003:52-53), addiction is a mental, physical and spiritual disease, and all three areas should be addressed, in order to ensure happiness for the chemically addicted adolescent. In addition, Gouws et al. (2000:118) assert that spirituality gives the adolescent hope and confidence. Furthermore, it has a valuable impact on self-efficacy. Hope derived from spiritual well-being increases the belief that they "can do it", referring to remaining sober (Van Niekerk and Prins, 2001:73).

Table 4.21: Intervention strategies through the involvement of local churches

Topics	Focus areas
Identify local churches	<ul style="list-style-type: none"> • Development of a resource list
Form networks	Mobilise churches to: <ul style="list-style-type: none"> • Communicate with each other • Share resources • Co-ordinate services to chemically addicted adolescents
Identify key areas for services to chemically addicted adolescents	<ul style="list-style-type: none"> • Spiritual guidance • Spiritual support • Providing the chemically addicted adolescent with a sense of belonging • Peer interaction through youth activities

Goal 2: Encouragement of collaboration of local schools

Objective 1: Activities at local schools should be mobilised.

A search for excitement could contribute to relapsing after treatment. Therefore, it is important that chemically addicted adolescents in recovery substitute the drug with new adventures (Velasquez et al., 2001:177 and Mans, 2000:10). Chemically addicted adolescents in recovery also need diversion from their previous lifestyles. The Annual Report of the Department of Social Development of the Western Cape (2005-2006:8) acknowledges this need, and advises that diversion from drugs is needed, and that youth activities should be developed to address this aspect of relapse prevention.

Table 4.22: Intervention strategies through the involvement of local schools

Topics	Focus areas
Educational needs	<ul style="list-style-type: none"> • Identification of learning disabilities caused by chemical addiction • Mobilisation of programmes and projects to address these needs
Deviation programmes	<ul style="list-style-type: none"> • Youth activities • Sports • Encouragement of positive socialisation practices among learners

Goal 3: Encouragement of collaboration of local self-help groups

Objective 1: Social work intervention should include referrals, development and utilisation of self-help groups.

The literature indicates the following advantages regarding self-help groups such as Narcotics Anonymous (referred to as NA):

- The self-help groups provide chemically addicted adolescents with role models to assist them in forming new beliefs regarding substance abuse (Brandt and Delport, 2005:168).
- It assists chemically addicted adolescents to form new, healthy interpersonal relationships and to learn to function in the community (Focus Adolescent Services, 2006:6).
- Self-help groups for the family, such as AL-ANON, NARANON and Tough Love ensure that the family members understand the addiction, as well as the recovery process, and that they receive support regarding their own experiences of the addiction in the family (Mental Health Touches, 2006:6).
- Self-help groups provide chemically addicted adolescents with the opportunity to interact socially, and lead to independent social interactions (Barr and Parrett, 2001:26).

- It enhances the feeling of belonging and the ability to adjust norms in a positive way, thus addressing the developmental tasks of adolescence (McWhirter et al., 2004:126-127).
- McLeod (2003:449) identifies two further advantages of self-help groups.
 - The first advantage is that a professional person's involvement is not needed, and can thereby "transcend the budgetary limitation of health and welfare agencies".
 - The second advantage identified by the author is the value of interaction with others "who know what it feels like".

Table 4.23: Intervention strategies through self-help groups

Topics	Focus areas
Referrals	<ul style="list-style-type: none"> • Identification of self-help groups in the area • Development of a self-help group resource list • Addressing practical needs, e.g. transportation • Facilitate contact between the groups and the chemically addicted adolescent
Development of groups	<p>Should no self-help groups in the community exist, the social worker should play a facilitating role in developing such groups.</p> <ul style="list-style-type: none"> • Contact with groups in other areas to obtain information and support • Identification of group leaders • Training of group leaders • Arranging a venue

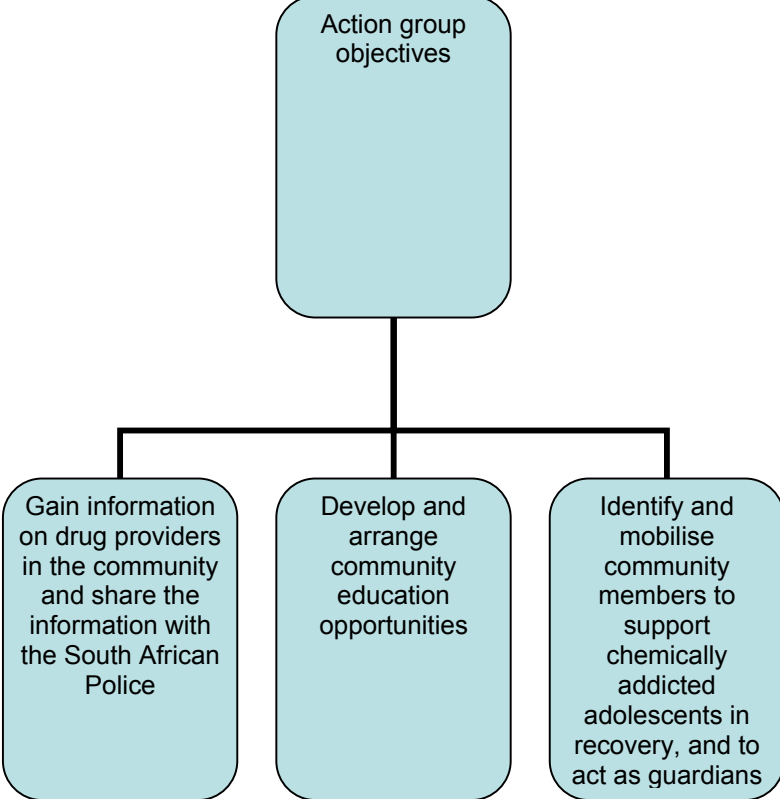
Goal 4: Encouragement of collaboration of local community leaders

Objective 1: Encouragement of collaboration of local community leaders

Precipitating factors regarding relapse include frequent exposure to high-risk situations, physical or psychological reminders and recurrent thoughts of the past (Treatment for Alcohol and Other Drug Abuse, 2007). The availability of drugs in

the community, as well as the tolerance to drug use in the community should be addressed through social work intervention. Community leaders should be mobilised and assisted to deal with the problem of adolescent chemical addiction in the community.

Table 4.24: Intervention strategies through the involvement of local community leaders

Topics	Focus areas
Identify leaders	<ul style="list-style-type: none"> <li data-bbox="614 707 943 741">Mobilise an action group
Develop objectives	 <pre> graph TD A[Action group objectives] --> B[Gain information on drug providers in the community and share the information with the South African Police] A --> C[Develop and arrange community education opportunities] A --> D[Identify and mobilise community members to support chemically addicted adolescents in recovery, and to act as guardians] </pre>

The goal to explore the experiences of chemically addicted adolescents who relapsed after treatment was obtained through the 17 semi-structured interviews. The findings were discussed in Chapter Three, while the concluding guidelines drawn from these findings have been discussed in Section 4.4 of this chapter.

The goal of this study was to make recommendations to social workers regarding support and aftercare services. The recommendations are given below.

4.5 Recommendations

The recommendations flowing from the data obtained, analysed and verified with previous studies and relevant literature are as follows:

4.5.1 Future research

The social work profession should commit itself to support further research, and to make use of current research findings and recommendations, in order to assess current services, and to make relevant changes.

Topics to further investigate through research flowing from this study are listed below.

- The impact of race and economic background on adolescent chemical addiction
- The experiences of the parents of chemically addicted adolescents
- The needs for aftercare services, as identified by the parents of chemically addicted adolescents
- The relevancy, availability and effectiveness of current aftercare services to chemically addicted adolescents

4.5.2 Recommendations regarding aftercare services by the social work profession

- Social workers should co-ordinate services to chemically addicted adolescents following treatment. Churches, schools, self-help groups, and community leaders should be involved in these services.

- Therapeutic services should be provided to
 - Chemically addicted adolescents
 - The parents of chemically addicted adolescents
 - Chemically addicted adolescents together with their parents.

These services should include

- Emotional support
 - Dealing with cravings
 - Life skills
 - Relationships
 - Communication
 - Cognitive therapy to change perceptions
 - Self-images
 - Development of insight regarding drugs, the damage caused by drugs, and the impact of drug use
 - Addressing feelings that impact on their recovery.
-
- Services to chemically addicted adolescents should be available, and these services should focus on the needs as expressed by chemically addicted adolescents.

 - Social workers should be involved in addressing the issue of availability of drugs and tolerance of drug use in the communities they serve.

- Social workers should mobilise community activities, and ensure that help is available to chemically addicted adolescents. These activities should ensure that the levels of arousal are maintained through activities that will create joy and excitement.

4.5.2.1 Methods to employ

The following methods of social work can be used to fulfil the aforementioned tasks:

- **Individual counselling**

Hepworth et al. (2006:457) assert that social work services to families aim to alter relationships and communication patterns, in order to enhance growth and development of all the family members. Social work interventions should be provided to chemically addicted adolescents, their parents, and jointly to the adolescents and their parents.

- **Group work**

Group work can assist social workers to deliver services to a larger number of clients, and can be cost- and time-effective (Jacobs et al. 2002:2). Apart from referring chemically addicted adolescents to support groups, social workers should also consider the value of therapeutic groups. Through this means the identified need of the participants to this study, namely to be an example to others, could be addressed. Chemically addicted adolescents, who have received treatment, and who are in active recovery, could play a supportive and motivational role in such groups.

- **Community work**

Swanepoel (2002:32-50) postulates that when the social worker becomes involved in community work, the people affected by the situation, as well as all the relevant institutions and policy makers should be involved in the

process. Through this method, social workers attempt to identify the stakeholders in the community, form partnerships with these stakeholders, and mobilise the stakeholders to become actively involved in the situation that needs to be addressed (Visser, 2007:149-150). Social workers should mobilise and assist the communities where they work to take ownership of the social problem of adolescent substance abuse and relapsing after treatment through a co-ordinating function.

- **Management**

Hepworth et al. (2006:28) describe case management as the process where the social worker ensures that the needed services are provided in a timely manner. Co-ordination of services to chemically addicted adolescents and their families should ensure that no adolescent is isolated and unsupported after treatment, thus addressing precipitating factors to further relapses. Case loads should be managed to ensure that social workers reach out to every chemically addicted adolescent following treatment, to ensure that relapse prevention becomes a reality, and therefore contributing to a healthier society.

- **Research**

Social workers should become involved in research in order to build knowledge for practice (Hepworth et al., 2006:15). Based on the findings of this study that the participants experienced a lack of support after they left treatment, it is recommended that further research be conducted regarding available support and aftercare services to chemically addicted adolescents. Current aftercare services need to be identified, evaluated, and verified with the needs for support to prevent further relapses.

4.6 Conclusion

This study explored and described the experiences of chemically addicted adolescents who relapsed after in-patient treatment. The findings were supported by relevant literature and previous research. Most of the findings were consistent with the literature. However, the literature focused on academic views regarding this subject, while this study gave voice to the chemically addicted adolescents themselves. Furthermore, the literature did not describe positive aspects of recovery of treatment, and the reasons why chemically addicted adolescents who relapsed after treatment, chose to return for further treatment, while the participants to this study provided the researcher with new insights regarding these areas.

The problem statement for this study, as discussed in Chapter One, was that treatment programmes are available and utilised, but the high relapse rate and potential for relapse, as well as the impact resulting from relapses, remain a cause for concern. Social work intervention forms an integral part of aftercare to the chemically addicted adolescent after completion of treatment. Therefore, social work services should adapt to the needs of chemically addicted adolescents in an effort to prevent relapse. The findings of this study, together with the concluding guidelines and recommendations, make this study relevant to the current situation in South Africa, regarding adolescent chemical addiction.

The researcher hopes that chemically addicted adolescents who have survived addiction will be supported to find meaning in their lives, in order to become valuable members of society.

A quote from Richard Bach concludes this study:

“Here is a test to find whether your mission on earth is finished: If you’re alive, it isn’t” (Bach, 1977:121).

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Annexure A: Letter of invitation to adolescent treatment centres

For attention: _____

I am a social worker with a special interest in the field of chemical addiction. I am currently doing research on the following topic: Relapsing after treatment: Exploring the experiences of chemically addicted adolescents. I am doing this research under the guidance of the University of South Africa.

You are hereby requested to participate as a “gatekeeper” in this project, regulating access to possible participants. The purpose of this research study is to help me understand chemically addicted adolescents’ experiences of relapsing after treatment, and to identify their needs in their attempts to recover from their chemical addiction. I plan to write guidelines to assist social workers, based on the information I receive from this study.

The reason why your treatment centre was chosen to be invited to assist me with my research is the fact that your patients have the necessary knowledge and experience to give me a better understanding of the situation of chemically addicted teenagers who have relapsed after treatment.

Criteria for inclusion in this study:

- Chemically addicted adolescents
- who previously underwent in-patient treatment
- relapsed thereafter
- currently back in treatment in-patient programmes
- in the Western Cape.

The sample will include Afrikaans-, English- and Xhosa-speaking adolescents between the ages of 11 and 21 years, from both genders.

I intend to provide you with the information you will need to understand what this project will be about during an introduction interview with you, identified participants and their parent/parents/guardian at the treatment centre. I will then explain how the interview and the focus group will be conducted and the possible questions they will be asked. Be assured that their opinion and views will be respected and appreciated and that it will make a valuable contribution to this research project.

Participation is voluntary and the participant and his/her parent/parents/guardian will be requested to complete the attached consent form. However, they have the right to withdraw from the project at any time.

If you are unclear about anything in this letter, you are welcome to contact me.

Thank you

Marichen van der Westhuizen

Tel: 021-8731181

Annexure B: Letter of invitation to participants

For attention: _____

I am a social worker with a special interest in the field of chemical addiction. I am currently doing research to explore the experiences of teenagers who have relapsed after they have been for in-patient treatment and to establish their needs regarding the assistance and support they feel they need in order to recover from chemical addiction. I am doing this research under the guidance of the University of South Africa.

You are hereby requested to participate in this research project. The purpose of the research is to help me understand your experience of relapsing after treatment, and to identify your needs in your attempts to recover from your chemical addiction. I plan to write guidelines to assist people who help teenagers suffering from chemical addiction, based on the information I receive from this project.

The reason why you were chosen to be invited to assist me with my research is the fact that you have the necessary knowledge and experience to give me a better understanding of the situation of chemically addicted teenagers who have relapsed after treatment.

I intend to provide you with the information you will need to understand what this project will be about during an introduction interview with you and your parent/parents/guardian at your treatment centre. I will then explain how the interview and the focus group will be conducted and the possible questions you will be asked. Be assured that your opinion and views will be respected and appreciated and that it will make a valuable contribution to this research project.

Participation is voluntary and you and your parents/parent/guardian will be requested to complete the attached consent form. However, you have the right to withdraw from the project at any time.

If you are unclear about anything in this letter, you are welcome to contact me.

Thank you

Marichen van der Westhuizen

Tel: 021-8731181

Annexure C: Letter of invitation to parent/parents/guardians of participants

For attention: _____

I am a social worker with a special interest in the field of chemical addiction. I am currently doing research to explore the experiences of teenagers who have relapsed after they have been for in-patient treatment and to establish their needs regarding the assistance and support they feel they need in order to recover from chemical addiction. I am doing this research under the guidance of the University of South Africa.

You are hereby requested to give permission for your child to participate in this research project. The purpose of the research is to help me understand his/her experience of relapse after treatment, and to identify his/her needs in his/her attempts to recover from his/her chemical addiction. I plan to write guidelines to assist social workers based on the information I receive from this project.

The reason why your child was chosen to be invited to assist me with my research is the fact that he/she has the necessary knowledge and experience to give me a better understanding of the situation of chemically addicted teenagers who have relapsed after treatment.

I intend to provide you with the information you will need to understand what this project will be about during an introduction interview with you and your child at his/her treatment centre. I will then explain how the interview and the focus group will be conducted and the possible questions he/she will be asked. Be assured that his/her opinion and views will be respected and appreciated and that it will make a valuable contribution to this research project.

Participation is voluntary and you and your child will be requested to complete the attached consent form. However, you and your child have the right to withdraw from the project at any time.

If you are unclear about anything in this letter, you are welcome to contact me.

Thank you

Marichen van der Westhuizen

Tel: 021-8731181

Annexure D: Informed Consent Form

TITLE OF RESEARCH PROJECT: Relapsing after treatment: Exploring the experiences of chemically addicted adolescents

REFERENCE NUMBER OF PARTICIPANT: _____

PRINCIPAL RESEARCHER: Marichen Ann van der Westhuizen

Address: PO Box 16

Wellington

7654

Contact number: 021-8731181

Declaration by parent/guardian of the participant:

I, _____, ID _____, the parent/guardian of _____ hereby confirm as follows:

- I have been informed by _____ of the following:
 - The purpose and structure of the focus groups;
 - what the information will be used for;
 - the location and duration of the focus groups;
 - that the focus group will be conducted in my child's mother language;
 - that the researcher will make use of translators, should the interviews not be conducted in Afrikaans or English and
 - the interview guidelines and list of possible questions were explained to me.
- I understand the content of the above and have no questions.
- I understand that, should I have any questions, I am invited to contact the above-mentioned researcher.
- I identify the following concerns and possible risks in this study:

-
-
- I identify the following possible benefits in this study:
-
-
-

- I understand that I will have access to the results of this project.
- I understand that the participant's anonymity is ensured and that he/she will enter this project on a voluntary basis.
- I understand that the participant or myself, on behalf of the participant, can withdraw from the project at any time.
- My permission to tape-record the interviews was obtained. I am aware that only the researcher, translator (if needed), editor, independent coder and the researcher's supervisor and joint supervisor will have access to the tape recordings and transcripts.
- No pressure was placed on me to give my consent.

I hereby consent voluntary to allow my child/guardian to participate in the above-mentioned project.

Signed at _____ (place) on _____ (date).

Signature/Thumb print: _____

Witness: _____

Declaration by participant:

I, _____, ID/date of birth _____,
hereby confirm as follows:

- I understand that my parent/guardian has given consent for me to participate in this project.
- I am not forced to participate and understand that I enter voluntarily and can change my mind at any time.
- I have been informed by _____ of the following:
 - The purpose and structure of the focus groups;
 - what the information will be used for;
 - where and when the focus groups will take place;
 - that I can speak in my preferred language;
 - that the researcher will make use of translators, should the interviews not be conducted in Afrikaans or English and
 - the interview guidelines and list of possible questions were explained to me.
- I understand the content of the above and have no questions.
- I understand that, should I have any questions, I am invited to contact the above-mentioned researcher.
- I identify the following concerns and possible risks in this study:

- I identify the following possible benefits in this study:

- I understand that I will have access to the results of this project.

- My permission to tape-record the interviews was obtained. I am aware that only the researcher, translator (if needed), editor, independent coder and the researcher's supervisor and joint supervisor will have access to the tape recordings and transcripts.
- I understand all the information given to me.
- No pressure was placed on me to give my consent.

Signed at _____ (place) on _____ (date).

Signature/Thumb print: _____

Witness: _____

Declaration by researcher:

I, _____, ID _____, hereby confirm as follows:

- I am the principal researcher of this project.
- I explained the above-mentioned information to the participant and his/her parent/guardian.
- I have given them the opportunity to ask questions regarding the project.
- The conversation was conducted in the language of preference of the persons involved.

Signed at _____ (place) on _____ (date).

Signature: _____

Witness: _____