

DEVELOPING A PRACTICE GUIDELINE FOR A COLLABORATIVE APPROACH  
BETWEEN THE UNIVERSITY AND FAMILIES OF STUDENTS INVOLVED WITH  
SUBSTANCE ABUSE AT BABCOCK UNIVERSITY NIGERIA

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By

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## **Dedication**

This research and ensuing Doctoral Degree is dedicated to the glory of God, who was faithful to His promise to accomplish this dream. It is also lovingly dedicated to my parents, Patrick and Amelia Banjoko, in whose names I had wished to receive my doctoral appellation as a spinster. Although “Dr Augusta Y Banjoko” did not come to pass, our dreams have come to be. Thank you for all that you invested in me .

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## Abstract

Substance abuse among university students is increasing globally. Nigeria, with her peculiar class of university students who are younger than global average is not left out. This paper reports a qualitative Intervention research that utilized narrative inquiry instrument to explore the interface of substance abuse issues, disciplinary dilemmas and family involvement at a private university in Nigeria. This research identified challenges and concerns amongst administrators, parents, students and student support services staff. Primary Socialization and Critical theories formed the theoretical backdrop for the research. The participants in the study were members of administration and disciplinary committee (n=10). Parents (n=10), students (n=20) and student support staff (n=10). The findings showed early onset of substance abuse at an average age of 17, which coincides with the average of entry into Nigerian universities. Alcohol and Marijuana was the most preferred drug of choice. 50% of the student participants had family history of substance abuse involvement and 80% was alcohol use. Parental responses such as reduced levels of trust, strained relationships and withdrawal of support and privileges were motivators for students to engage in treatment. Implementation of institutional disciplinary measures for involvement of student with substance abuse such as suspension or expulsion was also indicated as motivators to engage in treatment and maintenance of sobriety, however both parents and students identified the provision of services such as drug screening, counseling and family conferences as having long term impact on staying sober. Both parents and students recommended strict monitoring measures to reduce the incidences of substance abuse on the university campus. The Nigerian cultural value and above global average of parental involvement was a strength that informed the recommendation for a collaborative approach between the university and families of students involved with substance abuse. The responses of university administrators indicated struggles between service and disciplinary responses. The study concluded by proposing a model of approach with practice guidelines for a collaborative approach between the university and families of students involved with substance abuse. Collaborative 'junctions' with parents were delineated without compromising the institutional policy on substance abuse.

Key Words: Intervention, Adolescence, family, Collaborative Approach, Practice Guideline  
Substance Abuse, treatment, disciplinary process.

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Overview of Chapter

This chapter is the introduction to the intervention research on developing practice guidelines for a collaborative approach between Babcock University, Nigeria and families of students involved with substance abuse. This chapter will focus on the reason and motivation for the study and submits the problem statement and research questions. A brief introduction of the theoretical framework that undergirded the study will be given. The reader is introduced to the research environment through a description of the personnel, policies and academic hierarchies of the institution. This chapter also locates the value of this study to the Social Work profession and concludes with the limitations of the study and a synopsis of how the dissertation is organized.

### 1.2 Rationale for Study

Substance abuse among young people is a social and public health concern that has drawn attention from multidisciplinary researchers such as educationists, psychologists, counselors, social workers, medical practitioners etc (Samet, Larson, Horton & Doyle 2003; Samet, Friedmann & Saitz 2001; Quimette & Finney 1997). University (College) students as a subset of the youth population consume large quantities of alcohol, tobacco and other drugs (West & Graham 2005:185). In 2004, a survey of 1400 university students across the United States revealed an annual prevalence of the use of alcohol as over 80%, while a third of this population used marijuana (Johnston, O'Malley, Bachman & Schulenberg, 2004). In another study of 68,000 undergraduate students across 133 colleges in the United States, the prevalence of alcohol use was 84.7%, marijuana 32.8% and cocaine 6% (Johnston et al 2004). The use of tobacco amongst university students is also a cause of concern.

While the use of tobacco by the general population has decreased over the last several decades, university students' use of tobacco remains widespread (Rigotti, Regan, Majchrzak, Knight, Wechsler, in West & Graham 2005:185). The menace of drug use is not limited to the United States of America. The World Drug Report (2005) states that five percent of the world's population, aged 15-64, had abused drugs at least once in 2003. It is a global problem that is



present even in African countries. The majority of students in African Universities regarded adolescents' use and abuse of drugs as a serious matter (Pretorius, Ferreira & Edwards 1999:145).

In Nigeria, where this research was conducted, there has also been an increasing trend of substance abuse among adolescents and young adults. The drug war in south west Nigeria is captured in a report by Akinyemi in the *Daily Trust*, (30 November, 2008, on-line edition). It was reported that a total of 196.5 acres of cannabis was discovered and destroyed by the Nigerian National Drug Law Enforcement Agency (NDLEA) in southwest Nigeria (Akinyemi, 2008 *ibid*). Despite the efforts of NDLEA and other governmental agencies to stem the tide of substance abuse in Nigeria, there has been a consistent rapid rise in the number of cases among young people aged 10-24. (NDLEA Report in Akinyemi 2008, on-line news)

The problem of drug use among youths in Nigeria has a unique slant because Nigerian Universities admit students who are still in mid-adolescence. The minimum age of entry into Nigerian Universities is 16 (Joint Admissions Matriculation Board Brochure 2006/2007:1), which lowers the average age of students in tertiary institutions. The challenges of conduct problems in adolescence were reported by Brody, Nagin, Tremblay, Bates, Brame & Dodge (2003: 234). Misconduct either appears or escalates in adolescence. Rates of substance use are higher in adolescence than during childhood. (Johnston, O'Malley, Bachman, & Schulenberg 2004). This is possibly due to the fact that in the second decade of life, young people encounter a rapidly widening world of opportunity, accompanied by rapid changes in all areas of their lives. This rapid growth or change occurs in various areas such as physical changes (development of secondary sexual characteristics of pubic hair, weight gain, deepening of the voice, fullness of the breast, etc), cognitive development (the movement from concrete to abstract thought processes.), psychosocial development (identity formation and accompanying dilemmas in the struggle for independence on the way to adulthood).

The widening world and rapid changes expose adolescents to serious risks before they have adequate information, skills and experience to avoid or counteract them (WHO 2007:5). One of such risks is the exposure to substance abuse which becomes one of the factors that influences the development of the burden of disease. The World Health Organization (WHO), (2007:5) also reported that one third of the disease burdens of adults can be associated with behaviours that began in adolescence.

While more attention will be given to adolescent development in chapter three, it is worthy of note that the vulnerability of young people resulting in their developing dysfunctional behavior during adolescence motivated this study. Adolescent behaviors are influenced by family, peers and the school which Oetting and Donnermeyer (1998a), identified as Primary Socialization Resources in terms of primary socialization theory. The Primary Socialization theory therefore was one of the theoretical frameworks for the development of practice guidelines for working with university students involved with substance abuse. As a base for this study this theoretical framework will be expounded on later in this study.

The study of Steinberg and Morris (2001) confirms the fact that when students enroll in Nigerian Universities at a minimum age of 16, behaviors and misconduct typical of adolescence are experienced in the adult environment of tertiary institutions. University life provides students with a context for experimentation with alcohol and drugs (Gillespie, Holt & Blackwell 2007: 550). Lamadrid (2009:66), argues that just as the first five years of life when children learn to bond with others, interact socially, imitate and are influenced by others, develop language and take first steps in autonomy are fundamental to human development, so also do the first four to five years of university education lay foundations for life as an adult. For the first time in their lives university students are free. No longer do they have the highly monitored and regimented life of a secondary school student with heavy parental involvement and support. Lamadrid (2009) also stated that young university students have to make critical choices that will have direct impact on whether they will succeed as adults or not. Such choices include career, lifestyle, and lifelong relationships. The four to five years of university education therefore demands critical attention. The average adolescent making the transition from a life sheltered by parents, being closely monitored and not having to make decisions on major issues, to university life where the gates open with a promise of sudden independence are met with a barrage of campus clubs and fraternities. There is a proliferation of such clubs on campus. Reisberge (2000: A47) reported that in the United States some universities add ten new clubs every year. A new teenage student has to maneuver around all the aggressive recruitment gimmicks. In one university, someone played a joke with the sign, "If you are interested in sex, drugs and Rock and Roll sign up here" 20 names signed up on the mailing list (Reisberge 2000:A48). There is the lure to play hard and party hard in the sports arena (DiRamio & Payne 2007: 688). Drinking and drugs are part of the university party scene.

The university environment may also include the exposure to indiscriminate sexual activities which has led to a debate at the University of Dallas, in the United States as to whether prohibition of open sex should be a policy. It was stated that a new student can walk into a room with roommates having sex (Shea 1995:A42). The study by Wickwire, Whelan, Meyers, McCauseland (2008), revealed that gambling, which goes hand in hand with other dysfunctional behaviors such as substance abuse, is part of the university environment. It was shown that there is easy access to gambling facilities and it is permissible for 'adults' to gamble, accompanied by the use of drugs and drinking behaviors (Wickwire et al 2008:459).

Along with the social environment of gambling, partying, drugs and sex in universities is academic rigor and expectations by parents for their adolescent children to succeed. DiRamio and Payne (2007:678) also reported that pressure from parents causes additional stress and anxiety for university students which are risk factors for depression and substance abuse. In developing the Brief Multidimensional Student' Life Satisfaction Scale for University Students (BMSLSS), Zullig, Huebner, Patton and Murray (2009:490), reported that University students who reported dissatisfaction with life due to anger, frustration and boredom consume alcohol to 'fit in'. Nigerian university students in mid to late adolescence therefore transition into adulthood in the context of the adult environment of university life. The use of psychoactive substances by Nigerian students with its attendant problems in the university setting therefore demands attention, which is a motivation for this study.

### **Consequences of Substance Abuse**

The abuse of alcohol, marijuana and other drugs is an important factor causing the disruption of family life, crime, violence and other social ills (Obianwu 2005:329). Substance abuse has been linked to poor academic performance and school dropout (Williams, Davies, Johnson, Williams 2007:160). There is also a link between drug use and sexual abuse among African American students on University campuses; though a causal effect is yet to be established. Amos, Peters, Williams, Johnson, Martin and Yacoubin (2008:164-165) reported that students who had a history of sexual abuse on or around campus grounds also reported tobacco, alcohol and marijuana use in the last 30 days of the study, in contrast to those who reported no sexual abuse history on or around campus. It was therefore imperative to respond to the prevalence of substance abuse amongst University students in order to enhance the quality

of life of students as a whole as well as preserve an environment that would promote academic integrity in universities. “If young men and women who are involved with substance abuse cannot negotiate college (University) with their recovery intact, then they are unlikely to achieve the economic stability associated with a university degree.” (Cleveland, Harris, Baker, Herbert & Dean 2006:13).

### **1.3. Statement of the Problem**

Substance abuse and chemical dependency among young people has been a social problem and continues to be one of the most significant medical, social and economic problems facing mankind (Obianwu 2005:329). The prevalence of alcohol use on college campuses is classified as a ‘Major public health concern’ (Rhodes, Peters, Perrino & Bryant 2008:201). Substance abuse among adolescents generally continues to be a societal problem which requires high quality and cost effective treatments (Smith & Hall 2008:185).

Addressing the problem of substance abuse among adolescents in the University setting is a very specialized need with unique issues that demand ‘high quality and effective treatment’ approaches that may be different to those used with other substance abuse populations or adolescents in general. Tertiary institutions as training institutions are different from secondary or high schools in structure, freedom, accountability, expectations and rules. As described earlier, the Nigerian university environment is an adult world, with doors open to teenagers. In the United Kingdom, the minimum age for university entry is stated as at least 17 and there are strict stipulations for students under age 18. “Students and their families should bear in mind that the University of Kent is an adult environment. Students are expected to behave like adults and to assume adult levels of responsibility.” (University of Kent UK, on-line admission page). In Australia, The Adelaide Declaration expects that young people would have completed secondary education by age 19 (Rothman & Hillman 2009:7). In Ethiopia, the second cycle of secondary school education is between age 16-18 (World Higher Education Database (WHED)). The adult environment of Universities, as stated by The University of Kent mentioned above, is characterized by freedom and low levels of monitoring. The social life includes parties, dating, sports and other activities. Stress levels are high on university campuses. Stressors include financial hardship, academic demands, family and relationship problems with little adult supervision and less support.

Public (government funded) universities in Nigeria are plagued with problems such as inadequate facilities (Taferra & Altbach 2004 ) truncated degree programs due to student riots, boycotts and staff industrial action (Anugwom 2002 ), preponderance of cultic practices which are fraternities that involve life threatening rituals and violence (Rotimi 2005, Azelama, Aluede & Imhonde 2005) and high demand for higher education than the government owned institutions can provide, thus leading to a low ratio of admissions in comparison to applications. The above problems motivated the establishment of private universities in Nigeria owned by corporate bodies, faith based organizations and individuals (Obasi 2006). Parents are willing to pay high fees to institutions at long distances from their homes to ensure that their children acquire tertiary education. Thus an institution like Babcock University attracts both parents and students regardless of cost and distance from home.

Depression has been identified as the most common emotional difficulty experienced by University students (Dzokto, Hicks & Miller 2007:512). Lamadrid (2009:67) also testified that depression is the most common mental health diagnosis of university students because they are overwhelmed with failure in their grades, annoying roommates, relationship breakups and even having their 'cozy' sets of beliefs and values challenged. In addition to a struggle with coursework, living away from home and probably working on a substance abuse recovery program, adolescents and young adults must withstand a university social environment organized around alcohol use (Cleveland et al 2006:14).

There are volumes of literature on secondary school based treatment approaches to adolescent substance abuse that may focus on collaborative work with families. However the educational settings are secondary schools. Researchers have conducted studies on family involvement with students manifesting substance abusing behavior in the secondary school setting because that is where adolescents who require parental involvement are traditionally situated in the educational journey (Nash, McQueen, & Bray 2005; Paxton, Valois, & Drane 2007; Stephens, Sloboda, Stephens, Teasdale, Grey, Hawthorne & Williams 2009).

In as much as university- based substance abuse treatment or prevention models are scarce in comparison with other educational strata such as high school or other populations e.g. adults (Pretorius, Ferreira, Edwards 1999; Cleveland, Harris, Baker., Herbert & Dean, 2007), collaborative work with family of university students is even more scarce (DiRaimo & Payne 2007). This may be due to apparent lack of involvement of parents in the adult environment of

tertiary institutions in developed countries. A survey of African American students enrolled in American universities shows that 31% are over age 30 and 44% work fulltime. 39% of white university students work full time (US Department of Education 2002). The large proportion of university students in developed countries infers that the students are mostly financially responsible for their education with little parental involvement. Whilst reduced parental involvement in a student's education may be true for universities in most developed countries of Europe and North America, there is higher parental involvement in developing countries especially in Sub-Saharan Africa. West African families usually want the best in education for their children (Rowley, 2007:70). This is due to the high value of education and highly competitive job environment. Nigerian parents evaluate their achievements by the educational success of their children. It has been reported that parents pay huge amounts of money to bribe people to take examinations for their children or gain admission into universities (Nwagwu 1997:92-93).

There is a convergence of adolescent substance abuse issues and university life because as aforementioned universities in Nigeria admit students at a minimum age of 16. This mid adolescence age of entry into universities therefore becomes an issue. Due to the relatively young age of Nigerian University students, there is a need for surrogate parenting which is called the *In Loco Parentis* role of universities. Hoeckman (1994) summarizes the implications of the *In Loco Parentis* statute in that educational institutions have the authority to direct behavior, punish violation of rules, care for students and look for evidence of wrongdoing without the student's permission. Exclusion of students by expulsion or suspension is explicitly permitted by the statute. The Babcock University Bulletin states that the goal of discipline is redemptive (*Babcock University Bulletin* 2008: 18) The personal questions that emerged for the researcher were: What does redemptive discipline mean? How does it apply to students involved with substance abuse? How does this inform the nature of services available to the student? What is done for students who are returning from a disciplinary action due to substance abuse? Should a University choose to actively pursue the redemptive or rehabilitative posture of discipline, how will they go about it? Since there has been a steady increase in the prevalence of substance abuse among university students (Wechsler & Davenport 1994; Wagner, Liles, Broadnax & Nuridden-Little 2006; Main 2009), there is the problem of lack of systematized procedures that will guide university authorities that choose to rehabilitate substance- abusing students.

#### **1.4. Motivation for Research**

In 2007, the researcher was assigned to establish a social work unit that provides support services for Babcock University students such as case management for students with health and physical disabilities/ challenges, resource mobilization for needy students and support services for students who have undergone disciplinary procedures. In 2008, she was appointed the Director of a new department called Student Support Services which was a merger of the social work and counseling units. Part of the assignment was to reintegrate students returning from disciplinary actions into the university. The researcher discovered a trend that substance abuse, as misconduct, had a higher tendency of relapse and repetition in comparison to other misconduct such as exam malpractice, theft or other forms of misbehavior. There was a tendency for repetition especially in cases where the students did not receive substance abuse treatment during the time they were suspended from the university.

As this was pioneering work, there was no blueprint to follow and the researcher had to develop ad hoc methods to respond to the critical situation of reintegrating students as well as helping to prevent a repetition of behavior that might ultimately lead to the final expulsion of students from the University. In a personal communication with the President of Babcock University, it was stated that, developing guidelines for a collaborative approach between the University and parents of students involved with substance abuse was not only welcome but belated (Personal communication, July 2009). The Vice President for Student affairs also stated that developing a practice guideline for a collaborative approach for working with families of students involved with substance abuse would meet the need of the university to provide much needed help for students struggling in this area (Personal communication, August 2008).

In a bid to network with other universities and learn from what they are doing, the researcher conducted an informal enquiry during a conference of the National Universities Commission of Nigeria to develop minimum bench mark criteria for student support services in Nigerian Universities (See appendix x for enquiry format). It was discovered that most universities do not address the issues of substance abuse amongst students beyond disciplinary sanctions such as suspension or expulsion. Some university officials said that a university is an educational institution and not a rehabilitation center. In the light of the above realities, the need

became apparent to develop effective treatment models that will assist universities to address the issues of substance abuse amongst students.

### **1.5. Research Question(s)**

The major question of this study is:

What is the nature and function of a collaborative approach between University authorities and families in dealing with students involved with substance abuse at Babcock University?

In exploring this question, the following sub questions emerge:

- How does disciplinary action by the university administration impact on students?
- How do students involved with substance abuse interact with the disciplinary posture of the school?
- What are the specific needs of students involved with substance abuse?
- What is the general level of involvement of family in Nigerian students' higher education?
- How do parents perceive and receive disciplinary actions imposed on their children by the university?
- What are the experiences of student support services' workers involved in services to students involved with substance abuse?
- What services/interventions are currently available in dealing with students abusing substances?
- What are the key elements that should be included in a collaborative approach between the University and the Family in dealing with a Nigerian student involved with substance abuse?
- What will be the goal of such a collaborative approach?
- How will such collaborative approach operate/function?

### **1.6 Aim of the Research**

The aim of the research was to enhance the treatment of students involved with substance abuse through the development of practice guidelines that will guide a collaborative approach between the university and families of students involved with substance abuse at Babcock University. This aim was achieved by engaging with a sample of students, parents and



university staff concerning the process of dealing with drug abuse. Relevant literature was explored to position the university as a socialization agent for young students, as well to guide the provision of an environment that is sensitive to the power dynamics between the university and the students involved with substance abuse and their families.

### **1.7. Brief Description of Research Environment**

Babcock University is a faith- based private university in the western part of Nigeria in West Africa. It is an institution that was established as a seminary in 1949 but received its charter as a university in 1999. Though owned by the Seventh–Day Adventist church, the student enrolment is diverse in religious and ethnic affiliation. Funding is primarily from student tuition. Students do not have to be Seventh - Day Adventists to attend the university and currently 75% of the students are not Seventh –Day Adventists. Students are however required to conform to the Seventh - Day Adventist lifestyle while on the campus. Features of that lifestyle include non-use of any alcoholic beverage, vegetarianism and no wearing of jewelry (*Student Hand Book: 28, 29, & 75*).

The University is accredited both by the government monitoring body called the National Universities Commission (NUC) and the Adventist Accreditation Association (AAA). NUC ensures compliance with minimum government standards while AAA ensures compliance with Seventh-Day Adventist Church standards. While the university does not have a policy statement that students who seek admission to the school must be Seventh-day Adventist, it is expected that students enrolled are to comply with Seventh-day Adventist Standards. One of this is total abstinence from alcoholic beverages, narcotics and other illicit drugs. This doctrine influenced the policy on a drug-free environment with no tolerance for alcohol in its' slightest form regardless of the students and their families' values and beliefs on alcohol or other substance use. Therefore both students and their families are informed during the admission process of the zero tolerance for alcohol and drugs and the drug- free policy of the University. They have to sign an agreement consenting to this before students are matriculated into the University. While most students are able to comply with this requirement, there are some who struggle with compliance and sometimes contravene the rule concerning alcohol and other drugs. Students usually break

the no- drug rule when they have been involved with drugs prior to enrolment or some level of use was permitted in their homes as indicated by some of the student respondents in this study .

Babcock University comprises four academic schools namely School of Science and Technology, School of Education and Humanities, School of Management and Social Sciences and School of Law and Security studies. The average yearly enrolment is 6000 students. The University's administrative body comprises the President, who is the Chief Executive Officer and seven vice presidents. They are Vice Presidents of: financial management; records; development and strategy; management services; academic planning; Library and Student Affairs. The President and all the vice presidents ratify recommendations made by various units of the university along with other members of the university staff such as the University Pastor, Director of Human Resources, Director of Quality Assurance and Director of Legal Services They form the Administrative committee called the ADCOM.

Due to the fact that new policies and procedures need to be ratified by ADCOM, it was imperative to include members of the administrative committee as participants in this study. The division of student affairs comprises of three departments which are Halls of residence (Male and Female), Sports and Socials, and student support services. The University is 90% residential and hostel accommodation is provided on campus and headed by hall administrators. The Department of Student Support Services (SSS) comprises the counseling and social work unit and is responsible for providing mental health and welfare services for the students. One aspect of their responsibility is to assess students returning from suspension due to disciplinary sanctions and develop a reintegration plan to absorb them into the system. Though the department is saddled with the responsibility of working with students involved with substance abuse through referrals from the disciplinary committee, there is no documentation of a systematized procedure on how to provide services for them.

A disciplinary committee was set up by the university and it comprises members who hold offices in the university such as deputies to the registrar and Vice president, academic planning, Vice president, student affairs, Chief hall administrators, head of the legal unit and director of Security Services. The disciplinary committee meets to investigate cases of misconduct among students and make a decision on consequences based on the university handbook. The university handbook is given to every student upon enrolment and it contains the university's code of conduct. A decision by the disciplinary committee may be appealed against

by students. The disciplinary committee makes decisions to either suspend or expel a student found to be involved with substance abuse and ensures that they are effected. They also write letters to notify the students of the committee's decision. Suspended students are expected to go for rehabilitation and return with documentation of drug treatment when they return to the university after the term of their sanction. They are informed that they must report to the Student Support Services office for assessment and reintegration planning.

Students are given the opportunity to appeal against the decisions made by the disciplinary committee. Appeals are handled by the Appeal committee which comprises some members of the disciplinary committee and others appointed by the university. The appeal committee meets to decide if there is enough weight of evidence to demonstrate a student's remorse, behavioral change or lack of due process by the disciplinary committee. Recommendations are made by the appeal committee to the Administrative committee for ratification.

### **1.8. Theoretical Framework**

Two theoretical perspectives informed the researcher in the study to develop guidelines for a collaborative approach between the University and families of students involved with substance abuse. These are the Primary Socialization Theory by Oetting and Donnermeyer, (1998a) and the Critical Theory perspective that has its roots in the Frankfurt School of thought facilitated by Max Horkheimer in 1923. The Critical theory perspective was applied to Social Work Practice by Elizabeth Keenan in 2004. The guidelines proposed by Keenan also informed the philosophical mindset for this study.

This study stood on the platforms of Primary Socialization theory and Critical theory in developing a collaborative approach for universities to work with students involved with substance abuse. The Primary Socialization Theory provided the theoretical framework for family involvement as well as the theoretical framework that presents the integration and harmonization of socialization factors, such as family, school and peers, culture and community that influence the development of deviant behavior such as substance abuse in adolescents. The Critical Theory perspective provided guidelines for institutions in the exercise of power in managing substance abuse issues. Power in this study is defined as the dynamic combination of rules and resources (Kondrat, 2002:441). A brief description of both theories will be given in this

section; however, chapter three is an in-depth review of the Primary socialization and Critical theories that form the framework of this study.

### **1.8.1 Primary Socialization Theory.**

The fundamental theorem of the Primary Socialization Theory(PST) posits that norms for social behavior including drug use are learned predominantly in the context of interactions with primary socialization sources (Oetting and Donnermeyer, 1998a). This theory emphasizes that family, school and peers are primary sources of influence on adolescent behavior (Kobus, 2003: 50). PST also postulates that any socialization link can transmit deviant norms but healthy family and school systems are more likely to transmit pro-social norms (Oetting & Donnermeyer 1998a). Different researchers have attempted to establish which has greater impact on adolescent behavior, peers or family. While some produced evidence that suggests that peers had greater influence on adolescent behavior than family and school (Crosnoe et al, 2002), others submit that family and positive parenting practices could reduce the risk of alcohol and drug use (Nagasawa et al 2000, Claes et al, 2005, Simon-Morton et al, 1999, Goldstein et al 2005).

Kobus, (2003: 49) concluded that despite the key role of peers in teenage smoking, there is evidence to suggest that specific parental/familial characteristics can serve as protective factors to decrease youth vulnerabilities to peer influences that promote smoking. Some of these familial characteristics are parent monitoring of child's behavior, parents who are supportive, parents who do not smoke themselves and voice strong opposition to smoking. Whitbeck (1999) also remarked that the PST could be strengthened by greater emphasis on the persistent family influence on adolescent behavior. It is this emphasis on persistent family influence of the family in the life of a young person, even in the adult environment of higher education that informed the bid to involve families in addressing the problem of substance abuse among university students.

PST was also empirically validated by establishing family sanctions and family caring as predictors of marijuana use among Mexican Americans and white male and female adolescents. It was observed that lower family sanctions against use and low perceived family caring had significant effects on marijuana use by Mexican American youth. The focus of this study is on treatment interventions for university students in Nigeria who are predominately adolescents.

This researcher reviewed literature that also expounded on the role of family in preventing deviant behavior and substance abuse among adolescents. Krumpfer and Bluth (2004: 671-698), proposed that strategies that improve family dynamics should be the benchmark for providing family-focused prevention programs. This researcher accepts PST as the theoretical framework that pulls together both prevention and treatment responses to substance abuse problems in young people. PST has strong implications for improving both prevention and treatment (Oetting & Donnermyer, 1998a). The tenets of Primary Socialization Theory were the backdrop that informed the development of guidelines for a collaborative approach between the University and parents of students involved in substance abuse.

### **1.8.2 Critical Theory Perspective**

Critical Theory as developed by the Frankfurt School from 1900 to 1932 has emancipation or liberation as its core value. It encourages critical reflection and critiquing of social work practice through the lenses of power relations and of institutional structures with the goal of producing change. The self- querying stance of the critical theory perspective through a reflexive process; The unassuming posture of informed not knowing of the social worker;; sensitivity to social location of the client and an awareness of client and worker values interface as expounded by Keenan (2004), enthused the researcher in the search to formulate practice guidelines for a collaborative approach for working with university students involved with substance abuse and their families. The above features of critical theory as applied to social work practice will be further discussed in chapter four.

### **1.9. Conceptual Frame Work and Value of Study to Social Work Practice.**

The conceptual framework used for this study was the Collaborative approach to service delivery. Social work has a long tradition of viewing individual functioning in the context of families (Poulin 2005:102) and this is supported by much literature that expounds on the interrelated influences of family/parenting, the environment, peers and school on the prevention and treatment of substance abuse in young people. Such studies include those of Claes, La Course, Ercolani, Poerro, Leone & Presaghi (2005); Goldstein, Davis-Kean & Eccles (2005); Simons-Morton, Crump, Haynie, Saylor, Eitel & Kai Yu (1999) and Crosnoe et al (2002). In this

discussion the key role of the family is highlighted by researchers such as Dekovic, Janssens & Van As (2003); Lochman & Steenhoven (2002); Weidman (1985); O'Connor, Morgentern, Gibson & Nakashian (2005). Kobus (2003:49) remarked that parents are “not an invisible force” in the battle against substance abuse in adolescents.

This study not only examined the person- in- the- environment tradition of social work practice, but elaborated on the recursive process of the influence of the environment on client behaviour as well as the influence of the client on the environment. Kondrat (2002:444) posited that Social work practice and literature typically emphasize the impact of the environment on persons. However, the reciprocal interaction between the person and the environment is a reality that needs to be addressed. This study paid attention to the possibility of a person influencing policies and structures in their environment by their actions and behaviour. The university environment was examined for policies and services that were developed in response to student involvement with substance abuse on the university campus. This caused the researcher to critically reflect on the policies and services as well. The study also investigated how the expressed needs of students and their families can inform the current university's posture in relating to students and their families.

Family- based interventions have been identified as being vital to for the development of a comprehensive treatment plan for antisocial and delinquent youth (Stern, 1999). The corollary is also true that the absence of corrective monitoring and constructive involvement in the family setting increases the chances that an adolescent will engage in anti- social activities (Dekovic et al & Van As, 2003:225). Ogunbameru (2004: 97), linked the collapse of the family institution as a contributing factor that predisposes university students to deviant behaviours such as cultism. Critical theory focuses on the emancipation of people as they critically reflect on life choices and take responsibility as service providers, policy makers and consumers. Based on this the researcher was motivated to use a collaborative approach between the university and students involved with substance abuse, as well as with their families in developing guidelines for service delivery.

Festa (2005:B17), stated that it is a university's responsibility to provide the students it accepts with a full range of programs, services, and activities that will enrich the students' educational experiences as they prepare for adult roles. Such services reduce alcohol abuse. If such services are to be “part of the daily life and duties of student-affairs professionals, then a

guideline on how the professionals can collaboratively work with the families of universities experiencing challenges such as substance abuse will make the job easier. The practice guidelines that emerged from this empirical study, is a service technology (Rothman & Thomas 1994) that will potentially enhance social work practice with university students involved with substance abuse.

As previously stated, substance abuse amongst university students is a major social concern that requires a multidisciplinary approach for effective and sustainable intervention. The outcome of this study will provide a tool that will guide social workers as they interact with other disciplines such as counsellors, medical practitioners, clerics etc in providing client centred services in a university environment. The service guidelines undergirded by the Primary Socialization and Critical theory informs the social work profession on how to collaborate with families of university students and their families, encourage university administrators in tertiary institutions that choose to tackle the social problem of substance abuse among university students to take on that approach without losing their grip on enforcing discipline. . This outcome provides a tool that positions Babcock University as a flagship for other universities to emulate and thus become critical players in resolving the problem of substance abuse amongst young people enrolled in Nigerian Universities thereby influencing the society as a whole.

#### **1.10. Brief Description of Research Model**

This study was an intervention research that comprises of three facets which are Knowledge development (KD), Knowledge utilization (KU) and Design and development (DD) as described by Rothman and Thomas (1994). The research was guided by the Design and Development Model of Rothman and Thomas (1994) which is presented more elaborately in chapter two.

#### **1.11 Limitations of Research**

This study was carried out at Babcock University, which is a private Christian university in Nigeria. It belongs to the Seventh-Day Adventist denomination. This site was chosen because it afforded the researcher the opportunity of gaining entry easily because she works there and it was also the need of the university. Gaining entry and cooperation of the setting is a major operation in the project planning and problem analysis phase of Intervention research. However,

the result of this study is limited in its general application for other private universities that are not faith-based or government- owned universities. This is therefore a case study but may provide guidelines for other universities.

Financial constraints also limited the researcher's ability to involve other private universities in the study. Also there was a strike action amongst the Government owned universities for an extended period that shut down the universities thus making data collection from the students and staff of those universities impracticable. The focus and the aim of the study was, however, aimed at Babcock University.

All the student participants were males. This is typical of the gender ratio of the students who met the sampling criteria. However; other studies show the involvement of females in substance abuse. There is therefore the limitation of gender bias in the outcomes of the study. There was also the limitation of establishing contacts with the families. Some of the parents lived in other parts of the country or outside the country which made it difficult to carry out in- depth interviews as some of the interviews were done over the telephone.

### **1.12. Organization of the Dissertation**

The remaining chapters of this dissertation are organized to present the relevant topics in a logical and organized manner. Chapter two is the presentation of the roadmap for this study which is the research methodology. In it, the research design, data analysis and the coding strategies utilized in the study are presented. Chapter two also introduces and describes this study as an intervention research with the components of knowledge development, knowledge utilization and design. Knowledge development is presented as the review of literature that spans chapters three and four. Chapter three focuses on a literature review of adolescent development and substance abuse in general as well as in the context of the Nigerian family structure. It also presents summaries of previous substance abuse interventions on university campuses. Chapter



four is a presentation of a literature review that is a detailed elaboration of the theoretical framework of Primary socialization and Critical Theories which undergirded this study. Chapter five is a presentation of the findings and emerging themes. The discussion of the findings in the light of the theoretical backgrounds is the main feature of chapter six and chapter seven is the presentation of the recommended practice guidelines for a collaborative approach between the university and families of students involved with substance abuse. Chapter eight is the concluding chapter of this study that reviews its goals and objectives and submits that this was research conducted by the researcher.

### 1.13. Clarification of Key Concepts

- **Substance abuse:** “A maladaptive pattern or harmful use of a substance leading to significant impairment or distress” (DSM-IV-TR, 2000).
- **Adolescents:** The developmental period of transition from childhood to early adulthood entered at approximately 10-12 years and ending at 18-22 years of age. (Santrock 2003:20)
- **University students:** Students enrolled in a post secondary institution leading to the award of a Bachelor’s degree. Used interchangeably with college in American based literature.
- **Collaboration:** A partnership between the family and the university where they are invited to be involved in the intervention
- **Parent/Guardian:** For the purpose of this study, persons who provide significant and /or primary care for adolescents. ( WHO 2007:7)
- **Disciplinary committee:** A group of university employees appointed by the university Administration to investigate student misconduct and violations of university regulations in the student handbook. They make recommendations of consequences to the administration.
- **Intervention research:** A developmental research method that is aimed at creating new methods, programmes, services systems or policies. It consists of knowledge development, knowledge utilization and Design and development. (Rothman & Thomas 1994 3-20).
- **Student Support Services:** A department under the division of Student affairs at Babcock University that comprises of counselling and social work units.

## **CHAPTER TWO**

### **RESEARCH METHODOLOGY**

#### **2.1. Overview of Chapter**

This section gives the detailed road map for this research. It “delineates in precise terms, the design of the research, including the logical arrangements, sampling and data collection procedures.” (Rubin and Babbie 2001: 108). It describes the theoretical underpinnings of the research method as well as indicates how the rigor for the research was ascertained and executed.

#### **2.2. Research Approach**

This study was a qualitative study because words and not numbers were the unit of the data (Miles and Huberman 1994). This research sought to examine and describe the experiences of the participants in order to inform the development of practice guidelines for a collaborative approach between the university and families of students involved with substance abuse. Primary Socialization theory (PST) and Critical theory (CT), which are the two theoretical frameworks for this study, position this study for a qualitative approach that describes and explores the psychosocial context of the students involved with substance abuse and their families at Babcock University. The use of words to describe the experiences of the participants in order to articulate the reflexive process is pertinent to this research. The use of words to describe the experiences of the participants gave depth and insight that is not typical of quantitative research methods. Using words also gave voice to the perceptions and experiences of the participants who contributed to the development of the guidelines. The inclusion of what was said by the participants established that this was empirical research that aligns theoretical propositions with actual experiences of the population. To reflect the values, perceptions and experiences of the community that is the target of an intervention, positions an intervention for best practice (Sandler 2007).

#### **2.3. Theoretical Guide for Research**

As will be presented extensively in chapters three and four, this study was undergirded by principles of the Primary Socialization Theory (PST) and Critical Theory (CT) perspectives. Both theories work hand in hand because PST challenges the researcher to look into the primary socialization sources of Family and school (university) as well as some secondary socialization sources, such as religion and community that may have impacted on the development of deviant behavior in the university students involved with substance abuse. The task of the research

methodology, therefore, was to bring these underpinnings to the surface. PST connects with CT in the provision of a theoretical frame work that will guide a comprehensive explanation of the socio-cultural context of the participants. The participants, especially the students, are assisted to revisit their family upbringing and reflect on the consequences of the lifestyle of substance abuse on themselves and family relationships. It is expected that this process of self critiquing will lead to liberation from this lifestyle. The university administrators and staff participants also had to reflect on issues of power and control that were institutionalized in policies and approaches to relating with students involved with substance abuse and their families.

The theoretical framework of the Critical Theory Perspective is not simply indicative of being empathetic to the subjective social experiences of others, which is a social work value (NASW 1997), but it also works towards giving the subjects of this study permission to critically reflect on their social environment, engage in a reflexive process regarding themselves and make changes that will liberate them. Critical Theory has emancipation/liberation as its main purpose (Du Preez & Roux 2008). Waghid (2003:51) explains: “Research based on critical theory requires processes of self reflection to identify and address power relations, mutual participation among researcher and research participants, and a disposition to take action that could lead to transformation and emancipation.” The tenets of the Critical Theory perspective are presented in chapter four as part of the literature review. It should, however, be noted that the reflexivity component of the Critical Theory perspective motivated the utilization of a narrative inquiry format to collect information from the participants. In order to develop interventions that are potentially transformative (Sandler 2007:279) and adaptable to the targeted community's needs (Sandler 2007:280), it is imperative that there be a thorough method of elucidating the felt needs of the community. Elucidating and show-casing the felt needs of a population is empowering and it says that who the people are in terms of their social location and experiences matter and they are not marginalized. Critical Theory is about critiquing practices that could be disenfranchising but are subtly embedded in institutions with the aim of causing changes. The narrative inquiry as a research methodology for collecting data allows participants to relate their own stories and experiences with the help of guiding questions. Further details about narrative inquiry as a research methodology is given in latter sections but it is worthy of note that the researcher was persuaded to utilize narrative inquiry as an instrument for collecting the qualitative data because it captures the constructs in acquiring the knowledge that gives authority (power) for an emancipatory intervention.

## 2.4. Research Model

This research was a qualitative study but more specifically was intervention research because the goal was to develop an intervention which is a practice guideline that would improve services to students involved with substance abuse. "Intervention" is described as an action taken by a social worker or other helping agents, usually in concert with a client or other affected party, to enhance or maintain the functioning and well-being of an individual, family, group, community or population (Shilling 1997). The focus is on the helping process. The development of the guidelines for a collaborative approach between the university and families of students involved with substance abuse as an intervention is aimed at enhancing the functioning of students through drug treatment services.

Intervention Research (IR) has been advocated as a pressing need for the social work profession (Proctor 2003:3). Intervention research is conducted by a researcher to understand, develop, and establish the feasibility, efficacy and effectiveness of interventions (Shilling, 1997:3). Over the past decade intervention research has made tremendous strides in developing and testing effective programs to address behaviors associated with substance use among youths (Williams, Davis, Johnson & Williams 2007:152). This research approach is flexible, capitalizes on the availability of small samples and accommodates the dynamism of practice conditions (Comer, Meier, Galinsky 2004:250). These characteristics of IR accommodated the research environment of Babcock University with the particular population of students involved with substance abuse. The research was conducted with small sample sizes of participants i.e the student participants numbered twenty, the parent participants numbered ten, there were nine staff participants and ten administrative/disciplinary committee participants. It was carried out in the midst of normal service delivery. IR is conducted in a field setting in which researchers and practitioners work together to design and assess interventions (Comer et al 2004:251). Du Preez and Roux (2008: 82), advocated for a process orientated research modification to the traditional IR approach. This will "allow for methodical modification and adaptation that better accounts for unanticipated social events in relation to the research question."

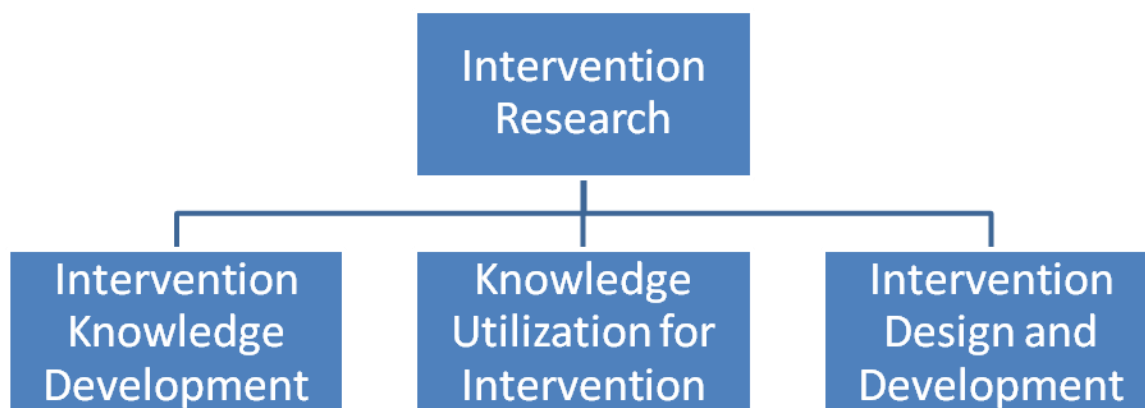
Intervention research (IR) was used by Bailey-Dempsey and Reid (1996) to develop a case management intervention to deal with problems of school failure. Other researchers who have utilized IR are Rounds, Galinsky & Despard (1995), to develop a telephone support group for people with AIDS; Comer (1999) , a face-to-face group for people with Sickle cell disease and depression in Comer, Meier & Galinsky (2004) ; Meier (1999), a support group for social workers experiencing job stress (in Comer et al 2004). The following section will give a detailed description of intervention research and its' application to this study.

## 2.5. Description of Intervention Research

The mission and purpose of intervention research is to conduct research that will yield “results that can be put to practical use by practitioners, administrators and policy makers” (Rothman & Thomas 1994:3). There is sometimes a disconnect between research findings and direct application to field. There is the general need for studies that shed light on what works (Fortune & Proctor in Proctor 2004). Given the multivariate, multifaceted nature of social work practice, there is a need to have a research approach that delineates client’s needs, portrays current practices and identifies service delivery systems with the aim of change, improvement or transformation (Rothman & Thomas 1994, Davidson, Evans, Ganote, Hendrickson, Jacobs-Priebe, Jones, Prilleltensky & Riemer 2006).

Intervention research presents an approach that captures the social and personal problems of those who need assistance, suggests how to produce change in conditions affecting the problems, describes what interventions may be appropriate to produce change and what the effects of such interventions will be and how to develop new interventions that will have general applications (Rothman & Thomas (1994:4). In order to archive these objectives, IR utilizes three integrated components that have a linear relationship as well as being complete research processes that can stand alone. Rothman & Thomas (1994) referred to them as facets of IR and they are Knowledge development (KD), Knowledge utilization (KU) and Design and development (DD)

The facets of Intervention research are depicted in the diagram Fig. 2.1



**Figure 2.1. Components of Intervention Research ( Rothman & Thomas 1994:5)**

Design and development (D&D) “is a process that is systematic, deliberate and

An overview of each facet will be given, using the premises of the current study to illustrate the concepts.

### **2.5.1. Knowledge Development (KD)**

Rothman & Thomas (1994) explained that knowledge development, which is the broad and basic knowledge of human behavior, is pertinent to developing human service interventions. The objective is to contribute to knowledge of human behaviour and the outcomes are information about human behavior in the form of concepts, hypotheses, theories and empirical generalizations. For example, in order to produce an intervention that will help university students involved with substance abuse, it is important to have knowledge of theories of human development and how it impacts on the development of substance abuse behavior in young people, understand the socio-cultural contexts of the university environment, be cognizant of family and other psychosocial factors, identify practices and policies that influence both the problem and solution. This knowledge can be developed either by an empirical study or survey of previous bodies of knowledge in this area. KD can be a research entity by itself and be conclusive; however, it can also be the starting point of IR that leads to the next facet of knowledge utilization (KU). For this intervention research KD was done through a survey of literature on adolescent behavior, substance abuse and cultural influences. It also explored the theoretical foundations of Primary Socialization and Critical Theories that undergirded this study. The survey of literature on these bodies of knowledge is presented in chapters three and four of the report of this research.

### **2.5.2. Knowledge Utilization (KU)**

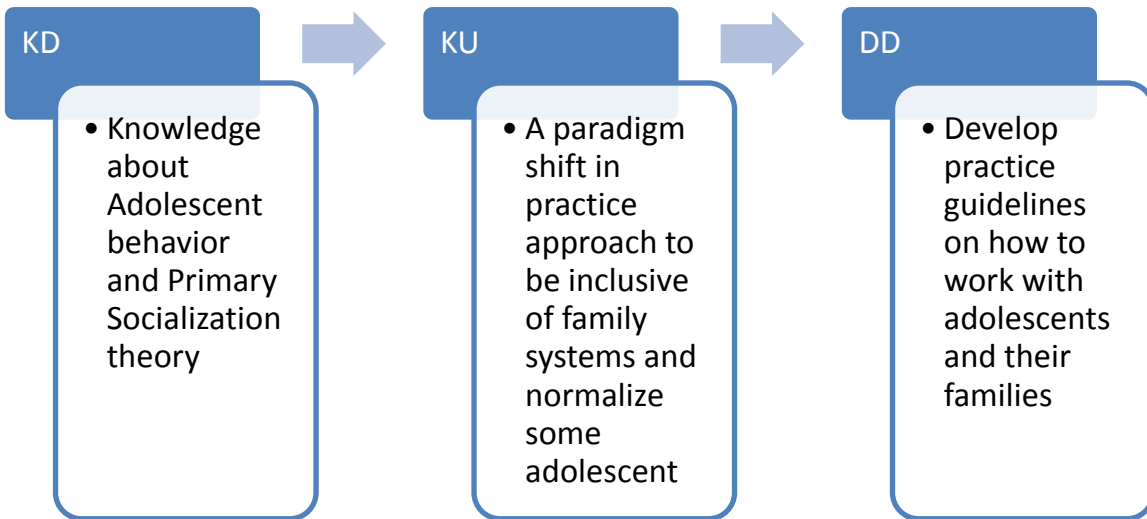
Having gained the knowledge of human behavior in KD, the next step is what to do with the knowledge. For example, now that we know that identity crisis and identity status is an integral feature of adolescent development according to the psychosocial theory of Erick Erickson, how does it apply to IR to help develop the intervention guidelines for practice? What do we do with the knowledge that deviant behaviours, according to the PST, are learnt in the context of bonds between the youth and the family? What about the influence of school and peers? Knowledge utilization is the means of converting knowledge from theory and empirical research to knowledge which pushes for application (Rothman & Thomas 1994). The objective of KU is to apply knowledge of human behavior through the conversion of knowledge gained under KD to application concepts relevant to the target population

and problems. The outcomes of KU are changes in understanding or practices relating to the populations, problems or service delivery.

Bringing this back to the current research, having gained the understanding through exposure and study of Primary socialization theory that weak bonds between the youth and family disrupts the transmission of pro social norms and predisposes the youth to negative influences from peers, social work practice with students involved with substance abuse will not only target the students but also take family patterns into consideration. The understanding that experimentation with drugs could be part of an adolescent's identity foreclosure status (Berzonsky 2003, Berzonsky & Ferrar 1996), could dissipate the tensions of abnormality or pathology in the service providers. As afore mentioned, KU can be a research end in itself or motivate design and intervention that is informed by knowledge gained in KD and utilization of that knowledge in KU. This moves the research process to the next facet of intervention research which is Design and development (DD).

### **2.5.3 Design and Development**

This third facet of IR is what one can call the recipe component or the “how –to-do-it” portion of intervention research. Design and development (DD) is immersed in research procedures, techniques and other instrumentalities aimed to produce workable human service technology” (Rothman and Thomas 1994:12). The outcome of this study, which is guidelines for collaborative work between the university authority and families of students involved with substance abuse, is submitted as a ‘workable human service technology’. The objective of DD is to evolve new service technology through the emerging methods of problem analysis, intervention design, development and other related techniques. The outcomes of DD could be assessment and intervention methods, service programs and policies. This facet is therefore the climax of IR. It is the thrust of this study. DD as elaborated by Rothman & Thomas (1994) was the research ‘coach’ that ‘trained’ the development of practice guidelines for a collaborative approach for university authorities to relate to students involved with substance abuse and their families. One can see the progression from KD to KU to DD in this study as depicted in fig.2.2.



**Figure 2.2 Applications of the IR Facets to current study**

The above diagram illustrates the key features of IR. It is worthy of note that not only is the relationship between the facet linear but it is also interwoven. As already mentioned, because each facet could be an independent research entity, there is the possibility of each facet having features of another. For example in KU there could be elements of DD and KD and in DD there could be elements of KD and KU. This possibility of interrelationship and interwovenness is played out and largely informs DD as an independent research process. As will be elaborated in the following section, KD and KU overlap the initial stages of DD (Rothmans & Thomas 1994:17). In DD, KD and KU are renamed as Information gathering and synthesis. (Rothman & Thomas 1994: 9, 14-19, 31)

This holistic and integrated approach to IR gives freedom and versatility to the researcher to conceptually move between the facets and gives permission to utilize all or any of the activities of each facet while focusing on a specific facet as a research approach. For example, a researcher may adopt DD as a research approach but incorporate the steps of KD and KU into the research design.

The current study of developing practice guidelines for a collaborative approach between the university and students involved with substance abuse and their families is an Intervention research that adopted the design and development approach propounded by Rothman and Thomas (1994) as an independent research method (ibid;8-9). The following sections and the bulk of this chapter will give the details of the Design and Development model as it delineated the path for this study.



## 2.6. Design and Development Model.

There are six stages in the Intervention Design and Development Model as stated by Rothman and Thomas (1994 10-11). They are:

1. Problem analysis and project planning
2. Information gathering and synthesis
3. Design
4. Early development and Pilot testing
5. Evaluation and advanced development
6. Dissemination

### The Phases and Operations of Intervention Research

As mentioned earlier, IR, according to the Intervention Design and Development Model of Rothman and Thomas (1994), consists of six stages. There are critical operations within each phase that help to ensure success (Rothman and Thomas 1994: 27). These activities are summarized in Table 2.1.

Table 2.1. Phases and Operations of the Intervention Design and Development Model (Rothman and Thomas, 1994:28).

Phases	Operations/activities
1. Problem Analysis and Project planning	Identifying and involving clients Gaining entry and cooperation from settings. Identifying the concerns of the population. Analyzing identified concerns. Setting goals and objectives.
2. Information gathering and synthesis.	Using existing information sources Studying natural examples Identifying functional elements of successful models.
3. Design	Designing an observational system. Specifying the procedural elements of the intervention.
4. Early Development and Pilot Testing	Developing a preliminary intervention. Conducting a pilot test Applying design criteria to the preliminary

	intervention concept.
5. Evaluation and advanced development	Selecting an experimental design Collecting and analyzing data Replicating the intervention under field conditions. Refining the intervention.
6. Dissemination	Preparing the product for dissemination Identifying potential markets for the intervention. Creating a demand for the intervention. Encouraging appropriate adaptation. Providing technical support for adopters.

The above table provided a road map that guided the researcher in the steps involved in carrying out an IR of developing practice guidelines for a collaborative approach between the university and parents/ guardians of students involved with substance abuse. The scope of this study included phases one to three which concluded with the stage of specifying the procedural elements of the intervention. Du Preez and Roux (2008:79) highlighted the fact that all the stages of the intervention design and developmental Model need not be utilized. Comer et al (2004: 251) commented that it is perfectly normal for researchers to present and publish articles or training materials from preliminary research and findings. Schilling (1997: 8) also stated that though longitudinal inquiry is an aspect of design and development, IR can stand on its own as a useful research endeavor. Since the outcome of this study is the specification of the procedural steps of the intervention, pilot testing, evaluation, advanced development and dissemination will be the focus for a post doctoral study.

The detail of the application of the Rothman & Thomas (1994) DD model to this study is discussed in the following sections.

### **2.6.1. Problem Analysis And Project Planning (Phase 1)**

Five activities were identified in this phase (Rothman and Thomas 1994: 27) and they are described as follows:

### **2.6.1.1 Identifying and Involving Clients.**

Similar to other research models, intervention research involves a population or constituents who are relevant to the problem being examined. They are the clients who will interact with the intervention either as service providers or those experiencing the problem to be solved. They constitute the study population. The study population is the aggregation of elements from which the sample is actually selected (Rubin and Babbie 2001: 260). In order to develop a guideline for a collaborative approach for working with students involved with substance abuse, the study population included;

- Current students who had experienced disciplinary action at the university as a result of their involvement with substance abuse.
- Students who were self-referred or referred by concerned members of staff of the university due to their involvement with substance abuse
- Parents/guardian of students who have been involved in substance abuse.
- University officers who worked with the students such as counselors, social workers and hall administrators in the Student Support Services Department (SSS). This is a department under the division of Student Affairs. There are 12 individuals in this category. Members of administration and the disciplinary committee consist of 14 people.

### **Sampling**

As aforementioned, IR lends itself to a small sample size (Comer et al 2004: 250). The total number of substance abuse related cases handled by the department of Student Support Services (SSS) was approximately 35. Design and development studies can be carried out in small agencies serving only a few clients at a time (Schilling 1997:14). Purposive sampling, which is a non-probability sampling method where the study population is selected by the researcher based on the researcher's judgment and purpose of the study (Rubin and Babbie, 2001: 254), was used in this research to develop guidelines for a collaborative approach between the university and parents and guardians of university students involved with substance abuse. This method was chosen because in non-probability sampling, attempts are made to locate the people with experiences related to the topic (Salahu-Din 2003:147). The people with experiences related to the topic were students who were involved with substance abuse and had been referred through the disciplinary process as described in chapter one or were self-referred or referred by concerned members of the university community.

Parents and guardians of these students were also included in the study. The inclusion of the students, parents, SSS staff and members of Administration and disciplinary committee was intentional and purposeful and not random or probability sampling. For the purpose of this research, students involved with substance abuse had been referred to SSS office and were already interacting with the department so it was easy to locate them and invite them to participate in the study. Information about parents and guardians of students involved with substance abuse was obtained from students during the intake process of the SSS department. The researcher approached and invited the parents to participate in the research. Members of the university administration and disciplinary committee who are involved with policy making and the disciplinary process of the school were also contacted and invited to participate in the research. The researcher used her discretion to determine which members of administration were relevant to the study. All the SSS staff was invited to participate in the research. The stratification of the participant population for study was:

1. Students returning from substance abuse related disciplinary actions (15)
2. Students referred by concerned university staff who are suspected to be involved with substance abuse (10 )
3. Self referred students who are seeking for help before they are discovered by university authorities (2)
4. Parents and Guardians of students involved with substance abuse (25)
- 5 Student support services staff (12)
6. Members of administration and the disciplinary committee (15)

The time-frame applied for all participants was substance abuse involvement in the past two academic sessions from 2007 to 2009. This was because the researcher started working in the university in January 2007. Also the university suspends students involved with substance abuse for a minimum of one academic session (which is two semesters of four months each (September to December and January to April), when they are found using or in possession of illicit drugs (Babcock University Handbook: 75). The time frame of two academic sessions during September 2007 to April 2009 therefore allowed the researcher to interact with students who had completed a cycle of the disciplinary process and were able to give feedback within the tenure of the researcher. As of the time of the research there was a total of 27 students who were involved with substance abuse (N=27). Twenty(n=20), of these students voluntarily participated in the study as described below. The average student population during the period of the research was 4850.

The researcher utilized the natural setting of the service environment of the SSS office to encounter the students and they were informed about the research during their visits, either scheduled or voluntary, to the SSS department . The students were verbally informed about the research and were invited to participate. The students were also informed that participation in the research was voluntary and they were free to decline without any repercussions as stated in the informed consent portion of the narrative inquiry. 20 students gave verbal consent and chose to participate in the study.

Ten parents/guardians participated in the research. These were either biological parents or guardians who were relatives or family friends such as older siblings, uncles, grandparents etc. They were directly responsible for the care and monitoring of the students. These guardians were part of the extended family network of the Nigerian family system described in chapter three. Two of the participants were a grandmother and an older sister. The parent/guardian participants were available either physically at the SSS during scheduled, voluntary visits or telephonically. All ten parents had students that were student participants in the research but they completed the narrative Inquiry independent of their children. The parent participants were the most challenging group to reach because they lived outside the immediate geographical environment of Babcock University, so distance and time was an obstacle. Coming to the university outside of their personal schedules was a challenge for some of them because they were unable to take time away from their jobs. As already explained in chapter one, parents send their children to faith- based private universities, such as Babcock University, because of the discipline, structure and expectation of a safe haven from cults and fraternities, found in public universities in Nigeria, that have rituals which threaten the safety of students.

Due to these benefits, parents do not mind sending their children to a private university such as Babcock University that may be far from home. The researcher therefore sought for alternative methods of reaching the parents such as telephone interviews, sending the narrative inquiry via electronic mail and allowing some to take the Inquiry home to be completed and returned to the researcher. There was a limit on funding to mobilize more parents because the research was privately funded, there being no provision in the university budget for the research. The university saw it as the responsibility of the parents to make themselves available for whatever was required in the process of dealing with their children that were involved with substance abuse.

Telephone interviews were conducted with four parent participants. Four parents took the Inquiry home and sent it back to the office after completing the narrative Inquiry. Two parents requested that it be sent electronically via e-mail. They completed the Inquiry and returned it to the

researcher via e- mail as well. Two of the parent participants were a couple who completed two separate narrative inquiries.

Nine student support services (SSS) staff participated in this research. They completed the narrative inquiry designed for the staff, participated in the staff focus group discussion, gave feedback on the transcripts of the discussion and gave input during the member checking meeting. Some were also facilitators for the student focus group discussion. Six were social workers and counselors while three were resident hall administrators. The counselors had Masters Degrees in academic guidance and psychological/behavioral counseling. They conduct academic and behavioral counseling for students including those involved with substance abuse. The social workers have Masters Degrees in Social Work and they manage cases, coordinate services, liaise with other agencies and mobilize resources for the students. The hall administrators are university employees who are responsible for the welfare of the students in the halls of residence. They all have Bachelors degrees. They also ensure students' compliance with the university's policies and contact parents/guardians when there are issues concerning their children. Five SSS staff responded to the invitation to participate in the staff focus group.

Ten members of administration and the disciplinary committee participated in the research. Invitation to participate was largely determined by availability, accessibility and relevance of their offices to the study. Some members of administration were not seen to be relevant to the study such as the Librarian, the Vice President for development and strategy, the Vice president for financial services and the Vice president for management services. The acting Chief of Staff who also is the director for quality assurance participated in the study. The president of the university was on international trips during the time of data- gathering and was not available to participate. The assistant to the medical Center director participated in the study.

Administration and disciplinary committee participants were as follows.

1. The Vice President for student affairs
2. The Chairman of the disciplinary committee
3. The Chairman of the appeal committee
4. Member of disciplinary committee and legal adviser to the school.
5. Acting chief of staff/director of quality assurance.
6. The Deputy University Registrar
7. Associate Director for Academic Planning.
8. Acting Director, Medical Center.

9. University Pastor
10. Director of security services

The above cadre of university administrative staff were invited to participate in the study because they are directly involved in developing policies for the university. Some of those policies impact on the nature of service delivery and interaction with students. Some of the above are also members of the disciplinary committee of the university and their reflections and input on current practices as they relate to working with students involved with substance abuse and their families were seen as vital to this research. It was also important to involve them in the research process so that they can support the implementation of the guidelines for a collaborative approach between the university and families of students involved with substance abuse. All of the above had received the informed consent section of the narrative Inquiry and gave verbal and tacit consent by proceeding to fill out the narrative Inquiry (Sherblom 2003).

#### **2.6.1.2 Gaining Entry and Cooperation from Settings.**

The activities of this stage were aimed at developing partnerships with persons in the immediate environment of the research. The researcher gained the cooperation and support necessary from the university community to conduct an intervention research by working together with those who could facilitate access to elements of the research such as the participants, institutional documentation, use of facilities etc. (Rothman and Thomas 1994:29). This stage of the research design was enhanced because the researcher currently works as the Director of Student Support Services. As already described in chapter one, this is the department that is primarily responsible for working with students involved with substance abuse at the university. The Department is under the division of Student Affairs and one of the terms of reference is to provide support for the reintegration of students who are returning from disciplinary actions sanctioned by the University. The details of the current disciplinary process was described under section on the research environment in chapter one. In the light of the above, the researcher already had entry into the university. As already stated as part of the problem statement, the university does not have a clear procedure of how to work with students involved with substance abuse. Part of the goal of this research is to examine the current practices and recommend the guidelines developed by the study to be adopted by the university as a systematized approach for working with students involved with substance abuse. This is due to the fact that up to date; the university does not have a documented procedure for engaging with students involved with substance abuse. Services and practices have been ad hoc in response to the substance abuse crisis on

the campus. The university only stipulated disciplinary policy but there are no systematized procedures for response. The President of Babcock University stated that developing guidelines for a collaborative approach between the University and parents of students involved with substance abuse is “Belated but welcome” (Personal communication, July 2009). The Vice President for Student affairs also stated that developing a practice guideline for a collaborative approach for working with families of students involved with substance abuse will meet the need of the university in providing the much needed help for students struggling in this area (Personal communication, August 2008).

University staff who work directly with this population of students had expressed a need for guidelines to systemize their work during training on substance abuse initiated by the researcher in November, 2008. They were therefore willing to participate in research that would produce such an outcome. They made themselves available to complete the narrative inquiry, facilitated the student focus group discussion, participated in the staff focused group meeting and gave their feedback on the focus group report. They also provided information on the components of current services being offered at the center such as frequency of group meetings, attendance, and numbers of drug screenings and summary of results. Details of the nature of participation of the SSS staff will be given under data collection. The involvement of the staff enhanced the trustworthiness of the qualitative research study. Multiple realities were constructed by the variety of types of data collected from the staff.

Gaining access to the students was also facilitated by the already existing requirements of the University for students who are involved with substance abuse disciplinary sanctions to report to the SSS office for registration clearance. This created a natural setting within the existing university structure to interact with the students. Schilling (1997:8), advocated that IR as inherently applicable to social services settings enabling the agency to explore what it does and how to do it better.

### **2.6.1.3 Identifying the Concerns of the Population/Sample.**

The research step of identifying the concerns of the population was achieved as participants were encouraged to express their thoughts and concerns about previous and current practices of the university in handling cases of students involved with substance abuse in the narrative inquiry as well as during focus group discussions. Since the focus of this study was to examine and describe current practices that will inform the development of guidelines for practice, it was pertinent to elucidate the concerns of the population with regards to their interactions with the university. The instruments used to collect the data that identified the concerns of the population/sample were the narrative inquiry and focus group. A description of both instruments is given below.



## **Narrative Inquiry**

Clandinen and Connelly (2000:20) define Narrative Inquiry as a method that uses the following field texts as data sources: stories, autobiography, journals, field notes, letters, conversations, interviews, family stories, photos (and other artifacts), and life experience. It is a way of understanding experience. It is used extensively in health research where accounts of illness are given from the patient's perspective. There is a wide range of use, and approaches differ on why and how the stories are told. They can also include the direct use of personal journals (Riley & Hawe 2005:227). The Narrative Inquiry design was used in a study of attrition rates amongst special education teachers. It promoted open discussion about their perceptions on issues and concerns in the field through the use of interviews, discussions and exploration of past experiences (DeMik 2008:23). In another study to explore the knowledge, attitudes and barriers to the use of postpartum care service among rural communities in Uganda, the Narrative Inquiry method was used to obtain data through the use of an open-ended interview guide. (Nabukera, Witte, Muchunguzi, Bajunirwe, Batwala, Mulogo, Farr, Barry & Salihu 2006:87)

The Narrative Inquiry format was also used in a study to examine Lesbian college students' perceptions of their multiple identities (Abes and Kasch 2007:619). In a study of male Bachelors in Education Teacher candidates in Northern Ohio in the United states, Narrative inquiry in the form of the use of creative writing was utilized to delve into underlying issues such as race, class, sexual orientation, geographical location, language and culture that may have led to the non- completion of their educational degrees (Gosse; Parr; Allison 2008:60). The art informed Narrative inquiry engaged the participants in creative writing to reach a diverse audience and capture emotive reactions.

In this study, the researcher desired to know the experiences and perspectives of the participants as they interacted with the issues of substance abuse amongst university students by permitting them to tell their stories through guided questions.

Responses to the questions in the narrative inquiry helped the researcher to:

1. Understand the social realities of university students involved with substance abuse in the context of their families;
2. Engage their participation through self reflection as they responded to questions on treatment interventions; and

3. Encourage a ‘disposition to take action that can lead to transformation and emancipation’ (Du Preez & Roux 2008: 83).

The use of the Narrative Inquiry with members of Administration and the disciplinary committee gave an opportunity to this set of policy makers and executors in the University to go through the reflexive process of critical theory perspective( Keenan 2004: 544). The reflexive process involved questioning their interpretations of experiences of students and their actions in relation to substance abuse issues in the University. Questions in the Narrative Inquiry administered to administration and disciplinary committee participants were:

*What challenges do you encounter when making disciplinary decisions on cases of students involved with substance abuse? What are your concerns about University students involved with substance abuse? What is your opinion about providing services to students involved with substance abuse? Who are those that are involved when dealing with cases of students involved with substance abuse?*

The reflexive process was accomplished with the student participants through guiding questions in narrative inquiries and focus group discussions such as:

*What difficulties have you had in interacting with the university in the context of substance abuse? What things can the university do to help you to stay away from drugs? What can your family do to help you stay away from drugs? (Questions 18-20, see appendix ii for more details)*

For the Parents, questions 10, 8, 16, 17, 19 (See appendix I for more details) were utilized to generate data. The questions include:

*What are your concerns about your child’s involvement with substance abuse? What concerns do you have about how the University informed you? What difficulties did you have in relating to the university with regards to your child’s involvement with substance abuse?*

For the Staff, questions 10-12 (See appendix iv for more details.) guided the responses. Examples of the questions are:

*What difficulties have you encountered in working with students involved with substance abuse? What difficulties have you encountered in working with the parents/guardians of students involved with substance abuse? What difficulties have you encountered in your work environment when working with parents and their children involved with substance abuse?*

Part of the study was exploratory in order to understand what the University meant by the statement of “Rehabilitative discipline” as stated in school bulletin and student handbook (*Babcock University Student Handbook 2007-2009:75* and the *School Bulletin 2008-2009:8-9*).

This was addressed in questions 4-7 in the Administration and Disciplinary Committee Narrative Inquiry. (See appendix iii for more details) The exploratory questions include:

*What is the University’s posture towards students involved with substance abuse?*

*What interventions, if any, do the university have for students involved with substance abuse? What are your concerns about University students involved with substance abuse? What is your opinion about providing services to students involved with substance abuse?*

An interview was conducted with the Social worker who was part of the setting up of the social work unit of the school. This interview, along with the review of current documents in the department, provided data to describe current services at the university. The content of the interview is reported under the findings.

### **Data Collection**

Data concerning the problems of the study population was obtained through the use of Narrative Inquiry, semi structured interviews and focus group discussion. Semi-structured interviews were conducted using the questions in the Narrative Inquiry for parents who were unavailable to fill out the Narrative Inquiry themselves due to distance from the university or age limitations. One of the guardians was an elderly grandmother who was unable to come physically to the university. One older sibling lives in London and another parent preferred to do the structured interview over the telephone rather than fill out the narrative inquiry herself. All the structured interviews of the parents were conducted over the telephone.

These methods of data collection not only provided the materials to describe the experiences of the population but also recognized realities as constructed by the client. They also permitted reflexivity by participants through the use of probing questions that can lead to the emancipation of the clients, which is the focus of critical theory.

Details of the methods used for data collection are as follows:

### **Utilization Of Narrative Inquiry In The Study.**

As earlier defined and described, Narrative Inquiry was utilized as a research method for data collection. It gathers information from participants through narratives to get the experiences and perceptions of the participants. The narratives could come from records such as journals, pictures, field notes etc or interviews, discussions or written responses to reflective questions. For this study the researcher used a combination of discussions in focus groups (Students and SSS Staff) semi structured interviews guided by questions in the Narrative Inquiry (Some parents and some students);. written responses to the narrative Inquiry questions done independently by the participants (members of administration and disciplinary committee, SSS Staff, some parents, and some students).

- **Narrative Inquiry for the Students**

For Students, the benefit of Narrative Inquiry is that the student participants were able to describe their perceptions of substance abuse services that could help them to attain and maintain sobriety in order to achieve their primary educational goals. This was reported in the context of family involvement in the intervention process. The narrative inquiry was composed of the following: (see appendix ii for details).

A. Self awareness of substance abuse problem (Miller & Marlatt Brief drinking profile 2004) [questions 1, 8, 9, 10, 11, 12]. Examples of the questions on self awareness are:

*Why do you want a University education? What drugs are you involved with? For how long have you been involved with drugs? How has your involvement with drugs affected your academic goals?*

B. Involvement and impact of substance abusing behavior on family relationship and support systems. (Epstein, Baldwin & Bishop 1983) [Questions 2, 5,6,7,13, see appendix ii] Questions on involvement and impact on family are:

*Who are the people supporting your university education (Financially, emotionally, materially etc. Mention only roles and not specific names e.g. my father, pastor, grandmother etc) If other than your parents, explain why. Who of the above is aware of your Involvement with drugs? How has your involvement with drugs affected your relationship with persons mentioned in Q3?*

C. Evaluation of current university posture. [Questions 14, 17, 18 see appendix ii ]. The questions which evaluate current university posture include:

*What was your reaction to the university authorities becoming aware of your involvement with drugs? What has been helpful in the way the University has related to you and your involvement with drugs? What difficulties have you had in your interaction the university personnel in the context of substance abuse?*

D. Recommendations for improvement. [Questions 15,16,19,20 see appendix ii]. Examples of questions that probe for recommendations for improvement are:

*What have you done before to stop your involvement with drugs?*

*What things can the university do to help you to stay away from drugs?*

- Narrative Inquiry Guide for Parent/Guardian ( Appendix I)

The narrative inquiry for the parents/guardians comprised 3 sections which are informed consent, Statistics (Gender, Marital status, Religious denomination) and narrative Inquiry questions.

Inquiry questions for the parents were set along the following themes:

A. General knowledge and awareness of illicit drugs. (Questions 1, 2).

An example of such questions is:

*What in your opinion is a drug/illicit substance?*

B. Knowledge and awareness of child's involvement with substance abuse. (3, 4,5,6,7) Questions on this theme are:

*When did you become aware of your child's involvement with substance abuse?*

*What substance(s) is/was your child involved in? What was your reaction when you became aware of your child's involvement with drugs?*

C. Self or family history of substance abuse. (2,18)

The questions on family history of substance abuse are:

*When was your first contact with drugs? Who else in your family is involved with substance abuse?*

D. Parents' interactions with the university with reference to their children's involvement with drugs. (Questions 9, 10,11,12,13)

Examples of questions on this theme are:

*How did the University inform you about your child's involvement with drugs?*

*What concerns do you have about how the University informed you?*

*What did the university do to intervene with your child's involvement with substance abuse?*

E. Service Utilization (Questions 12, 13, 14)

Questions alluding to service utilization are:

*What services did the university provide to assist you with dealing with your child's involvement with drugs? What services did the University provide to your child with regards to his/her involvement with substance abuse?*

*What services outside the University did you utilize in dealing with your child's involvement with substance abuse?*

F. Recommendations. ( Questions 19,20)

Questions that call for recommendations are:

*What things can the university do to help your child stay away from drugs?*

*What can you and other members of your family do to help your child disengage from substance abuse?*

Parents and guardians were encountered when they came for registration clearance with their children as required by the university for students who are returning from suspension, or when they came to visit the center to follow up on their child's progress in the substance abuse treatment program at the SSS office. After their visit, they were informed about the study and were invited to participate. Seven parents/guardians were in this category. They were given the Narrative Inquiry. After reading it through, all of these parents preferred to take the instrument home and return it after it had been filled out. Two requested that it be sent electronically and they returned it via electronic mail. Four written responses were received. Some parents were contacted over the telephone, informed about the study and were asked if they would like to participate. Three parents were in this category. After reading the informed consent to them, they all agreed to participate. Three telephone interviews were completed. The difficulties and limitations of contacting parents /guardians and encouraging their involvement is indicative of a possible challenge in collaborative work with parents, especially those who are not in close proximity to the university. Also, the guidelines for a collaborative work with family of students

involved with substance abuse should be sensitive to parent's work schedules and allow for flexibility and creative ways to accommodate family availability.

- Narrative Inquiry for SSS Staff (Appendix iv).

The questions for the SSS staff were set along the following themes.

A. Nature of their work with Students involved with substance abuse (questions 1-3). Examples of such questions are:

*What is your role in working with students involved with substance abuse?*

*How do you detect students involved with substance abuse?*

B. Perceptions about the University's Posture and current services to students involved with Substance abuse. (Questions 4-9) . The questions here include:

*How does the University respond to students involved with substance abuse?*

*What services (if any) does the University provide for students involved with substance abuse? Who do you involve when dealing with students involved with substance abuse?*

C. Difficulties encountered as staff in the context of service provision. ( Questions 10-12)

The questions that arise here are:

*What difficulties have you encountered in working with students involved with substance abuse? What difficulties have you encountered in your work environment when working with parents and their children involved with substance abuse?*

D. Recommendations for improvement (Questions 13-15). These include:

*What suggestions do you have on what can make your work more effective in working with students involved with substance abuse?*

*What suggestions do you have on what can make your work more effective with parents of students involved with substance abuse?*

Nine members of staff participated in filling out the narrative inquiry. Each was assigned an identification code that showed whether they were hall administrators or counselors/social workers:

STF (n= 1...9)a for hall administrators and STF(n=1...9)c/s for counselors/social workers. Each response was typed into the computer under one document. Individual responses were identified with the above codes.

- Narrative Inquiry for Administration/Disciplinary Committee.

The questions in the narrative inquiry for Administrative Staff and members of the disciplinary committee were set according to the following themes.

A. Nature and length of involvement with students involved with substance abuse (Questions 1-3 See appendix iii). Questions included:

*What is your designation as a University staff?*

*What is the nature of your interaction/role with students involved with students involved with substance abuse? For how long have you worked in this capacity?*

B. Perceptions about current university's posture towards students involved with substance abuse. (Questions 4,6,7,9, ) Some questions on this are:

*What interventions if any does the university have for students involved with substance abuse?*

*When does the University involve the parents of students involved with substance abuse?*

C. Personal struggles and dilemmas about current posture/approach by the university (Questions 5-11). The questions here include

*What are your concerns about University students involved with substance abuse?*

*What challenges do you encounter when making disciplinary decisions in cases of students involved with substance abuse?*

D. Recommendations for improvement. Question 12 addresses this:

*What suggestions do you have for effective work with students involved with substance abuse?*



Ten members of the Administration/ disciplinary committee participated. Each was assigned an identification code of ADC (n=1...10) and each individual response was typed into the computer under the code.

### **Use of Semi Structured Interview**

The questions in the narrative inquiry were also used as the interview guide for telephone interviews conducted with the three parents/guardians mentioned earlier. These were parents who lived outside the country or were unable to fill out the narrative inquiry themselves due to being elderly. One of those in this category was a seventy-seven (77) year old grandmother.

All responses by parents/guardians were typed into the computer in one document. Individual responses were identified by the code PRT (n=1...12). 'W' indicated if it was a narrative inquiry written by the parent. 't' indicated if it was a telephone interview. So PRT6t was the response for parent 6 who was interviewed via the telephone. PRT3w was the response for parent 3 who filled out the narrative inquiry by themselves.

### **Use of Focus Group Discussion.**

A focus group discussion is a way of collecting qualitative data from a small number of people in an informal group discussion focused on a particular topic or set of issues (Wilkinson in Silverman 2004: 177). The focus group as a research methodology is germane to the liberation thrust of critical theory because qualitative health service research has increasingly drawn on focus groups to inform health policy and intervention design and it is a way of giving voice to marginalized groups (Kroll, Barbour & Harris 2007). Students involved with substance abuse within a university system that has zero tolerance for any form of psychoactive substance are a marginalized group because they are expected to be in compliance with the actions and sanctions of the university authority for their involvement with substance abuse. Their participation in this research through the focus group therefore gave them an opportunity to voice their experiences which could inform the development of guidelines on how the university should relate to students involved with substance abuse. Involving community members through focus groups is an important component of instrument development that is often neglected by researchers. This process was critical to developing a culturally appropriate instrument that accurately reflected the community's life experiences (Willgerodt 2003). The focus group is a means of listening to people's views on a specific area of inquiry in a non threatening setting and it facilitates a group perspective or position (Reed & Payton, Owen in Seymour; Bellamy, Gott, Ahmedzai & Clark 2002). The non threatening environment in this research was created by obtaining

informed consent from the students. The students willingly gave their consent because the consent form stated that their comments were held in confidence and what they said in the sessions would not be used against them, nor affect their school enrolment status or their bona fide privileges as students of the university. The serving of refreshments during the focus group discussion was aimed at creating a comfortable and non- threatening environment that would facilitate the expression of opinions and freedom to share experiences that would inform this research. Seymour et al (2002) utilized focus groups in exploring the knowledge, beliefs and perceptions of risk by older people in of health technologies in end of life care, which is a sensitive topic.

When used amongst professionals such as clinicians or student support services staff, as in this research, the focus group methodology allows participants to become co- investigators generating a series of clinical hypotheses that could test the data. This increases clinical relevance and bridges the gap between social work researchers and social work practitioners (Loneck & Way 1997). In order to give ‘focus’ in focus group discussions, general open ended questions are used ( Ngai & Ngai 2007). Loneck and Way (2007) stated that the use of open- ended questions minimizes biases even when participants are aware of the focus and the sentiments of the research. An example of an open ended question used in the focus group with the SSS staff in this study was:

*“What are your views in general about services to students involved with substance abuse?”*

Moderating focus groups with such questions allows participants to actively draw on their own personal, collective and comparative experiences in relation to the agenda (Eyre 2008). Stahmer, Collings and Palinkas (2005:67) also supported the use of questions as interview guides by stating that focus group participants have a specific experience with or opinion about the topic under investigation and the use of an explicit interview guide directs the exploration of the subjective experiences of participants in relation to predetermined research questions.

In a study of young people with an average age of 17 (which is similar to the average age of the student participants in this study when they started to use drugs) to explore empowerment versus disempowerment issues amongst non -engaging young people in Hong Kong, Ngai and Ngai (2007) utilized a non-directive approach that had no strict order of questioning. They used occasional prompts to facilitate the flow of narration. Summarization was used to give feedback about what seemed to be expressed and to check understanding. The group size in the study ranged from 12 - 50 participants.

For the purpose of this study the focus group discussions were on issues concerning the service delivery experiences of students and their families as well as those of the the student support services workers.

Sample Questions for the SSS include the following: (See appendix vii)

*What are your views in general about services to students involved with substance abuse? What are some cultural influences that have been observed in working with families of students involved with Drug abuse?*

Sample questions for the students' focus group include: ( See appendix v for more details)

*What are your views about how the University relates with students involved with substance abuse? What challenges do students face when relating to University staff with regards to involvement with substance abuse? What is your opinion of parents' involvement?*

During the focus group discussions the following interviewing skills were employed: active listening, restating, clarifying, summarizing, confronting, facilitating, empathizing etc (Corey 2008: 30).

- Setting for the Focus Group Meetings.

The focus group meeting for the students was conducted at the end of the 2008/2009 school year. The students who had participated in the substance abuse program conducted by the SSS were invited to the center. They were informed that there would be a discussion to debrief them regarding the services for the school year and that this was part of the on-going research. Refreshments were served. Informing the students that refreshment would be served was an incentive to get them to participate. This was supported by a previous study by Corner, Meier and Galinsky (2004) who they offered \$30 honoraria to volunteers who participated in a study to explore an on- line based listserv support group for social workers.

Fifteen students participated in the focus group discussion. They were subdivided into three groups with two SSS staff in each group. One staff member facilitated the discussion by reading out the questions and encouraging responses from the students while the other staff member wrote the responses. The responses from the three subgroups were then collected and typed into the computer by the researcher. Responses from each subgroup were delineated by labels for the recorders: Recorder 1, Recorder 2, recorder 3 and were typed into one word document on the computer.

The initial draft of the responses was printed and a copy was given to a caucus of six students who represented the group. At least one student was picked from each sub- group. They were requested to read through the document and make comments, observations and corrections to ensure the accuracy of the responses (See appendix VI). This was done to establish trustworthiness and rigor as advocated by Padgett (2008: 186).

A conducive atmosphere was ensured with the serving of refreshments and students were also informed that they should be free to express their opinions and that there would be no retribution or consequences for what was said. They were informed that the aim was to improve current services to them and provide information that could help other institutions (Sheafor & Horejsi 2006:329). Confidentiality was verbally assured.

- **Focus Group for the Staff.**

The members of staff of SSS were informed after a statutory departmental meeting about the focus group discussion as part of the ongoing research to develop guidelines for a collaborative approach in working with families of students involved with substance abuse. The meeting was scheduled for lunch break the following day. The staff was informed that attendance was voluntary. At the staff meeting the following day, a telephone text message was sent to the staff to remind them about the focus group discussion. Five members of staff attended and participated. One member of staff, in addition to the researcher, was requested to write down the content of the discussion.. The focus group questions for the staff were read and responses were recorded. At the end of the meeting, the responses were collated and typed into the computer. A print- out of the responses to the focus group discussion was then given to each of the five participants the following day and they were requested to confirm the accuracy of the responses (see appendix viii). Comments and corrections made were typed into the computer. This process ensured that the recorded data accurately reflected the responses of the participants and that the data was free of the researcher's biases. This was identified as a Peer debriefing and support strategy to ensure rigor and trustworthiness (Padgett 2008: 186).

The above section concludes the description of the instruments and methods used to collect the data expressing the concerns of the population in phase 1 of the DD in this intervention research. The following section will describe how the data collected was analyzed.

#### **2.6.1.4 Analyzing The Identified Concern: The Process Of Data Analysis**

The aim of data analysis of a qualitative study is to identify patterns, themes or biases (Salahudin, 2003:165). Data collected by the researcher from the written narratives, documentation of the interviews, transcripts of focus group discussions was analyzed to identify the needs of students involved with substance abuse, their parents and support services workers, as well as to gain an understanding of perceptions of current postures and services. This is the fourth operation under phase 1 of the DD of this intervention research.

The researcher used content analysis as a research method for analyzing the data collected from the structured interviews, written narratives and transcripts of focus group interviews as well as the information gathered from observations and case records. Content analysis is a way of changing qualitative material into quantified data (Rubin & Babbie 2001:439). It examines the data for recurrent instances that are systematically identified and grouped together by a coding system (Wilkinson 2004:163). Coding is the process of organizing the materials into ‘chunks’ of text (Rossmann & Rallis in Creswell 2008; 186). The unit of analysis identified for this research was the statement of needs expressed by students, their parents and student support staff and members of Administration/Disciplinary committee. For this study the researcher used a combination of Tesch (in Creswell 2008:186) and the coding options presented by Bogden and Biklen (1992) in Creswell (2008: 187). Tesch (in Creswell 2009:186) presented the following eight steps for qualitative data analysis:

1. The transcripts are to be read carefully to get a big picture of the responses. Ideas will be jotted down as they come.
2. The researcher will then pick one document, either the longest or shortest, and ask, “What is this about?”
3. Make a list of all topics after several participants have been clustered together. Similar topics will be formed into columns and abbreviations will be given for them
4. The next step will be to take the list and go back to the data and abbreviate the topics as codes and write them next to appropriate segments. Possibly some new categories and codes may emerge.
5. The researcher will find descriptive words for topics and turn them into categories. The topics that relate together will be grouped under the same category.
6. A final decision will be made on the abbreviations for each category and the codes will be alphabetically arranged.

7. The data material belonging to each category will be assembled and a preliminary analysis will be done.
8. If necessary the data may be recoded.

Bogden and Biklen in Creswell ( 2009:187) presented the following coding options:

1. Setting and context codes
2. Perspectives held by subjects
3. Subjects' way of thinking about people and objects
4. Process codes
- 5 Activity codes
- 6 Strategy codes
7. Relationship and social structure codes
8. Reassigned coding schemes

The researcher chose to analyze the data by focusing on perspectives held by participants', their relationships and social structures and activity codes were based on the above options. At the beginning of the analysis, the research questions were reviewed in order to see the relevance of the data to the research questions. In the process of data analysis Tesch's steps 1, 3,4,5,7 ,8 were applicable to this study as presented below.

The transcripts were read carefully and in the process of keying the responses into the computer, trends and ideas were being noted. Through an initial perusal of hand written material the researcher became acquainted with the collected data which were responses of participants to interviews, written Inquiries and focus group discussions. More insight into the contents was gained as data was converted o word documents in the computer. Responses by all participants in each category i.e. students, parents, staff and administrators were entered for each question of their respective questionnaires. There was, therefore, one Microsoft word document for responses by each category of participant. This allowed the researcher to read all responses by each set of participants at the same time. An example of the above style of transcribing of data is given below. In the administration/disciplinary committee question:

“What is the University’s posture towards students involved with substance abuse?”

Responses were recorded as follows:

*“Generally when found liable for such misconduct, such students are asked to go on suspension for a detoxification process and certification. Usually for a*

*minimum of one academic year.”*

*“Redemptive disciplinary measures. These measure apart from serving as a deterrent to other students who may want to contemplate engaging in such practices. Most importantly, it teaches that for every action there are consequences which may be unpalatable.”*

*“The University, posture tilts towards the corrective rather than the punitive.”*

*“If discovered they’re sent for counseling.”*

*“Detection - Rehabilitation - Reintegration”*

*“Automatic one year suspension”*

*“Counseling and punishing offenders”*

*“I believe the university will like to help them get out of it. However, if they’re unwilling, the university will not allow them to corrupt others.”*

*“The university has zero tolerance for substance abuse, yet there is a redemptive approach that gives students room to amend their ways if willing. I am aware that where there is evidence to indicate that a student is making efforts along with the cooperation of parents and medical/psychological rehab, there is leniency on the appeal committee for such a student.”*

*“Disintoxicate the students. Counsel to live better lifestyle”.*

The above method of transcribing the data into the computer was used for all sets of participants. As this was being done trends and patterns in the data were noted.

Once responses by each set of participants were clustered together under the questions to make one Microsoft word document for each set of participants, the researcher read through each

document looking for perspectives, experiences and relationships to the social structure of the university environment of the participants. These were used for coding according to Bogden and Biklen in Creswell (2009). As these perspectives and relationships to the university structure and activities were identified, abbreviations were given to them and they were listed into a legend. Perspectives and experiences of the participants were then grouped under four major topics or themes. These themes were color coded. The researcher decided to “hand code” the qualitative transcripts and information using a color code scheme to identify the four themes (Creswell 2009: 188). “Coding is the process of organizing the materials into chunks or segments of texts before bringing meaning to the information.” (Rossman & Rallis 1998 in Creswell 2009:186).

The themes and color codes are as follows:

- A. Awareness, dilemmas and perceptions of the university’s posture to students involved with substance abuse. Color code: Pink
- B. Actual experiences of parents and students when they interacted with the university’s approach and posture to students involved with substance abuse. Color code: Blue.
- C. Family involvement and dynamics. Color code: Yellow
- D. Current services and service provider perceptions. Color code: Orange

The next step was to take the list of abbreviation and colors and go back to the data and abbreviate the topics as codes and highlight the appropriate segments. The perspectives, experiences and relationships to the university system of the participants were highlighted with the assigned colors. This color coding was done across all participant sets. As this was being done, sub categories and codes emerged.

The researcher then looked for words/ phrases to describe and group the topics that went together under the same category. For example, ‘Parent responses/needs’ ‘Student responses/needs’ As data was being analyzed and coded under the above categories that were triangulated across participants, sub-categories emerged and were coded. For example under student responses and needs sub categories such as need for trust and non- stigmatization were mentioned by students, SSS staff and Administration/disciplinary committee participants. These sub categories were also coded.



Findings were then reported under these themes and subthemes. Responses that were exceptions to the general/prevaling experiences were noted and reported. Some responses had more than one category and there were multiple codes to identify the themes embedded in them relevant statements to different themes and subthemes were identified even when they occurred within one response. For example under the theme of nature of family involvement (Coded yellow), a student 16 (STT16)'s response had all three subcategories of the consequences of drug involvement on family relationships. (Sub theme B1, B2, B3)

**STT 16:** They do not show much interest in what I do like before [B1 **indifference**]. Very minimal financial help [ B2 **Financial support**]. What used to be 90-95% level of trust is now 30-20%[B3 **Reduced level of trust**] The sub themes were differentiated by the type of underlining. See the legend below.

Legend \_\_

**Yellow** Main theme C.

Subtheme B1

Subtheme B2

Subtheme B3

According to Tesch's steps 7 and 8, the data belonging to each category was assembled and a preliminary analysis was done. As found necessary, the data was recorded.

### **Data Verification**

Data verification is that aspect of research methodology that focuses on establishing the validity of data collected. Traditionally, quantitative research methods focused on establishing external and internal validity. However validity in qualitative research has been subject to much debate with regards to 'fit'. Padgett, (2008:180-181) reported that experts such as Guba and Lincoln have proposed credibility, transferability, auditability (dependability) and confirm-ability as alternatives to Internal validity, external validity, reliability and objectivity. Together, these connote the trustworthiness of qualitative research. Reliability and validity (which are quantitative research values) are conceptualized as trustworthiness, rigor and quality in qualitative research methods (Golafshani 2003:605). Bowen (2005: 216), also reported that Denzin and Lincoln suggests that

trustworthiness of research findings be established by the four factors of credibility, transferability, dependability and confirm-ability.

“*Credibility* is defined as the degree of fit between the respondents' views and the researcher's description and interpretations. *Transferability* is the generalizability of the research findings. *Dependability* or *auditability* means that the study procedure is documented and traceable. *Confirm-ability* is achieved by demonstrating that the findings are not imagined or concocted but can be linked to the data” (Padgett 2008:181). Hence, to establish “trustworthiness” of qualitative research, credibility, dependability, transferability and confirm-ability need to be established (Sinkovics, Penz, Ghauri 2008:6).

This researcher therefore chose to verify the data collected in this study by establishing trustworthiness and rigor under the qualitative research values of credibility, transferability, dependability and confirm-ability. Trustworthiness and rigor was established by utilizing combinations of four of the six strategies enumerated by Padgett, (2008: 186) which are;

- Triangulation of data
- Peer debriefing and support
- Prolonged engagement
- Member checking

A brief description of these strategies as applied to this study is given below.

- Triangulation

Triangulation is the use of several different viewpoints to establish credibility. (Salahu-Din 2003:233). Creswell (2009:191) also defined triangulation as the converging of several perspectives of participants. The themes for this study emerged as a result of the convergence of perspectives from the four sets of participants. Collection of data from the different participants such as the students, parents/guardians, SSS staff and members of administration and disciplinary committee allowed for triangulation. Getting information about the needs of students and their parents through more than one method viz narrative inquiry, structured interviews and focus group discussions served as a cross-check that gave strength to the area of validity. Observer triangulation uses more than one person in the field for observation and more than one person to code the same data (Salahu-Din 2003: 233). In order to enhance triangulation in this study, the focus group discussion for the students involved with substance abuse was facilitated by other members of staff of the Student Support Services department. Also, the researcher allowed some counselors and social workers to administer the narrative inquiry

questions in interviews with the students. This enhanced the study by allowing others to identify and bring in perspectives could have been overlooked by the researcher. It reduced researcher bias. Members of the focus groups were also asked to check the data. Literature of previous studies was also used to triangulate the findings.

- Peer debriefing and Support

Salahu-Din (2003) included peer debriefing as a technique for establishing trustworthiness of qualitative data. Allowing others to give feedback and review the researcher's interpretation of data prevents bias in research (Salahu Din, 2003:233). This researcher gave copies of the transcript of the staff focus group discussion to the five members of staff who had participated to review and make corrections to ensure that the content of the focus group discussion was accurately reported. This was done to verify the accuracy of the data collected. This established credibility of the word-data as an accurate reflection of the participant's responses.

The researcher is also a lecturer in the Department of Public and Allied Health of Babcock University. She utilized the feedback of other professors who are knowledgeable in the area of qualitative research to interrogate the data collection methods. This included but was not limited to the setting for narratives, structured interviews, focus group discussions as well as the questions and guides that were administered. She also debriefed with co facilitators and staff observers of focus group sessions to minimize researcher bias and omissions.

- Prolonged Engagement

Prolonged engagement is the strategy that ensures that the researcher stays long enough and interacts adequately with the participants. It reduces reactivity and respondent bias (Padgett 2008; 31). When the researcher interacts sufficiently with the participants on more than one occasion, it is less likely that the participants will lie or withhold information. This researcher had the opportunity to interact with the all the participants for a minimum of nine months which is the duration of a school year. All the student participants were already involved with various services offered by the department and this had built trust between the researcher and the student participants. Time commitment is also required for prolonged engagement (p. 197). Since the researcher works in the University full time and is not considering leaving to take up new employment, time commitment was ensured. The researcher interacted with staff and students for a minimum of four hours a day in a 40-hour/week.

- **Member Checking**

This entails requesting verification of data by the participants. Padgett (2008:190) describes it as being empowering and is a form of validation by the 'experts' who in this case are the participants, especially the students. It shifts authority towards the participants and welcomes their input and standpoints (Rolfe 2006:305). This researcher sought a caucus of participants to verify if the researcher accurately reported what was said after the data had been analyzed and interpreted. The participants who responded to this meeting were: three students, one parent, one member of administration and four members of SSS staff. Other participants who had initially indicated their availability cancelled the appointment due to unexpected events to which they had to attend. One parent gave his comment to the analyzed document via e-mail. The researcher gave each set of participants' copies of the analyzed data before the meeting and it was the basis of the discussion. All the participants said they were able to identify their responses in the data though it was reported anonymously. Trustworthiness of this research was ensured by paying attention to the following qualities:

- **Credibility**

Credibility, which is the degree of fit or accuracy between what participants' responses are and what the researcher interprets or describes, was established through (a) Interviewing skills, (b) Member checking, (c) Peer debriefing and support, (d) Seeking a balance of interpretation and description (Padgett 2008). Interviewing skills allowed the participants to express their own thoughts and opinions through active listening, clarification and summarization with minimal interruption by the interviewer. Information gathered was therefore that of the person being interviewed and not that of the interviewer (Seidman 1991: 18). To ensure credibility, the researcher recorded what the participants said verbatim in the structured interviews. All the narrative inquiry responses were reported verbatim, along with spelling or grammatical errors. Those that were completed electronically were transferred without corrections. All original copies are available upon request. Member checking was conducted by giving copies of the interpretation of the data to some of the respondents as indicated earlier (staff, students and parents) to verify that what was said was what was recorded.

Peer debriefing and support, which is similar to member checking, involved other professionals and colleagues reviewing the instruments to be used for language and ability to elicit relevant responses from the respondents. The researcher was intentional in seeking a balance of interpretation and description. According to Padgett (2009: 104) this is giving 'voice' to both the participants and

researcher in reporting the findings. The researcher included direct quotations as much as possible. She sought a 50/50 mix of description and interpretation. Creswell suggests a 70/30 or 60/40 mix favoring description (Creswell, 2007).

- **Transferability.**

Transferability queries the extent to which the findings are transferable and applicable to other contexts (Miles and Huberman, 1994: 279) How far can they be generalized? The researcher ensured transferability by performing the steps based on the queries presented by Miles and Huberman (1994:279). One of the steps includes full description of the characteristics of the persons in the original sample to permit adequate comparison with other samples. This information was obtained from the statistical data that was included in the narrative inquiry for students and parents.

For students:

1. Age:
2. Gender:
3. Level of study:
4. Course of Study:
5. Religious affiliation ( specify denomination):

For Parents :

1. Marital Status:
2. Religious affiliation (specify denomination)

Though the findings of qualitative research need not be transferable, there are some aspects of this study that might be relevant to other contexts such as other faith- based private universities that may want to utilize the guidelines developed from this research.

The definition of the scope and boundaries of the study allowed for reasonable generalization. Also a thick description of methodology of sampling criteria, data collection and analysis, is like the recipe of the study that others can follow.

Unobscured preservation of the narratives, observations, stories and reports by thorough documentation of participant (students, parents and staff) contacts such as text messages, telephone calls, e- mails, physical contacts and unadulterated relevant direct quotes was adhered to as much as possible. This resulted in a description of the processes and outcomes in conclusions generic enough to be applied to other settings. For example, the researcher was unable to complete an interview because the respondent was a grandmother who burst into tears about the involvement of her grandson in drugs.

The researcher noted the question that triggered that type of emotion and wrote what the grandmother said as she was crying. It was also indicated that the interview was suspended.

The report suggested settings where the findings could be further tested such as other faith-based private tertiary institutions and non- faith based private tertiary institutions.

The findings are linked to primary socialization theory and critical theory. A robust literature review that gave a backdrop of the exiting body of knowledge related to the study was done. This is found in Chapters three and four. The study concluded with sixteen (16) pages of cited works.

- **Dependability/Audit-ability**

Dependability which ensures that the data is documented and traceable was established by inputting the data into word documents on the computer. Telephone interviews were transcribed and also loaded into the computer. All interactions relevant to this study were retrieved from existing case notes, progress reports, test results and other observations that were kept in the participants' case records. All handwritten and typed responses have been preserved in their original forms and are available upon request.

- **Confirm-ability**

Ghauri in Marschan-Piekkari,&Welch (2004;117), stated, "The objective of confirm- ability is to ensure that researchers demonstrate that their data and the interpretations drawn from it are rooted in circumstances and conditions outside from researchers' own imagination and are coherent and logically assembled and that data collection and analysis are closely interconnected during the lifecycle of the study". It was also pointed out by the author that confirm-ability is ensured by timeliness in data analysis alongside data collection so that the researcher is not swamped by quantity of data collected that has not been analysed. How does one establish confirm-ability? Trochim (2006) explained that confirm-ability refers to the degree to which the results can be confirmed or corroborated by others and this is ensured by proper documentation of procedures for checking and rechecking the data throughout the study. For the purpose of this study, confirm-ability was ensured through the following process:

- i. The procedure was properly documented.
- ii. The negative case analysis strategy, previously mentioned by Padgett (2008) was followed. The data was reexamined after the initial analysis to see if the emerging themes were applicable to all the cases. Negative case instances that contradicted previous observations were identified. For

example there was a situation where a student stated that his father encouraged him to drink alcohol as a sign of “coming of age”. Collaborative work with this parent to reduce or stop alcohol drinking with the student will be counterproductive.

iii. Timeliness of data analysis to maintain the connection between data collection and analysis was considered. Most of the data was collected between the months of March and September 2009 and data analysis commenced in October of the same year.

- **Neutrality**

Neutrality is a standard for research methods that ensures that research findings are unbiased. Patton, (in Marlow, 1998) posited that neutrality of research is ensured when the researcher does not seek to prove a particular perspective or manipulate data to arrive at predisposed truths. These are of particular importance in data collection methods. This researcher tried to minimize biases in data collection by allowing for multiple interviewers, anonymous narrative inquiries and observation inputs from other workers. Neutrality along with transferability, confirm-ability and dependability were research qualities that established the trustworthiness of this study. The following section presents the final operation of phase 1 of the IDD.

#### **2.6.1.5 Setting the Goals and Objectives.**

This is the final activity under phase 1 of the intervention design and development model as postulated by Rothman and Thomas, (1994.) Goals refer to the broad conditions and outcomes that are desired by the community of interest and objectives refer to more specific changes in programs, policies and practices that will contribute to the broader goal. (p.31). This is the outcome of the problem analysis operation of IDD. It is worthy of note that setting of goals and objectives under this IDD activity has a dual application. First there is the ultimate goal of the desired outcome of a paradigm shift in the posture and interaction of the university with students involved with substance abuse and their families. This larger goal is informed by an initial research goal of reporting what the university currently does for students involved with substance abuse and a final research outcome which is to develop a practice guideline that will guide the University for a Collaborative Approach in working with students involved with substance abuse and their families. The two levels of goal setting are community goals and research goals.

The community goal was:

To improve the current posture of the university in how it relates to students involved with substance abuse through a collaborative approach with the families of the students.

Research Goals were:

1. To report current services and practices provided by the university for students involved with substance abuse.
2. To develop practice guidelines for a collaborative approach between the University and parents of students involved with substance abuse at Babcock University.

In order to accomplish these goals, the following objectives were proposed:

Task objective 1.1: To explore and describe the experiences of students involved with substance abuse at Babcock University.

Task objective 1.2: To explore and describe the interactions of parents and guardians of students involved with substance abuse with the University system regarding reintegration and treatment.

Task Objective 1.3: To explore and describe the experiences of SSS Staff with regard to provision of services to students involved with substance abuse.

For goal 2, which was to develop practice guidelines for a collaborative approach between the University and parents of students involved with substance abuse at Babcock University, the following task objectives were identified:

- 2.1. To explore and describe the experiences of University students involved with Substance abuse.
- 2.2. To explore and describe the experiences of parents/guardian of University students involved with substance abuse.
- 2.3. To review literature that pertains to issues and methods of working with university students involved in Substance abuse.
- 2.4. To review literature on cultural implications for social work practice with university Students in Nigeria.
- 2.5. To develop culturally relevant practice guidelines in terms of a collaborative approach between the University and parents of students who are involved with substance abuse. According to Rothman & Thomas (1994:31) “stating broad goals and more specific objectives clarifies the proposed ends and means of the intervention research project. This defined purpose helps to structure the next phase of information gathering and synthesis”



Upon the setting of goals and objectives, the researcher proceeded to the second phase of the IDD which is Information gathering and synthesis. A summary of phase 1 is given in table 2.2

Table 2.2 Summary of Phase 1: Situation Analyses and Project planning

Group	Population	Sample	Sampling method	Data collection method	Data analysis and data verification methods	Goals and objectives
1	All students who had misconduct referrals in the last 2 academic sessions  All the staff with service contacts with students	Students who were involved with substance abuse  Parents/Guardians of students involved with substance abuse  Student support Services workers who have worked with students involved with substance abuse	Purposive sampling Through data saturation	Semi-structured interviews  Narrative inquiry  Focus group	Data analysis according to the framework of Tesch and Bogdan & Biklen (in Creswell, 2009:187)  Data verification based on The combination of Padgett 2008 and Hubberman 1994.	Goal:1 To report the current practices of working with students involved with substance abuse at Babcock University treatment.  Objectives: To explore and describe the experiences of students involved with substance abuse at Babcock University.  To explore and describe the interactions of parents/guardians of students involved with substance abuse, with the school system Regarding reintegration and treatment.  To explore and describe what the workers do currently.
2	All students who had misconduct referrals in the last 2 academic sessions  All the staff with service contacts with students	Students who were involved with substance abuse  Parents/Guardians of students involved with substance abuse  Student support Services workers who have worked with students involved with substance abuse	Purposive sampling	Qualitative interviewing  Focus groups	Data analysis according to the framework of Tesch/ Bogdan and Biklen in Creswell, (2008:187)  Data verification based on The combination of Padgett 2008 and Hubberman 1994.	Goal:2. To develop practice guidelines for a collaborative approach between the University and parents of students involved with substance abuse at Babcock University.  Objectives: To explore and describe the experiences of University students involved with Substance abuse. To explore and describe the experiences of parents/guardian of University students involved with substance abuse. To review literature that pertains to issues and methods of working with university students involved in Substance abuse. To review literature on cultural implications on social work practice with university Students in Nigeria. To develop a culturally relevant practice guidelines in terms of a collaborative approach between the University and parents of students who are involved with substance abuse

### **2.6.2. Phase 2. Information Gathering and Synthesis**

Three steps were identified by Rothman and Thomas (1994: 32) for this phase. This phase identifies what others have done to understand and address the problem. The three steps in this phase are:

- a. Using Existing Information Sources.
- b. Studying natural samples and
- c. Identifying functional elements of successful Models.

This phase of the study explored previous research findings that are relevant to substance abuse among university students as well as interventions that have been implemented to address the problem. A description of each of the steps is given in the following sections.

#### **2.6.2.1 Using Existing Information Sources**

This step involved the use of existing literature to gather information that is relevant to this study. The researcher looked beyond the specific field of social work because substance abuse cuts across other disciplines such as psychology, public health, education, sociology etc. This ensured that this study would contribute to the scholarship of integration that establishes new linkages between concepts and methods of various disciplines (Boyer in Rothman & Thomas 1994:32).

The researcher utilized information resources of the UNISA library as well as those of Babcock University and other universities in the locality. The review of literature of existing information relevant to this study is provided in chapters three and four of this document.

#### **2.6.2.2 Studying Natural Examples**

Exploring the experiences of the population under study is the focus of this step. Rothman and Thomas (1994:32) advocate that information should be gathered from the people who have actually experienced the problem. The researcher accomplished this with the use of semi- structured interviews, narrative inquiry and focus groups as stated under phase 1 step 3.

The target populations for this study were:

- Students who had been involved with substance abuse
- Parents/guardians of students involved with substance abuse
- Student Support Service's staff who worked with students involved with substance abuse.
- Administration and disciplinary committee members who enact and execute school policies related to substance abuse amongst the university students.

### **2.6.2.3 The Functional Elements Of Successful Models.**

This step involves the analysis of the information gathered from existing literature and studies to identify relevant functional elements of previous studies being reviewed that can be replicated or adapted to achieve the goals of this study. The researcher utilized the questions adapted from those postulated by Rothman and Thomas, (1994: p33) to identify the functional elements of previous works relevant to this study. The questions are:

1. What made a particular program, policy or practice effective?
2. What made a particular program, policy or practice fail?
3. What events appeared to be critical to success or failure?
4. What conditions may have been critical to success or failure?
5. What specific procedures were used in the program, policy or practice?
6. What training procedures were used?
7. What positive and negative consequences were used to help establish and maintain desired changes?
8. What environmental barriers, policies or regulations were removed to make it easier for the change to occur?

The use of some of the above questions assisted the researcher in discovering functional elements of previous models. This step concluded the operations required for Phase 2:

the Developmental Research design. The following table 3 is a summary of the activities involved in this phase.

**Table 2.3: Summary of Phase 2: Information Gathering and Synthesis**

Group	Participants	Literature review	Identifying the functional elements
1	University Students involved with substance abuse	Adolescence  University students  Substance abuse	Data analyses  Literature study
2	Parents/guardians of university students involved with substance abuse	Collaborative work with families.  Culture: (Nigerian Family norms)  Nigerian university students	Different service programmes, practice guidelines  Data analyses  Literature study  Evaluate the effectiveness of services and programmes
Group 3	Student support services staff and members of Administration and disciplinary committee.	Counselling and social work intervention services  Substance abuse interventions among university students  University policies	Different intervention programs practice guidelines  Data analyses  Literature study  Evaluate the effectiveness of services and programs

### 2.6.3 Phase 3: Design

The third phase of DD in intervention research is called the design stage. The focus of this phase is the formulation of intervention constructs (Mullen in Rothman & Thomas 1994:163). Furthermore it is the systematic conversion of research findings into social interventions. Design is a stage for purposive planning (Rothman & Thomas:164).

The objective tasks stated on pages 81 & 82 guided the researcher in this study. The task objectives undergirded the collation of the knowledge base, upon which the practice guidelines for a collaborative approach for working with university students involved with substance abuse was developed. The analysis and interpretation of the information gathered informed the practice guidelines.

There are two operations during this phase (Rothman and Thomas, 1994: 34) and they are

- a. Designing an observational system; and
- b. Specifying the procedural elements of the intervention.

#### 2.6.3.1 Designing An Observational System.

This step involves designing a way of observing events related to the phenomenon naturalistically (Rothman & Thomas, 1994: 34). Observation could be obtrusive or unobtrusive (Rubin & Babbie 2001). In an unobtrusive observational system, the observer/researcher observes and records data without being noticed. In obtrusive observation, the subject is aware of the observation. For the purpose of this study, the observational system was unobtrusive. This choice was made because the researcher desired to enhance the reliability of the information gathered by minimizing the tendency for subjects to display atypical behaviors if they are aware of the observation (Rubin and Babbie, 2001:337).

Designing the observational system entailed the following components;

1. Identifying the behaviors and activities related to the study, for example, parent contact with staff, reactions to feedback from staff.
2. Examples and non-examples of the behavior/ product that will assist in the discrimination of the occurrences of the behavior. For instance an example of an incentive to attend a group session is the provision of free meals. An example of documentable parent involvement is a

phone call to ask about a student's drug screening result. A non example is a parent's call to ask about when a student starts their exam.

A recording guide was developed (see appendix ix) for hall administrators and counselors, who were the observers, to record behaviors, activities or concerns. The reliability and validity of the observations are affected by the observer training and experience (Rothman and Thomas, 1994: p35). Substance abuse training was organized for the hall administrators, counselors and social workers who interacted with the students involved with substance abuse. The training was conducted by a colleague who was invited by the researcher. She was a certified substance abuse treatment trainer and head of the clinical psychology department of a psychiatric hospital that has a residential drug rehabilitation center. The training included how to identify substance abusing behavior in students. The workers were verbally encouraged to note all related activities of the students such as behavior in the hostel, responses to going for random drug tests, attendance and participation at meetings, parent involvement such as visits, phone calls and text messages. Significant incidences such as disciplinary actions and academic probation were also to be noted. Part of the limitation of this study was that the hall administrators and counselors already had a form called the incident form which they used for recording the above incidences. The form developed for the purpose of this study was found to be a duplication and additional paper work burden so it was not utilized. The researcher therefore readjusted to that reality and used the existing reports from the hall administrators and SSS staff.

### **2.6.3.2 Specifying Procedural Elements Of The Intervention.**

The focus of this design operation is to develop what could be called the recipe for the intervention. Mullen in Rothman & Thomas (1994: 169-191), provided a framework to guide the development of practice guidelines for a collaborative approach between the university and families of students involved with substance abuse. Four activities were proposed to lay the foundation for designing an intervention. They are:

1. Specifying the design domain
2. Design requirements
3. Design problems
4. Information retrieval by source and type

Each of these activities will be explained briefly.

### **1. Specifying Design Domain**

Following the specification goals and objectives of the intervention under phase 2, the objectives are formed to focus the design activities. Part of this focus is to frame the areas for the design activity. Such areas of focus using the base of this study as examples, could be structural (e.g. addressing how the university structure is set up and how it can be changed to address the issue of substance abuse among students), administrative (e.g. administrative proceedings like when and how the disciplinary committee meets to determine the cases of students involved with substance abuse or when and to whom notification is given), Interpersonal (how the different units of the university involved with students relate to each other) and ethical (Addressing client confidentiality and right to self determination in the process of substance abuse intervention). Other design domains could be as specific as designing assessment methods, monitoring methods and termination procedures. The design domain for this intervention research focuses mainly on the administrative aspects of how the university can work collaboratively with the families of students involved with substance abuse. However, there are interpersonal and ethical issues that need to be considered in the practice guidelines.

### **2. Design Requirements**

This step of DD determines the conditions the intervention is to satisfy. As an illustration, this researcher determined that the practice guidelines for a collaborative approach between the university and families of students involved with substance abuse should be usable across disciplines. This means that guidelines can be implemented by counselors, social workers, educators and other profession involved with human services. There should also be measurable indicators of compliance to ensure adherence. This means that ways of monitoring adherence to the guidelines should be incorporated into the design.



### **3. Design Problems.**

This activity identifies unresolved issues regarding elements of the intervention that is being developed. The purpose of this step is to anticipate possible problems that may occur in the process of implementation and to offer solutions ahead of time in the guidelines. Once again, applying this step to the current research, one of the design problems identified was, what the process of review and adaptation of the guidelines to emerging situations would be. Identifying the design problems helps to fine tune the design and leaves room for further research.

### **4. Information Retrieval by Source and Type.**

This IDD activity involves the identification of information that will inform the development of the intervention. It has to be determined if the information to be used will be limited to the empirical research findings or will it include the retrieval of theoretical work or experimental data? In addition to use of literature, will other sources such as experts in the problem area be used? There could also be a survey of community knowledge to supplement the existing empirical knowledge ( Mullens in Rothman & Thomas 1994;171). For the design of the current intervention, the researcher utilized the perusal of theoretical work as well as the findings of this study to develop the practice guidelines.

After the design domain was identified, design requirement specified and design problems recognized, the researcher utilized the combination of information from the theoretical work of Primary socialization theory and Critical theory along with findings from previous experiments found to be relevant to this study to triangulate the findings of this study. The four foundational design steps described above leads to the next level of conversion and intervention design. Conversion and intervention design is the final step of the design phase of IDD and it will be described below.

### **Conversion And Intervention Design.**

As mentioned earlier, the goal of intervention research is to translate theory and empirical findings into working technology in human services. Rothman in Rothman &Thomas (1994: 172) stated “having acquired information from the knowledge base, it is now necessary to manipulate that information in some meaningful fashion, to convert it into a form that will yield workable design concepts.” The mandate of design therefore is to etch out a plan which specifies the general form of the

intervention. This process requires creativity and imagination as Mullens pointed out in Rothman and Thomas (1994:173). This is because the transfer of the information gleaned from empirical findings and theoretical knowledge into the social context of the proposed intervention demands adaptation and contextualization. One needs to consider the blend of personalities, perspectives, time constraints and biases among a host of other things. The conversion step involves descriptive generalizations that inform specific prescriptive applications. These two sub- steps of conversion as applied to this research will be presented in the following section.

### **Forming Generalizations**

The researcher determined the intervention domain to be the specification of the administrative procedure with consideration of interpersonal and ethical issues in collaborating with families of students involved with substance abuse. Knowledge for this research was developed from the broad base of information on adolescent development and its interface with substance abuse, Primary Socialization and Critical Theories that gave the theoretical framework for a wholistic and empowering approach and the empirical findings of this study. The researcher then drew on this information bank to make generalizations about what to expect in a collaborative approach between the university and families of students involved with substance abuse. Such generalizations included the need for notification, parental consent, need for dependency assessment etc. These generalizations were made by borrowing from prior work done by other researchers such as Madsen (2009), Smith, Boel-Studt, & Cleeland (2009), Waldron, Kern Jones, Turner Petersen & Ozechowski (2006) and Stern (1999). Mullens in Rothman & Thomas (1994) proposed that the quality of evidence that supports the substantiveness of the generalizations is to be established by four tasks which are:

1. Specification of the representativeness under which the intervention was studied. This refers to the fact that the study was carried out in a private Christian university in Nigeria with male students with an average age of 21.
2. Identification of the characteristics of the research design and threats to validity. Purposive sampling was utilized to identify participants relevant to the study and data was gathered through the use of narrative inquiry' structured interviews and focus groups. Threats to validity were in the area of truthfulness of the information given by the participants. There is the

likelihood that participants could have been guarded in their responses so as not to say something that may offend the researcher or implicate them in their university positions.

3. Specification of the consistency of the findings. Consistency of the findings was established through triangulation of multiple data sources. The study utilized four participant sets as well as an extensive literature review to triangulate the findings. Triangulation was also achieved by utilizing three (3) different data collection methods which are narrative inquiry, semi structured interviews and focus groups.
4. Specification of the extent of replication of the findings. This study was limited to a small private Christian university in the Western part of Nigeria compared to large public universities in other parts of the county or the world. It was assumed that the larger student body was in compliance with the university regulations on drug abuse and the student participants were those who had gone through disciplinary actions or referred by members of the university community for services due to their involvement with substance abuse.

### **Develop Practice Guidelines**

The last stage of intervention design is to develop the practice guidelines. This means that the generalization formulated in the previous stage are converted into specified intervention prescriptions that have resemblance to the generalizations. While it may have been generalized that collaborative work with families of students will require the notification of parents, developing a practice guideline will therefore require specifications in the Nigerian context regarding who is notified and at what stage in the intervention process they are notified.

This is the crux of the intervention. The researcher developed a procedure of what will be involved in a collaborative approach between the university and parents of students involved with substance abuse. This forms the final product of this intervention research. A guideline was designed to indicate how higher institutions can engage in a collaborative work with students involved with substance abuse and their families. A thoroughly completed guideline will enable smooth implementation and replication of the recommended services, policies, cautions and considerations developed from the study. These recommendations/guidelines are presented in chapter seven.

## 2.7 Ethical Considerations.

Ethical considerations are a vital component in carrying out scientific research in human services. These inform the truthfulness and integrity of research because the public expects research to be valid and truthful (Hatcher 2005). They also ensure that research participants' rights and welfare are protected (Ruben & Babbie 2003). The Nuremberg code of the late 1940s was an initial step to provide guidelines for Ethics in research. In 1964, the Nuremberg code was re- interpreted at Helsinki and became what is known as the Declaration of Helsinki. These foundational steps led to the National Commission for the protection of human subjects of biomedical and behavioural research which gave rise to the Belmont report in 1979 (Cain, Harkness, Smith & Markowski 2003:48). The principles in the Nuremberg code that are germane to human services are:

- Principle 1.            There should be freedom from coercion. The person must have the capacity to give consent and be able to comprehend the risk and harm of being research participants.
  
- Principles 4 & 5.    Physical and mental suffering must be avoided and research is not to be conducted if death or disabling injury is to be expected.
  
- Principle 8.            Research must be designed and carried out by a qualified researcher. (48)
  
- Principle 9.            Freedom to withdraw from research at any time must be allowed.

Three contemporary principles emanated from the Nuremberg Code, Declaration of Helsinki and Belmont Report and they internationally guide the ethics of human services research. These principles are Respect for persons, beneficence and Justice( Guillemin, Gillam, Rosenthal, Bolotho, 2010: Hatcher 2005 & Sherblom 2003). Guillemin et al (2010: 28) observed that these principles are not abstract and divorced from the actual doing of research. There is a seamless integration of ethics into research practice which informs what is called "ethics in practice." These three basic principles were aligned with the National Association of Social workers (USA) code of ethics to guide the ethical considerations for this research. Each principle as it was applied to this research will be presented in the following sections.

### **2.7.1 Respect for Persons**

The principle of respect for persons means that people must be considered autonomous agents, and anyone with diminished autonomy must be entitled to protection (Hatcher 2005). People with diminished autonomy could be minors, persons with disability etc. This principle is carried out in two major provisions which are: 1. Informed consent and 2. Privacy, confidentiality / anonymity.

#### **2.7.1.1. Informed Consent**

Cain et al (2003:52) submitted that informed consent must accomplish three goals which are :

- i. Provide participants with accurate and complete information needed to make an informed decision.
- ii. Ensure that the participants understand the presented information.
- iii. Give participants initial and ongoing opportunities to consider participation.

Ross, Loup, Nelson, Botkin, Kost, Smith & Gehlert (2010:25) elaborated further that the consent process must address the risks and benefits that the research poses to the participant as an individual. With the engagement of communities, the consent process should also address the risks and benefits that the research poses to the group and to the individual as a member of a group. The potential participant needs to understand that his or her individual participation is voluntary, even if endorsed by community leaders. The potential participant also needs to understand that his or her decision not to participate will not affect other services; and that the individual who does agree to participate can withdraw at any time. Sherblom (2003: 124) stated that the proper administration of the informed consent document includes the use of appropriate language.

This means that the language has to be in the lingua franca of the participants as well as at their level of comprehension. It was also noted that consent could be given actively by signing a written document or it could be passive if participants proceed to participate in the research after they are aware of the informed consent. Approval is assumed even if signature or written approval is not given. They also have to be told they can withdraw without any detrimental implications.

### **Application of Informed Consent to this Study.**

An informed consent section was included in the narrative that was given to all the participants. The guidelines by Sherblom (2003), Ross et al (2010) & Cain et al (2003) were incorporated ( see appendix i-iv) into the narrative inquiry guide. It was also read to the participants who were interviewed over the telephone. After it was read to the participants, the researcher asked for their decision about participating in the research. The interviews only proceeded after the participants verbalized their consent. It informed them of the purpose of the study and the voluntary nature of their involvement. The participants were also informed that they were free to withdraw their participation without any detrimental implications. This process also ensued for the focus group discussions with the students and staff participants.

#### **2.7.1.2. Confidentiality, Privacy/ Anonymity.**

The NASW code of ethics stipulates in section 5.02 sub sections (l) and (m) that “Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed. Social workers who report evaluation and research results should protect participants’ confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.” (NASW 1997). Sherblom 2003 also noted that part of the checklist for Ethics review boards is to ensure that adequate provisions are made to protect the privacy of subjects and confidentiality of data. There needs to be caution in obtaining information that may be used to identify the participants later because it directly influences promises of confidentiality and anonymity.

### **Application of Confidentiality, Privacy and Anonymity to this Study**

The participants were informed that all information collected in the course of this study was confidential. No names, signature or other identifying information was included in the responses. Though the face to face and telephone interviews were not anonymous, the researcher did not include the names of the participants in the recording and the transcribing of the interviews.

### **2.7.2 Beneficence**

The principle of beneficence means no harm to people and that the research should maximize benefits and minimize potential harm to subjects. For the participant, this means that these benefits and harms must be clearly stated and accepted (Hatcher 2005 & Sherblom 2003). It is therefore imperative that the researcher be intentional about looking out for the best interest of the participants.

#### **Application of Beneficence to this Study.**

Given that there could be disciplinary implications for student participants who participate in this study, the researcher had to include in the informed consent section that participation or choice not to participate would not affect the enrolment status or bona fide services to which students were entitled. A guarantee was given that disclosure of involvement with substance abuse in the process of this study would not lead to disciplinary action with the understanding that drug treatment services were available as a benefit to the students. Parent participants were also given counseling and other support services as they shared information about their child's involvement with substance abuse. Relevant literature and referrals for specialized services were also given.

### **2.7.3 Justice.**

The ethical issues of justice refer to fair distribution of risks and reward ((Sherblom 2003). The ethics of justice in research is important in sample selection. Sherblom (2003:112) criticizes participants being selected because of availability, compromised position or manipulability or because of reasons that are directly related to the problem being solved. Hatcher (2005:4) also emphasized that the principle of justice means that harms and benefits cannot be given to just a small group; they must be distributed fairly, and people must be aware of how participants are selected or not selected.

#### **Application of Justice to this Study.**

This researcher ensured that there were no differences in the way the participants were treated. Though the administrators and members of the disciplinary committee are higher in the university

hierarchy that students and parents, they were also taken through the same process of informed consent. Beyond the above principles are three additional ethical considerations which are Researcher competence, Conflict of Interest and integrity and truthfulness of Data.

#### **2.7.4 Researcher Competence.**

Ross et al (2010:22) emphasized that before agreeing to partner with a particular academic researcher, the participants must be satisfied that the researcher is capable of performing the research. This is also principle 8 in the Nuremberg code that states that research must be designed and carried out by a qualified researcher (Sherblom 2003:48). It was also highlighted that negotiation of a fair partnership between the researcher and the participants requires transparency and understanding of the different assets, skills and expertise that each party brings to the research project ( Ross et al 2010:29).

#### **Application of Researcher Competence to this Study.**

This researcher has both experiential and theoretical competency and has 13 years post graduate school experience working with special populations such as children and families with substance abuse issues both in Nigeria and in the United States of America. This exposure gave breadth in the area of study because of having hands- on knowledge of the unique issues of this population fostered sensitivity to their needs and enhanced the ability to be client centered and respectful in interactions with the participants. Also, the researcher qualified with Masters in Social Work (MSW) in 1997 which gave her the academic preparation to carry out this research. The current appointment of the researcher as a lecturer in the department of Public and Allied Health of Babcock University comes with the responsibility of supervising undergraduate research projects. There is therefore accountability to the University and high rigor and research standards are ensured. In addition, the researcher has been under the direct supervision of a Promoter, who is a Senior Colleague at the University of South Africa (UNISA). With the promoters' extent of published research works, she has made herself available to provide strict and rigorous supervision to ensure that this study was carried out in compliance with institutional and professional codes. The researcher also interacted with



wide literature review to keep abreast with current research findings and methods that is relevant to this study.

### **2.7.5 Integrity and Truthfulness of Data**

The NASW code of ethics, section 5.02 subsection (n) states that “Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.” (NASW 1997). Hatcher (2005) and Padgett (2009) submitted that peer review, debriefing and member checking hold the researcher accountable to truthfulness in reporting research findings. Also Padgett (2009; 102) posited that a trustworthy study is one that is carried out ethically and whose findings represent as closely as possible the experiences of the participants. This is ensured by the adequate use of direct quotes from the participants. This gives ‘voice’ to the participants in the report of the research findings (Padgett 2009: 104).

#### **Application of Integrity and Truthfulness of Data to this Study.**

This study was an actual empirical research study carried out at Babcock University between September 2008 and October 2009. There are records of research documents such as participant responses that verify the findings. Also the student and Student Support staff participants were given the reports of the focus group discussions to verify the accuracy of the reports and they were given the opportunity to make amendments. Member checking was done after the results were analyzed. Copies of the analyzed results were made available to all the participant sets and they were invited to a meeting. All the participants were represented by the presence of three students, one parent, three SSS staff and one member of Administration/disciplinary committee. One of the parents who got the e mail of the analyzed results was unable to attend but sent his comments via email. At the meeting the participants all attested to the fact the reports of the findings were accurate and some of the participants said that they were able to identify their responses as reported and reflected in the findings.

### **2.7.6 Conflict Of Interest.**

Conflict of interest is when there is a dual relationship between the researcher and the participants. It has the potential to compromise the integrity of relationships between researchers and participants. (Cain et al 2003:55).

Hatcher (2005:4) elaborated that “Guidelines for conflicts of interest assist the researcher, especially when assuming more than one role or when a professional is tempted to (or actually carries out) compromise professional judgment for financial or personal gain and may cause the professional’s integrity to be questioned, betray a trust, or cause negative outcomes for himself or herself or others.

The American Psychiatric Association (APA) task force on research ethics recommended that genuine conflicts of interest should be avoided and, if unavoidable, should be managed to ensure that they do not compromise the rights and welfare of research participants or the research itself. The guiding principles for managing conflict of interest in research should be openness and transparency (Roberts 2006).

#### **Application of Conflict of Interest to this Study.**

Though there were no financial gains that could compromise the integrity of this research, the researcher was sensitive to her dual role as the Director of the Student support services department. Since Student Support services staff were involved in the research, the principle of full disclosure, openness and transparency was integrated into the research. The staff were informed that the researcher was a doctoral student with the University of South Africa and that the research was part of her requirement for candidacy. The informed consent section to the staff informed them that participation was voluntary and the choice to participate or decline to participate would not affect their employment status, benefits or the cordiality of their work environment. The focus group discussions were done during the lunch break so that official work hours were not compromised. Though all members of staff were invited to participate, those who declined were not pressurized to give an explanation for their choice

## **2.8 Summary of Chapter**

This Qualitative research was guided by the Intervention research model of Design and Development by Rothman and Thomas (1994). The Critical theory feature of reflexivity was ascertained through the use of narrative inquiry, structured interviews and focus group discussions. All the participants were enthusiastic about the research because they saw it as a positive contribution to the university and a possibility of assisting other universities to provide adequate services to students involved with substance abuse and their families. The aspect of the observational system was not carried out as expected though the form was designed by the researcher. It was perceived as another burden of paper work and there was no cooperation from the SSS staff in that regard. This observation will also be mentioned and discussed in chapters five and six.

## **CHAPTER THREE**

### **REVIEW OF RELATED LITERATURE: PART 1**

#### **ADOLESCENCE AND ADOLESCENT SUBSTANCE ABUSE**

##### **3.1 Overview of Chapter**

Four bodies of literature informed this research study and they are Literature on (1) Substance Abuse amongst university students and the impact of adolescence on the use of drugs by university students, (2) Primary Socialization Theory and the influence of family involvement in substance abuse treatment; (3) Critical Theory as a philosophical perspective; (4) Previous studies on substance abuse treatment of university students. This chapter will focus on the review of literature on adolescent development in the context of substance abuse. It will also present literature on family involvement in the Nigerian socio-cultural context. The following chapter will encompass a literature review of the theoretical framework of the Primary Socialization Theory and Critical Theory perspectives that undergirded this research.

The following sections of this chapter will present a brief description of adolescent development, risk and protective factors for substance abusing behavior, an elaboration on familial influences on adolescent behavior and the impact of the university environment as the social context within which mid to late adolescence is experienced by the Nigerian youth.

##### **3.2 Adolescent Development.**

One fifth of the world populations are adolescents and 85% of them live in the developing countries which includes Nigeria (WHO Report 2007: 5). Adolescence has been identified as a “culturally constructed period that generally begins as individuals reach sexual maturity and ends when the individual has established an identity as an adult within his or her social context. In many cultures adolescence may not exist, or may be very short, because the attainment of sexual maturity coincides with entry into the adult world. In the current culture of the United States, however, adolescence may last well into the early twenties” (Tomonari & Feiler 2003:276). The World Health Organization (WHO) defines adolescents as persons between 10-19 years of age (WHO in Dehne & Riedner 2001: 11). It is a time both of great opportunity and risk (Schwartz, Pantin, Coatsworth & Szapocznik

2007:118). The adolescent period is when conduct problems seem to escalate, partly due to role experimentation typical of adolescence (Broidy, Nagin, Trembley, Bates, Brame et al 2003: 235-237).

Adolescence is also depicted as a transitional period between childhood and adulthood (Shananan 2001: 1). This transition involves the educational change from high school to university. It is a move to a larger, more impersonal school structure, more interaction with peers from highly diverse geographical and ethnic backgrounds, more opportunities to explore different lifestyles, reduced parental contact, less monitoring and more challenging academic demands (Santrock 2003:400). This study therefore sought to examine how to contextualize substance abuse services to students (probably in mid to late adolescence) who are experiencing challenges as they navigate the realities of educational change in the university environment. In the next section, the focus will be the review of literature on the developmental arenas of adolescence.

### **3.2.1 Developmental Arenas**

Development occurs in the different domains of the adolescent's life. Physically, puberty propels the body into the development of secondary sexual characteristics such as development of hair in other parts of the body apart from the head such as armpits, pubic area, face and the chest; breast development, deepening of the voice, menarche (a girl's first menstrual period), spermarche (a boy's first ejaculation of semen) etc. (Zarstow & Kirst-Ashman 1994: 241-244; Santrock, 2003: 472-474) Adolescents also experience weight and height gain. Fifty percent of adult body weight is gained during adolescence (Rogol et al in Santrock 2003: 474). These pubertal changes are affected by factors such as culture and environment. The study by Ilesanmi and Osiki (2010:172) of adolescents in Nigeria indicated that rural – urban distinction influences the psychological impact of pubertal changes. Manaster (1989:27-30) identifies other factors that affect the onset and nature of change of puberty such as nutrition, child health, gender etc. There are differences in the onset and rates of physical development both within and between genders. Girls begin puberty earlier than boys. Girls who live with non-biological male caregivers such as stepfathers, mother's boyfriend and others, compared to those living with a biological father or both parents may begin puberty early (Markey, Ericksen, Tinsley & Kwasman 2009:72). Early or late maturation impact psychologically on adolescents. Early maturation propels adolescents into adulthood more rapidly, which may involve exposure to psychoactive substances like alcohol and cigarettes. Emotional responses to the social realities of early or late maturation predisposes some adolescents to substance abuse to cope with feelings of low self esteem, rejection, anxiety, fear and anger (Santrock, 2003:476-479).

According to Jean Piaget, a cognitive developmental theorist of the twentieth century, in the cognitive domain adolescence is typified by a transition from the concrete operation of childhood to formal operations where adolescents have the ability to think about the “the form of an argument apart from its content” (Peel in Manaster, 1989: 37). They are no longer bound by the concrete processes of childhood. They can hypothesize about possibilities and abstract forms. They experience emotional ‘highs’, as they think about possibilities, and are plunged into lows with the realities that do not permit the actualization of those realities. Elkind in Santrock (2003: 508) postulated that Cognitive development in adolescence also manifests in egocentric thought processes such as Imaginary audience (belief that others are as interested in them as they are in themselves and they engage in attention-seeking behaviours because they see themselves on ‘stage’), personal fable (An adolescent’s sense of uniqueness and invulnerability).

In the psychosocial realm Erik Erikson, a psychosocial developmental theorist, identifies adolescence as the growth period when the crisis of identity versus role diffusion has to be resolved (Erikson in Santrock 2003: 540). Adams, Berzonsky and Keating (2006:81) stated that the crisis encountered in each stage is resolved in the context of social relationships. Family cohesion, support and discipline was found to be necessary for identity formation in adolescents (Sandhu & Tung 2006:13).

Marcia, in Adams et al (2006:82) explained that the crisis of identity formation as postulated by Erick Erickson may have four statuses which are:

- (1) Identity Moratorium ( youth are actively engaged in self exploration and commitment to beliefs and values is limited);
- (2) Identity foreclosure ( young people commit to beliefs and values of significant others such as parents without active self exploration);
- (3) Identity diffusion (Adolescents avoid self exploration and they lack a sense of commitment and responsibility);
- (4) Identity Achievement (Youth have engaged in self exploration and formed a set of stable life commitments).

These identity statuses are also influenced by three possible ways of identity processing styles delineated by Berzonsky in Adams et al (2006:82). These are strategies youths use to cope with personal problems, decision making and interpret self-relevant information. The adolescent identity processing styles are:

- Diffuse-avoidant (characterized by procrastination, intentional avoidance of decision making and identity negotiation);
- normative (involves passive adoption and following of goals, values and expectations endorsed by significant others); and
- informational (youths are actively seeking out, processing and evaluating self relevant information to resolve their identity).

Research shows that adolescents that use diffuse – avoidant strategies are prone to maladaptive behaviors and coping strategies ( Berzonsky, 2003 ; Berzonsky & Ferrari, 1996).

Furthermore, connectedness with family members may foster a personal sense of competence, effectiveness and fidelity. The above submission fueled the passion of this study to propose ways of collaborating with families of mid to late adolescents in Nigerian universities who had detoured into the maladaptive behavior of substance abuse during their psychosocial development.

In his theory on Moral development Lawrence Kohlberg postulates that adolescents without their own personal internal value system make choices of behavior based on values and standards external to them such as those of parents, peers or the society (Kohlberg in Santrock 2003: 434). This traditional theory influences the understanding of factors that may impact on the use of addictive substances in adolescence and the role of parents and family.

While the above traditional developmental theorist may have strewn the landscape of undergraduate work, Steinberg and Morris (2001: 85), posit that the once dominant Eriksonian theory of identity development has disappeared from recent empirical studies. More contemporary models of information-processing and computation models have taken over from Piaget's fundamental propositions of cognitive development in adolescence. The emerging discipline of developmental psychopathology that focuses on the study of dysfunction in adolescence has produced many longitudinal studies that shape post- modern understanding of adolescent problem behavior. The Developmental Psychopathology approach highlights the following regarding problem behaviour:

- Rates of Substance abuse, delinquency and unemployment are all higher amongst adolescent and youth populations than among adults. (Steinberg 1999in Steinberg & Morris, 2001:86).
- Parent-Child conflicts are on the increase during adolescent years (Steinberg & Morris, 2001: 88)
- Early maturing adolescent boys are at a greater risk to engage in antisocial behaviors like drug use, truancy and sexual promiscuity (Williams & Dunlop, in Steinberg & Morris 2001:89 )

- Adolescents also engage in false self behavior when among peers. Some do this to please others or because they devalue their true self (Harter, Waters and Whitesell in Steinberg 2001:92) Adolescents are most influenced by peers in mid- adolescence as compared to early or late adolescence (Brown in Steinberg, 2001: 93).

### 3.3 Today's Adolescents as Millennial Youth

The young people who are currently enrolled in institutions of higher learning have been identified as the millennial youth (Moore 2007:41). This is within the premise of the generational theory that posited that each generation, comprising of approximately 20 years, is shaped by a series of events to which people with common birth years relate and around which they develop common beliefs and behavior. (Moore, 2007:41)

The table below shows names and birth classifications under generational theory.

<b>Generation</b>	<b>Birth years</b>	<b>Current Ages</b>
<b>Silent Generation</b>	1925-1942	68-84
<b>Baby Boomers</b>	1943-1960	50-67
<b>Generation X</b>	1961-1981	29-49
<b>Millennial Generation</b>	1982-2002	28 years and younger

Table 3.1. Names Birth Classifications under Generational Theory (Adapted for current ages from Strauss in Moore, 2007:41)

Moore (2007:42-45) identified the following as basic features of the millennial generation of current adolescents.

- They are more diverse than previous generations due to increase in migration because of globalization.
- They are under pressure to perform due to heightened competition and demands in the job market.
- They are highly ambitious/achievers as a result of consistent celebration of victories and desire to obtain credentials that are higher than minimums required for desired fields of occupation.
- They are confident and optimistic due to daily interventions in science, medicine and technology.
- A team-oriented connected generation due to the “leave no one behind mentality.



- They are service oriented as a result of intentional service learning propaganda in schools.
- Highly Structured Time Managers. Millennial youths were raised by parents who had to follow strict schedules in order to accommodate and balance the various extra and co- curricular activities of their children such as games, music lessons and recitals, community projects, etc.
- They are protected due to parents experiencing events like Columbine shootings, Oklahoma City Bombing etc., in the United States and kidnappings in Nigeria.

As confirmed by Rowley, (2007:71) most adolescents will respond positively and successfully navigate the adolescent years as a generation under pressure to perform. In the observation of students at the Suffolk University, Dakkar Campus in Senegal, the love and pressure for performance is fully integrated into the university's academic and social life. However, there are some young people on university campuses who resort to the use of substances such as alcohol, marijuana and cigarettes when they perceive their inability to cope with the pressure (Wagner, Liles, Broadnax & Nuriddin-Little 2006:235). This highlights the need to have substance abuse interventions as part of university service programs. Moore (2007:47) advocated that universities should expand their counseling services and conduct time and stress management classes to alleviate the strong tendency to burnout by university students.

Parents play such active roles in the lives of the millennial youth that they have come to trust their parents. Strauss, (2005:13 ) reported that more than 85% of millennial youths trust their parents and see them as heroes as compared to 40% of the baby boomer generation that preferred not to be associated with their parents. Millennial youths see their parents as their best friends and are welcoming (not resistant) to parental involvement in their lives (Hulstrand 2007:64). The parental trust and openness for involvement in the life of the millennial adolescent is therefore a resource and motivation to develop service guidelines for a collaborative approach in working with university students involved with substance abuse. Moore (2007:47) encourages joint student-parent service programs along with newsletters, on-line classes, parents' pages on university websites and parent orientation. In the next section, the focus will revolve on the general trends of adolescent substance abuse.

### **3.4 Adolescence and Substance Abuse.**

As it has already been established, adolescence is an important developmental period for young people. They are faced with making vital life decisions regarding relationships, educational pursuits, career goals etc. Among such decisions is that of whether to use drugs or not (Burrow- Sanchez 2006:283). A third of the disease burden in adults can be associated with behaviors that began in the

youth ( Fares & Ragu in WHO Report 2007:5). This means that a large- number of the diseases experienced in adulthood have predisposing factors associated with lifestyle choices made in adolescence. Most adolescents become drug users at some point in their development whether their use is limited to alcohol, caffeine or cigarettes or is extended to marijuana, cocaine or hard drugs (Santrock 2005: 519). More than half of the University students in a study conducted in South Africa believed that people first use addictive substances when they are 13-16 years of age (Pretorius et al. 1999: 145). A study by Gureje et al (2007: 6), in Nigeria is consistent with other studies that substance abuse disorders start during adolescence and early adulthood. The following sections will review literature on substance abuse development in adolescents as explained by various perspectives.

### **3.4.1 Perspectives of Substance Abuse Development**

An estimated 205 million people in the world use illicit drugs (WHO 2008: i). WHO (2004: 15) defines substance abuse as persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice. The DSM-IV-TR 2000 (in Poulin 2005:302) describes substance abuse as “a maladaptive pattern or harmful use of a substance leading to significant impairment or distress”. The WHO (2004), report further stated that impairment or distress includes: failure to fulfill major role obligations at home, school or work, recurrent substance abuse related legal problems; continued substance use despite recurrent social or interpersonal problems exacerbated by the effects of the substance. Such substances are classified as Stimulants (Nicotine, Caffeine, Cocaine and Amphetamine), Depressants (Alcohol, barbiturates, opiates),Hallucinogens (LSD, Cannabis, mescaline), Inhalants (Gasoline, paint thinners, glue). Young people are generally exposed to these substances and may experiment with them but do not go on to develop substance abuse problems (Burrow-Sanchez, 2006:283, Steinberg & Morris 2001:86). However, some do develop chemical dependency or have addictive levels that lead to physical, psychological and social problems.

What factors influence the development of a substance behavior in young people? There are many theories and perspectives that seek to explain why adolescents develop substance abuse problems. The following sub- sections will review some of such perspectives.

#### **3.4.1.1 Theoretical Perspectives**

Barsky in Poulin (2005:310-311) identified three perspectives which are Psychological, Structural and Socio-cultural. The psychological perspective is supported by Trait theory, Freudian psychodynamic theory, Cognitive behavioral theories, and Existential-spiritual theories. The

psychological perspectives submit that substance abuse behavior develops as a result of problems within the individual.

Structural perspectives posit that substance abuse disorders are caused by problems in the structures of the society such as discrimination and oppression.

Socio-cultural perspectives look at the development of substance abuse behaviours within the context of social units such as family systems, schools, religious and cultural groups. Barsky (ibid.) stated that most social workers subscribe to the socio-cultural perspective which fits with the ecological model of viewing problem behaviours, like substance abuse, in the light of transactions between individuals and their social environment. The perspective explains that young people develop coping methods which may be dysfunctional as a result of stress or lack of goodness of fit with their social units. For example, American Indian youths who felt unsafe in their environment were likely to report depressive symptoms and alcohol/marijuana use. (Nalls, Mullis, Mullis 2009:973)

#### **3.4.1.2 Risk and Protective Factors Approach**

Other researchers have postulated that substance abuse problems develop within the context of risk and protective factors in the life of an adolescent. Schwartz, Pantin, Coatsworth & Szapocznik (2007), presented the risk and protective factors approach in comparison to the applied developmental science approach which will be discussed in the next section. The risk and protective factors approach holds that adolescents engage in destructive behaviours such as substance abuse as a result of challenges in their development and that adolescents must be protected from risks for substance abuse, delinquency sexual risk-taking and other negative outcomes (Schwartz et al 2007:119). Protective factors protect or decrease the probability of a teenager developing a drug abuse problem (Burrow-Sanchez 2006:284). Such factors may include community policing and limited access to alcohol and cigarettes which can prevent substance abuse behaviour. The emergence of problem behaviour during adolescence often results from complex interactions between protective and risk conditions (Crosnoe, Erickson and Dornbusch 2002:516). Family organization, academic achievement, supportive parenting, pro-social peers, bonding to school and availability of familial and non-familial mentors are examples of protective factors (Crosnoe et al 2002: Scales, Benson, Leffert & Blyth 2002:29).

Risk factors are defined as anything that increases the probability of a person being involved with drugs (Clayton in Burrow-Sanchez 2006:284). Risk factors could be contextual, for example, availability of drugs in the environment or individual issues such as temperament or family practices (ibid.). Risk conditions such as maladaptive intrapersonal processes, family problems, neighborhood

poverty, disorganization and cultural incompatibilities between the families and their environment compromise developmental trajectories and predispose adolescents to engage in destructive behaviours such as drug use, delinquency and sexually risky behaviours (Schwartz et al 2007:119-120).

### **3.4.1.3 Applied Developmental Science**

The central tenets of the applied developmental science approach are that all adolescents' possess the innate potential for positive development and contribution to society and development can be redirected into a positive course (Schwartz et al 2007:122). The innate potentials are called developmental assets. The submission is that if developmental assets are enhanced, adolescents will thrive and there will be an absence of pathological behavior. In an extensive study of 6000 youths across six ethnic groups Scales, Benson, Nancy and Blyth (2000) identified 40 developmental assets that contribute to seven indicators of adolescent well-being or thriving. Thriving or well-being was defined as the absence of problem behavior or other signs of pathology (Scales et al 2000:28).

The seven indicators of well-being of adolescents in the study were: School success, exhibition of leadership, helping of others, maintenance of good health, delaying of gratification, value for diversity and overcoming anxiety. Some of the developmental assets that contributed to the indicators of thriving or well-being were family boundaries, self esteem, resistance skills, caring, and positive peer influence, other adult relationships and role models, sense of purpose, planning and decision making, integrity, religious community, school boundaries etc. The assets that contributed to more than one thriving outcome were time in youth programs, cultural competence, personal power and self esteem, achievement motivation, planning and decision making. (Scales et al 2000: 43-44) Youth of African origins were greatly influenced by adult relationships, neighborhood influences and resistance skills. The above study affirms that positive adult relationships such as with parents and other members of the family are developmental assets that enhance the development of adolescents. Including adults in the lives of teenagers struggling with dysfunctional behaviors such as substance abuse can also contribute towards recovery. The study concluded that youths with developmental assets such as familial mentoring, were considerably more likely to report being successful in school, overcoming adversity and maintaining physical health than those without such assets (Scales et al 2000:41).

One can see from the above section that substance abuse development in adolescents occurs in the context of social units such as family, school, neighborhood etc. A young person's disposition to deviating into substance abuse can be predicted by the regulation of risk and protective factors or by

enhancing developmental assets. The family and familial influences were identified as risk and protective factors as well as contributors to thriving in adolescents. The following subsection elaborates on the role of family in substance abuse development in young people.

### **3.5 Familial Influences on Adolescent Behavior and Substance Abuse.**

Typically, parental influences on children wane during adolescence (Schinke, Schwinn & Fang 2010: 454), however, parents are still needed in their role as managers to help adolescents reach their full potential by finding information, making contacts, helping structure choices and providing guidance (Younis & Ruth in Santrock 2005: 317). As earlier mentioned, there are comparative studies on the influence of peers in contrast to that of parents. Nagasawa et al; 2000, Crosnoe et al, 2002 Claes et al 2005; Simon-Morton et al 1999; Goldstein et al 2005 and Kobus (2003: 49), submitted that there are family characteristics that decrease youth vulnerability to peer influences to engage in substance abusing behavior despite the key role of peers..

As mentioned above, when parents effectively perform the managerial duties of parenting, adolescents are able to avoid the pitfalls of social ills. (Furstenberg, Cook, Eccles, Elder & Sameroff in Santrock: 2005:317). Such pitfalls could include involvement with substance abuse. Parental support is so vital that good parental support was found to moderate the negative influences of parental alcohol use (Park, Kim & Kim 2009:95). This means that even when parents use alcohol, the possible adverse effects are reduced when there is good parental support.

As earlier presented, according to Marcia in Adams, Berzonsky & Keating (2006:82) in the process of identity formation, self-exploration, experimentation of roles and lifestyle is typical of youth in the Identity moratorium status while identity achievement is a status when adolescents have resolved the moratorium period and have committed to a set of stable values. In a parallel study Sandhu & Tung (2006:11) posited that even when identity is achieved, young people can revert to moratorium status in the face of contextual change but familial support, availability and involvement decreases the chances of going through confusing periods that may result in drug use. Parent involvement is a key factor in preventing drug use amongst adolescents and low parental involvement was linked to higher drug use by adolescents (Simmons-Morton, Haynie, Crump, Eitel & Saylor 1999:146). Youths who participated in a drug prevention program with parents as well as those who participated by themselves reported fewer instances of alcohol consumption, binge drinking and cigarette smoking and better alcohol refusal skills, fewer friends who drink, reduced levels of peer pressure to drink, and lower intentions to drink alcohol in the future (Schinke et al 2010: 455). Parents who set limits are more

likely to have adolescents who do not use drugs (National Centre for Addiction and Substance Abuse 2001). In a study of 196 university student and parent pairs, students were more inclined to seek mental health help when they had strong attachments to parents who were also willing to seek help (Vogel, Michaels & Gruss 2009: 698-704, 708). The study recommended that interventions might be helpful if they were targeted to include the family.

Conyne, Wagner, Hadley, Piles, Schorr-Owen & Enderly (1994:606) stated that effective collaboration was the key to primary prevention programming for campus substance abuse programs. Beyond prevention is the challenge of treatment that is sustainable. Cunningham and Hengeller (1999:267) expressed the need for parents and other caregivers to be committed and actively involved in treatment because without external pressure, young people might not seek help to change substance abusing behaviours. Collaboration with parents is proposed by this study as part of the external pressure that can motivate adolescents to engage in treatment. Families are vital at the time of engagement, through the process of treatment to the achievement of the goal of sobriety from drugs.

Youths may be remanded to treatment through disciplinary actions by schools in lieu of suspension or sanctions by the court, yet they have been found to be limited in their commitment to change or readiness for treatment (Cunningham & Hengler 1999:266). Substance abusers have reported that family members exerted substantially more influence on their decision to enter treatment than forms of mandated treatment referrals such as the court (Marlowe, Kirby, Bonieskie, Glass, Dodd, Husband, Platt & Festinger 1996:81) Family involvement in treatment has been identified as one of the nine key elements of effective adolescent substance abuse treatment programs (Mark, Song, Vandivort, Duffy, Butler, Coffey & Schabaert 2006:60). From the above studies, one can see that family involvement encourages young people to engage and continue in treatment. While universities may enforce disciplinary sanctions as a deterrent for substance abuse among students, treatment interventions with students should not rely excessively on legal or disciplinary mandates to enforce drug treatment compliance. Student drug treatment should draw on familial influences to encourage treatment compliance (Malowe et al 1996: 82).

In as much as familial support and involvement reduces the risk of substance abuse and enhances treatment and recovery, it should be noted that negative family structure and practices could also predispose adolescents to substance abuse and reluctance to engage in treatment especially with family members (Flisher, Parry, Evans, Muller & Lombard 2003; Paxton, Valois & Drane 2007). South African students of African Descent who were not being raised by both parents were significantly associated with cigarette smoking, alcohol and cannabis use (Flisher et al 2003:62). The

same was reported by Paxton et al (2007:597) for African American youths. Living with both parents was a protective factor against trying cigarettes. The results were similar for Caucasian youths. Adolescents from well organized households are generally buffered against negative influences of deviant friends (Crosnoe, Erickson & Dornbusch 2002:538). The National Center on Addiction and Substance Abuse in the United States (CASA 2006) reported that organized family routines as simple as eating together six or seven times a week reduced the likelihood of teen involvement with alcohol and other drugs by 50% compared those who only had dinner with their families twice a week or less.

Familial involvement with substance abuse is a strong risk factor for adolescent substance abuse (Park et al 2009:93). CASA (2006) also reported that parents' and siblings' use of drugs increased the likelihood that an adolescent would also use drugs. When parents are preoccupied with work or abuse substances, they are prone to being both physically and psychologically neglectful of their children and the children respond by taking risk, doing self harm or doing what their parents do not want them to do (Kozłowska & Hanney 2002: 300). One should therefore proceed with caution when involving or collaborating with families. Researchers admonish that family focused interventions should include parent training and retraining to address issues that originated in the family system and may have influenced the substance abusing behavior in the adolescent. This will prevent counter-productivity in the collaborative approach (Madsen 2009, Smith & Hall 2008, Hulstrand 2007; Burrow- Sanchez 2006; Claes, Lacourse, Ercolani, Pierro, Leone & Presaghi 2004; Kozłowska & Hanney 2002; Wiedman 1985).

Previous studies that examined the influences of family on the development of the Nigerian adolescent was not extensive. It is therefore the goal of this study to contribute to the body of knowledge on Nigerian family dynamics and its impact on substance abuse issues in the Nigerian socio-cultural context.

### **3.5.1 The Nigerian Familial Influences**

In Nigeria, the family environment impacts significantly on the development of substance abuse among young people. Nigerian families have experienced a transition from precolonial extended family systems, polygamous homes and communal parenting to a post colonial move towards nuclear families and monogamy (Olutayo & Omobowale 2006:93). The capitalist world system has engineered massive rural-urban migration, industrialization, and striving for affluence through both parents entering the workforce (Ebigbo 2003:1, Ebie & Pela 1981). Children are therefore left unsupervised and exposed to vices in the absence of close monitoring by parents. Such vices include

substance abuse via the media (Olutayo & Omobowale 2006:89). Ogunbameru (2004:97) posited that the 'fervid race' for material aggrandizement by Nigerian parents have resulted in the abandonment of traditional responsibilities of monitoring their children and transferred the burden to school teachers.

Communal responsibility for parenting by extended family members has been eroded such that the study by Oshodi, Aina, Onajole (2010:54) revealed that eighty-seven percent of the youth involved with substance abuse live with parents compared with those living with relatives. While the adoption of some western values and lifestyle may have had a negative impact on Nigerian families, Adelekan, Abiodun, Imouokhome-Obayan, Oniand Ogunremi (1993) observed that there was a significant positive relationship between cannabis use and the traditional polygamous family still practiced in Nigeria. Students from polygamous homes were found to have a higher rate of depression than those from monogamous homes and the study showed correlates between depression and substance abuse among university students in Nigeria (Adewuya, Ola, Aloba, Mapayi & Oginni 2006:676). Though not yet researched, the researcher is aware that the polygamous family environment is usually laden with conflicts, rivalry and neglect. Children from the multiple wives in the home are exposed to conflicts between the mothers and their father. Also, resources are spread thinner since there are more mouths to feed which leads to the neglect of children of the women who are not able to struggle.

As will be mentioned later, there is also the strong belief that supernatural forces can be conjured by rivals e.g other wives or children to cause the downfall of a person. Therefore students who emerge from this home environment (Polygamous and large families) have a tendency to be depressed and be involved with substance abuse as indicated by Adewuya et al (2006).

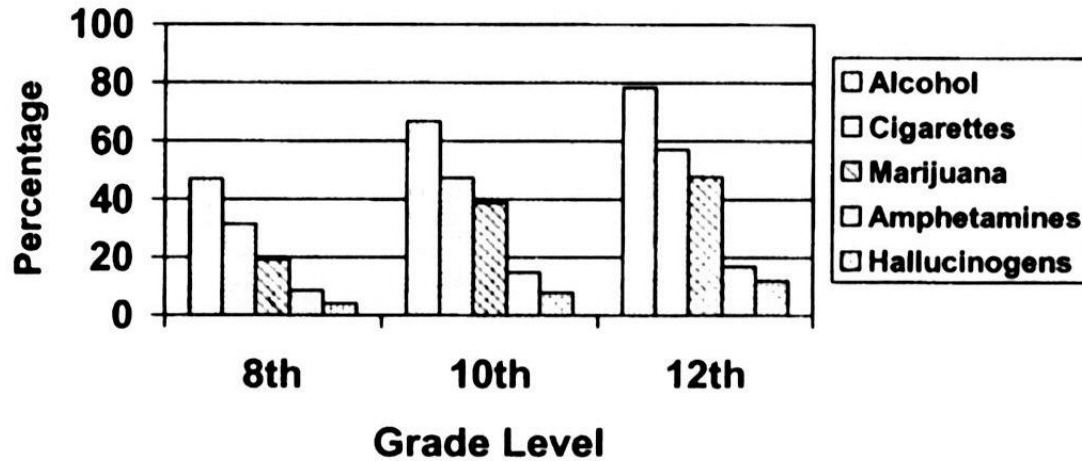
The above review indicates that family environment, structure and practices impact significantly on the development of substance abuse in adolescents both globally and in culturally specific ways in the Nigerian social context. The following section will present review of literature on the preferred drugs of use by adolescents.

### **3.6 Drugs of Preference**

There is an ongoing research debate on which substance is most prevalent amongst young people. Since 1975, Johnston, O'Malley, and Brachman have been leading researchers in adolescent drug use, carefully monitoring drug use among high school seniors in both private and public secondary schools in the United States (Santrock 2005: 509). The table below shows the result of such studies. Alcohol, cigarettes and marijuana (cannabis) were identified as the most prevalent drugs



among young people as compared to hallucinogens, amphetamine and other drugs. The corresponding ages of 8<sup>th</sup> to 12<sup>th</sup> graders in the American Educational system as indicated in the figure 3.1 below is 13-17 year old.



**FIGURE 1**

### **Percentage of 8th-, 10th-, and 12th-Grade Students Reporting Lifetime Use of Various Substances**

*Note.* Data from *Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings, 2002* (NIH Publication No. 03-5374) by L. D. Johnston, P. M. O'Malley, and J. G. Bachman, 2003, Bethesda, MD: National Institute on Drug Abuse.

As previously cited, the annual prevalence rate of alcohol and marijuana was reported as 84.7% and 32.8% respectively in the United States. In the study of Young, Corley, Stallings, Rhee, Crowley, and Hewitt (2002:314), alcohol was found to be the most commonly used substance at all ages, peaking at ages 17 and 18 years with rates of 88.1 %. In Nigeria, there are those who posit that alcohol is most widely used amongst young people (Adewuya 2005), while others strongly submit that cannabis is by far the most commonly used illicit drug world-wide with usage of 4% of world population compared to 1% for all other drugs of abuse combined (Obianwu 2005: 329). It should be noted that alcohol and cigarettes are generally classified as legal drugs globally as well as in Nigeria. They are psychoactive and addictive but there are no sanctions against their use. Both alcohol and tobacco are widely available in most parts of the world and are marketed aggressively by transnational corporations that target young people in advertising campaigns.

However, marijuana is classified as an illegal or illicit drug and it is the most commonly used in most parts of the world (WHO 2004b: 8, 9 and Young et al 2002:314) . Approximately half of the adolescents of 17 years of age or older reported smoking marijuana at least once, and approximately one third reported using it more than five times. The prevalence of marijuana abuse and dependence in adolescents 17 years and older was more than twice that of 16 year-olds. Across gender, there is a preponderance of male use of alcohol amongst Nigerian youth (Gureje, Degenhardt, Olley, Uwakwe, Udofia, Wakil, Adeyemi, Bohnert & Anthony 2007:7). Overall, rates of marijuana abuse/dependence were comparable for males and females. However, males had a somewhat higher prevalence rate (10.4%) than females (3.8%) at age 16 (Young et al 2002: 316.)

It is interesting to note that while alcohol may be widely used, marijuana is the most common drug abused by most university students in Nigeria (Oshikoya & Alli, 2006:135). This is because it is cheap (less than 10c a wrap ) and readily available.

Studies on substance abuse patterns and prevalence in Nigeria is in its rudimentary stages. Gureje Degenhardt Olley, Uwakwe, Udofia, Wakil, Adeyemi, Bohnert & Anthony (2007:2) observed that very little is known about the occurrence of drug dependence in Nigeria and that no previous studies assessed a broad range of drugs with a large and representative sample of the population. There are pioneering studies that have motivated more recent studies such as Ebie, Obiora, and Awaritefe(1984); Alakija (1984) ; Asuni (1964); Oviasu(1976), to mention a few. Gurege et al (2007) utilized the Nigerian National Survey of Mental Health and Well Being (NSMHW) to fill in the gaps in the epidemiology of mental disorder and drug use in a cross country study in Nigeria. The study affirmed that the use of alcohol, tobacco and cannabis start in adolescence and early adulthood. They also reported that alcohol is the most commonly used drug in Nigeria followed by tobacco.

Cannabis and other drugs were found to be minimal. This is, however, contrary to previous studies that reported cannabis with a higher overall percentage use globally (Obianwu 2005: 329). Gureje et al (2007:7) submitted that one limitation of their study that may have informed the low percentage reported Cannabis use may be the self- reporting nature of the study. They stated that participants were guarded in reporting the use of illegal drugs such as cannabis as compared to legal drugs like alcohol and tobacco. Oshodi, Aina and Onajole (2010: 53) affirmed that underreporting of cannabis use may be responsible for the discrepancy in the high levels of cannabis related mental health disorders and low use of cannabis among Nigerian students. Legal consequences are associated with cannabis use. This study therefore contributes to the body of literature as it helps to clarify the discrepancies in the use of cannabis reported and what is actually being used.

The pattern of use was more of heavy episodic drinking than regular moderate drinking. Obot in WHO (2001:69) indicated that heavy drinking is experienced in Nigeria due to the serving unit. The serving unit for beer, the most common form of alcoholic beverage, is the bottle. Beer is sold and consumed in bottles of 60cl. which is more than the regular cans found in other parts of the world which are usually 33cl. So when people drink, it is seen as drinking just 1 bottle or 2 but in reality what they are drinking per serving is almost double the serving unit in other parts of the world. Beer as an alcoholic beverage has replaced other Nigerian traditional liquor. This is portrayed in Nigerian movies as well. It was observed by Aina and Olorunshola (2008:67) that 66.5% of the alcoholic beverages shown in Nigerian movies were beer bottles while Palm Wine and locally brewed drinks shown were only 13.2%. Since studies show that 40% of youth who abuse substances are influenced by media ( Sargent, Beach, Adach-Mejia, Gibson, Titus-Ernstoff & Carusi et al 2005:1184) it is not surprising that heavy drinking of alcohol in beer bottles is common in Nigeria since it is commonly depicted in movies.

Social drinking is also somewhat socially acceptable even for young people in Nigeria. Obot in WHO ( 2001:76) reported that 40.2% of the participants said that it was okay for a 16 year old to drink alcohol at a social function while 44% approved of a 16 year old boy drinking with friends in a bar( 32 % for girls). The percentages were higher for age 21. 72.6% of the participants approved of a 21 year old young man drinking with friends while 62.3% approved of a 21 year old female doing the same. Though the legal age for drinking in Nigeria is 18, there is no strict enforcement like in other parts of the world. In South Africa, the legal age for drinking alcohol is 18 as in the United States of America but the law is enforced very strictly such that governmental forms of identification must be shown before alcohol can be sold or served to a young person.

Social drinking is also portrayed as the most common context of drinking in Nigerian movies at a rate of 74% (Aina & Olorunshola 2008:67). Financial consequences was the highest deterrent for both drinkers and non- drinkers (Obot in WHO 2001: 74).

### **3.7 The University Environment as the Social Context for Mid to Late Adolescent Development for the Nigerian Youth.**

The interface of adolescence as a growth period and its impact on substance abuse among university students will be the focus of this section. It is worthy of note that the study of Adams et.al (2006:87) posited that “universities provide an institutionalized moratorium when late adolescence can consider and experiment with various roles and options in their effort to construct a stable and coherent

state of identity". As already indicated in chapter one, Nigerian universities are faced with the peculiar situation of having mid to late adolescents, who are prone to experimentation, on university campuses. This is due to the minimum age requirement of 16 years for entry into Nigerian Universities. (*Joint Admissions Matriculation Board Brochure 2006/2007: 1*). Sixteen is the minimum age but the average age of entry is 17. In Nigeria, most children enter preschool as early as age 2 and are age 5 in primary 1 or first grade. The average Nigerian student spends five years in elementary school and by age 10 enters junior secondary school. Secondary school education spans a period of six years (three each for junior and senior secondary school).

It is normal for adolescents in universities to make new friends and develop autonomy but the reality of new interpersonal, academic and societal demands and expectations may lead to the destructive use of substances (Schlumberg 2002). Substance abuse may be seen to facilitate the transition to college, giving a feeling of maturity or a way of coping with college stress (Larimer, Kilmer and Lee 2005; 432). Transition to university may be particularly difficult in Nigeria where the living and academic conditions in the universities are poor (Adewuya, Ola, Aloba, Mapayi & Oginni 2006:674) Most Nigerian Universities do not have adequate housing facilities for students. Those that are available are overcrowded and run down. Lecture halls are also overcrowded and poorly maintained.

It was submitted that while alcohol may be the primary drug of choice among university students, over half of university students have tried other drugs as well at least once in their lifetime (Johnston, O'Malley, Bachman & Schulenberg 2004)

The use of marijuana and other drugs is a common occurrence amongst university students (West and Graham 2005: 185) and as a special population, university students consume large quantities of alcohol and other drugs as compared to society as a whole. Three studies were conducted respectively by monitoring the Future (MFT), Core Institute at Southern Illinois University and College Alcohol Study (CAS) that involved over 80,000 university students. O'Malley and Johnston in Gillespie, Holt and Blackwell (2007:550) reported an epidemic of drug and alcohol use among university students. Whilst the use of tobacco products is on the decline in the general population, university students' use of tobacco is still widespread (Wechsler, Lee and Rigotti in West and Graham 2005: 185). Patterson, Lerman Kaufmann, Neuner and Audrain-McGovern in Dzokoto, Hicks and Miller (2007: 514), also observed an annual prevalence of 38.1- 41.3% of University students smoking at least 1 cigarette within a 12 month period. Makanjuola, Daramola, and Obembein Oshodi et al

(2010: 53) reported an alarming 78% prevalence of lifetime use of substances by medical students in a Nigerian University.

Binge drinking among University students has been a concern to researchers. Binge drinking is defined as being when an individual consumes five or more drinks on one occasion. A drink was defined as a 12 oz can or bottle of beer, a 4 oz glass of wine, a 12 oz bottle or can of wine cooler, or a 1.25 oz shot of liquor either straight or mixed (Wechsler, Davenport, Dowdall, Moeykens & Castillo 1994: 1673). It is estimated that 44% of American university students are binge drinkers (Wechsler, Lee, Kuo in Wu, Pilowsky, Schlenger & Hasin 2007:192). “Presidents of 135 Colleges (Universities ) including elite schools, large universities and small state schools are exasperated by the amount of alcohol, guzzled by undergraduates” (Main 2009; 34)

Depression has been identified as the most common mental disorder among university students (Lamadrid 2009; Peltzer 2003) and this was confirmed among Nigerian University students especially those with accommodation problems, large family size, those smoking cigarette and those who consumed alcohol heavily (Adewuya et al 2006:677).

So how has the issue of substance abuse among university students been addressed? The following section will present the review of literature on some university- based substance abuse intervention programs.

### **3.7.1 Previous Substance Abuse Interventions on University Campuses**

DiRaimo and Payne(2007) carried out a study at a public research university involving 888 participants. The purpose of the study was to study the assessment approaches and measure student outcomes for self- efficacy, reaction to stress and substance abuse. They were able to establish that there is a positive relationship between co- curricular program participation and students attitudes towards substance abuse (DiRaimo & Payne 2007: 679 & 687).

Epler, Sher, Loomis and O’Malley,( 2009) evaluated receptivity to alcohol treatment options among 2084 College ( University) Student drinkers. Most of the participants expressed a desire to reduce their drinking or stop completely. 50% of the participants were receptive to self help or psychotherapy options while 25% expressed receptiveness to medication options (p. 31).

Vogel, Michaels and Gruss, (2009) explored the relationship between parental attitudes towards therapy and university students’ intention to seek therapy. The Intention to Seek Counseling Inventory (ISCI) that contained 10 items for Psychological and Interpersonal concern, 4 items for academic concern and 2 items for drug use concern was used. The study utilized only the subscale for

Psychological and interpersonal concerns. They observed that university students can be influenced to seek help if they have strong attachments to parents who have positive attitudes towards mental health services (P.706-707).

Wu, Pilowsky, Schlenger and Hassin (2007) examined the Utilization of and perceived need for alcohol treatment services among college (University) age young adults. 45% of the 11,333 participants were enrolled as college students. There was a high prevalence of Alcohol Use disorder but low utilization of services. Utilization of services was motivated by legal sanctions and concern by family members, or health care providers (p.196-198).

Gillespie, Holt and Blackwell (2007) studied 421 university students to measure the outcomes of the use of the Shortened Inventory of Problems- Alcohol and Drugs (SIP-AD). The results of the study concluded that university students may not perceive four to five drinks as problematic, and that while SIP-AD is a “useful, mostly accurate and consistent” instrument in assessing negative consequences associated with substance abuse, its strength lies in the assessment of alcohol, marijuana and cocaine use as a group rather than alcohol use alone (p.563-564).

Cleveland, Harris, Baker, Herbert and Dean (2007) evaluated a residential substance abuse treatment program on a large south western university in the United States. 82 participants were in the Collegiate Recovery Community that was situated in the midst of the ‘abstinence hostile’ College environment. The community members had histories of both extensive substance abuse behaviour and intensive treatment and were mostly first and second year students. They were required to have been in recovery for a year prior to enrolment in the program. Support was provided by study of Addiction and abuse staff through weekly seminars. Despite the college environment, the participants were able to maintain their recovery (p. 14, 22).

### **3.8 Summary of Chapter**

From the literature review presented in this chapter, it can be concluded that adolescence is probably the most dynamic phase of the human life cycle, fraught with great opportunities and risks. There are biological as well as psycho-social contributors to thriving as well as psychopathology such as substance abuse in adolescence which can be moderated by wholesome familial involvement and support.

The socio- cultural context of the Nigerian family impacts significantly on the development of substance abuse behavior in young people. However, there is dearth of research in this area which demands the attention of future researcher. There is also a lack of literature on substance abuse interventions in Nigerian universities. This is probably due to the lack of interventions to address the issue of substance abuse in institutions of higher learning in Nigeria. Therefore this is a gap that this current study seeks to fill.

## CHAPTER FOUR

### LITERATURE REVIEW PART 2: ON PRIMARY SOCIALIZATION AND CRITICAL THEORY.

#### 4.1 Overview of Chapter

This chapter is the continuation of the knowledge development (KD) component of intervention research. Chapter three focused on the review of the body of knowledge on adolescence and substance abuse. Chapter four presents the review of literature on the theoretical framework of the Primary Socialization Theory (PST) and Critical Theory (CT) perspectives that undergirded this study. The key components of each theory and their application to this study will be presented. The chapter also expounds on the contextual application of PST to the Nigerian university setting. In addition to the above, the nature and components of previous studies on collaborative work with families is also portrayed.

#### 4.2 Motivation for Using Primary Socialization Theory

The proponents of Primary Socialization Theory are Eugene R Oetting and Joseph F Donnermeyer of the Tri- Ethnic Center for Prevention Research, Colorado State University, Colorado and The Ohio State University, Columbus, Ohio, USA respectively. Prior to the PST study, Petraitis, Flay, & Miller (1995), reviewed 14 theories of adolescent substance use and reported that existing multivariate theories:

1. Do not integrate current knowledge about causes,
2. Do not make sense out of unrelated research findings,
3. Do not deal adequately with gender and ethnicity differences,
4. Have been vague in discussing how mediating variables interact with each other,
5. Do not consider differential etiology for different substances,
6. Fail to lead to accurate predictions, and
7. Do not form the foundation of effective prevention programs.

Oetting and Donnermeyer therefore developed PST as a response to the above deficiencies in theoretical frameworks for adolescent substance abuse. They stated that “The theory (PST) meets the call for a theoretical model that crosses over traditional boundaries, providing a logical framework for organizing ideas about social behavior and linking together constructs from diverse academic disciplines” (Oetting & Donnermeyer 1998a:996).



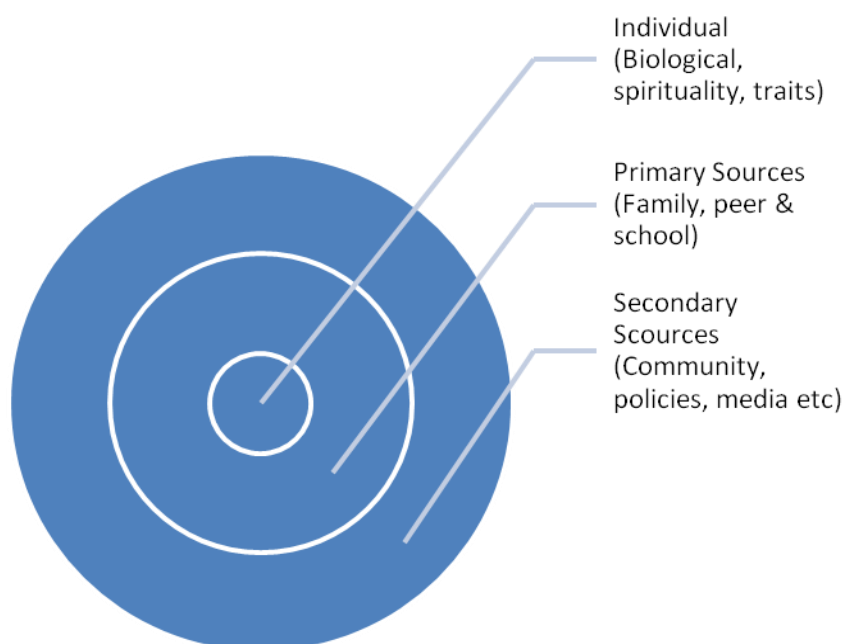
Due to the multiple issues that impact on adolescent deviant behaviour, which have already been established by prior studies, Oetting and Donnermeyer sought to harmonize these variables under one integrated theory. The broad range of issues in adolescent substance abuse was therefore explored in four papers. The first paper covered the basic theory, with a particular emphasis on adolescence, the developmental period when most drug use and deviance emerge (Oetting & Donnermeyer 1998a). A second paper dealt with psychological characteristics and behavioural issues, showing that personal traits influence drug use and deviance predominantly through their influence on the primary socialization process (Oetting Deffenbacher & Donnermeyer 1998b). The third paper focused on sociological issues and discussed secondary socialization sources such as extended families and community characteristics and how they influence the primary socialization process (Oetting, Donnermeyer, & Deffenbacher, 1998c).

A fourth paper discussed culture, cultural identity, and cultural identification, and show that primary socialization theory enhances understanding of how culture influences drug use and deviance through its effects on the primary socialization process and how primary socialization influences cultural identification (Oetting, Donnermeyer, Trimble, & Beauvais 1998d). A fifth paper is a presentation of other researchers and their perspectives on PST with the inclusion of the secondary socialization sources of spirituality and Government institutions, such as the criminal justice system, welfare, and child protection services. This particular paper, along with that of Herd (1996), examined the influence of religious affiliation on socio cultural predictors of alcohol consumption, will undergird the discussion of the findings of this study in the context of the private Christian university and religious affiliations of the student and family participants.

The outcome of the above studies is the comprehensive output of PST which is a wholistic integration of various aspects of adolescent development. It examined the possible factors that influence the emergence of deviant behaviour in adolescence such as personality traits, primary socialization sources (Family, school and peer clusters) and secondary socialization sources (neighborhood, community, religious institutions, media). While a direct causal relationship between entities of the primary socialization sources is still the focus of ongoing research, PST provides a conceptual framework for understanding and harmonizing the impact of the different variables found in the socialization environment (Lopez, Martinez, Martin , Martin , Martin & Scandroglio 2001). Whitbeck (1999:1025) also affirmed that Primary socialization theory integrates the proximal sources of childhood socialization into a single, comprehensive theoretical model. Conceptually, it embeds the adolescent in a threefold socialization process made up of family, school and peer clusters. Galliher,

Evans & Weiser (2007) attest that PST provides a foundation for understanding various models that have been hypothesized to explain the development of substance use and abuse in children and adolescents. The strength of PST is that it can be used to guide and organize disparate factors and variables (Leukefeld & Leukefeld 1999:984). It is the harmonizing and integrative posture of PST that fascinated this researcher and motivated her to utilize the PST as one of the theoretical frameworks for this study.

**Figure 4.1 Primary and secondary socialization sources and the individual**



The above figure shows the relationship between the primary and secondary socialization sources and an individual.

In addition to the benefits of conceptual harmonization of adolescent substance issues, PST fills in the gap of some of the deficiencies identified by Petraitus et al (1995). In their studies, Oetting & Donnemeyer (1998:997) submitted that PST:

- Incorporates current knowledge about causes and correlates of deviance.
- Makes sense out of unrelated research findings, showing, for example, how both genetically determined traits and social structure of communities can both produce deviant behavior through their influence on the primary socialization process.) The theory provides a basis for understanding gender and ethnicity differences, -with particular emphasis on how culture

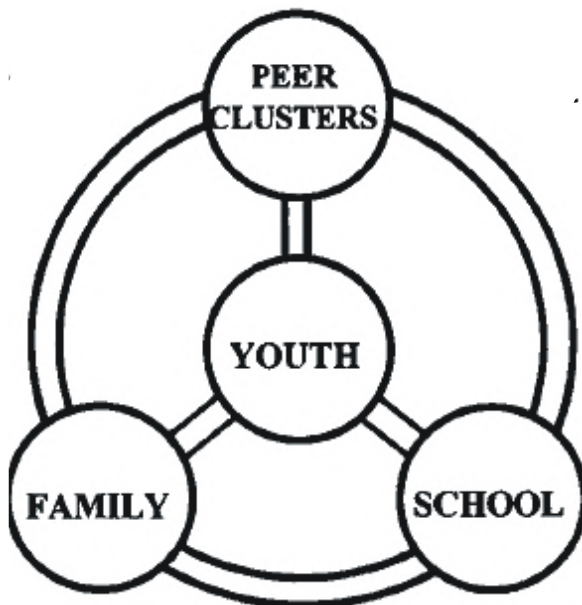
influences the primary socialization process in determining gender and ethnicity differences in pro-social and deviant behaviors.

- Where prior papers have presented menus of risk and protective factors for deviance, primary socialization theory specifies how the mediating socialization forces influence and interact with each other, explains why some personal, social, and societal characteristics are risk and protective factors, why others are not, and how these risk and protective factors operate to increase or demand the potential for deviance.

The above section presented the researcher's motivation to undergird this study with the theoretical framework of PST. The following section will delineate the fundamental theorem of PST as well give a brief description of the individual constructs.

#### **4.3 Fundamentals of the Primary Socialization Theory (PST).**

The fundamental theorem of Primary Socialization Theory posits that norms for social behaviour, including drug use, are learned predominantly in the context of interactions with primary socialization sources (Oetting & Donnermeyer 1998a:995,998). This means that socialization, which is the process of learning social norms and behaviors, occurs in the social environment of family, school and peers which are the primary socialization sources identified by PST. This is diagrammatically presented in fig.4.2



**Figure 4.2 Adolescent Primary Socialization Sources in the Primary Socialization Theory (Adapted from Oetting & Donnermeyer 1998a)**

As seen in the previous diagram, the youth is at the center of the primary socialization sources which are family, school and peer cluster. Bonds between the youth and the primary socialization sources are vital in the development of either pro-social or deviant behaviours. Strong bonds provide the channel for communicating pro-social norms while weak bonds are risk factors for deviance. PST posits that adolescents are supported and maintained by the connections to the primary socialization sources of family, school, and peer clusters. There is an active interaction between the youth and the primary socialization sources through which norms and social requirements are transmitted. The socialization process also involves meeting the demands and requirements of sources and provision of feedback and rewards when the requirements are met (or sanctions when there is deviance from the requirements e.g. punishment for using drugs). These rewards and sanctions are matched to the individual's needs to produce reinforcement (Oetting & Donnermeyer 1998a:998). One can therefore see the relevance of the reward and punishment component of socialization by the school (university) in communicating both the expectations and consequences of drug use on campus in the process of socializing university students (Oetting & Donnermeyer 1998a.p999) It is worthy to note that PST also identifies secondary socialization sources such as community, extended family, media, religious and governmental institutions. The major effects of the of secondary socialization sources occur indirectly, and affect behavior because they influence the primary socialization process (i.e., secondary socialization sources affect the individual because they influence the primary socialization sources or because they enhance or detract from the transmission of norms by the primary socialization sources) (Oetting 1999:948). This study also keys in the involvement of the secondary socialization sources of the extended family and religious communities involved in the lives of students who abuse substances as possible stakeholders in developing sustainable and relevant campus- based substance abuse intervention. The applications of the secondary socialization sources will be presented in a latter section as well in the discussion of the findings of this study. The following section will give a summary of the primary socialization sources and their interactions with the youth and interrelationship with each other. The following section will give a brief description of each primary socialization theory source.

#### **4.3.1 Family**

Primary socialization theory proposes that the family is one of the three major sources for socialization. The family is usually a source of pro-social norms, but for a family to be a strong source

for pro-social norms, there must be strong bonds between the family and child, and the family must use those bonds to communicate pro-social norms ( Oetting & Donnermeyer 1998a: 1002). PST is cognizant of normative family relationships where parents are nurturing, warm, caring and are actively involved in monitoring their children. These interactions develop strong bonds between the youth and the family. The influence of the family is so paramount that the proponents of PST emphatically stated that it is the strongest influence in preschool years (Oetting 1999:951). As strong as these bonds may be they have to be utilized for the transmission of norms ( Oetting & Donnermeyer 1998a: 1002).

Dysfunctional family practices such as parental substance abuse, domestic violence, different forms of child abuse and criminal lifestyles by parents not only model deviance but weaken the bond between the adolescent and the family. It is the weakening of the family bond that strengthens the peer cluster bonds for the transmission of deviant behavior ( Oetting & Donnermeyer 1998a :999).

In addition to the triadic interactions of family bonding and transmission of pro-social and deviant attitudes and behavior, PST also recognizes that there are cultural diversities that colour the experiences of youth in the family context. There are differences in parenting styles and persons involved in the family processes e.g. extended versus nuclear family, However, ethnic differences do not violate the general principle that, in essentially all cultures, the family (in its variations) is a major primary socialization source, and the family's effect on socialization depends on bonding and on the communication of pro-social or deviant norms (ibid.1003). The concept of family was differentiated between the nuclear and the extended family. The nuclear family, which includes biological parents and anyone who is directly responsible for supervision, care and monitoring, such as nannies and child care workers, are considered primary socialization sources, while adults who provide support but are not directly responsible for supervision, care and monitoring such as aunts, uncles grandparents etc are members of the extended family and they are part of the community that is classified as secondary socialization sources

(Oetting, Donnermeyer & Deffenbacher 1998c), While most researchers agree on the primacy of family as primary source of socialization, the study of Harris (1995), seems to stand in opposition by positing that there is no causal relationship between family practices and development of deviant behavior.

Harris submitted in group socialization theory that behavioral outcomes in adolescent are heavily dependent on personality traits and interactions with peers. Whilst Harris's group socialization theory highlights personality traits that are pretty much consistent across developmental stages and across social environment, PST focuses on the communication of norms which could be inconsistent

across developmental stages and socio- cultural environment. For example, an introverted child will most likely be reserved and withdrawn in any given environment from childhood to adulthood and could display pro- social or deviant behavior in the uniqueness of his personality trait. PST on the other hand posits that while this child may remain stable in his personality, social expectations and rules of behavior (norms) are subject to change and the family is primarily involved in the transmission of these norms. PST as postulated by Oetting and Donnermeyer and Group socialization theory as propounded by Harris are in agreement in the area of peer group influence. Harris submitted that it does not matter what parents do, a child will make behavioral choices based on acceptable behaviours among peers and the prevailing peer culture. While PST agrees by identifying peer clusters as a major source of primary socialization that transmits norms to a young person, it is emphatic that even the transmission of norms amongst peers is informed by values, ideas and attitudes transmitted by the families of the individual members of the peer group and, according to Whitbeck (1999), it all starts with the family. This researcher leans heavily on the side of PST's stand on the place of the family because from previous research cited in this document, families are both developmental assets and part of the risk and protective factors in an adolescent's life. Regardless of what traits or personality emerge in a child, that child does not grow in a societal vacuum nor is he or she dropped from the sky. The rules about life are taught and learnt directly or indirectly in the socio- cultural context of the home. PST posits that a home environment that is loving, safe and nurturing strengthens the bond between the child and the parents thus allowing for better transmission and reception of pro-social norms and values.

#### **4.3.2 School**

PST also identifies the school as a primary source of socialization ( Oetting & Donnermeyer 1998a: 1007-1010; Oetting 1999: 953-955). When school is mentioned it often refers to elementary to high (secondary school). However, for the purpose of this study the definition of a school as a structured environment outside of the home where young people learn values, behaviours, skills and are exposed to knowledge, will include institutions of higher learning. Teachers and schools in Western society and other parts of the world are expected to teach the basic skills and knowledge needed to participate in the culture (reading, writing, and computer science) and, at the same time, to monitor and control personal and social behaviors in the school environment. Schools, therefore, function as an important primary socialization source. A supportive and safe school environment enhances the bond between a child and the school. Just as there are dysfunctionalities in the family,

PST recognizes that there are dysfunctionalities in the school environment that could jeopardize the development of strong bonds between an adolescent and the school. Such problems include but not limited to:

- size of school and school discipline climate
- school normlessness and unclear rules
- poorly trained teachers,
- disruptive classrooms,
- prejudice against minority children,
- lack of financial and other resources that could enhance successful learning experiences and create a rewarding and stimulating experience.

Oetting and Donnermeyer (1998a:1008), stated that the above problems in the school environment are linked to higher rates of drug use among adolescents.

On the other hand, qualities of a good school environment such as respect for students, reward for achievement, paying attention to students' needs and an environment that encouraged students' choice to be heard amongst other aspects of positive school bonding reduced drug use among adolescents (Oetting & Donnermeyer 1998a:1008) PST proponents submitted that even in the best school environments, students who have problems adjusting to school and demonstrate such by poor grades, disciplinary problems, low participation in school activities, have been connected to drug use. All of the above indicate weak bonds between the student and the school, thus disrupting the effective transmission of norms in the school environment.

A significant finding of PST is the longitudinal effect of child-school bonding in young adulthood. It was discovered that students with better academic performance in high school were less likely to be involved with drugs after they left high school, while planning to go to college (university) was also negatively related to drug use. However, the peer cluster in the university social environment overwhelmed the above and any other protective factors that the youth may have had. This is significant because of the implications to the current study of the involvement of university students with substance abuse. One could hypothesize that peer influences could override family values and expectations of the university students and there could be a default into substance abuse by a university student regardless of whether the family was involved with substance abuse or not, or communicated displeasure and disapproval for such a life-style. The undergirding of this aspect of PST will be elaborated in the findings of this study.

### 4.3.3 Peer Cluster

Peer cluster refers to best friend dyads, small groups of close friends, or couples (ibid:1010). As already established for family and school, peer clusters as a primary source of socialization depends on bonding for the communication of norms. During adolescence, peer influences could be the most dominant form of socialization. Oetting and Donnermeyer (1998a) stated that the peer cluster component of the PST was motivated by research that spanned over fifty years to contemporary findings that establish strong links between peer drug use and adolescent drug use. Cited works under the PST peer cluster influence were Sutherland's differentiation theory of 1947, that postulated that interactions within interpersonal groups lead to differential exposure to pro-social and deviant messages, and that this relative exposure determines learning of deviant attitudes and behaviors. Oetting & Donnermeyer (1998a:1010) cited other studies such as Others are Becker (1953), Ary et al (1993); Brook et al 1992b; Clapper et al 1994; Cousineau et al 1993; Dinges & Oetting, 1993; Duncan et al 1994, 1995a, 1995b; Iannotti & Bush 1992; Khavari 1993; Lopez et al 1989; Oetting and Beauvais 1989; Oetting et al 1989. More recent studies that support the earlier findings are those of (Crosnoe et al (2002) and Harris (1995) with the group socialization is also a major proponent.

PST submits that if peers hold positive values and convey pro social norms, an adolescent is not likely to engage in deviant behaviours outside of those which are normative for adolescent years. The corollary is true that for adolescents who associate with friends who are involved with deviant behavior, there are high probabilities that the adolescent will engage in such behaviours in the company of their friends. Steinberg, in Paek (2008:527) posited that adolescents are likely to develop an independent identity through disengagement with parents and engagement with peers. Most recently, Francis and Thorpe (2010) examined the possibility of using the PST constructs to predict life- time substance abuse among white and African- American youths in conjunction with sexually risky behaviours. Their findings show that for alcohol use two variables that operationalised the PST peer constructs were statistically significant. The variables, which were if peers drank in the last month, and if peers smoked marijuana in the last month, showed that 59% of the white youth and 49% of the black youths had best friends who had drunk alcohol in the last month while 33% of the white youths and 34% of the black youths had best friends who smoked marijuana in the past month (Francis & Thorpe 2010: 5-6). This finding is significant in establishing the role of peers in the etiology of deviant behavior of substance abuse in most recent times. The mention of best friends in the Francis and Thorpe study delineates the prior findings of PST that members of peer clusters are smaller subsets of peer groups or lifestyle groups. They are cohesive, small cohorts that form strong bonds, that



transmit norms through discussion and shared experience, and that directly monitor and reinforce attitudes and behaviors of their members. It is peer clusters that serve as primary socialization sources and that have a direct and immediate influence on normative behaviors including deviance and drug use (Oetting & Donnermeyer 1998a:1011). This is the subset of the peer group that includes best friends. What this is saying is that within the peer group there are varying degrees of influence depending on how closely-knit the members are.

In summary, the above section asserts that the fundamental theorem of primary socialization theory is that normative and deviant behaviors are learned social behaviors, products of the interaction of social, psychological, and cultural characteristics, and that norms for social behaviors, including drug use, are learned predominantly in the context of interactions with the primary socialization sources. During adolescence, learning of social behaviors is frequently dominated by interactions with peer clusters. There are a number of additional postulates:

1. The strength of the bonds between the youth and the primary socialization sources is a major factor in determining how effectively norms are transmitted.
2. Any socialization link can transmit deviant norms, but healthy family and school systems are more likely to transmit pro-social norms.
3. Peer clusters can transmit either pro-social or deviant norms, but the major source of deviant norms is usually peer clusters.
4. Weak family/child and/ or school/child bonds increase the chances that the youth will bond with a deviant peer cluster and will engage in deviant behaviors.
5. Weak peer bonds can also ultimately increase the chances of bonding with deviant peers.

Primary socialization theory is consistent with current research, has strong implications for improving prevention and treatment, and suggests specific hypotheses for further research.

#### **4.4 PST and Emphasis on Family Influence**

Primary Socialization theorists have posited that the behavior of a young person will be the result of his/ her perceptions and actions in the socialization environments with which he/she is most closely linked (Lopez et al 2001: 1639). Collaborative work with families of students involved with substance abuse is an attempt to repair possible breakage in the youth /family bond through involvement of family in the intervention process. Families will have an opportunity to transmit norms through modeling, expression of negative attitudes towards drugs, communication about drug use and its dangers and application of consequences for its use within the context of a University environment.

Kobus (2003: 49), concluded that despite the key role of peers in teenage smoking, there is evidence to suggest that specific parental/familial characteristics can serve as protective factors to decrease youth vulnerabilities to peer influences that promote smoking. Some of these familial characteristics are parent monitoring of child's behaviour, parents who are supportive, do not smoke themselves, voice strong opposition to smoking etc. Whitbeck (1999), also remarked that Primary Socialization Theory could be strengthened by greater emphasis on the persistent family influence on adolescent behaviour. It is this emphasis on persistent influence of the family in the life of a young person, even in the adult environment of higher education, that informs the bid to involve families in addressing the problem of substance abuse among university students. Adams, Berzonsky and Keating (2006:83), deduced that values, attitudes and expectations originally shaped by socialization experiences within the family may continue to be influential even if they primarily exist in the emotional and psychological background of the student's daily routine.

Primary Socialization Theory was also empirically validated by establishing family sanctions and family caring as predictors of marijuana use among Mexican Americans and white male and female adolescents (Rodriquez & Maries 1999). The study submitted that low family disapproval against use and low perceived family caring had significant effects on marijuana use. Whilst the focus of this study is treatment interventions for adolescent university students, this researcher reviewed literature which also expounded on the role of family in preventing deviant behaviour and substance abuse among adolescents. Krumpfer and Bluth (2004: 671-698) proposed that strategies that improve family dynamics should be the bench-mark for providing family focused prevention programs. This researcher accepts PST as the theoretical framework that pulls together both arms of prevention and treatment responses to substance abuse problems in young people. PST has strong implications for improving both prevention and treatment (Oetting & Donnermyer 1998a:995). The tenets of primary socialization theory therefore became the backdrop that informed the development of guidelines for collaborative approach between the University and parents of students involved in substance abuse.

#### 4.5 Other Perspectives on PST

Whitbeck (1999) propounded an alternate perspective to the Inter-relationship of the primary socialization sources. In a study of delinquent youths, it was submitted that family functioning directly influences school and peer cluster influences on adolescent deviant behavior, thus the interaction is more lineal than the cyclical model of Oetting and Donnermeyer as already presented above. Figure 4.3 illustrates Whitbecks perspective of PST.

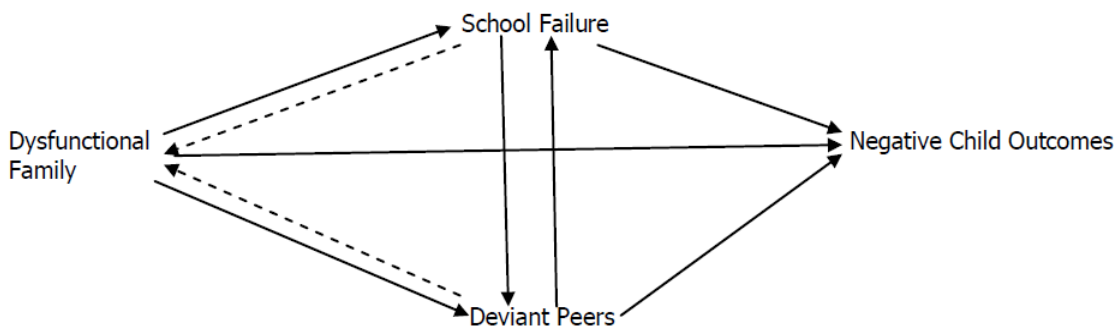


Fig 4.3. Whitbeck's Linear interactions of Primary Socialization Sources  
(Reconstructed from Whitbeck 1999: 1030)

Leukefeld and Leukefeld (1999) also propounded the Biopsychosocial spiritual practice model of PST as depicted in fig 4.4 below. It incorporates religious institutions and spirituality as secondary socialization sources along with media, extended family, government institutions etc as directly impacting on the bonds between the youth and the primary socialization sources of family, school and peers.

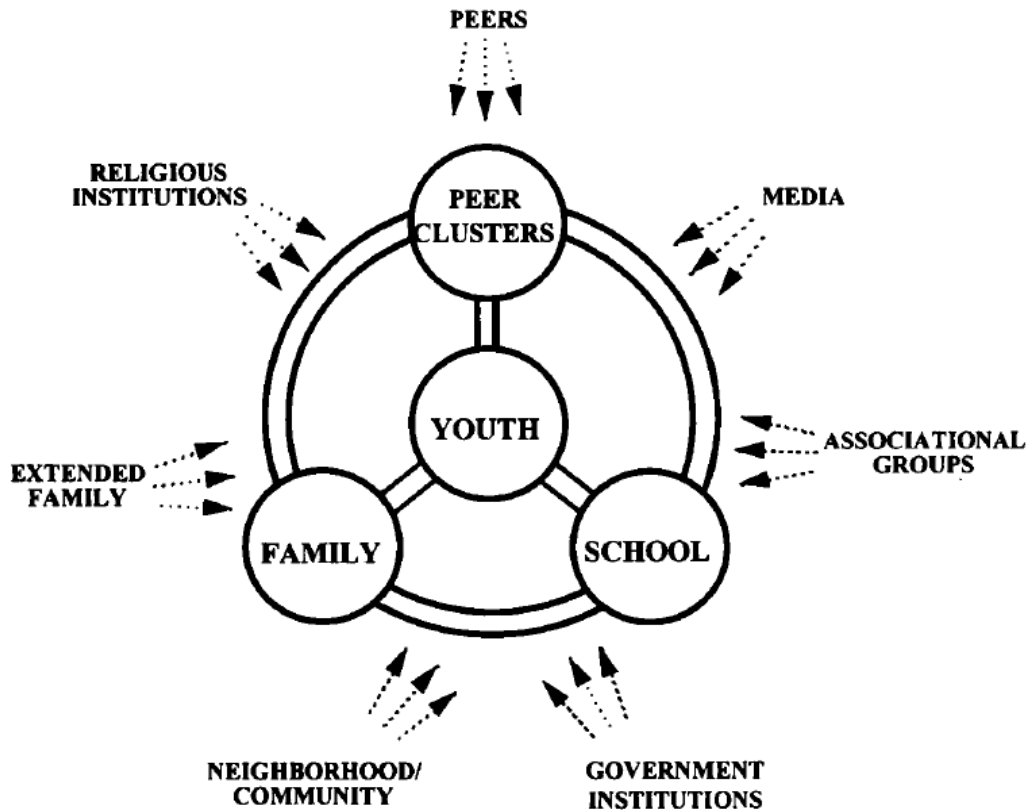


Figure 4.4 Secondary Socialization Sources adapted from Leukefeld & Leukefeld 1999)

Leukefeld and Leukefeld (1999) propounded a parallel framework to the PST by postulating that there are four factors that influence possible pathways to alcohol and drug use. These factors are: 1. Biological/genetic factors related to heritability. This has been criticized because it permits person involved with substance abuse to blame it on a “disease” inherited from their lineage.

2. Psychological factors. This consists of the balance of risks and protective factors that predisposes a person to substance abuse.

3. Social Factors. This involves the interchange between environmental, cultural, familial and peer influences that may have impacted social learning.

4. Spirituality. This argues that spirituality and religiosity is related to recovery as well having protective influences for not using drugs.

Frances and Thorpe (2010) observed that although the PST includes some of the aforementioned constructs, some secondary factors such as media, depending on the cultural group, may actually be primary socialization sources. Suggestions for future study include modification of the

theory by incorporating and assessing secondary socialization factors such as culture, media, and neighborhood constructs as primary socialization constructs (p13)

The above study also submitted that family connectedness (bonding) was not a significant influence for the development of substance abuse behavior in the black youth. The concern about the finding of the Frances and Thorpe (2010) study is that it was maternal connectedness that was used as a variable. Bonding to both parents or to the biological father was not considered. Flisher et al (2003) and Paxton et al (2007) submitted that adolescents who were living with males who were not biological fathers or whose primary caregivers were not both parents, were predisposed to alcohol, cigarette and marijuana use. The influence of both parents especially that of the father is also supported by the following studies: Thomas (2009); Caldwell, Rafferty, Reischl, De Loney & Brooks (2010); Wang, Simons-Morton, Farhart & Luk (2009). The exclusion of fathers in the Frances and Thorpe study may be responsible for the lack of significance in the PST construct of family bonding and prediction of lifetime substance abuse.

Primary Socialization Theory provided the justification for seeking to collaborate with families as the University relates to students involved with substance abuse. Proposing a collaborative approach between the University and the families of students involved with substance abuse is motivated by the proposition of PST that harmonizes the impact of the primary socialization sources on the outcomes of deviant behavior. The focus and the burden of this study is on the school (university) and family component. Though there are some peer cluster trajectories that will be addressed in the findings, the peer cluster construct is deemphasized in this study. .

Having established the key role of family in the socialization of young people with regards to the development of pro-social or deviant behaviours such as substance abuse under the premise of PST, the following section presents factors that influence family involvement in the Nigerian university system. It is a survey of literature that present the platform of the Nigerian university setting upon which PST tenets can stand.

#### **4.6 Factors that influence Nigerian Parental/Family involvement.**

This section presents two factors that enhance the premise of family involvement under the tenets of PST in the Nigerian experience. They are family financial responsibility and cultural beliefs and values.

#### **4.6.1 Family Financial Involvement.**

Governments do not give financial support to private institutions in most African countries (Taferra & Altbach 2004:33). Therefore, private universities rely heavily on tuition for funding. Foregoing discussions have pointed out the reality that most Nigerian University students are minors who are dependent on adults for care. In the university setting, Cleveland et al (2006:21) reported that 43% of the participants in their study of a collegiate recovery community (CRC) have family members who pay for all or nearly all their educational and living expenses while 71% reported that their families provide at least a third of their educational and/or living expense. Another survey of 7 Universities in Nigeria reported that 63.7% of the students were financially supported by their families (Aina 2003:17). Cleveland et al (2006:21) then surmised that it takes a substantial amount of family support for young adults in recovery to overcome the effects of their substance use behaviours. Battjes, Onken and Delany (1999:646) reported that psychosocial problems (negative consequences of substance abuse) and response of social networks are a primary motive for help seeking. The threat of a disruption to the relationship between substance abusing individuals and their families, as well as the possibility of withdrawal of financial support, is a negative consequence that could serve as a motivator for change. The McMaster Family Assessment Devise (FAD) ( Epstein, Baldwin, Bishop in Cleveland et al 2007:16) expounds possible problems with the family dynamics that may be associated with substance use such as, “family ever worrying or complaining about use”, “creating problems with close relationships”, “neglect of family or school etc”. Cleveland et al (2007:17) reported that an average of 89.4% of the participants in the CRC had encountered the above family problems. One can therefore conclude that with such a high percentage of university students who report having strong family support and financial dependency, the possible disruption of this relationship as a result of substance abuse can be a motivation to seek help and engage in treatment.

#### **4.6.2 Cultural Family Beliefs**

Cultural sensitivities, affirmation and curiosity are core to collaborative work with families (Madsen 2009: 114). Children are seen as a great asset in the African Culture. In most African societies, high value is placed on child bearing such that in some places, marriages are put on hold till the couple is sure that the prospective bride can become pregnant (Cherlin 2002:59). Children are seen as a blessing and their success and survival is vital for family prosperity, having a good name and extending the family lineage (Steady & College in Mazama 2007:180). Thus when misconduct or antisocial behaviour occurs in children it is seen as a disgrace to the family and parents see it as their

personal responsibility to seek appropriate intervention. African mothers are seen as vital to family stability and social change (Steady & College in Mazama 2007:157).

Studies in the United States have shown that ethnic minorities have larger and more extended family networks than Whites (Santrock 2005) African Americans and Latino children interact more with grandparents, aunts, uncles, cousins and distant relatives than their white counterparts. Also, respect for family by following parents' advice or doing well for the sake of the family, is higher for ethnic minorities ( Santrock 2005: 340-341).

The extended family system represents to the African people, a coping and support mechanism that seems to guarantee help and support in times of crisis (Adegoke 2003: 31). It is a socio- cultural phenomena that provides a communal approach to supervision and correction of younger ones ( Lambo in Adegoke 2005: 31). This influence is seen in the lower rates of tobacco use amongst South African female students as compared to their counterparts in the United States due to stigmatization and fear of causing embarrassment to the family (Reddy, Resnicow, Omartdien & Kambaran 2007:1863). Africans also believe that maladaptive behaviour could be due to metaphysical forces outside the child's control. Therefore parents and other family members become heavily involved in interventions, sometimes even more than the child concerned. In the event that a university is going to collaborate with parents by involving them in the intervention process, what would some rallying points of the collaborative approach be? The following section presents some studies that attempted family involvement in addressing adolescent substance abuse misconduct.

#### **4.7 The Motivation and Nature of Collaborative Work with Families.**

In the study of Paek (2008) that examined the moderating influences of primary socialization sources on self report of smoking and smoking intention in adolescents, peer influences were significantly greater than family and school influences. However, the combination of family monitoring and school- based interventions had a stronger influence than the individual variables of family and school by themselves. The study reported that parental monitoring and school intervention programs each appear to have a desired joint effect as regards self-reported exposure to anti- smoking messages on high-school smoking intentions. This therefore suggests that it is the combination of family and school (University) that makes a significant impact on adolescent smoking. Once again this establishes the place of collaborative work between the university (school) and the families of students involved with substance abuse.

Collaborative work with families could be through various approaches such as Family therapy, parental consent, information feedback and conferencing. While this study did not focus on specific therapeutic approaches for involving families in working with University students who are involved with substance abuse, it utilized some of the concepts and findings drawn from some family therapy approaches in developing the guidelines for collaborative work between the university and parents of students involved with substance abuse.

One of such models are the Basic strategic family therapy (BSFT) that relies almost exclusively on a coherent integration of structural and strategic theory and therapy in treating substance abusing adolescents and their families (Santisteban, Suarez-Morales, Robbins & Szapocznik 2006:260). There is also the Community Reinforcement and Family Training (CRAFT). This is a parent focused intervention designed to help parents facilitate their adolescents' engagement and provide support for subsequent behaviour change (Waldron, Kern –Jones, Turner, Peterson & Ozechowski 2006:134). Another approach is the Multi Systemic Therapy (MST). The MST approach utilizes clinical efforts to address risk and protective factors across the youth and family social ecology (Cunningham and Henggeler 1999:265-267). Some principles from the combination of Strengths Oriented Referrals for Teens (SORT) and Strength-Oriented Family Therapy (SOFT) as developed by Smith & Hall, (2007) will be utilized in referring and engaging university student and their families in drug treatment.

Apart from borrowing from family focused therapeutic approaches, collaborative work with families can also take the form of sharing attendance information with relatives and inclusion in review meetings, with informed consent (Marlowe et al 1996:82). Getting parental consent can result in good participation rates (Smith, Boel, Studt & Cleeland 2009:3). Madsen (2009: 105) also proposed the following steps in collaborative work with families:

1. Building a foundation for family engagement.
2. Helping clients envision a preferred direction in life.
3. Helping clients identify constraints to the preferred direction in life.
4. Helping clients shift their relationship to constraints and enhance their relationship to sustaining elements that will move them in the preferred direction in life.
5. Helping clients develop communities to support the enactment of preferred lives.

The above steps for collaborative work by Madsen (2009) were found to be relevant to this study, thus the researcher explored the current services at Babcock University to see if the above steps were in



place and if not, it would inform part of the recommendations for how collaborative work should be done.

As regards treatment approaches, it is worthy to note that Nigerian families have strong religious beliefs that reflect Afro centricity. In terms of Afro- centricity the belief is that the spiritual component of a person is as important as the tangible aspects (Moore, Madison–Colmore & Moore 2003:220). Therefore metaphysical or supernatural factors are believed to influence mental illness as well as psychological or behavioural causes such as brain disorder or drug addiction (Olugbile, Zachariah, Kuyinu, Coker, Ojo& Isichei 2009:p154). It is common for mental health care workers, with working experience in African communities, to observe that many of their patients seek alternative therapies, religious or traditional, in place of or in addition to ‘Western’ interventions (Olugbile et al 2009:149) Along the lines of substance abuse interventions, it was observed that though almost half of the participants in the survey by Ebigbo (2003:9) believe that illicit drug use is a problem for Nigerian children, there is a reluctance by the public to turn to welfare agencies for assistance because they are not seen as being relevant to family problem solving(Ebigbo 2003: 6) Adewuya and Makanjuola (2009) reported that 49% and 30% of their respondents respectively endorsed supernatural and biological causes of mental disorder. 71% indicated their preference for spiritual and traditional healers as compared to 29% who preferred Western orthodox medicine. A supernatural view of the origin of mental illness may imply that orthodox medical care would be futile and that help would be more likely to be obtained from spiritualists and traditional healers. The spiritual healers are similar to the “Sangoma” traditional healers in South Africa. There is a widespread belief that mental illness is caused by drug use, especially cannabis (Gureje, Lasebikan, Ephraim-Oluwanuga, Olley & Kola 2005). Traditional mental health practitioners agree to the substance abuse causation of mental illness and also claim to have traditional treatment interventions for it (Adelekan, Makanjuola & Ndom 2001).

Adams, Berzonsky and Keating (2006:83) stated that values, attitudes, and expectations originally shaped by socialization experiences within the family continue to influence university students in their daily routine and decision making process. Since families have been identified as vital resources for adolescent substance abuse prevention and treatment (Vogel et al 2009; Kobus 2003; Mark et. al. 2006; Cunningham & Hengeller 1999; Malowe et al. 1996), this researcher was persuaded to utilize the Primary Socialization Theory as the theoretical framework for involving families in the treatment process as well as the theoretical perspectives for interpreting the findings of this research

#### **4.8 Critical Theory as a Philosophical Mindset**

Critical Theory provided the theoretical foundation for understanding, interpreting and utilization of the power dynamics involved between the university authorities and students and their families. It is obvious that the university as an educational institution exerts authority (Institutionalized power) over students, such as decisions to admit, suspend or terminate a student's enrolment. They also reserve the rights to change institutional policy subject to monitoring or accreditation bodies. This researcher sought to examine the play between such powers and the special needs of of the population of students involved in substance abuse. The Critical theory perspective therefore undergirded and directed the analyses and interpretation of findings regarding the study participants. It helped to identify issues of power in the responses by the participants who were university administrators, student services staff, students and parents/guardians. This researcher also discovered that the Primary socialization theory worked together with Critical theory because it provided an integrated framework to explain adolescent risk behaviors by understanding their social context ( Frances & Thorpe 2010:2). Understanding the social context of clients is a key feature of Critical theory as will be elaborated in the following sections.

##### **4.8.1 Origins of the Critical Theory**

Critical Theory as philosophical thought originated from a group of German thinkers associated with the Institute for Social Research, founded in Frankfurt in 1923 by Felix J. Weil, Carl Grünberg, Max Horkheimer, and Friedrich Pollock. Other important members of the school were Theodor Adorno, Walter Benjamin, Herbert Marcuse, and Jürgen Habermas (Britannica Concise Encyclopedia). They are also sometimes referred to as the Frankfurt School. According to the above philosophers, Critical Theory distinguishes itself from traditional theories in the social sciences in being true to the specific practical purpose that seeks human emancipation. It's aim is to liberate human beings from circumstances that enslave them ( Horkheimer 1982:244 in *Stanford Encyclopedia on Philosophy* 2005, On –line). The proponents coined the term in the 1930's to signify an intentional deviation from traditional social science theories that only seek to support the status quo without the intention of transformation ( Davidson, Evans, Ganote, Hendrickson, Jacobs-Priebe ,Jones, Prilleltensky & Riemer 2006:36).

While the term “Critical Theory” may narrowly refer to original thoughts of the Frankfurt school that advocates for social change through critiquing underlying assumptions of the society with the goal of emancipation, any philosophical approach with such an aim is also referred to as critical theory (Davidson et al 2006).

Under the leadership of Max Horkheimer, the institute sought to develop Critical Theory as an interdisciplinary approach that could serve as an instrument for social transformation. It is not the sole property of any one major discipline but has a multidisciplinary presence in politics, economics, psychology, sociology, education, etc (Davidson et al 2006:36).

#### **4.8.2 Contemporary Contributors to Critical Theory**

There have been other researchers and theorists who have contributed to the development of Critical Theory as a philosophical mindset that seeks transformation through the elimination of oppression and promotion of justice, such as Giddens Structuration Theory, that describes social structures as both conditions and outcomes of human action, thus inferring a recursive relationship that allows for change (Kondrat 2002: 436). There is also Foucault’s conceptualization of the interrelationship between power and knowledge such that the knowledge we have about each other informs how power is exercised to produce change (Miehls & Moffatt 2000:342). Paulo Freire (1921-1997) was also a leading contributor to the Critical Theory perspectives. In his book, the *Pedagogy of Freedom: Ethics, Democracy and Civil Courage* (1998), he propounded concepts such as ‘Critical Consciousness’ or ‘Conscientization’ which is the ability of the learner to situate themselves in their own historicity, that is, being able to understand the complexity of relations that produced their situation and being aware of their own incompleteness (Freire 1998 :14). Freire also presented liberation as the focus of social services and education which enables teachers to permit their learners to develop independent and critical thoughts rather than compliance with existing mindsets. This sheepish compliance, he called domestication (p105). He likened domestication to fatalistic ideology (p57). He also stated that people cannot bid for power except if their curiosity has been aroused to ask questions (p19).

The process of questioning and critiquing in critical theory is called reflexivity. Keenan (2004:544) defines it as to turn back on oneself like the back stitch in sewing. This process is the thread that runs throughout the fabric of Critical theory. Keenan further expounded that the reflexive process is the back stitch of action that facilitates continuous questioning of the factors influencing interpretation and behavior.

Critical theory cuts across disciplines and has been utilized in developing a curriculum of Critical Managing Systems (CMS) workshops that is targeted at developing critical interpretations of management systems that encourage injustice (Nathan & Whatley 2006: 66). In the field of psychology, Sandler (2007:276) submitted that Critical psychology acknowledges that one cannot be on the side of social justice without questioning the practices, methods and framework that contributed to the structures and norms of oppression. Interventions must therefore undermine oppression as it systematically shifts power towards those who are marginalized.

According to Keenan (2004:540 - 542) key ideas/principles in Critical theories are

- a. Action and structure exist in recursive relations.

Social structures emerge out of human actions and the recursive relationship is played out as action and structure inform each other through patterns of interaction. This means that social structures adjust to human actions and behavior sometimes through the legislation of policy and such policies also inform actions and behavior as well.

- b. Practices maintain or alter relations between humans and structures

Social structures like family or educational institutions, are maintained by patterns of practices such as care giving, reunions, enrolments, examinations etc. These patterns might shift when meanings shift, e.g. physical punishment is redefined as child abuse or interests of persons of specific standpoints become imposingly powerful to alter culture –power relations e.g. governmental policies on confidentiality of prochoice decisions by children in the family.

- c. Practices enact configurations of culture and power.

Culture is inclusive of beliefs, expectations and meanings that serve as an inner guide that informs the priorities and direction of daily actions, opinions about others and life decisions. Power in culture relations is enacted when, through a set of techniques and procedures, some practices are validated and some marginalized e.g., affirming nuclear family structures through policies and marginalizing single parent or extended family structures.

- d. Social positions construct specific culture power relations.

People are socially located in varying positions that construct perspectives, meanings, interests and access or use of power specific to those positions. Multiple social identities such as race, ethnicity, gender, age, sexual orientation, disability and religious affiliation creates social positioning and informs how power is experienced.

Critical theory is also about the management of power dynamics in social structures and interventions that may seek to bring about change. Sandler (2007) paid attention to addressing power issues within

transferable systemic interventions and stated that they should explicitly concern themselves with justice and power (Sandler 2007:273). So it is not just about developing interventions but being cognizant of how the dissemination of the intervention will be impacted on by elements of justice and power. Sandler went on to quote Wanderman that “researchers and program developers have had too much power in the research-practice relationship and that conceiving of the challenge to bringing research and practice together as a two-way rather than one-way problem would go a long way toward creating programs that are responsive to community needs and resources” (Sandler 2007:275). Sorrel (2006: 133) drove home the issue of power in interventions to the individual practitioner. He stated that most therapists recognize and take great satisfaction in their role as authority figures and appreciate the professional benefits that come with it even at the expense of jeopardizing the autonomy of those for whom they care. This power is often exercised when there are conflicting and unequal perspectives (Sandler 2007:276). For example, when there is a conflict between the university authority’s value stance of zero tolerance for alcohol use and a student raised with a family environment that believes that a reasonable amount of alcohol is socially acceptable, the university overrides that belief system and penalizes anyone who does not comply. This is indicative of how power plays out between an organization and the constituents.

Kondrat (2002) stretches out the meaning of power by leaning heavily on the works of Giddens (1984) and Cohen (1987). It was preliminarily stated that the concept of knowledge and structure go hand in hand with the concepts of power. The relationship between knowledge and power is also the thrust of the Foucauldian conceptualization of knowledge and power as presented by Miehels and Moffatt (2000:342). They stated that the link between knowledge and power is useful in understanding sites in which contested identities are considered and recreated and every relation is a relation of power linked to knowledge construction. This knowledge construction becomes what is truth about our understanding of each other. This in turn informs how power is exercised in these relationships. Giddens in Kondrat (2002:441) declares that all human beings are knowledgeable agents and social workers know a great deal about the conditions and consequences of what they do in their daily practice. This ability of individuals to reflexively uncover structural implications of routine social practices is key to understanding the concept of a knowledgeable and thus *powerful* social agent. (Researcher emphasis) Therefore as the adage goes “ Knowledge is power”, the application of Foucault’s concept of power and knowledge to a practice approach to students and their families in the university setting is that the worker’s understanding and beliefs about the student will inform

whether a student involved with substance abuse will be punished by the university or referred for services. The details of these options within the context of this study will be discussed in chapter six.

Continuing with Kondrat's summations, power was identified as a composite of two dynamic factors which are resources' and rules (Cohen and Giddens in Kondrat 2002: 441). Resources were defined in the above literature as "structural properties of social systems drawn upon and reproduced by knowledgeable agents in the course of interaction". It is the medium through which power is exercised. It was further stated that resources can either be allocative or authoritative. Allocative resources are material features of the environment, such as money, property etc. Authoritative resources are ways persons and their relations are opportune and organized. According to Giddens these are adequate support networks, belonging to a family with high social status, a degree from a prestigious university etc. Kondrat reported that allocative and authoritative resources are interrelated and influence each other. For example, adequate services to the physically handicapped (Allocative) could position them for becoming gainfully employed ( Authoritative).

While resources are structured properties, rules are the structuring properties of the social environment. Rules direct how resources will be allocated and relationships arranged and they can be moral or procedural. Cohen in Kondrat (2002:442) explained that the moral nature of rules defines rights, duties and obligations e.g. Social workers advocate for clients. Procedural rules define how things should be done e.g. social workers advocate by presenting documentations that will assist a client.

The definition of power as an interplay of resources and rules makes the concept of power concrete. In the university setting, a student is empowered when he has adequate information (Knowledge) about alternate examination arrangements for student with disability (resources) along with the sanctions by the government when such arrangements are not put in place (rules). He can then utilize the interplay of knowledge, resources and rules to achieve his goals. That is having power according to Giddens and Cohen. It can therefore concluded be that the goal of critical theory in respect to social services as Friere and others advocate, is to eradicate the sense of powerlessness by empowering, liberating, emancipating people through adequate knowledge, resources and rules.

Critical theory is based on the assumption that there is institutionalization of injustice and control in the society and these are also carried into human services that are meant to help clients (Sandler 2007). Critical theory based on enhancing social justice informs a collaborative and participatory approach that evens out power dynamics and validates the client's social experience. This perspective of working with university students involved with substance abuse and their families is a

move away from a punitive and condescending stance, to a truly redemptive, rehabilitative and empowering paradigm. It allows the students and their families to be the experts of their own circumstances by accepting their realities even in the context of the dysfunctionality of substance abuse through trust and respect, self reflection and awareness. This approach informed the research methodology by utilization of the Narrative Inquiry that allows the participants to tell their experiences. It also provides the basis for the university to create an empowering environment through student involvement in policy- making and adequate notification to parents. The following section describes how critical theory informed this research approach.

#### **4.8.3 Critical Theory as a Research Approach**

While educational institutions such as a University environment may not be what one would call oppressive, as a researcher, one can examine if there are traits of unfair use of power in the way students and their parents are related to in the process of dealing with the issue of substance abuse on the university campus. There is a tendency for dehumanization and insensitivity at the highest level of education (Freire 1998: xvii). It is this context that the critical theory perspective is applied to this study. Waghid (2003:51) explains: “Research based on critical theory requires processes of self reflection to identify and address power relations, mutual participation among researcher and research participants, and a disposition to take action that could lead to transformation and emancipation.” A disposition to take action by the research participants in this study through the process of self reflection embedded in the use of the Narrative Inquiry instrument is a desired byproduct of this study. While the end product is a guideline for a collaborative practice approach between the university and the families of students involved with substance abuse, the self reflective and critiquing research method used in the Narrative Inquiry sought to bring latent assumptions to the surface (Nathan and Whatley 2006:66) and caused the university staff to question their past approaches to working with students involved with substance abuse. This researcher is sensitive to the fact that there are power dynamics between the University and students, especially when misconduct such as substance abuse is involved. The university reserves the rights to enforce policies and terminate or suspend student enrolment based on how the university authorities interpret and apply the policies in the arena of disciplinary issues. Families and family circumstances of these students are somewhat excluded from the process. There is therefore a sense of powerlessness by the student and their families towards the University authority. Critical theory searches for models that are less controlling, less exploiting, less dominating and more just and it includes an appreciation for a plurality of valid opinions rather than a focus on one correct

or dominant perspective (Alvesson & Wilmot 1996; Jerimer, in Nathan and Whatley 2006:65). The critical theory approach thus sought to give a voice to the student to express their feelings and opinions about how the university related to them.

Critical theory also describes how humans and structures are formed by multiple relations in multiple sites. It focuses on how practice and processes maintain or alter relations between people and human structures (Keenan 2004:540). The interplay between humans and structures allows for change. For example, when students within a university structure manifest substance abusing behaviour which impacts on both the institution and the students in multiple ways ( health, relationships, academic performance, violence etc) the university rearranges itself to address the issue of substance abuse by developing policies that will guide the response to the problem. The implementation of such policies then affects the behaviour of the students.

#### **4.8.4 Critical Theory as a Guide for Collaborative Social Work Practice.**

This study on developing practice guidelines for Collaboration with students involved with substance abuse and their families is an intervention research. The critical theory perspective urges that best practice should be a process of matching needs, resources and circumstances with interventions and must contend with existing structural injustice (Sandler 2007: 275).

A guideline for the application of critical theory to Social Work practice was proposed by Elizabeth King Keenan, (2004). It was developed with the intension of addressing how culture and power is experienced between (1) the client and worker and (2) by the worker in their daily life. An outline of these guidelines by Keenan 2004:542 are

1. Social workers are to describe the specific social location of their clients.
2. They should adopt a stance of informed not knowing.
3. Attend to value stance in assessment and formulation.
4. Engage in a reflexive process that supports ethical practice.

The above guidelines were aligned to the development of a practice guideline for a collaborative approach by the University in working with students involved with substance abuse and their families. In addition, an anticipated byproduct of the research is the sensitization of the university environment to the needs and social circumstances of students and their parents regardless of social problems, be it substance abuse or any other challenge. The research has engendered a university where members of administration are open to address their own struggles with policies and allow “for plurality of valid opinions” without dominating the disciplinary playing field (Nathan & Whatley



2006:65). Critical theory invites the participation of all, including students, parents, staff, university administration through awareness and conscientisation. A detailed application of the Keenan (2004) guidelines to this study is presented under the discussion of the findings of this study in chapter six.

#### **4.9 Summary of Chapter**

In conclusion, the combination of the primary socialization theory and critical theory perspectives in this study provided the framework for developing practice guidelines that recognize the family as significant players in treatment of substance abuse within the university environment that is just and permits its constituents to seek for individual and collective change through continuous querying of social or organizational structures and processes.

This chapter was a broad stroke presentation of the Primary Socialization and Critical theories that guided and informed this study. The PST identifies and recognizes the family as one of the primary socialization sources that impacts on the development of deviant behavior in young people. It postulates that such behaviours are learnt within the context of bonding of an adolescent with the family, peers and school. It submitted that it is weaknesses in the school and family bonds that predispose a teenager to negative influences from peers. This study expanded on the scope of the word 'school' in PST to include the University. The researcher also portrayed features of the Nigerian socio-cultural - context that enhances the involvement of families in substance abuse prevention and treatment. The review of literature on the PST and Critical Theories provided a harmonized way of approaching the diverse issues of substance abuse in adolescents PST provided the framework for explaining the social context of the student under the critical theory perspective. The critical theory perspective also provided guidelines for a reflexive, collaborative approach to working with students and their families in the midst of the power plays between the university authority and the constituents. Direct applications and undergirding by the two theories are portrayed in the discussion of the findings and the final recommendations of this study.

## CHAPTER FIVE

### FINDINGS

#### 5.1 Overview of Chapter

This chapter presents the results of the analysis of the data collected from all the participants as described in chapter 2. Data analysis was done by using the Bogdan and Bilden Code suggestion in Creswell (2009:187). In the coding suggestions, perspectives held by participants, relationship and social structure codes were found to be most applicable to this study and were therefore utilized. This chapter also gives a description of the participants and their responses to the narrative inquiry, semi-structured interviews and focus group discussions.

#### 5.2 Participant Description and Statistical Information

Four groups of participants were involved in this study to develop guidelines for a collaborative approach between the University and parents of students involved with substance abuse at Babcock University. They are:

- (i) Students who have been involved with substance abuse
- (ii) Parents/guardians of students who have been involved in substance abuse.
- (iii) Staff who provide services to students involved with substance abuse in the Student Support services department (SSS).
- (iv) Members of the Disciplinary committee and University Administration.

Description of each participant based on responses to the narrative inquiry and interviews will be given in this section.

##### 5.2.1 Description of Student Participants

The description of the student participants is narrated under the following sub headings: a. Biodata and academic information, b. Motivation for University Education, c. Nature of Involvement with Substance Abuse, e. Family History of Use.

###### 5.2.1.1 Bio Data and Academic Information

- Biodata

There were twenty student participants in this study. All of them were male. This is indicative of the fact that there were no female students in the population of students involved with substance

abuse at the time of the commencement of this study. The average age of the students was 22.35 but the average age at start of use of drugs was 17.5 years which was also the average age of entry into the university. Wechsler et al (1994:1675) reported similar patterns where the predominant age group of university students involved in alcohol use was between ages 17-23.

- Academic levels

All levels of years of study were represented as follows: Three participants were in their first year of study, six in second year, four in third year, six in fourth year of study and one student participant was in the fifth year of study. This is comparable to the study of Oshikoya (2006:134) where there was an average response of 21.8% for each academic year from 1<sup>st</sup> to 4<sup>th</sup> but .4% for 6<sup>th</sup> year and above. Table 5.1 below is a presentation of the academic levels of the student participants.

**Table 5.1: Academic Levels of Student Participants.**

Years of Study	N
1 <sup>st</sup>	3
2 <sup>nd</sup>	6
3 <sup>rd</sup>	4
4 <sup>th</sup>	6
5 <sup>th</sup>	1

Most of the students were in 2<sup>nd</sup> and 4<sup>th</sup> years of study. While there may be no scientific explanations for this distribution as the sample is too small, it worthy of note that it has been observed that most students are guarded and careful of getting into trouble in their 1<sup>st</sup> year in the university but are more relaxed by the 2<sup>nd</sup> year and usually demonstrate a degree of freedom that sometimes leads to misbehaviour.

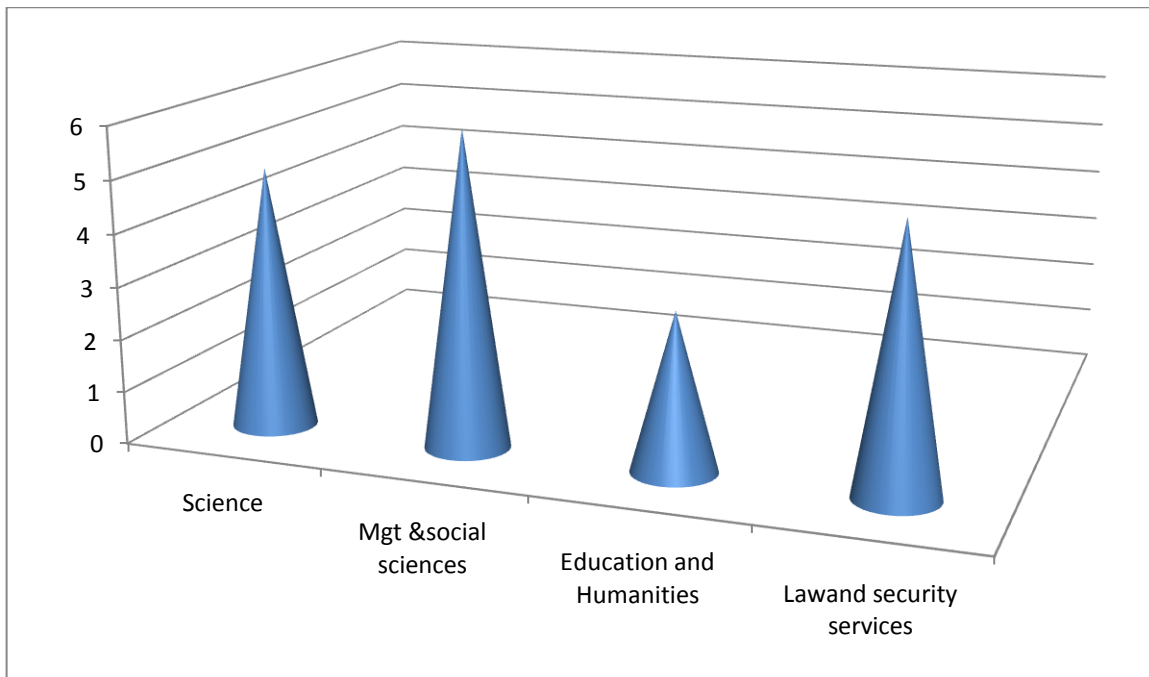
- Academic Schools

The university is divided into four academic schools which are school of Education and Humanities, Management and Social Sciences, Science and Technology, Law and Security Studies.

Table 5.2 and figure 5.1 below show the student participant distribution by schools.

**Table 5.2: Distribution of Students Involved with Substance Abuse by Academic Schools in the University.**

Academic schools	N
Management and Social Sciences	6
Law and security studies	5
Education and Humanities	3
Science and Technology	5
No disclosure	1



**Figure 5.1: Distribution of Student Participants by Academic Schools.**

In the study of Berge, Klatt, Thomas, Ahluwalia and Lawrence (2008:747) the field of study was associated with smoking. The highest rate (37.4%) was amongst students doing communication,

languages and cultural studies with the lowest (21.0%) in the sciences. While the academic departments that make up the academic schools at Babcock University may be slightly different from those in Berge et al's (2008) study, the school of management which comprises the departments of mass communication, business administration, banking and finance, accounting etc reflected a similar pattern of having the highest rate substance abuse, namely, 30%. The School of Law and Security Studies and the School of Sciences and Technology had the same percentage of students involved with substance abuse. It is interesting to note that the School of Education and Humanities that houses the department of Christian Religious Studies had the lowest representation of student participants. Involvement in religious activities, spirituality and commitment to a religious institutions has been found to be negatively correlated to substance abuse (Oetting 1999 & Herd 1996).

- Impact of Substance Abuse on Academic Performance.

Sixteen out of the twenty student participants reported that their involvement with substance abuse impacted negatively on their academic performance. Four of the students said that their academic performance was not affected by their involvement with substance abuse. Amongst the students who reported the negative impact of drugs on their academic performance, eight students reported that involvement with drugs affected their academic performance in the areas of lack of motivation to study, poor memory and retention, inability to focus, overall low CGPA( cumulative grade point average) Here are some of the statements.

*“gave me poor grades, poor remembrance, postponing my class work making me to end up either not doing them or not submitting”*

*“My brain is a light brain. When I smoke, I forget and start having headache. My CGPA should not be less than 3-5. I have not smoked at all this semester. I should make 4.0*

*“Affected me negatively. It has reduced my CGPA. Very low. Social life is kind of..... withdrawn type. Makes me think, gaze into space.”*

Others reported that their involvement with substance abuse has made them stay in the university longer they expected. This is as a result of being suspended. According to the respondents:

*“I use it, it reduces my performance. I. f I am in good academic shape, instead of an A or a B, I will get a D. 2. Otherwise it keeps away completely. 3. Normally I should spend 4 years now I am doing 6.”*

*“I wanted to be the youngest graduate in the family but now I am 24. From childhood, I have been ambitious. Dropped at 300L(Third year) I see myself doing extra ordinary things, I don’t see school as a priority but I don’t feel bad. Education is compulsory, the schooling was a burden. I just wanted to get out to a better place. I wrote a lot of books”*

From the above one can see that the greatest impact of involvement with substance abuse on the students was on study habits and academic excellence rather than on the delay in completion of their university education.

Rhodes et al (2008:203) reported that 40% of the respondents in their study of university students involved with Alcohol and marijuana did poorly in school tests, missed classes or had memory loss. Oshikoya and Alli (2006:136) also reported mental imbalance as a consequence of drug use among the Nigerian undergraduates who participated in their study. There are also economic implications because the families forfeit tuition paid when the students are suspended or do poorly in school leading to additional year(s) spent at the university.

### **5.2.1.2 Motivation for University Education**

The student participants stated various reasons for wanting a university education. Seven student participants stated that that they were self- motivated. It was what they wanted for themselves. Two participants stated that they were enrolled in the university either to please their parents or *“make them proud”*. Others stated that they were motivated by socio- economic reasons such as an advantage in getting good jobs, earning respect, making an impact on society and fulfilling personal dreams like becoming a movie producer. It was necessary to examine motivation for desiring a university education so that the researcher could evaluate the level of students’ commitment or ‘buy-in’ into their own education. It reflects whether the students wanted university education for themselves, if they were forced by their parents or if they were in the university out of a sense of obligation to please their parents. Parental involvement in the students’ decisions to obtain a university education informed the researcher’s motivation to propose a collaborative approach with the families of students involved with

substance abuse. Responses to this question also indicated their willingness to engage in an intervention program that would secure the continuation of their university education based either on expressed self motivation or desire to please their parents.

### 5.2.1.3 Family History of Substance Abuse

Ten students had family members who had a history of involvement with substance abuse. Eight had family members with a history of alcohol use. One father had used alcohol and cigarettes and a brother and cousin used marijuana. Ninety percent of the students with a family history of substance abuse used the same substance that was the family drug of choice. However, one student used marijuana instead of the alcohol his mother was involved in. Six students used marijuana and cigarettes in addition to the alcohol that was the drug of choice of family members. The phrase used is ‘family involvement’ with the substances because the study did not determine the level and nature of use of the substances by members of the family.

The study of Park et al (2009) reported high significance of the influence of parental alcohol use with alcohol and other substance abuse in adolescents.

Oshikoya and Alli (2006:134) reported that over half of the university student respondents had family/peer influences as predisposing factors to drug use. Also, Okoza, Aluede, Fajoku & Ohiku (2009:91) reported that 70.8% of their student respondents reported parental influence as a reason for drug abuse. The following responses of student participants are indications of parental involvement with alcohol:

*“No one smokes, saw dad drunk a couple of times – was not violent. Was funny – never affected family relationships – he was funnier and less strict”*

*“Mom drinks alcohol when stressed and at parties. She is into politics. She does it just to get their votes. She is a member of the House.”*

*“Mom drinks alcohol. Small stout (beer) and maltina (non alcoholic malt drink). She will be in her room, drink and sleep off.”*

*“On a social level, I don’t know. If it is day to day, family friend and Dad occasionally 2-3 times a month. Almost every weekend”*

*“Father used to take beer (Stout). Now I do not see it anymore. I used to buy it for him when I was younger.”*

The above responses show that the student participants were aware of their parents' involvement with alcohol though they may no longer be using it

. This confirms the pervading influence of parents in the lives of young people even into adulthood (Whitbeck 1999).

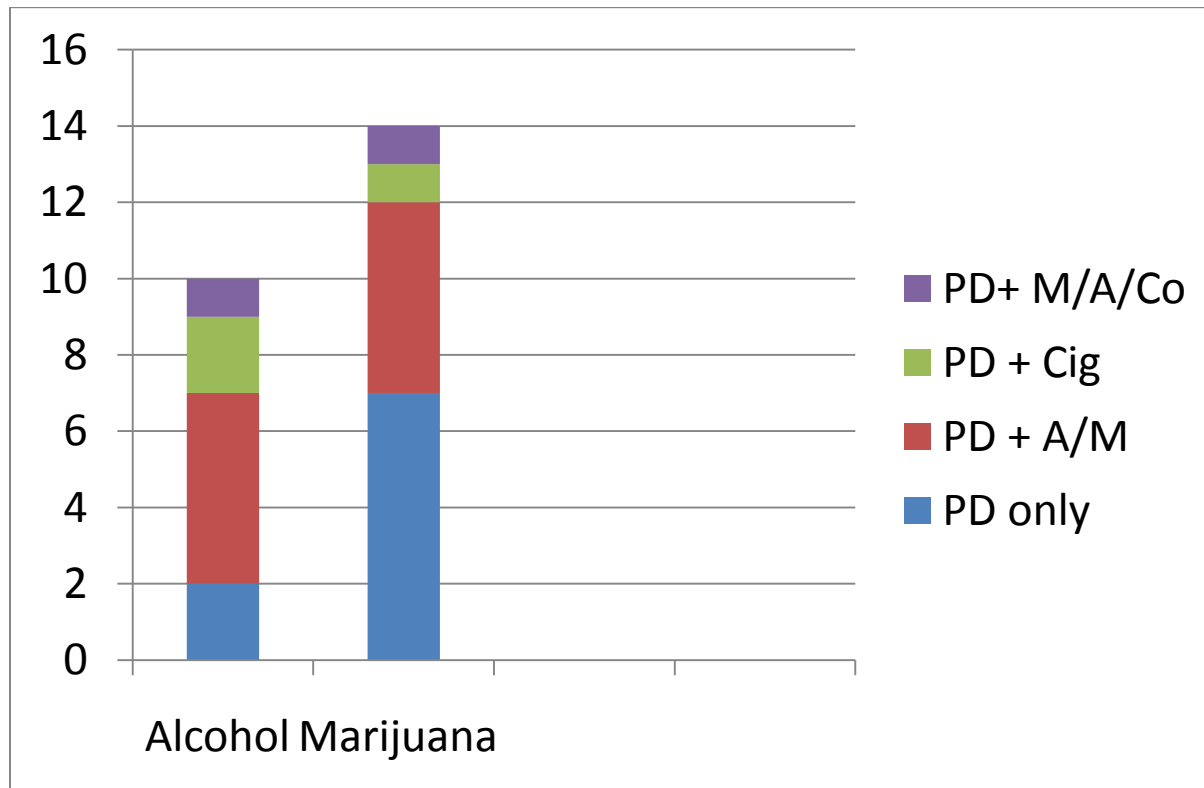
#### 5.2.1.4 Nature of Students Involvement with Substance Abuse

The following table 5.2 and figure 5.2 show the trend of preferred drug of choice among the student participants. The four drugs that were identified in the study were Alcohol, marijuana, cigarette and cocaine. Alcohol (A) and marijuana (M) were the two most preferred drugs (PD). Cigarettes (Cig) and cocaine (Co) were the least used and were used in combination with other drugs as shown below. All the students were users but did not disclose whether they were engaged in selling or recruiting other students. The average years of use was 4.97.

**Table 5.3: Preferred Drugs**

Drugs	n
Marijuana only	7
Alcohol only	2
Alcohol and Marijuana	5
Alcohol and Cigarette	2
Cigarette and Marijuana	1
Cocaine, marijuana and Cigarette	1
Alcohol, marijuana and cigarette	1
No response	1



**Figure 5.2: Preferred Drug ‘Stack- up’ chart.**

The above trend of preferred drugs is consistent with other findings both in Nigerian universities and other universities around the world. Okoza et al (2009:38) reported a prevalence of 66%, 20%, 20% and 16.2 % of alcohol, marijuana, tobacco and cocaine respectively in a public university in Nigeria. In an earlier study of medical students in a public university in Nigeria, Makanjuola, Daramola and Obembe (2007:113) also reported a high prevalence of alcohol and tobacco. The study by Flisher et al (2003:61) in Cape Town reported a comparable prevalence for alcohol and tobacco but significantly low rates of 7% for marijuana use. This study, however, was among adolescents in 8<sup>th</sup> to 11<sup>th</sup> grade and not university students. The high rate of marijuana use compared to other substances could be due to the fact that marijuana is the cheapest of the drugs , costing as little as less than 7 US cents per wrap in Nigeria (Obianwu 2005:330).

### 5.2.2 Description Of Administration/Disciplinary Committee.

Ten (10) members of the University administration filled out the Narrative inquiry. Seven (7) of them are members of the disciplinary committee and /appeal committee. These are

the Director of Legal Services, Director of Academic Planning/Chairman of the Disciplinary Committee, Deputy Registrar, Vice President for Student Affairs, Dean of the School of Law and Security Studies/ Chairman of the Appeal Committee, University Pastor and Director of Security Services. Their individual responses to the narrative inquiry was coded as ADC n(1-10) The average number of years of serving in this offices was 3.33 years. The average number of years is probably due to the fact the university administration changes every five years and members of the ADC transitioned from a previous administration while some were newly appointed. The current administration started in 2005. Their roles included sitting in on cases of student involved with substance abuse to hear the students defend the allegations, investigating the cases and making decisions on the nature of the consequences Some choose to give pastoral counseling as well as sitting in on either the disciplinary or appeal cases because they also have Pastoral roles in the University.

### **5.2.3 Description of Parents/Guardian Participants.**

Ten parents/guardians participated in the study. There were six females and four males. Six were married and four had lost a spouse and were currently single. Seven were biological parents while the other two were relatives such as adult sibling and grandmother. One was a guardian appointed by the biological parents to monitor the student in school. There was one married couple among the participants. There was no direct relationship between the parent participants and the students participants. That is, not all parent/guardian participants had children who participated in the study and not all students had parents who participated in the study. Out of the ten parent participants, eight had students who participated in the study. All the parents identified themselves as Christians of various denominations and one was a Seventh-day Adventist. Babcock University, the primary site for this research is owned by the Seventh Day Adventist church and its policies are primarily derived from principles of the church.

### **5.2.4 Description of Student Support Services Staff.**

Nine members of Student Support Services staff participated in the research. Six were counselors and social workers while three were resident hall administrators for male halls. The counselors had a Masters degree in Academic guidance and behavioural counseling while the social workers had a Masters degree in social work. The hall administrators all had Bachelors

degrees in Religion or Theology. All the staff participants have worked in the department of student support services since its inception in 2008. The graduate degrees of the counselors and social workers is an advantage for implementing changes or adding services to the current program. Wells, Lemak & D'Aunno (2006) observed that programs with leaders who had graduate degrees had a greater likelihood of adding prevention and treatment strategies to their programs. This may be due to the wider knowledge base, research posture and greater exposure to successful intervention strategies involved in graduate education as compared to first degrees.

### **5.3 Emerging Themes**

Four themes emerged as the data obtained from the responses to the research questions was analyzed and examined. The question for the study as stated in Chapter one was, “What is the nature and functions of a collaborative approach between the University Authorities and families in working with students involved with substance abuse?”

The themes that emerged from /in the process of data analysis based on Tesch in Creswell (2007) as well as Bogden and Bilkin in Creswell (2007) were :

1. The posture, dilemmas and perspectives of the school administration to the issue of substance abuse amongst students.
2. Experiences and involvement of parents of students involved with substance abuse
3. Experiences and specific needs of students involved with substance abuse.
4. Current Services and Service providers' perceptions of their work with students involved with substance abuse and their families.

The following section will focus on the presentation of the findings of this study along these themes.

#### **5.3.1 The Posture, Dilemmas and Perspectives of the School Administration to the Issue of Substance Abuse Amongst Students.**

The following section presents the findings of what the participants expressed as the current posture of the university, dilemmas of the administration and disciplinary committee members as well as perceptions of the participants with regards to the institutional posture and

interactions with students and their families. Data will be presented under the subheading of each participant.

### **5.3.1.1 Administration/ Disciplinary (ADC) Staff Responses**

The following are responses of ADC that indicate their perception of the university's posture towards students involved with substance abuse. It was in response to the question; What is the University's posture towards students involved with substance abuse?

*“Generally when found liable for such misconduct, such student is asked to go on suspension for detoxification process and certification. Usually for a minimum of one academic year”.*

*“ Automatic one year suspension”*

*“ Counseling and punishing offenders”*

*“ I believe the university will like to help them get out of it. However, if they're unwilling, the university will not allow them to corrupt others.”*

*“ Redemptive disciplinary measures. These measures apart from serving as a deterrent to other students who may want to contemplate engaging in such practices. Most importantly, it teaches that for every action there are consequences which may be unpalatable.”*

*“The university has zero tolerance for substance abuse, yet there is a redemptive approach that gives students room to amend their ways if willing. I am aware that where there is evidence to indicate that a student is making efforts along with the cooperation of parents and medical/psychological rehab, there is leniency on the appeal committee for such a student.”*

Two out of the ten administrative respondents used the word ‘suspension’ or ‘removal’ from the school as a consequence. Three said the university responds with “Redemptive disciplinary methods/ approach” though with zero tolerance for substance abuse. One said that the offenders are punished, while another said that that the university will not allow them to corrupt others. The other three said that students involved with substance abuse are sent for counseling and rehabilitation. Members of the Administration and disciplinary committee

seemed to have been guarded about stating that students found to be involved with substance abuse were suspended or expelled as a result of a disciplinary case. It can therefore be concluded that responses such as removal from the university, punishment, not being allowed to contaminate others or a redemptive disciplinary approach are all alluding to being suspended from the university. This results in not being allowed to enroll or register for two academic semesters of four months each. Part of the goal of this study is to ‘unravel’ the phrase ‘redemptive discipline.’ This will be fully discussed in chapter six.

Some members of the Administration and disciplinary committee expressed dilemmas and concerns about the execution of the disciplinary posture of the University. These are presented in the following section.

While there were indications that the school has zero tolerance for substance abuse as stated by three members of administration/disciplinary committee (ADC) and there is an institutional need to “*prevent corruption of clean students*” (stated by another set of ADC participants), the responses of three ADC participants indicated struggles or dilemmas that members of the Administration and disciplinary committee have with the disciplinary process. The above struggles /dilemmas were expressed in responses to narrative Inquiry question 11 which states:

What challenges do you encounter when making disciplinary decision on cases of students involved with substance abuse?  
(Administration/disciplinary committee narrative inquiry (See appendix iii)

The following were the responses:

*“How to balance the University rule on it. 2. Inability or helplessness of the university to keep them ‘cos of lack of services.” ( This respondent wishes that there were adequate university based (support) services to help students recover from substance abuse)*

*“i. The challenge of suspending students with very poor home background. It is like sending such students into a thriving environment for deeper substance abuse. ii. The challenge of tempering justice with mercy.” (This respondent is struggling with the known realities of family background of some students that may have predisposed them and may foster the continuation of such behaviour while the university enforces the disciplinary sanction.)*

*“The challenges to ensure that the discipline is reformatory and not counterproductive. Therefore the punishment must be commensurate to the nature of the offence.”*

It is clear from the above statements that while the participants respected the university policy of zero tolerance for substance abuse, they expressed struggles and dilemmas when it comes to dealing with issues such as parental background, determination of level of dependency etc. It is not as clear cut as just implementing the disciplinary policy and there needs to be an ecological approach. The goal of this study is to provide an alternative way of dealing with the crisis of substance abuse among university students.

### **5.3.1.2 Student Responses (STT)**

The twenty Students were more direct in comparison with ADC participants in stating that the disciplinary consequences for involvement with substance abuse were either suspension or expulsion. Seven mentioned the word ‘suspension’ or expulsion as a response by the university to their involvement with substance abuse. During the student focus group discussion, only one of the subgroup recorded suspension as a way the University related to students involved in substance abuse. They stated:

*“Sending the students home on suspension will not help because the home front will be very hot and not conducive“*

The other two groups indicated that students are referred for services to the Department of student support services as the way the university related to students involved with substance abuse. This was different from what the first group said.

The focus group discussed the question, “What does the University currently do for and with students involved with substance abuse?” The same subgroup under recorder 3 identified suspension as what the University currently does for and with students involved with substance abuse. The other 2 subgroups under recorders 1 and 2 referred to the services provided through student support services.

These contradictory responses between group three and the other two groups confirms the inconsistency in the perception of the university’s response to students involved with substance abuse as seen in the ADC participant responses. It could also mean that students in group three may have been on suspension before. This is possible because the students were randomly assigned to a group. They took numbers from 1 to 3 and participated in the focus group that

corresponded to their number. The apparent contradiction may also be inferred as indicating that some students were not aware of the roles of Student Support Services or did not make use of the available services.

#### **5.3.1.3 Parents' Responses (PRT)**

Three parents out of the 10 parent participants, referred to their child being suspended or expelled in the context of how the University informed them of their ward's involvement with substance abuse. Under question 11 that asked, "What did the university do to intervene with the child's involvement with substance abuse?" Two additional parents stated that their child was told to stay home for a year, or that he was suspended to go for treatment, thus alluding to the suspension sanction by the University. One maintained that nothing was done by the university. They said, "*He was expelled outright*".

This may be a reflection of how many of the parent participants had children who had faced a disciplinary action, since out of the 20 student participants, only 4 clearly stated that they had been suspended or expelled. The other students seemed to have been self referred or referred by hall administrators before it was reported to the disciplinary committee. The above shows that there is no consistency between the policy and the action executed by the university.

#### **5.3.1.4 Student Support Staff Responses. (STF)**

Five out of the nine staff participants stated that the University suspended or expelled students involved with substance abuse. This is the second highest percentage of a disciplinary response by the university versus a service response amongst other participants. However, two of the five mentioned referral for services as an option to the disciplinary committee by saying that the students are referred for therapeutic services or suspended. One mentioned that the school (University) provides services such as counseling, chaplaincy and a social work unit to prevent students from getting involved but those already involved are sent to government centers for detoxification. It was not stated if the student's enrolment is suspended while the student undergoes detoxification at the government centre. Two staff participants identified services as the response by the university to Students involved with substance abuse. One said that the University's response right now is "*quick and effective*" The phrase, "Right now" suggests that there may have been a time when the University's response was delayed and ineffective.

Currently, the university provides some services to students involved with substance abuse. A list of current services provided by the university through the department of Student Support Services is given under theme four later in this chapter.

The responses under this theme seem to suggest that though the policy of a disciplinary response of suspension or expulsion is stated in the University documents there seem to be instances where students involved with substance abuse are not expelled or suspended but referred for rehabilitative services. The disciplinary sanctions are also given in the context of hope for rehabilitation as was indicated by the Administrative responses below:

*“Generally when found liable for such misconduct, such student is asked to go on suspension for detoxification process and certification. Usually for a minimum of one academic year”.*

*“They may be stopped from carrying-on their academic programme for a while, so that they can be medically treated”*

When an academic program is stopped, the student misses a year of school.

The balance between disciplinary sanctions and provision of services seems to explain the recurring phrase of Redemptive/corrective discipline as stated in the University Bulletin and reiterated by three participants in their responses to question 4 in the Narrative Inquiry which asked: What is the University’s posture towards students involved with substance abuse? The responses are:

*“Redemptive disciplinary measures. These measure apart from serving as a deterrent to other students who may want to contemplate engaging in such practices. Most importantly, it teaches that for every action there are consequences which may be unpalatable.”*

*“The University, posture tilts towards the corrective rather than the punitive”*

*“The university has zero tolerance for substance abuse, yet there is a redemptive approach that gives students room to amend their ways if willing. I am aware that where there is evidence to indicate that a student is making efforts along with the cooperation of parents and medical/psychological rehab, there is leniency on the appeal committee for such a student.”*

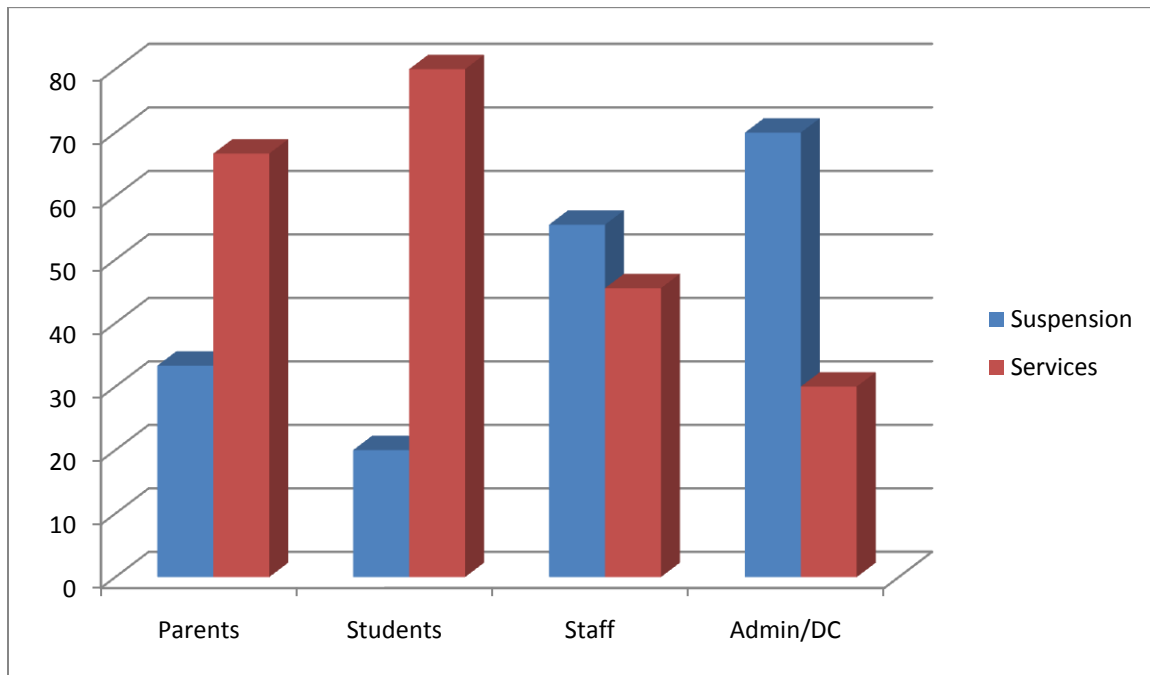


Having an actual number of student respondents who clearly indicated that they have gone through the University sanction of suspension or appealed expulsion, as well as parents indicating that 3 of their children have been suspended or expelled, is consistent with the ongoing thought that in as much as students are suspended or expelled, a greater percentage are referred for services. Students are suspended when they are found to be involved with substance abuse and are reported to the disciplinary committee. They are expelled if they have had a prior suspension related to involvement with substance abuse (Student *Handbook* p. 75). Table 5.4 and figure 5.3 depicts the comparison between participants of this study on their perceptions about the university's response to students involved with substance abuse.

**Table 5.4. Comparison of Participants' Perception of University's Response to Students Involved With Substance Abuse.**

Participants	Suspension	Services
PRT	33.3	66.7
STT	20	80
STF	55.5	45.5
ADC	70	30

**Figure 5.3 Comparison of service and disciplinary response between participants**



The above figure shows that parents and students referred more to the services response by the university than university staff did. On the other hand, the university employees who participated either as members of the administration/disciplinary committee or student support service staff were more inclined to indicate the disciplinary response of suspension as the way the university responds to students involved with substance abuse. This disparity between the student/parent participants and SSS/ADC may be due to following assumptions:

1. Members of the university administration/disciplinary committee may have felt obliged to give responses that are more consistent with the university policy of zero tolerance and the disciplinary response of suspension of students found to be involved with substance

abuse though they expressed struggles and personal dilemmas with the current disciplinary posture of the university.

2. Two sets of students interact with the SSS department. There are students who are returning from disciplinary action such as suspension and are required to sign up at the department for re-integrative services in order to reactivate their enrolment. Secondly, there are students who are either self-referred or referred by concerned members of the university community such as resident hall staff or lecturers. These students do not go through the disciplinary committee but receive outpatient rehabilitative services as a substance abuse intervention and to avoid going through the disciplinary process. Since participation in this research was open to both sets of students and participation was voluntary, there is the possibility that the students who chose to participate in the study were mostly those who had not had disciplinary sanction before but were receiving rehabilitative services at the SSS department.
3. SSS staff may interact more with students who have gone through disciplinary action when they return for required re-integrative services than those who were referred for services without going through the disciplinary process.
4. Students are much more inclined to engage in substance abuse services when they are self-motivated or there is family involvement than when they are remanded for treatment as a disciplinary or court action (Cunningham and Henggeller 1999:266). This assumption may have made them more available or motivated to participate in the study than those who had gone through disciplinary action.
5. The ADC participants only interface with the students at the point of disciplinary action. The provision of services is handled by the SSS department. The above assumptions may be responsible for the disparity in the reporting of service responses as against disciplinary responses by the university. These are assumptions because the university does not have a policy statement on provision of services to students involved with substance abuse or a systematized procedure of how to relate to students involved with substance abuse beyond disciplinary action. Thus there are inconsistencies reflected in

the participant responses. Current services have been adhoc and not intentionally based on empirical research. This is why the current study is intervention research aimed at using the empirical data to produce guidelines that will serve as a service technology for the university to utilize in relating to students involved with substance abuse and their families (Rothman and Thomas 1994:3).

### **5.3.2 Theme 2. Parent Involvement and Experiences.**

This section highlights the actual experiences and involvement of parents as they interacted with the university in the context of their child's involvement with substance abuse. Responses by parent/guardian participants that express their feelings and perceptions of the University's posture are presented. The specific needs and experiences of students will be presented in a later section. Expressions of experiences and involvement of parents were collated from responses by all sets of participants (Students, Parents, Administration/Disciplinary committee and Students Support Staff) to interviews and narrative inquiries. The data will therefore be presented for each set or participants.

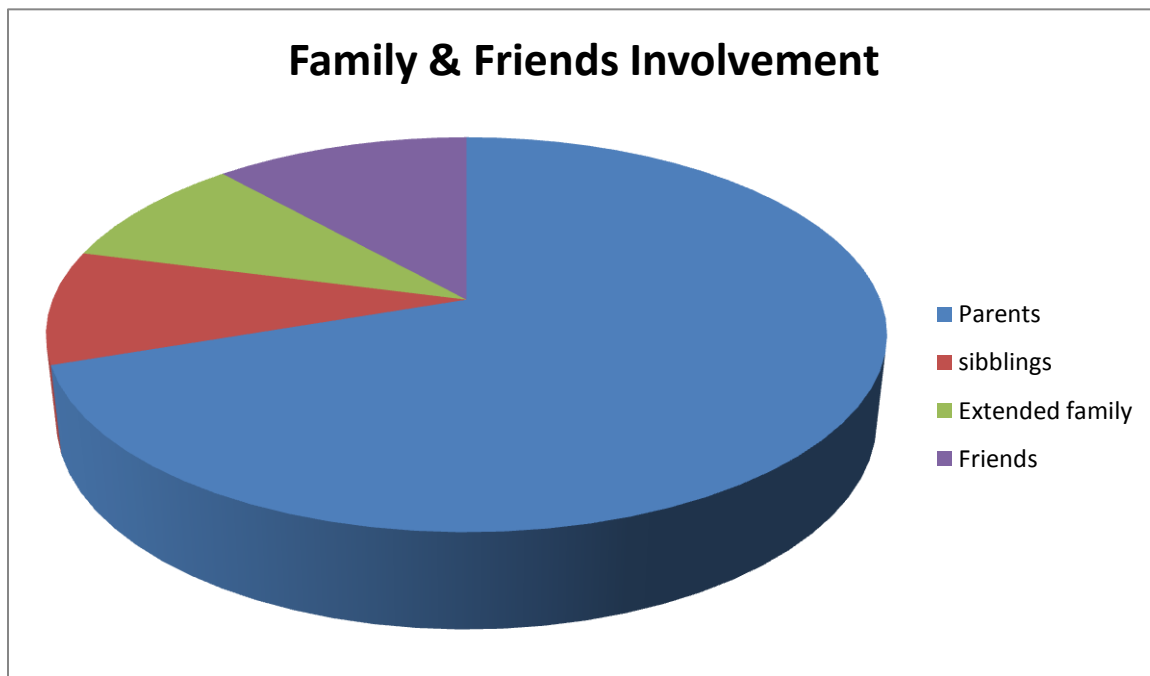
Those who were identified by all respondents as being involved in the students' education and affected by the students' involvement with substance abuse were: Parents (biological father and mother) Siblings, Uncles, cousins, grandparents and friends. Table 5.5 presents a comparison of the frequency of involvement of these relationship groups as stated by the participants. As indicated in the literature review, the Nigerian family system involves significant people other than the biological parents and these persons are stakeholders and resource persons for collaborative work with families. They share in the nurturing and disciplining of children as well as problem solving. They also provide emotional and other forms of support (Obot 2001; McGoldrick, Giordano & Garcia-Preto 2005; Smith 2007). In this study some of the students indicated that uncles, siblings and even unrelated family friends performed parental roles for them in the absence of their parents. While one may not be able to be exact about why some of the guardians were involved, the students' responses indicated such reasons such as the death of a parent and parents living in faraway states such that they have to depend on guardians who live closer to the University for monitoring and care. One of the student respondent's parents was dead and the older sister who was financially responsible

for him lives in London, so a family friend who lives in a city which close to the university is the one available for involvement.

**Table 5.5. The Frequency of Family and Friends Involvement as Stated by Respondents**

Biological Parent ( Father, mother or both)	30
Siblings	4
Other relatives ( Aunts, Uncles, cousins and Grandparents)	4
Friends	6

**Figure 5.4. Frequency of Family and Friends Involvement as Stated by Respondents**



The above figure reflects the modern trends of Nigerian families. Most students have their biological parents as their primary caregivers. This was also reflected in the study by Oshodi et al (2010) where 87% of the Nigerian youths participants involved with substance abuse lived with parents. Olutayo & Omobowale (2006) observed that though the western system and urbanization has depreciated the extended family influence and there is a shift of emphasis

towards the nuclear family, the pursuit of career and material wealth makes the nuclear family neglect parenting responsibilities without the traditional support of the extended family to safeguard the lapses. From the above, it can be seen that although the biological family has the largest share of involvement, there is still the presence and influence of extended family and non-kin relationships. Smith (2007:999) posited that the extended family is still a strong influence in the life of a Nigerian in spite of contemporary trends. The following section presents the participants' responses under the theme of actual family experiences as they interacted with the university concerning their children's involvement with substance abuse.

### **5.3.2.1 Parent/Family Participants' Responses**

The information from parents / guardians with regards to their experiences with the involvement of their wards with substance abuse at the university is categorized under three sub-themes which are: (1) Parental awareness and notification from the University, (2) Emotional Response, (3) Action Response

Experiences of parents, their interactions with the university and nature of their involvement were collated from parents' responses to questions 4,7,8, 9,10,11,12,14, 17 of the parent Narrative Inquiry( See appendix i). Some of the questions are:

*How did you become aware of your child's involvement with drugs? What are your concerns about your child's involvement with substance abuse? What concerns do you have about how the University informed you? What did the university do to intervene with your child's involvement with substance abuse? What difficulties did you have in relating to the university with regards to your child's involvement with substance abuse?*

Three subthemes emerged as parents expressed their experiences with the university and they are issues around awareness and mode of notification by the university, their emotional reactions and their action responses.

- Parental Awareness and Mode of Notification by the University

Six parents stated that they became aware of their child's involvement with substance abuse when the University notified them through the Student support Services staff after referral

by a university staff member or after disciplinary action. Three parents stated that they became aware of their child's involvement with substance abuse through seeing the student either smoking or drinking themselves. One parent did not give an applicable answer. He stated a date that was probably the date he was informed.

In response to question 9 above, two parents said they were informed by the university prior to disciplinary intervention. One parent stated that the university sent a letter that their son tested positive for drugs but did not mention if it was before or after disciplinary intervention. Three parents expressed their displeasure that the University did not inform them about their child's involvement with drugs until they got letters from the University telling them of their child's suspension or expulsion. According to the parents:

*"Ironically, the university did not inform me of the involvement or the fact that he was facing a panel. It was actually a parent who happened to be on campus on the day the panel was sitting that informed us. The official notification from the university was a letter of expulsion."*

*"I was only informed that he was expelled from the school."*

*"The University informed me much later through a letter putting him on suspension".*

Two parents said that they were not informed at all. They asserted:

*"Nobody informed me. If something like that happened, I would have expected the university to at least..."* (This respondent did not complete the sentence. Probably did not want to say something negative.)

*"It was my child who mentioned it and not the school"*

One parent gave no response to question 9.

It is worthy to note that lack of timely notification by the university was a major area of concern and displeasure by the parents. It is possible that the university may not want to notify the parents before the disciplinary process in order to prevent overt parental involvement that may sabotage the integrity of the process. It may also be a reflection of power and control on the part of the university. According to the critical theory perspective the management of information, resources and rules is central to the of power dynamics between an institution and its' constituents (Kondrat 2002; Miehl & Moffatt 2000). Collaboration through adequate dissemination of information between the university and the families will therefore dissipate

the possible power tension. The poor notification may also be due to the lack of prescribed procedure/s of notification. The issue of notification will be addressed in the discussion of results in chapter 6 and will be incorporated into the guidelines that will be recommended at the conclusion of this study. As stated above responses to question 10 also reflected more feelings of parents about the University's approach in relating to their children with regards to involvement with substance abuse. Five parents expressed displeasure at the manner with which the University informed them. They stated:

*“It was embarrassing as a teacher and a parent. I liked it as face- to face information. Telephone is okay. Truth had to be told.”: “I heard it from him (my brother who is the student). He may not have told me even if he was suspended. He may not have told yet will be collecting money. Faking presence and result. Especially for someone like me who is out of the country. It was only the grace of God that he told us the truth.”*

*“First and foremost, the university has in their records telephone numbers of parents and if such information is not utilized to contact us what is the essence of collecting the information when it is not used. The university simply informed us of their decision after wielding their big stick. They did nothing to actually help the student. It was more of a “lets get rid of them. We don't want people like this here.”*

*” I was informed of my son's expulsion around 4:30 pm and to pick him up before 6 pm that day. The university did not handle the matter properly as they did not show any concern about the student.” : The School should have invited the parents for dialogue with the student before the action.*

One parent was concerned about the ability of the University to give reliable drug screening results. They said:

*“My fears are that is that some of the students may eventually get to know those conducting the test and with the type of our society in Nigeria some of the officers conducting the test may compromise to give a false negative result. My suggestion here is that the screening has to be done preferably by women only or by a group of persons with at least a person from counseling unit in attendance.”*

Three parents did not make negative comments about the University's approach of informing them. They claim:

*“No problems with that.”*

*“Appreciated the school's effort to fish it out. It didn't matter how I was told”*



*“It was a good way and I appreciate it.”*

One parent actually preferred that the school did not inform them prior to their child telling them.

According to the parent:

*His telling me prepared my mind for whatever the school was going to do. It would have been worse if the school informed me. I told him it was a letdown.*

The responses of the three parents above indicate that parents and family are on a continuum in their expectations of being notified by the university. While some were very passionate and vehemently expressed their displeasure about the mode of notification, some were indifferent. Another actually preferred not to have been notified by the school before the child informed them about his involvement with substance abuse. One therefore has to take the whole spectrum into consideration by developing a median response that will reflect sensitivity to the varying possibilities of parental expectations and needs.

As stated above, responses to question 11 indicated that four parents perceived the university intervention in terms of services. They referred to interventions such as regular testing (drug) and counseling and referral for an intensive drug treatment program. In addition to stating the referral to drug treatment as an intervention, they also mentioned the disciplinary posture of suspension in conjunction with treatment. According to them:

*“We were introduced to DATA at Abeokuta (A rehab Facility). He was suspended to go for treatment.”*

Another parent participant stated that they could not remember what the University did to intervene because the student involved stays with the father during the holidays. The respondent is the grandmother.

Responses to question 17 indicated that six out of the nine parent respondents did not experience difficulty in relating to the University, although one expressed discontent in response to question 9 about how the university informed them concerning their child's involvement with drugs, saying that it was embarrassing. The same person responded to question 17 by saying he/she was impressed with the University. Two respondents connected their not experiencing difficulty with the University to relationship and availability of Student Support Service Staff. In their words:

*“I did not have any difficulty relating to the university due to the relationship between the head of the social work unit and me.”*

*“There were no difficulties as because the personnel was readily available for discussions”*

A parent perceived the university as being kind though the child was suspended from school as stated in an earlier response to Q 11. In this parent’s view:

*“The school was very kind.”*

Four parent participants simply stated that that they had no difficulties. A parent gave no response because she got very emotional and started crying after Q 16 and could not continue with the telephone interview. She expressed how she felt disappointed and embarrassed that her grandson was involved with marijuana. It may have been more difficult for her that the researcher as university official was talking to her about it. She later said that the interviewer should inform her grandson that she has wept over him this one time and she does not want to cry again, so he should utilize the services to achieve sobriety.

One of the parent participants indicated that the difficulty she experienced was because of the fact that she lives outside the country so it is difficult to stay in touch with the university and her ability to be involved is limited.

- **Emotional Response**

Regardless of how the parents became aware of their child’s involvement with substance abuse , all nine participants expressed intense emotional reactions such as ‘*shock*’, ‘*devastation*’, ‘*disappointment*’ and ‘*embarrassment*’ as presented in the following responses to the questions. In response to the question “What was your reaction when you became aware of your child’s involvement with drugs?” the following are some of the reactions:

*“It was a shock. Could not believe it. Shivering and weeping.”*

*“Shocked and disappointed. I was not expecting him to do that due to the upbringing. Nobody smokes not even dad”.*

*“I was totally devastated. In my wildest dreams, it was the last thing I would ever think my son involved in. which goes to show you can never really know your children. It takes the grace of God.”*

The above responses confirm the concern expressed by one of the ADC participants that parents experience emotional trauma when they are informed about their child's involvement with drugs.

The statement is quoted below.

*"...I am also aware that some parents discover their wards abuse substances when informed by the institution, this gives me concern in the shock such parents go through and the need for them to have proper counseling to deal with the reality of their ward/child's substance abuse."*

Support services are therefore necessary and should be incorporated into the guidelines for collaborating with parents and family.

- **Action Response**

The parent participants gave responses that identified various actions that were taken in response to their becoming aware of their wards' involvement with substance abuse. Some parents stated that they gave advice. One parent said that he beat the child physically. He said, *"I had to beat him up and warned him seriously against it"*

Six parents enrolled their wards in a rehabilitation program. Others reported that they utilized spiritual support such as praying in addition to counseling and rehabilitation programs. Some parents mentioned that they involved members of the extended family through prayers and counseling. This confirms the dual approach by Nigerian families of utilizing both western/conventional and traditional/spiritual methods (Olugbile et al 2009). According to the parent:

*"Making him to go through the counseling session through a Social Worker at a University Teaching Hospital. We also used the extended family to do a lot of counseling along with prayers"* (emphasis supplied by researcher)

The above responses indicate that parents and family members need a variety of services to support them as they deal with the reality of their child's involvement with substance abuse. Such services may include parenting classes, referrals and spiritual support systems. As indicated above the extended family system often provides emotional support along with other forms of support ( McGoldrick et al 2005:475)

It is obvious from the above that a child's involvement with substance abuse is a traumatic experience for the family. The university as an institution needs to be cognizant of the impact and needs of the family. It also shows that a collaborative approach must be intentional about giving adequate notification to parents.

The above section presented the Parents' reported data on how they experienced the university posture under the subheadings of their awareness of their child's involvement and mode of notification by the university. Emotional and action reactions by the parents were also stated. The following section gives an analysis of the students' reports of their parents/guardians experiences.

### **5.3.2.2 Student Responses**

Data for this section was collated from student responses to questions 2,3,5,6,7,13 in the Student Narrative Inquiry as well as discussions in the student focus group. ( See Appendix ii and v). The sub themes are family awareness and consequences to family relationships.

- Family Awareness and Mode of Notification by the University.

Eighteen of the twenty students stated that family and friends were aware of their involvement with substance abuse either through the university or direct family encounters. Awareness through the university was as a result of disciplinary action or information from the student support department. Family awareness was as a result of family social gatherings, parents discovering the habit or extended family and friend informing the parents. The above findings reflect that there are diverse ways by which parents and family members become aware of a student's substance abuse behaviour. Once again the influence of the social network of family, school (university) and community as propounded by Oetting and Donnermeyer (1998) in Primary Socialization theory is affirmed. The school (university) and extended family acted as 'third' eyes when parents were unaware of their children's involvement with substance abuse. Obot (2002) stated that some parents are unaware of their children's involvement with substance abuse and usually have no clue on what to do when they become aware. This observation supports the need for services targeted towards parents when working with university students involved with substance abuse.

Two students stated that their mothers, who were primarily involved in their education, were not aware of their involvement with drugs. Though the mother drinks when she is stressed,

she is not aware of his use of alcohol and Marijuana. The questions and responses are given below:

Q2: Who are the people supporting your university education (Financially, emotionally, materially etc. Mention only roles and not specific names e.g. my father, pastor, grandmother etc) If other than your parents, explain why.

They responded as follows:

*“Mom supports me mentally and financially”*

*“Mother”*

Q3. Who in Q2 above is involved with drugs?

*“Mom drinks alcohol when stressed and at parties. She is into politics. She does it just to get their votes. She is a member of the House.”*

*“None”*

Q5. Who in Q3 above is aware of your involvement with drugs?

*” Mom is not aware”.*

*” None”*

Q6. How did they become aware?

*“Not aware. Wants it to be a story that was never told.”*

*” Not yet aware”*

Most likely, the above students were referred to the SSS department without going through the disciplinary process. The parents were not aware of the students’ involvement with substance abuse. It is important to note that parental notification may be an issue that may have some social work ethical dilemmas. These dilemmas will be in the area of parental consent for minor’s confidentiality of self-referred adult students, client’s right to self determination etc. It is obvious that the above students preferred not to let their parents know about their involvement with substance abuse, while they engaged in treatment. What should be the university’s role in keeping such secrets? This issue will be discussed further in chapter 6. Some students stated that

members of the family were aware of involvement with drugs but not aware that they were using it at the university (responses to Q6, Q14) are presented below:

*“Senior brother smokes marijuana. I smoke cigarette. He must have seen the ash tray. He knew about the marijuana when I got suspended”*

*“Parents told them about challenges. Parents noticed at home about drinking. Drugs and excessive drinking was from suspension”*

One student stated that though his father was aware that he drank alcohol, his father was not aware that he drank while on the university campus and he did not want his father to know.

Nine of the eighteen students, who said that their families were aware of their involvement with drug use, reported the involvement of family members with substances such as alcohol, cigarettes and marijuana. As earlier stated, studies have shown a direct correlation between familial history of substance abuse and a child in the family becoming involved with drugs (Park et al 2009; Oshokoya & Alli 2006, Okoza et al 2009). Irrespective of how the family became aware, fourteen students reported intense emotional reactions by their families and friends. Emotional reactions such as “Shock and surprise” “Anger” “Disappointment”. Some students reported that their parents reacted by “Shouting”, “Crying” “Scolding/talking” and Suspense. It is interesting to note that regardless of how and when the parents became aware they were still traumatized when it became a university concern. For some, the reactions may have occurred when they discovered at home or when the university notified them.

These reactions led to actions such as reduced levels of trust, strained relationships and withdrawal of financial support between parents and students, which emerged as subthemes under this section. The following are students’ statements of family reactions and consequences.

- Reduced level of trust

*“My parents don’t trust me anymore. Now they really want to know why, when I ask for money”*

*“1. Level of trust is very low. 2. Understanding is not what it used to be. There is the task of building it back. They are still willing to sponsor me academically but no support for non academic”*

*“They do not show much interest in what I do like before. Very, very minimal financial help. What used to be 90-95% level of trust is now 30-20%.”*

*“it brought shame to my family, lack of trust.”*

*“Lost trust with family. Important because they can notice what I do. Cut down on money. If I want to go out, they say I am lying.”*

The students’ opinions as recorded by recorder 3 during the focus group discussion also indicated a concern about trust when parents are invited by the university authority to participate in the process of dealing with students involved with substance abuse. From the records:

*“Parents should not be involved except when the therapy given by the SSS fails to yield positive change in a student. It makes them loose confidence in their children. It reduces love for one another.”*

- Strained relationship

Six students indicated that their parents and family estranged themselves. Here are some examples of their statements. Emphasis is supplied by the researcher by underlining certain words.

*“Estrangement in some, more loathe, and support in some. Indifference in some”*

*“Now enemies. He will still pay school (university) fees because it is a family business. Being in school (university) is a punishment as seen by senior brother.”*

*“They do not show much interest in what I do like before. Very, very minimal financial help. What used to be 90-95% level of trust is now 30-20%.”*

*“It has brought separation between me and my parents”*

- Financial and Support Implications

Four students indicated that their families withdrew financial support because of their involvement with substance abuse. According to the students:

*“Was close to Mom. When she died my whole world tumbled. Before she died, I just experimented. After she died, I went into it full bloom. Felt...the cause of her death. They (The rest of the family) were surprised. Wanted to withdraw their support. Now we are closer. They still have watchful eyes on me”*

*“1. Level of trust is very low. 2. Understanding is not what it used to be. There is the task of building it back. They are still willing to sponsor me academically but no support for non academic.”*

*“Lost trust with family. Important because they can notice what I do. Cut down on money. If I want to go out they say I am lying.”*

*“He was angry. Has not said a word. Sent a text, “for Christ sake” Seized current account. Called uncle and seized my passport. He was not mad about the habit but that it was used in school.”*

Recorder 2 in the student focus group also reported that students were concerned that parental involvement could lead to withdrawal of privileges and support at the University. From the records, this group claimed that:

*“It (parental awareness/involvement) is not too good. They can withdraw the person from school. They can stop the child from some privileges and stop the child from going out.”*

Two students who had initially stated that their mothers, who were the significant persons in their education and were not aware of their involvement with drugs gave anticipated responses when they got to know of their substance abuse lifestyle. These are their statements:

*“not affecting cause she believe it is under control. Level of trust will be reduced. It is important to me that my mother trusts me.”*

*“If she was aware, it would have affected the relationship badly. Any mistake will be based on that. It will not be a pretty picture. She will hurt me physically, emotionally and anyway possible”*

Another student chooses not to drink when going to see his mother because of her anticipated response. According to him:

*“No. I am going to see my mom – I will not drink. It is like looking for her trouble”*

Some students indicated that the family’s awareness of their involvement with drugs did not affect the family relationship or that it brought them closer. Here are some examples of such statements:

*“Was close to Mom. When she died my whole world tumbled. Before she died, I just experimented. After she died, I went into it full bloom. Felt...the cause of her death They were surprised. Wanted to withdraw their support. Now we are closer. They still have watchful eyes on me”.*



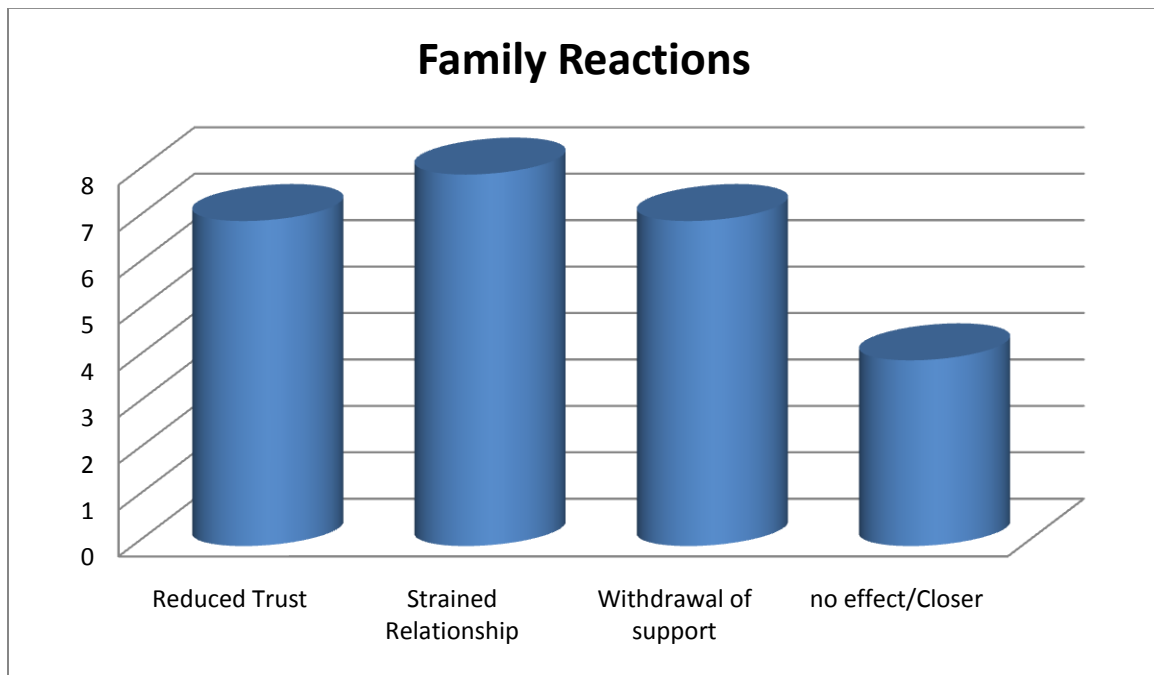
*“She still loved me but was amazed. Could not believe . She still trusts me.” “it only made them more concerned with me”*

A student had initially responded that his father, mother, uncle and cousins are significant persons in his education (Q2 response) but only his mother was aware of his involvement with alcohol ( Q5 response) because she caught him drunk (Q6) however he did not indicate how his relationship with his mother was affected though she was disappointed (Q7 response).

A summary of the Actions by parents as reported by the students participant is presented in Table 5.6 and Figure 5.5.

**Table 5.6. Family Reactions to Student involvement with Substance Abuse.**

Reduced Trust	7
Strained relationship	8
Impact on material support	7
No effect/ closer relationship	4
No response	1



**Figure 5.5. Impact of Substance abuse on Family Relationship**

The impact of substance abuse on familial relationships such as reduced level of trust, strained relationships and withdrawal of material support appear to be comparable in their effects on the students with strained relationship having the highest impact. The issue of trust is a major concern for the millennial youth (Moore 2007). A student participant did not allow his mother to be aware of his drinking problem at school because he did not want to lose his mother's trust. He said:

*“Not affecting (not affecting relationship) cause she believe it (alcohol drinking) is under control. Level of trust will be reduced. It is important to me that my mother trusts me.”*

Also because university students are somewhat suspended between adolescence and young adulthood, they are still financially dependent on their parents while they are developing independence and autonomy (Main 2009:41). Therefore it is worthy of note that seven students mentioned withdrawal of material (including financial) support *as* a consequence of the effect of their substance abuse lifestyle on their family relationships. Avoiding these consequences may be used as motivators for abstinence or engaging in treatment. University students do not generally seek substance abuse treatment except when they are faced with crises either with the school system or family (Wu et al 2007). From the above it can be deduced that there is emotional involvement between the students and their parents which is a strength indicating family collaboration can help to achieve positive treatment outcomes (Dekovic et al 2003)

- Students' Perspective On Familial Involvement

This section presents what the student participants expressed about family involvement in a campus- based substance abuse intervention/services. Responses were collated from the focus group discussion data and individual student's responses. While students in student focus group 2 maintained that parents should not be involved, as reported by recorder 2, recorders 1 and 3 reported students' opinions that parents can be invited into the intervention process if the students concerned are not responding or if there is a need to refer them to an outside agency. This opinion was confirmed in the member checking feedback by the students. The comments as recorded are presented below.

Recorders' reports to question 6 and 7 in student focus group guide. ( See appendix v)

Q6. What is your opinion about parent involvement?

Recorder 1: *The parents should be involved if the client is not responding to treatment.*

Recorder 2: *It is not too good. They can withdraw the person from school.*

Recorder 3: *Parents should not be involved except when the therapy given by the SSS fails to yield positive change in a student*

Q7. What should be the nature of involvement if necessary?

Recorder 1: *The parent should be involved if the client is not responding*

Recorder 2: *Parents should not be involved otherwise they will over do things.*

Recorder 3: *For approval when a student needs to go for rehabilitation outside the university.*

Some students reported that parental/family involvement or the possibility of it was helpful in the intervention process. According to them in response to question 16:

Q16 What was helpful and in what way?

*“-the threat of my mother finding out.”*

*“ My mom’s help was helpful motivation.  
She told me a lot of things that helped me.”*

Below is question 17 and the responses:

Q17: What has been helpful in the way the University has related to you and your involvement with drugs?

*“ Informing parents. The counseling. The test!!!. Fear of a positive test helped.”*

*“... Didn’t want other student’s parents to know. I didn’t really mind my parents knowing...”*

The above responses indicate that parental involvement is a major component in developing a sustainable substance abuse intervention program. The data shows that parents are needed to give consent for referrals for specialized services, provide funds for services such as drug testing or residential treatment, and provide emotional support through encouragement and affirmation. Getting the parents involved broke the secrecy that may have enabled the substance abusing behaviour. Also, the threat of parents getting involved was a motivation for some of the students to engage in treatment. They did not want to disappoint their parents which may lead to

the loss of trust, straining of relationship or withdrawal of financial privileges. Parents exert a powerful role by communicating their disapproval of substance abuse and reinforcing that with consequences such as reduction or withdrawal of financial support and a potential disruption in the family relationship (Cleveland et.al 2007). When pro-social norms and values have been transmitted to youths within the family environment, (Oetting & Donnermeyer 1998) these values are part of the lives of the individual even when they are away from home (Adams et al 2006:83) and a violation of what the family stands for causes an emotional crisis for the student.

Other students may be fearful of the physical harm that may come to them if their parents become aware of their involvement with substance abuse. One of the parent participants actually said that he beat his son when he was informed about his drug use. One of the students also said that his mother would hurt him physically if she became aware. While parents may need to be assisted with appropriate ways of responding to a child's involvement with substance abuse, an avoidance of physical harm by parents may be a motivation to seek help to stop the behaviour. Some of the students who did not want their parents to be involved may be concerned about over- involvement or intrusion as expressed in the focus group discussions. This is consistent with the study of Goldstein et al (2005:411) where adolescents who perceived their parents as being too intrusive were at risk of developing problems and in this context could develop resistance to working with them. It is therefore important that the guidelines provide a balance between parental involvement and student independence in the process of substance abuse treatment.

The above section presented the experiences of parents/family as they interacted with the university as reported by the student participants. The section below presents data on the theme of parental experience as reported by Student Support staff participants.

### **5.3.2.3 Student Support Staff Responses.**

The following section presents the narrative data of Student Support Services Staff responses about family experiences and nature of involvement. The data was collated from responses to Q3, Q6, Q7, Q8, Q10, Q11, Q12, 13 in the Staff Narrative Inquiry and Q1, Q2,Q3 in the staff focus group guide. ( See Appendix iv and vii respectively).

In the analysis of the data from the responses of staff to the above questions, two sub-themes emerged. These are Nature of Involvement and Dilemmas and challenges of Family Involvement.

- Nature of Involvement.

This section describes who the staff identified as working with university students involved with substance abuse as well as what they do. In response to Q3 two members of staff initially indicated that they invite parents into the treatment process to obtain information on students' history and background or to sign a treatment contract in the Substance abuse treatment program; however in response to Q 6 five additional staff members said that parents/guardians were among those they involve when working with university students involved with substance abuse. Two staff respondents did not indicate parents as people they invite into the process of working with university students involved with substance abuse.

Parents are generally contacted by telephone. Half the staff stated that they contact the parents at the beginning of the interaction with the students while the other half said that they contact the parents after services are initiated. This shows that there is inconsistency regarding when parents are notified of their children's involvement with substance abuse. This is due to lack of guidelines in informing the staff regarding service delivery. One SSS participant indicated varied times when parents are contacted. According to the participant:

*“To sign a treatment contract on behalf of their child, 2. When the student is caught by the school authority and it becomes a disciplinary issue. 3. To inform parents of the services that could help their child.”(Refer students)*

The SSS staff also reported that Parent/family get involved in the following ways:

1. Give additional background information about their children
2. Sign treatment agreement or consent for treatment for students who are minors
3. Participate in treatment process such as family counseling, parent conferencing or payment for drug screening.
4. Inform staff of their ward's behaviour at home outside of the school environment.

The above responses by the SSS staff will be incorporated into the guidelines that will be developed as the outcome of this study in Chapter Seven.

- Challenges and Dilemmas of Family involvement

The following were the reported challenges and dilemmas experienced by SSS staff when working with the family of students involved with substance abuse at the university.

1. Students give fake telephone numbers of family members thus jeopardizing the communication process.
2. Parents are in denial of their children's problem of substance abuse
3. Some parents have negative attitudes and beliefs about their wards
4. Some parents blame the school environment
5. Parents do not fully disclose relevant family background information
6. Clarification of who is family, and cultural implications of such involvement.

Here are some statements made by the SSS participants concerning the above challenges:

*“Students sometimes give fake phone numbers of their parents. Some do not attend their sessions regularly.”*

*“Some cooperate well with me and their children while some do not see any good in their child which is always affecting the positive self concept of their child”. Some parents’ negative attitude and beliefs about their child.”*

*“Tendency of covering up the reality in relation to the addictive behavior of the child. Lack of necessary education in parenting such adolescents. Rigidity or permissive parenting style.”*

*“No difficulty except at the beginning, they find it difficult to believe or admit that their wards have that habit.”*

From the ongoing one can see that parents and family members need support services to assist them in dealing with their child's involvement with drugs. While this study did not explore dysfunctional parenting patterns that may have contributed to the student's involvement with substance abuse, collaboration with parents should address issues in the family that may be a

barrier to treatment. As mentioned above, these barriers are denial, minimizing or falsifying information, negative attitudes and beliefs towards the child, lack of affirmation etc. Parents themselves may be in crisis and have multiple complex problems (O'Connor, Morgenstern, Gibbson & Nakashian 2005) As both parent and student participants indicated, some of the parents and family members have histories of substance abuse themselves.

There was also the problem of clarifying familial relationships. The SSS staff participants felt that it was important to clarify the relationship between the student and the person presenting as a parent.

Here is an excerpt from the discussion during the staff focus group

*"...One needs to clarify the relationship of a person to the student. Is it biological or members of the same village community? A person once came as a student's father but was actually a close family friend to the aunt but the student related to him as a father because his father was not involved in his life. His aunt was his substantive mother because his mother had him when she was a teenager and has been financially dependent on the aunt."*

The above statement is a reflection of the reality of the extended family system. People who are not biologically related are often referred to as mother, father, uncle, aunty, sister or brother (<http://family.jrank.org/pages/1210/Nigeria-Families-in-Nigeria.html>>Nigeria - Families In Nigeria</a> ). These non- kin individuals are part of the extended family network and play major roles in the lives of the student ( Lloyd & Blanc 1996). The extended families usually have the mentality of being "my brother's keeper (Archibong 1999) and they are sometimes confidants for private issues such as domestic violence (Amobi 2002). In Nigeria, issues of substance abuse are usually seen as bringing disgrace on both the nuclear and extended family. However they also rally round to give support and explore solutions (Ikuesan 1994; McGoldrick 2005:234). Service providers are therefore encouraged to utilize extended family members as allies. It is, however, vital that a means of verifying identity and relationships be included in the guidelines so that students' privacy is protected and safety is ensured.

#### **5.3.2.4 Administration/Disciplinary Committee Narrative Inquiry (ADC)**

The responses of ADC under theme two of the findings of this study are reported in this section. The nature and experiences of family involvement emerged as the second theme during

the data analysis. This theme emerged in the responses to Q5,6,8 ,10 and 11 in the ADC narrative Inquiry and is reported as follows.( see Appendix iii for more details)

Six members of the ADC mentioned the involvement of parents and family in the process of dealing with the issue of students involved with substance abuse. One said that the current university's posture is "Minimal collaboration with parents/guardians of students concerned."

All the ADC respondents stated that parents/guardians are invited to the university to inform them about their child's involvement with substance abuse. Three respondents indicated that SSS were responsible for initiating the contact while one indicated that the disciplinary committee informed the family.

Six members indicated that the university informs the parents/guardians about their child's involvement with substance abuse once it has been confirmed beyond suspicion. This is referring to the investigative process of the disciplinary committee. Three ADC respondents were clear that the university informs the family at the end of the disciplinary process. One was emphatic that the family is informed after the verdict has been reached because it was said twice (Q9 and Q10). According to them:

*Q9:ADC6 "It's usually at the exit interaction preceding suspension."*

*Q10:ADC6: "They are usually invited after verdict has been reached on the case of their wards (children)."*

An ADC participant expressed a concern about the shock parents go through when they become aware of their children's involvement with substance abuse through the university. The participant asserted:

*"..I am also aware that some parents discover their wards abuse substances when informed by the institution, this gives me concern in the shock such parents go through and the need for them to have proper counseling to deal with the reality of their ward/child's substance abuse."*

Two members of the disciplinary committee actually mentioned poor family background and possible involvement of parents with substance abuse as a concern that informs their decisions during the disciplinary process. They stated:



*“(a) The challenge of suspending students with very poor home background. It is like sending such students into a thriving environment for deeper substance abuse. (b) The challenge of tempering justice with mercy”*

*“The level of abuse, are parents/guardians involved in the abuse of substance.”*

The above respondent is wondering about students’ level of abuse and if parents are also involved with substance abuse and the implications for the student recovery if sent home on suspension to that type of environment.

From the above results, it becomes obvious that members of ADC have different opinions about who informs the parents and when. This is due to the absence of a unifying guideline for the university to work with in dealing with the crisis of substance abuse among university students. The goal of this study is to produce such an innovation to assist universities in confronting the problem.

In summary, the theme of family involvement and experiences emerged from responses from all four sets of participants. Responses show that parents and family have both emotional and action reactions to their children’s involvement with substance abuse. While parents, SSS and ADC participants were consistent in saying that parents should be involved, student participants varied in their opinions about parental involvement. The discrepancies in the administrative procedure of notification, is indicative of the lack of guidelines to direct how and when parents are notified. The practice implications of the extended family involvement were also addressed. The components of family involvement and experiences will inform the practice guidelines for a collaborative approach in working with families of university students involved with substance abuse.

### **5.3.3 Theme Three: Students Experiences, Concerns and Specific Needs**

This section presents the third theme that emerged from the data. This is how students felt and what they experienced as the university related to them in the context of their involvement with substance abuse. The responses are reported under two sub sections which are on emotional reactions and concerns/specific needs.

### 5.3.3.1 Emotional Reactions

Most students reported that they were scared and apprehensive when the university became aware of their involvement with substance abuse. The fear was connected to anticipation of possible consequences like suspension or expulsion. The following are responses in the students' narrative Inquiry:

*“Scared of losing a semester or session or it getting out of suspension. Still a bit apprehensive that it is not yet over cause still being used against me”.*

*“Sad and scared. I thought I was going to be expelled but after visiting SSS, I was happy and motivated to work towards stopping it”.*  
*“Panic- I knew the end result will be drastic. In the long run, it is paying off.”*

*“I was scared that something dreadful would happen and also alerting my parents and my fellow colleagues that I was abusing drugs.”*

It is worthy of note that in spite of the fact that the students knew they might be caught and were aware of the consequences, they still continued with substance abuse. This is indicative of the fact that the addictive nature of psychoactive substances causes abusers to disregard potential dangers and consequences of gratifying a craving for them (Poulin 2005:300). Also, Oshikoya and Alli (2006:137) observed that despite the claim of substance abuse awareness by the majority of the Nigerian undergraduates who participated in the study, 58% were unable to link risk factors and consequences of substance abuse other than behavioural changes. Some students expressed feelings of anger either towards themselves or the person who informed the school.

*“I was furious with the person who reported then got scared of leaving school for 1 year and falling behind.”*

*“I was afraid. I knew what I did was wrong. Afraid of suspension. I was angry with myself.”*

A student welcomed the involvement of the university as an opportunity to get help and overcome the habit of substance abuse.

*“I felt happy because I knew I could be helped.”*

*“It was good. (the university becoming aware) I thought I would stop but when I didn’t I was troubled.”*

The above comments indicate that the students were at different levels in the spectrum of involvement. Some seem to be struggling to get over the habit. However, the university does not currently have a way of customizing disciplinary sanction based on the level of addiction or dependence. Recommendations will be made to address this issue in chapter six.

### **5.3.3.2 Concerns and Specific Needs.**

The student participants reported their concerns and needs under four sub- themes. They were: need for confidentiality, non-stigmatization, respect/dignity and hardship in paying for drug tests. These were responses made in individual statements and during the focus group.

- Confidentiality.

The student participants expressed their need for confidentiality. It was important to them that information about them was treated with care and discretion. Here are some statements to that effect:

*“ to stop nagging, stop telling everybody my business. No one knows others peoples intentions and motives....”*

*“It is being used against me. Confidentially and privacy not maintained by other University staff. Derogatory remarks are made both in my presence and absence.”*

*“Don’t know who to trust. Won’t they use it against me later in the future?”*

*“Confidentiality. Had problems opening up. I was not sure I could tell my secret but once I was sure, I poured myself out. I was always notified on time. I was the one who did not honour it.” (The student is referring to not honouring notices for meetings in the context of difficulties encountered)*

*“... I believe in confidentiality and disclosing...”*

*“ Hard with the security insult. They were telling my sister about it in front of other people. No confidentiality....”*

*A focus group discussion was recorded as follows:*

*Recorder 1: It is a new experience in that trust is built in the approach as confidentiality by SSS is maintained. Hence it is helpful and not disrespecting*

The above responses indicate that there was no enforcement of the core social work ethic of confidentiality. Respect and non judgmental attitude were also compromised. While the social workers and counselors may have adhered to these principles, other members of the university community, such as the security staff, may not have been educated on issues of confidentiality in dealing with students. This will be recommended in the guidelines as a mandatory service posture.

- Stigmatization Concern

Student participants' responses about stigmatization are presented in this section.

*Didn't like Suberu's(pseudonym supplied) It is stigmatizing. Main campus staff are hostile. Expected people to be helpful but people didn't have those to talk to too. But on mini campus – it is like one big family*

(The student is inferring that there were differences in treatment between the two campuses owned by the university. See more details under the university environment in chapter one.)

*“(it has) been alright, initially was a chore but got to enjoy – transportation – could be provided but could be stigmatizing – pretended to do it on my own. It has helped that others didn't know It has hard cause it was breaking school rules as well as having alcohol problem”*

This student is referring to the fact that some students are transported from the mini campus for the group sessions on the main campus. They felt more comfortable being away from their campus because they felt they were protected from other students knowing about their lifestyle and issues with the school.

The following are concerns about stigmatization expressed during the focus group discussion.

*Recorder 1: People with substance abuse are labeled as “bad guy”*

*Recorder 2: `Other staff apart from SSS staff stigmatize substance abuse students. They use it against them by talking to them anyhow.*

Recorder 3: *For students that ask for help in getting out ... There is also the problem of stigmatization.*

- The need for Respect and Dignity. (Emphasis is supplied by the researcher )

The following statements are students' expressions of their need to be respected and treated with dignity.

*“ Apart from the University – feels like a convict, pictures was put out  
“restriction triggered – nobody can force me”*

When students are suspended their pictures are pasted on bulletin boards to notify the community that they are not to be present on the campus. That triggers animosity and resentment in some students as expressed by this one. It may be considered as shameful and is an action which should be avoided when working with individuals involved with substance abuse (WHO 2008).

The following statement was made in regards to how family and the university related to some student participants.

*“ to stop nagging, stop telling everybody my business. No one knows others peoples intentions and motives. I want everyone to stop looking at me with a bad look. Gets pissed of. I am treated like in secondary school. I wish I had senior ones who could have taken over my care and to hell with her money and Babcock . Some other people could have taken care of me.”*

*“ It is being used against me. Confidentially and privacy not maintained by other University staff. Derogatory remarks are made both in my presence and absence.”*

*“Hard with the security insult. They were telling my sister about it in front of other people. No confidentiality...”*

*“ ... We will appreciate the help more if we are not buried – since they are trying to help us... “*

Recorder 2: `Other staff apart from SSS staff stigmatize substance abuse students. They use it against them by talking to them anyhow.

- Concern about hardship in paying for drug tests.

This section reports expressed concerns about hardship in paying for the routine drug test. The drug test is conducted at the university's medical Center which is slightly outside the main campus. The students involved with substance abuse are required to do a monthly drug test at the cost of N3000 which is the equivalent of \$20.00. A student commented as follows:

*“Drug test was stressful. I believe in confidentiality and disclosing. The drug test is taking money out of my pocket for something you know is wrong. It was a deterrent.”*

In the focus group discussion the following was reported:

Recorder 3: For students that ask for help in getting out, they receive support. However there are financial challenges involved in getting money for drug test. There is also the problem of stigmatization.

#### **5.3.4 Theme Four: Services and Service Providers' Perceptions About Their Work With Students Involved With Substance Abuse and Their Families.**

The following data were collated from responses of all participants with regards to services that were provided to students involved with substance abuse. This section also presents perceptions of Student Support Services staff about their work with students involved with substance abuse and their families.

##### **5.3.4.1 Services**

All the participants agreed that services should be provided to students involved with substance abuse and their families. The following services (referred to as the substance abuse program), were identified as already provided at the University.

1. Drug screening
2. Biopsychosocial Assessment
3. Individual counseling
4. Group therapy
5. Family counseling
6. Referral

7. Telephone contact
8. Face to face contacts
9. Spiritual and emotional support
10. Academic Counseling
11. Security Services
12. Peer Mentoring.

Some of the student participants indicated that the current facilities of Student Support Services ( building and location, as well as staff attitude and disposition) were helpful in the intervention process.

*“This building has been it. I can call it the student saviour services. The people, services, everything as a whole. The location is perfect. It protects privacy and not a center of attraction. Group therapy and one was most helpful. I actually cried poured out everything. My counselor know everything about me. Group therapy is fun. Nobody hold s a cane.(Non threatening) There with peers and counselors are there to listen. Actually fun.”*

*“They did not just throw me away. The school referred me for rehab. They followed up with regular visit and phone calls. Trying to see how to get back. They educated and enlightened my parents to open their minds.”*

*“Through the establishment of SSS. There is dialoguing. More spacious, secluded, better than the previous office that was close to DSA.(A location that was in the central and busy part of the university) There is confidentiality and professionalism. It was easy for me to be trusting. Individual counseling. Also the rap sessions help to learn one or two things from others”*

University students have been found to be receptive to psychotherapy options for alcohol treatment (Epler et al 2009). Also staff attributes such as availability, supportiveness and a non-threatening attitude were found to influence the achievement of program goals of substance abuse treatment (Grosenick & Hatmaker 1999: 282).

The following are comments from parents, SSS staff and ADC participants about service interactions.

- Responses of SSS Staff Participants

*“Encouraging them to develop trust in me and being a friend to them which made them to be open to discuss any situation/issues they are going through. Providing food at times and also making my office conducive for them to come to read and relax. Also discussing with them some of their courses and current affairs. Sending them text at the beginning of the month and at random and also calling them on the phone”*

*“I use counseling techniques to assess information, probing into the genesis of the problem, then counsel the client on way to overcome it. Some might be referred for detoxification.”*

*“Chaplaincy services for spiritual guidance, counseling therapeutic assessment and education, social work for necessary support while undergoing the process of detoxification.”*

- Parent Participant Responses

*“I did not have any difficulty relating to the university due to the relationship between the head of the social work unit and me”*

*“My initial session with the counseling unit of the university helped me to see the challenge as a social problem in the society and not a sign of my failure as a mother.”*

*“ There were no difficulties as because the personnel was readily available for discussions”*

*“(They) talked to me and said I should continue to pray for him. They calmed me down because I was so distraught.”*

Cunningham & Henggeler (1999) posited that family attitudes towards the therapist (social worker), affects their engagement and progress in a family- based intervention. This explains why the parents expressed having had no difficulties with the University though they had expressed their displeasure about not being adequately or promptly notified.



- ADC participants Responses

The Administrative/Disciplinary Committee (ADC) responses concerning services provided by the university is presented in the following section.

*“ My greatest concern is about the damage that the students do to their organs and body as a whole. On the other hand the fact that there are direct consequences of the substance abuse on the academic and social functioning of the student also gives me cause for concern. I am also aware that some parents discover their wards abuse substances when informed by the institution, this gives me concern in the shock such parents go through and the need for them to have proper counseling to deal with the reality of their ward/child’s substance abuse.” (Emphasis by researcher)*

*“The Student Support Unit has assisted offenders to get rehabilitated and counsel parents on the best approach to the problem. Parent/University cooperation has worked for the best interest of students.”*

*“Counseling and care through the Student Support Services and Medical Centre.”*

*“ I am aware that the Student Support Services unit of the Students Affairs Division has different structures in place to assess students as they are processed for admission, then those who are identified through tests to be positive are placed on rehab requirement as a condition for admission. Those already in the system and detected to be abusing substances are put in a group therapy program along with other medical/psychological intervention plans outside the institution.”*

#### **5.3.4.2 Student Support Staff Perceptions/Challenges**

Responses from the student support services staff both in the narrative inquiry and focus group discussions indicated struggles in the following areas: Lack of training and inadequate facilities, dilemmas with administration and other members of staff of the university, ineffective means of communication with parents, parental attitudes and public awareness/support and class schedules. Some verbatim responses from the participants are hereby presented:

- Lack of Training and inadequate facilities.

*“(There is) unavailability of drug screening kit. No nicotine test delay due to financial and communication”*

#### Staff Focus Group

*“The building is good enough. We have good offices that promote individual counseling. We need a one- way mirror that can be used to observe students during peer group discussions without interference of the presence of the staff. We also need DVDs for group sessions. There is the need for ongoing training.”*

*“Inadequate supply of drug testing kits sometimes”*

*“The distance between the lab and the SSS building. There are delays in getting the results. We should have the drug testing services in the SSS building staffed by lab technicians. SSS can also be trained to administer the urine test as well so as not to violate professional codes”*

- Dilemmas with Administration and Other Members of Staff of the University.

Responses from SSS staff expressed challenges from administration and other staff members in the community. Four out of the nine SSS participants said that lack of support and understanding from other members of staff made their work with students involved with substance abuse more difficult.

In response to the question, ‘What difficulties have you encountered in your work environment when working with parents and their children involved with substance abuse?’, the responses read:

*“Attitudes of fellow workers in the environment towards the student is not positive which usually affects the students especially the security staff.”*

*“Inability of some adult staff to understand that addictive students are confused individual hence they need both love and firmness in dealing with them.”*

*“ one can be misunderstood of being compromising or hiding the student from discipline”*

*“ Some junior staff aid the student. Some senior staff do not encourage.”*

(This respondent is inferring that junior staff aid students in obtaining drugs while some senior members of staff do not have an encouraging attitude towards the students,)

#### Focus group discussion

Staff participants expressed that lack of support from the university administration makes the work environment difficult. Here are some sample statements:

*“When the leadership make such statements like “ The school is not a rehab centre”” (This is when members of administration insist on the zero tolerance policy and make no room for service intervention or treatment beyond enforcing the disciplinary sanction of suspension.)*

*“ The interface of the University’s disciplinary policy and process of drug treatment. Sometimes students in treatment are reported to the disciplinary committee without consultation with the SSS.”*

The above statements indicate that the SSS staff participants perceive a lack of support and affirmation from the university administration. They expressed the views that when they are not consulted or kept informed of the disciplinary decisions of students they are working with, it causes a disruption in the treatment process. For example , a self referred student may already be in treatment but may do something that violates the rule on substance abuse. If the student is suspended, he is unable to continue with the services already being provided at the school. O’Connor et al (2005:161) emphasized that it is important that staff understand each other and in order to coordinate services on behalf of clients, myths and beliefs that systems or other departments have about each other should be removed.

- Ineffective Means of Communication with Parents

Responses during the Staff Focus group discussion indicated that the means of communication with parents and students are inadequate.

*“Inadequate telephone services for uninterrupted communication with parents and students. Lack of funds for recharge cards.”*

(Most people in Nigeria use mobile phones with pay-as-you-go recharge cards from different network companies.)

- Parental Attitudes and Lack of Public Awareness/Support.

SSS staff participants expressed some difficulties experienced when working with parents.

Some responses are presented below:

*“ Uncooperative attitude through the concealment or denial of facts that may help the students from the parents ”.*

*“Tendency of covering up the reality in relation to the addictive behaviour of the child. Lack of necessary education in parenting such adolescents. Rigidity or permissive parenting style.”*

*“ No difficulty except at the beginning, they find it difficult to believe or admit that their children/wards have that habit.” (substance abuse habit)*

*“Pushing the bulk of the blame to the school environment. Not coming out completely”*

*“Sometimes parents do not want to admit or accept that their children are in need of a serious in- house (residential) therapeutic program”.*

*“ Some feel that it is an embarrassment for their ward (child) to visit the psychiatric hospital*

An administrative /disciplinary committee participant made the statement below indicating that the Nigerian government has not been involved in funding drug treatment services. According to the ADC member:

*“...The govt at all levels in Nigeria pay little attention to this sector”  
(Substance abuse population)*

- Time Conflict and Class Schedules.

SSS staff participants made statements that indicated difficulty with scheduling group or individual therapy sessions. According to them:

*“Lack of time, irregularity and parenting styles.” ( lack of time on the part of the staff. Probably feeling overwhelmed with work.)*

*“ Problem of timing and irregularity of group and counseling times due to students’ class time table.”*

The challenges raised by both students and SSS participants are possible barriers to service that need to be addressed in the practice guidelines.

The above responses by the SSS staff confirm that substance abuse intervention at the university is an emerging task that has lacked formal systematization of procedure. It reveals that staff have had to struggle at different points to establish a professional posture within a system that was not positioned to provide services for persons involved with substance abuse beyond disciplinary actions. The following section presents the highlight of the interview with one of the Social workers who was present at the inception of the social work unit of the university.

#### **5.4 Highlights of interview with a Pioneering Social Worker in the emergence of Substance abuse intervention at the University.**

The social worker was a female staff member with a Masters Degree in Social Work who was hired as a Hall administrator. She was not aware of students with substance abuse issues but knew that it was one of the things that could lead to a student being suspended from the school. She was invited to be part of the development of the social work unit in 2007 when the university administration decided to set up a service unit to assist students with special needs at the school. Part of her job description included the provision of services to reintegrate students returning from disciplinary action and that was her first encounter with students involved with substance abuse.

She said that there was no blue print to follow and the unit developed forms and procedures as they went along. Moreover she narrated the first attempt to have a group meeting with students identified as having substance abuse issues and it was called “Staying Clean” Some students responded while the majority did not come. The students gave feedback that both the name and mode of notification was stigmatizing. She said that the students expressed their reactions by saying, “ We are not dirty” so why the term staying clean? Also, the social worker had used quarter pages to notify the students which was similar to notices they get when they are invited to disciplinary panels. She said, “we had to respond to the students and change our methods in order to gain their trust.” The group then came up with a different name called “Right Choices” with which they felt more comfortable and notices of meetings were sent on half page paper or via text messages. Other services provided included home visits to students on suspension either in the homes or at drug treatment facilities.

In 2008, the university went through restructuring and the Social Work Unit was merged with the counseling unit to form Student Support services. Drug screening for new students was introduced in the registration process to assist with the early identification of students involved with substance abuse. The staff did not really know what to do when the students tested positive for drugs nor how to help them, so staff training was organized for both SSS staff and other hall administrators which was helpful.

Currently the department continues to seek relevance and acceptance within the university system.

#### Researcher's Comments.

The above interview indicates that though the formation of the social work unit and the ensuing merger that produced SSS were university initiatives, there was a lack of guidelines to set up the department to adequately respond to the needs of the students. The initial moves to collaborate with students by involving them in the choice of a name for the substance abuse group intervention is, however commended.

### **5.5 Summary of Chapter**

This chapter presented the findings of this study under four themes which emerged from the data analysis. These themes are:

1. The posture, dilemmas and perspectives of the school administration to the issue of substance abuse amongst students.
2. Experiences and involvement of parents of students involved with substance abuse
3. Experiences and specific needs of students involved with substance abuse.
4. Current Services and Service providers' perceptions of their work with students involved with substance abuse and their families

There was a consistency of “inconsistency “ in the university’s approach and posture towards students involved in substance abuse, such as who notifies parents and when in the process are they notified. Both students and parent participants had emotional responses to the issue of

substance abuse. There were dilemmas and struggles expressed by all participants that pointed to the complicated nature of working with students involved with substance abuse and their families' thus establishing the need for a guideline that would give directions on how the university can collaborate with families in a client-centered university-based substance abuse intervention. All participants expressed the need for services to be provided by the university to assist students to recover from substance abuse. The next chapter will be the concluding chapter of this study elaborating on the results and concluding with practice guidelines which are the recommendations of this study.

## CHAPTER SIX

### DISCUSSION OF FINDINGS AND PRACTICE IMPLICATIONS.

#### 6.1 Overview of Chapter

The discussion of the research findings in the context of existing theoretical frameworks and implications for social work practice will be presented under the following sub-titles. (1) Primary Socialization theory and collaborative work with students involved with substance abuse and their families. (2) Critical theory perspectives and implications for collaborative work between the University and families of students involved with substance abuse. (3) Generalist social work implications for service needs and practices.

#### **6.2 Primary Socialization theory and collaborative work between the University and families of students involved with substance abuse.**

The premise for the Primary Socialization Theory as propounded by Oetting and Donnermeyer (1998), is that drug use and other deviant behaviours are the result of social learning. The theory proposes that the primary socialization sources for young people are family, school and cluster peers, and norms and values are transmitted through the bonds between the adolescent and the primary socialization sources. The youth- family bond is strengthened through a loving and caring environment created by parental involvement, monitoring, and provision of needs. Deviant behavior can also be influenced in young people through dysfunctional family patterns such as neglect, violence and substance abuse which weaken the family-youth bonds and predispose them to negative peer influences. Family involvement in deviant behaviours also models such behavior for adolescents. This research therefore was motivated by the component of family influences in the socialization of university students involved with substance abuse, both in the context of the development of the substance abuse lifestyle and the role of family as resources and allies for the intervention process. The following sections will discuss the family influences identified in this research as well as the influence of the peer cluster as primary socialization sources. The role of the school is discussed as the context of the intervention within the university environment.



### 6.2.1 Family

The findings in this research revealed that 50% of the student participants had family members who are either current users or had a history of use. Alcohol was the drug of choice for 80% of these family members. The high probability of youths repeating deviant behaviour was confirmed by the fact that alcohol was one of the drugs of choice for 90% of the students with family members who used alcohol. This was consistent with previous studies which showed that when the use of specific substances is modeled by parents, children are most likely to use those substances (Oetting & Donnermeyer 1998: 1004).

Students also indicated during the member checking discussion that the use of alcohol is socially acceptable in their families and in some cases it is seen as a sign of maturity. Their families are generally more accepting of the use of alcohol in comparison to the use of marijuana and cigarettes. However the use of alcohol becomes a concern when there is no control and students get into trouble at the university as a result of alcohol use. A student respondent indicated that his father was aware of his drinking alcohol but was unaware that he drank at the University. The implication of this finding is that whilst the university discourages the use of alcohol in totality and sanctions students for the slightest use, the University may not be able to count on parental support to encourage total abstinence from alcohol. A compromise could be controlled use which permits its use in the home environment but non- use when at the university. Since alcohol use could have developed as a result of patterns of interaction within the family system (Barsky 2003: 310), the family can also partner the University in enforcing non- use of alcohol on the University campus. Collaborative work with the family could draw on additional angles of the family component of Primary Socialization theory, such as expression of negative attitudes towards drugs and enforcement of consequences for use. This means that though some families may allow the use of alcohol by their children, they will be encouraged to partner with the university by discouraging the use of alcohol by their children on campus.

Collaborative work with the family through the provision of psycho-educational services can also benefit family members involved with substance abuse. This approach benefits both the university and the family. The university's institutional policy prohibiting the use of alcohol is not compromised, while it collaborates with families that may permit some levels of use of alcohol. Weshsler et al (2005) posited that binge drinking by individuals was reduced when the university prohibits alcohol use by all persons. The families benefit from the psycho-

educational services which address possible dysfunctions in their homes. Topics that could be addressed during psycho-educational sessions could be: family communication skills and patterns, conflict resolution skills, managing stress, coping with substance abuse etc. These topics were recommended in the Strength Oriented Family Therapy (SOFT) model by Smith and Hall (2008).

The family transmits pro-social norms through parental modeling of those norms, expressions of negative attitudes towards drugs, communications about the dangers of drug use and enforcement of consequences for use (Oetting & Donnermeyer 1998: 1004). This means that substance-abusing behaviour in young people is curtailed when family members express their displeasure of such a lifestyle and implement consequences for such behavior. This study showed that even in families where alcohol use was acceptable and family members had some level of use, students were still influenced to change either by actual or anticipated reactions of their parents showing their displeasure at the child's involvement with substance abuse. Students stated that they did not want to hurt their parents or were regretful about the impact of their involvement with drugs on their families. The three sub-themes of family consequences of drug use namely, decreased levels of trust, strained relationships and reduced financial/material support, that emerged under the consequences of drugs on the relationship between the students and significant others were consequences that motivated engagement in treatment and desire for recovery beyond the disciplinary sanctions of the school.

The utilization of services provided by the university such as drug screening, individual and group counseling etc. was also motivated by the students' need to regain their parents' trust and reinstatement of support and privileges. This motivation was present in all student participants regardless of whether there was substance abuse history in the family or not. Expressions of displeasure by parents as revealed both in the parents' and students' narrative inquiries, and stated consequences, are key reasons to work with families of university students involved with substance abuse. All the parent participants expressed their strong displeasure at their children's involvement with substance abuse even when they initially expressed some history of use themselves. Battjes et al (2003:228) confirmed that consequences either from the family, university authority or legal systems were greater motivators for youths to engage in substance abuse treatment than severity of use or specific sources of external pressure such as the court or disciplinary mandates. Men are particularly motivated to enter treatment due to financial

pressure (Malowe et al 1999:106). All the student participants in this study were males. However only 25% of them stated that disruption of financial support from the family was a consequence that affected them and motivated them to obtain treatment.

Primary Socialization theory emphasized the place of parent bonding as a crucial factor in behavioral outcomes in adolescents. Weak bonds between the youth and family are risk factors for deviance (Oetting & Donnermeyer 1998: 999). Whilst this study did not examine the nature of the bond between the students and their parents and how this could possibly have influenced the students' involvement with substance abuse, some of the students did say that the involvement of family in the drug intervention process by the university brought them closer as a family. The nature of family involvement was through notification of their child's involvement with substance abuse, signing of a treatment agreement /contract, participation in counseling sessions and taking students to referred services such as residential drug treatment. Mark et al (2006:60, 62) established that communication with parents and family counseling were part of the indices in the key elements of effective adolescent substance abuse treatment programs. As noted in the introductory chapter, university students in Nigeria are generally younger than those in other countries especially in the western world. This study established that the average age of onset of drug use was 17.5 years whilst the minimum entry age into the university is 16. It is therefore obvious that students on university campuses are still minors needing parental consent for services.

The involvement of parents/family in substance abuse related interventions on the university campus is an imperative because parents and family are significantly involved in funding of university education in Nigeria (Tafferra & Altbech 2004). Findings from this study show that all the student participants depended on funding from family for their education.

### **6.2.2 Peer Cluster**

The peer cluster is one of the primary socialization sources in Primary Socialization Theory. Peer clusters are defined as small groups of close friends (Oetting & Donnermeyer, 1998: 1010). While this study could not establish the influence of peer clusters on the development of substance abuse behavior, student participants stated that the peer cluster developed through group sessions in the school environment was helpful in their recovery. Fifty percent (50%) made positive statements about group therapy. Such statements include:

*“This building has been it. I can call it the student savior services. The people, services, everything as a whole. .... Group therapy and one- one was most helpful... group therapy is fun. Nobody holds a cane. There with peers and counselors are there to listen. Actually fun.”*

*“Thought it was going to be hostile but found it interesting that has actually helped in reducing/stopping. I have friends that don’t drink”*

The above responses indicate that if there were weak bonds in the family and strong bonds with peer clusters, the result was learned misbehavior from peers (Oetting & Donnermeyer 1998:1012). Recreating a new peer cluster through the building of relationships between members of the drug treatment group is associated with learning anti- drug use behaviors within the university environment. Thus collaborative work with parents in the provision of services, such as group therapy within the context of the university as revealed in the current services at the Babcock University, is an application of the three primary sources of socialization viz : Family, school and peer cluster, of Primary Socialization Theory in practice.

PST also suggests that siblings may actually function in three possible roles, as family, as extended family, or as peers (Oetting et al 1998c:1643, 1644). Near age siblings, particularly when families are physically isolated, may function as peers in the socialization process. As peers, they are a primary socialization source whose influence can be of either pro-social or deviant norms. One of the students reported that his older brother, who was directly involved in his care because their parents were dead, smoked marijuana. This influenced his choice to smoke marijuana. Another student reported interesting dynamics between his younger sibling and his friends (Peer Cluster). His narrative is given below:

*“Mom should be home more often. I will not go home if Mom is not there. None of us was psychologically stable when she was not there. Younger brother knew (about the use of drugs). He was shocked but not surprised. I told him already that I stopped. He does not use. He saw me say “No” in the company of my friends”*

The above narrative succinctly reflects the tenets of PST as it shows that there were indicators of weak bonds between the student and his mother inferred by the absence of his mother from home. This weak bond between the student and his mother strengthened the bond between him and his peer clusters which now included his younger brother and “company of friends”. One can see that though the company (cluster) of friends may have transmitted deviant behavior in the past, they also became significant in the process of recovery. Setting a good example for his

younger brother, who knew about his involvement with substance abuse, was a motivation to resist the temptation to use drugs and say ‘no’ in the presence of his friends.

Beyond the primary socialization sources of the family, school and peer clusters, PST also recognizes secondary socialization sources such as religious institutions, the community, media, governmental agencies etc that indirectly influence the development of either pro- social or deviant behavior in young people through their influences on the primary socialization forces. The following sections will discuss the influences of the extended family as part of the community, as well as the role of religion, as they emerged as secondary socialization sources in this study.

#### **a. Extended Family Influences**

PST recognizes both the nuclear and extended family structure as socialization sources that transmit norms and values. Oetting et al (1998) postulated that while “family” as a primary socialization source is defined operationally as those adults that are directly raising the child which includes the biological parents, the definition of family may also include other relatives like grandparents, uncles, aunties living in the household (and even non relatives, like nannies).

These individuals are directly responsible for communicating norms and for monitoring and sanctioning verbal and behavioral expression of norms. The extended family, on the other hand, is related adults (by blood or marriage) who provide support for the family, but do not have direct and continuous responsibility for monitoring the children. They are classified as secondary socialization sources because of their indirect influence on the primary socialization sources (ibid.1642). The findings of this study demonstrated the significant role of extended family in the lives of student participants. They played roles such as providing emotional support to the biological parents as they struggled with the realities of their child being involved with substance abuse (Smith 2007, McGoldrick et al 2005). A parent reported:

*“We also used the extended family to do a lot of counseling along with prayers”*

The extended family also served as informants who made the parents aware of their child’s involvement with substance abuse. Obot (2001) observed that the extended family is effective in the early recognition of a problem and may detect warning signs of substance abuse that may have eluded the immediate family members. Some parent participants in this study

reported that they became aware of their child's involvement through extended family members. Some of the statements appear below:

*“When one of the Guardians called me to inform me that he(child) was caught drunk after an outing with some friends on a Sunday”*

*“Apparently my eldest sister said somebody told her about his involvement.”*

*“It was actually a parent ( who was a family friend) who happened to be on campus on the day the(Disciplinary ) panel was sitting, that informed us.”*

A student participant who probably could not inform his parents about his involvement with substance abuse, for fear of their reactions, told an uncle. In his words:

*“I told my uncle first, then he told my parents.”*

Extended family influences may enhance the treatment interventions because of a large number of persons available to assist the person addicted to substances (Obot 2001). It has been observed at the department of SSS that sometimes members of the extended family come to represent parents when the biological parents are unavailable due to ill health, work schedules or distance from the university. The above findings support the notion that sometimes members of the extended family could be primary socialization sources due to their level of involvement and presence in the family. Oetting (1998b) noted that relatives who are not biological parents but live in the home and have direct care over the children are considered primary socialization sources. This concept therefore expands the definition of family to embrace other members of the household who live in a place, share meals and interact on a daily basis with the nuclear family. They are therefore significant in the life of the child and sometimes even more so than the biological parent.

An example is the respondent that felt more comfortable with telling his uncle that he was involved with substance abuse and probably in trouble with the university, than with telling his parents.

PST also postulates that older siblings who have left home may function as extended family and be a secondary socialization source. This was the case of one of the students whose older sister lives in London, while he schooled in Nigeria, and was responsible for the payment of his tuition.

Another important role of extended families is the support that they provide in meeting cultural requirements (Oetting et al 1998c:1963). A parent reported extended family involvement in assisting with monitoring their child. According to the parent:

*“ I told my brothers and sisters. I did not hide. And they called him and talked to him. Even my friends who had children in the school. That has helped to caution him. Everybody knows.”*

As there are dysfunctionalities in the nuclear family, there could be dysfunctional patterns in the extended family as well that could model and reinforce deviant norms (Oetting et al 1998c:1643). A student participant reported that he “Had *too many big cousins who drank. That was all that was in the fridge*”. In polygamous families, suspicions and conflicts among children of different mothers can also be detrimental to the recovery of a student involved with substance abuse, who comes from a polygamous home (Obot 2001). These realities could be barriers in the involvement of extended family in the intervention process.

#### **b. The Role Of Religion And Spirituality**

Oetting (1999) identifies religion and spirituality as secondary socialization sources that socialize individuals through their influences on the primary socialization sources. Primary Socialization Theory suggests that there are actually four forms of spiritual or religious influence on substance use and deviance: These are: (1) religious institutions (2) religious identification (3) spirituality (Oetting 1999:960) (4) Religious/traditional interventions. The thread of religion was seen to be woven throughout the findings of this study, manifesting all four aspects mentioned above, possibly because the research environment was a religious institution.

- **Religious Institutions**

Oetting (1999:961) postulated that “As secondary socialization sources, religious institutions affect drug use and deviance indirectly through their influence on the primary socialization sources. One of these influences on primary socialization is establishment of religious norms for substance use and deviance. The specific substance use norms promulgated by a particular religious institution are important. Specific religious norms can influence a wide range of behaviors. For instance, dietary beliefs of one religion which views eating certain foods

as deviant, while members of another religion can eat those foods without violating religious norms” (ibid.961)

The impact of religious institutions in proscribing dietary rules is observed in the non-use of alcohol and other psychoactive drugs by the Seventh Day Adventist denomination which owns Babcock University, that informs the zero tolerance policy of drug use. It was also reflected in the choice of drugs by one of the student participants who was a Muslim. He stated: “(I smoke) Weed (Cannabis). Can’t drink alcohol because you can’t pray for 46 days. Mom did not see it as sin until she was convinced by Imam (Muslim Cleric).” This student believed that his religion prohibited the use of alcohol but does not explicitly denounce the use of weed (cannabis) therefore he gave himself permission to use weed.

The results from the study of Herd (1996: 49) indicated that, in general, religious affiliation has moderate effects on a range of variables (e.g., norms, attitudes, bar drinking, social networks, home drinking environment) which in turn predict drinking patterns. These results provide support for theories stressing the importance of religious denominations as reference groups that set norms and affect social behavior related to alcohol use. Oetting (1999: 963) stated further that the individual with a high level of religious identification (like the Muslim student above), is less likely to engage in behaviors defined as deviant by that religion, including certain forms of drug use for example, alcohol.

- Religious Identification

Scales et al (2000) posited that belonging to a religious community and spending time in youth programs were significant developmental assets for preventing deviant behavior. Pilgrim, Abbey and Kershaw (2004) also observed that the more time families engaged in religious activities, the more negatively mothers felt about adolescents using substances and the more negative mothers felt about substances, the more negative adolescents felt about substances. There is the possibility that the more time spent in religious activity, the less time available for unstructured and unsupervised time with peers which reduces adolescent substance abuse (Pilgrim et al 2004). In this study, it is worthy of note that the students indicated strong concerns about their mothers’ reactions to their involvement with substance abuse. Nevertheless, they still got involved away from home, probably due to decreased maternal influence. The possibility of involving the parents thus evoked distress.



- Spirituality

The researcher observed in the findings of this study, that religiosity, spirituality and spiritual disciplines had a strong and pervasive influence. Oetting (1999: 963) identified spirituality as an encounter with a higher power that becomes a permanent and fundamental part of a person's existence. It is a major source of personal strength. He or she usually believes that it increases external self-efficacy, ability to deal with their environment; internal self-efficacy, self-esteem, self-confidence, self-control, and emotional well-being; and that it increases resilience and ability to deal with crises and emergencies. Some parents were emphatic that it was a lack of spirituality that made their children vulnerable to substance abuse. Here are some parents' responses:

*“praying for him and asking for Gods divine intervention. By talking to him to give his life to Jesus Christ the ultimate deliverer/yoke & bondage breaker”*

*“the most important thing for all- both university and family is prayers. We really have to pray for these students that the holy spirit touches their hearts convicts them so they do not fall victim of peer pressure, societal pressures and the will to stand firm because it is nothing but the grace of God that helps us.”*

Oetting (1999) clarified the fact that a person may be deeply involved in activities and highly conforming to religious rules and beliefs (religiosity), but may not experience spirituality. This dichotomy between religiosity and spirituality explains why the students still got involved with substance abuse in spite of involvement with religious activities and disciplines such as prayer and fasting. Here are some students' responses:

*“(I) Drew closer to God. Prayed, fasted, restricted my movement. It helped for close to a year.”*

*“Anything I pray over helps me.”*

- Religious/Traditional Interventions

This pervasive influence of religion and spirituality was also reflected in the preferred solutions to substance abuse among the participants. We can recall that the Nigerian belief system embraces both physiological and metaphysical causes of disorders such as substance abuse as presented in Chapter three. This belief makes people seek for treatment options that combine both religious traditional interventions with orthodox treatment ( Olughbile et al 2009).

Different sets of participants mentioned religious activities as possible solutions to student involvement with substance abuse. For example ADC participants' responses to services the university can provide for students involved with substance abuse include the following:

*“Apart from counseling, they should be treated physically and spiritually”*  
(meaning that deliverance sessions (exorcism) should be arranged for them.)

*“I believe that what is being done currently is good but a dimension that may be added maybe the part of the chaplaincy unit in praying for and with the student so they can know that God can help them through their habits and struggles as the case maybe.”*

Some ADC participants listed their suggested interventions by the university as follows:

*“1. Counseling by specialized counselors. 2. Community labour rather than expulsion. 3. Prayer and fasting. 4. Referrals. (Probably for residential detoxification) 5. Adoption by committed families (in the university).”*

The above responses by ADC participants indicate the posture towards a combination of orthodox and religious interventions. Some also indicated community support through the involvement of “committed” and notable families in the university community to become part of the support network for the student. This is what is meant by the word “adoption” This is similar to the Big Brother/Sister concept in the American Public Child welfare system where persons in the community take an interest in a child with psychosocial problems and make themselves available as mentors to provide a variety of support measures under the supervision of the government (Massinga & Pecora 2004; Roberts, Liabo, Lucas, DuBois & Sheldon 2004) This level of community support could make significant contributions to recovery for university students involved with substance abuse and it is a recommendation for future studies. Parents also subscribe to religious activities as an intervention program. According to the parents intervention programs should include:

*“Counseling and prayers with them all the time”*

*“Regular counseling, Monitoring him and his choice of friends, praying and patiently trusting God.”*

Studies have shown that the majority of Nigerians prefer spiritual healers to orthodox treatments (Adelekan et al 2001; Makanjuola & Ndom 2001; Adewuya & Makanjuola 2009; Gureje et al

2005; Lasebikan, Ephraim-Oluwanuga, Olley & Kola 2005). Adelekan et al (2001) stated that traditional mental health practitioners (TMHP) also known as spiritual healers agree that substance abuse is a cause of mental illness and they claim to have treatment for such disorders. It was also advocated that TMHP should be incorporated into government drug abuse control practices. The practice implication for participants of this study indicating a combination of conventional drug treatment practices such as counseling, drug testing etc, in combination with alternative religious interventions such as praying, fasting and exorcism, is that guidelines for collaborative work with families of students involved with substance abuse should recognize those options and provide a service environment that allows family members to explore alternative options ( Olugbile et al 2009). It also informs service linkages with religious agencies or other units on the university campus, such as the chaplaincy unit that may provide spiritual support for the students and their families.

Obot (2001) highlighted an intersection between the extended family involvement in substance abuse treatment and traditional healing methods. He stated that family unity comes to play when a traditional healer requests the presence of members of the family during the treatment process. All family members endeavor to be present in order to demonstrate their support for the treatment process and to prevent any suspicion that they may be diabolically responsible for the problem.

The ongoing discussion presented the PST as a viable framework for developing guidelines, based on the findings of this study, for collaborative work with families and significant others of university students involved with substance abuse. Key familial, peer, community and spiritual/religious socialization sources that were revealed in this study are:

- Nuclear and extended family history of substance abuse that may have communicated and role modeled the behavior to the student.
- Strong family disapproval of substance abuse that evoked apprehension of possible and actual consequences in the student.
- Strong emotional involvement and loyalty/respect for parental approval.
- Extended family involvement as resources for emotional support and treatment involvement.

- Religious institutions and identification that influenced the university policy as well as choice of psychoactive substances by the student participants.
- Spiritual and cultural beliefs that inform treatment options and service environment.
- Peer cluster influences from near age siblings and friends.

The above PST realities of this study were taken into consideration for the development of practice guidelines for collaborative work with families of students involved with substance abuse. The limitations of this study with reference to PST constructs are that the study did not explore the nature of bonding between the students and their families. Also, this study was carried out in a university that prohibited any form of use of even legal psychoactive substances such as alcohol and cigarettes. It was therefore difficult to determine if the students met the criteria of substance abuse disorder. A student may get into trouble with the university for drinking a can of beer on a weekend but not necessarily be a binge drinker or have alcohol related problems. Further study to properly assess the level of involvement and dependency is suggested. However assessment of level of dependency will still be incorporated in the practice guidelines so that treatment interventions are applicable to each student.

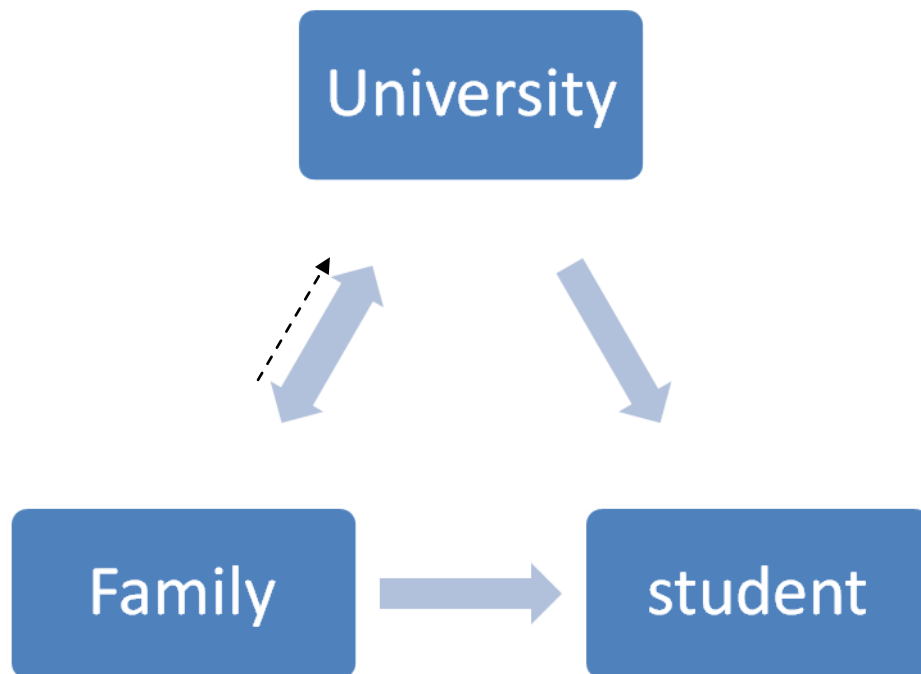
It was also obvious from the study that there was the challenge of parent availability. Only parents that were available and accessible participated in the study. Other parents who have relevant experiences but were unavailable or inaccessible due to work schedules or distance were excluded from the study. Funding should be made available to reach out to parents as well as develop more aggressive methods to reach and involve parents. The following section will focus on the discussion of critical theory constructs that emerged in this study.

### **6.3 Critical Theory Perspectives in Findings and Practice Implications**

This study revealed findings that reflect critical theory perspectives and practice implications. As earlier stated in chapter four, the core of critical theory is emancipation (Du Preez & Roux 2008). This researcher will summarize the Critical Theory perspective as the management of power relations in the helping process as well as its perspectives for social work practice as delineated by Keenan (2004).

### 6.3.1 Management of Power Relations

The explanation of power by Kondrat (2002: 442) as being a dynamic combination of resources and rules is akin to the milieu and findings of this study. The university environment is laden with power (Resources and rules) relations between university authorities and students, students and parents, university administration and support services staff, university and parents. Fig 6.1 illustrates the various power relations in the university.



**Figure 6.1 Power relations between the University, Student and Family**

Responses from all participants indicated that the university exerts disciplinary power over the students by enforcing the rule that students found to be involved with substance use and abuse are suspended or expelled. Participants from the administrative/disciplinary committee stated that the university does not notify the parents until after the disciplinary committee has met and a decision made. ADC participants posited that the university seeks to maintain a drug free environment by having zero tolerance for drugs and alcohol. Thus any student involved with substance use is removed from the school environment so that other students are not “corrupted”.

There is still a place for rules and regulations concerning psychoactive substances on university campuses. West and Graham (2005:188) submitted that university policy prohibiting drugs was still the second most commonly used preventive effort in most universities. Students in this study recommended stricter rules and monitoring as a way of helping students stay off drugs. This was also reported by Wagner et al (2006:236). Weshsler et al (2005:1675) reported that individual binge drinking is likely to reduce if the university prohibits alcohol use for all persons. This affirms the zero tolerance drug policy at Babcock University. Larimer et al (2005: 443-444) proposes a collaborative approach that may ease off the power tension. It was suggested that possible administrative barriers can be addressed by working closely with key stakeholders such as parents. When students are involved, policy development could also be a preventive intervention. The rigor of the process of developing substance abuse policy with consideration to possible repercussions allows for critiquing and self reflection. The policy therefore has ownership and grass root support. It is no longer what the university handed down to “us (students) but what we developed together”.

Parents made statements expressing the belief that the university authorities exercise power through the enforcement of rules without consideration of the family, either through proper notification or involvement in a service intervention. A parent said “. The university simply informed us of their decision after wielding their big stick.” (Emphasis added) The “wielding of the big stick” is the autonomous exercise of disciplinary power by the university to expel or suspend students involved with substance abuse without any input from the family. Another parent said, “The School should have invited the parents for dialogue with the student before the action.” During the member checking meeting, one of the parent participants indicated that since they pay the school fees they ought to be informed about what is going on with their children. Student support staff participants also stated that their service involvement with students involved with substance abuse is seen as diluting the disciplinary process. They therefore face a dilemma in their practice because they perceive that the university administration is primarily concerned about maintaining a drug free environment and not necessarily about providing a service to students involved with substance abuse and their families. A member of the SSS staff assessed that some members of administration stated that the university is not a rehabilitation center.

The above summary of responses from participants in this study suggests that there is indeed some measure of power tension between the university and the families of students involved with substance abuse. Whilst the university authorities enforce rules and can mobilize resources through the provision of drug intervention services, the parents also have the power of resources because the university depends on family funded tuition for survival. That is why the power flowing from the parents to the university in figure 6.1 is represented with dashed lines. It indicates that parents have the influence of partial power, having resources but not rules. A collaborative approach between the university and family can ease off the tension. Collaboration support, solidarity and human development functions as networks of power relations (Keenan 2004:541). When the university invites and welcomes family involvement, it gives the family as stakeholders an opportunity to participate and have a say without the university having to compromise its' drug free policy. Families can be adequately notified of their children's involvement with drugs before sanctions are decided on or implemented, with the clear understanding of the university's stated policy on consequences. It is the presence of consequences in social institutions that causes individuals to adjust and readjust to social structures i.e: Policies, instruments, techniques and procedures which are part of disciplinary power (Foucault in Keenan 2004: 541) The reflexive component of critical theory perspectives therefore allows the students to monitor both their social behavior in the light of the intended and unintended consequences like those already stated in this study. Reflexivity creates the possibility of change (Keenan 2004: 545)

### **6.3.2 Application Of Keenan's (2004) Guidelines On Critical Theory Perspectives To Social Work Practice.**

This study revealed that developing a practice guideline for a collaborative approach between the university and families of students involved with substance abuse is undergirded by areas identified by Keenan. These areas are

- a. Specific social location
- b. A stance of informed not knowing
- c. Attending to value stance in assessment and formulation
- d. Engaging in a continual reflexive process that supports ethical practice.

### 6.3.2.1 Specific Social Location

This area touches on the social work value of person-in-the-environment. The research confirmed that students involved with substance abuse were motivated to engage in treatment by relationships with family as well as cultural interpretations and expectations of higher education. So rather than describing an offending student merely with 'static identities' such as a 17-year old first year student, he is presented in the context of history, family background, relationships, events etc. As well as having a family history of substance abuse student participants had expectations of the use of alcohol that was different from that of the school because of family acceptance.

### 6.3.2.2 Informed- Not –Knowing

Student participants were emphatic about their dislike of being stereotyped, labeled or stigmatized. The "*informed not knowing stance*" permits the social worker to assume that there is more to know about the students and their families than the information given when referred for service either through the disciplinary process, self or other sources. It allows the students and their families to be the experts of their own situations. Keenan stated that while social work skills of exploratory questioning and listening are used to increase understanding and empathetic connection, these skills are rarely used to learn about the client's standpoint which includes how beliefs, expectations, and meanings influence their actions. It can easily be assumed that university students involved in substance abuse do not value their families nor are they motivated for higher education. This study showed, however, that over a third of the student participants were self-motivated to obtain a bachelor's degree and reported that they were concerned about the effect of their involvement with substance abuse on family relationships. The "*informed not knowing stance*" also includes the awareness that the student support service staff interacts with students from their own personal and professional experiences which may differ from those of clients. According to cultural power relations, the student may come from a culture where younger people do not look directly at older ones when they are talking but the support staff may interpret this as the student avoiding eye contact to conceal his use of an illicit drug. As already stated, a student said that drinking alcohol in his family was viewed by his father as "coming of age". Working towards non-use of alcohol as a school rule without the knowledge of this student's family beliefs could become counterproductive. "When social workers practice from a



stance of informed not knowing, we seek to understand each other's perspectives to arrive at understanding of problem definition, change definition and compatibility with how to work towards change."(Keenan 2004: 544) This tenet of the critical theory perspective therefore informs the researcher's emphasis on the need for critical questioning and listening skills in the practice guidelines for collaborative work with students and their families.

### **6.3.2.3 Valuing in Assessing and Formulation**

This arena addresses the power that social workers possess to make determinations about clients. In the context of this study, members of administration and the disciplinary committee make decisions about whether a student will continue at the university or not. This determination is based on what the staff or member of disciplinary committee values and devalues. In the current study, some members of administration emphasized the place of spirituality and some forms of spiritual practice such as praying and deliverance sessions in the intervention process. A student who does not value these practices and therefore does not subject himself to them may be seen as not being ready to engage in treatment and may be suspended. Attending to values in assessment and formulation of consequences requires that anyone acting in the capacity of a university staff critique their interpretations of students behavior, using the student's socially located experiences of cultural power relations as well as the professional code of ethics. (Keenan 2004:544)

A major consideration under valuing and assessment is the need for the university to have a standardized way of determining if a student has a substance abuse problem or not. During the course of this research, it was observed that the zero tolerance policy of the school to the slightest use of drugs runs contrary to the general acceptance of the use of alcohol in society. This policy therefore lumps all students found using alcohol together and defines them as offenders without any differentiation regarding their levels of its use. For example, a student found to have drunk a can of beer at the weekend is categorized as an offender together with the one found drunk and disorderly in the hostels. Based on the current policy, they both will be suspended from the school. However, the use of standardized assessment tools such as the AUDIT (Alcohol Use Disorders Identification Test), POSIT (Problem Oriented Screening Instrument for Teenagers), CRAFFT ( An acronym for the key words in the assessment questions i.e. riding in a Car with a drunk person, do you use to Relax?, do you use Alone? Do you Forget

things? Have Friends/Family expressed concern? Have been in Trouble due to use?) ASSIST (Alcohol, Smoking and Substance Involvement Screening) ( Knight , Sherritt, Harris, Gates & Chang 2003; Adewuya 2005; Henry-Edwards, Humeniuk, Ali, Poznyak & Monteiro 2003 ) will give an unbiased assessment of the level of involvement and a corresponding intervention that will be in the best interest of the student. The possible levels of use of the above tools are: no use, non problem use, abuse, problem use, abuse and dependence. Since students will be found along a spectrum of substance abuse involvement, it is recommended that the university develops intervention responses that are specific to the level of involvement of the students. The implementation of this recommendation will give a sense of fairness and reduce the tension of imposition of value judgment by the university. Furthermore, the above standardized assessment tools will enhance a non- judgmental posture in the service providers.

#### **6.3.2.4 Continual Reflexive Process**

Reflexive means to turn back on one self. Keenan (2004) advocates the reflexive process as intentionality in questioning of the factors that influence interpretations and behaviors. It is a posture of being decided but not conclusive. It is an art of seeking for a better understanding of self and others. The reflexive process therefore gives permission to the members of the Administrative/disciplinary committee to confront the dilemmas they expressed. Such dilemmas are implicit in the following questions:

- Is suspension in the best interest of the student if it is sending him into a dysfunctional home environment?
- How do we balance justice with mercy?
- Is this discipline reformatory or counterproductive?
- What resources has the university provided to help the students?
- At what point should we rehabilitate and where?

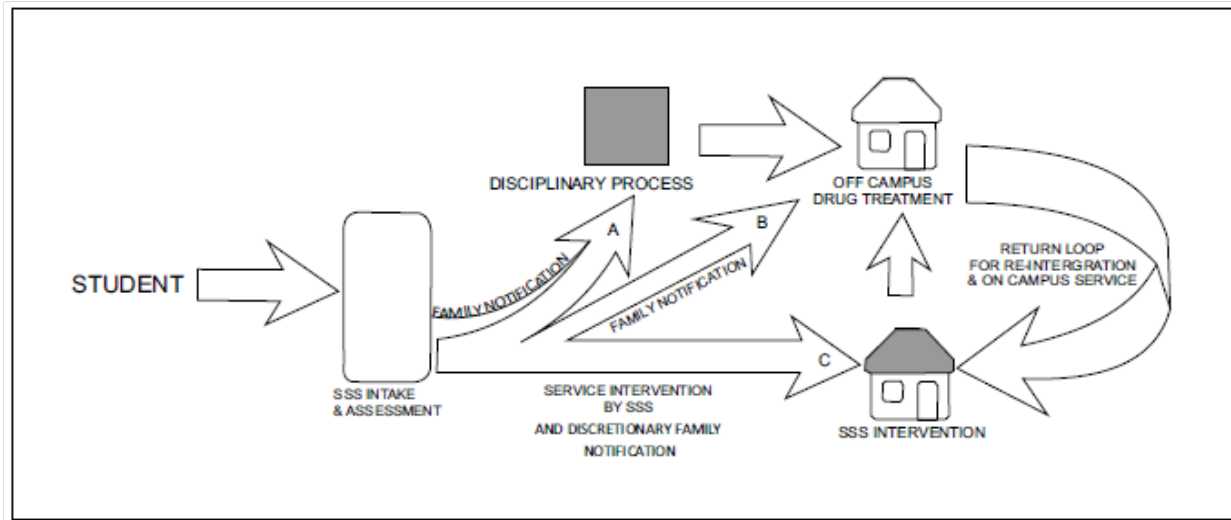
Keenan (2004) encourages this process in an institutional setting such as the university, by saying, “Reflexivity creates the possibility of change, as persons become aware of how their thinking and actions are shaped by institutional practices and how their collective beliefs and actions over time constitute structures.” (Keenan 2004: 545) The researcher will therefore seek to build into the proposed guidelines, opportunities for University authorities to engage in reflexivity as they make decisions on students involved with substance abuse in the context of

their families so that they look at each case individually as well as look at their own decisions critically.

#### **6.4 A Model for Collaborative Approach for Substance Abuse intervention.**

From the ongoing discussion, it can be deduced that a collaborative approach is a plausible service philosophy that can be adopted by universities willing to work with students involved with substance abuse and their families. Inviting and welcoming the partnership of parents not only builds goodwill between the parents/guardians and the university authority but it also provides a platform for sustainability of recovery outside the university campus. Inclusion of parents/guardians in the intervention processes such as family counseling and conferencing was reported by respondents of this study to have enlightened and enhanced parenting skills and understanding of their children. A student commented during the member checking meeting that after his father participated in the counseling sessions provided by the rehabilitation center, he now listens to him. Another student stated that the services provided and confidence built through the support services enabled him to finally disclose to his mother that he had been using drugs on campus but has been in treatment. He stated that his mother commented that she had noticed the changes in his behavior.

A model for a collaborative approach for service delivery was developed by this researcher in response to the findings of this study and the member checking session which is diagrammatically presented in figure 6.2.



**Fig 6.2 A model for a collaborative approach for working with families of students involved with substance abuse**

This model proposes that all referrals of students involved with substance abuse be it from security officers, hall administrators, medical center, concerned people in the university or self, should go to student support services for assessments and determination of the intervention path. Three intervention paths are proposed which are : A. Recommendation to the disciplinary committee for university sanctions, B. Recommendation for non- disciplinary off- campus service interventions and C. Recommendation for On- campus substance abuse programs with the proviso that off- campus treatment may be pursued if the on- campus services no longer meet the needs of the student. Family involvement is encouraged for all the intervention paths.

#### **6.4.1 Path A: Recommendation To The Disciplinary Committee For University Sanctions.**

Criteria for Path A:

- Student is apprehended by university official
- There is trafficking, recruitment or violence.
- Student is denying involvement with substance abuse
- Student is assessed to be at problematic or hazardous levels along the spectrum of dependency according to the screening tools ( AUDIT,POSIT,CRAFT,ASSIST: Knights et al 2003 & Henry-Edwards et al 2003)

This path should be recommended by SSS personnel after thorough assessment solely for students who were apprehended by university officials and the students are in denial in spite of visible or documented symptoms. The disciplinary path is also recommended if trafficking or violence is involved. Trafficking in this context means that the student is found to be involved in the sales or manufacturing of psychoactive substances. The parents/guardian are notified by the SSS at this point. It is recommended that the Disciplinary committee invite the family in in the process of investigation but with the understanding that appeals and pleas for leniency will not be entertained until after the committee has arrived at a decision. Involving the family during the investigative process affords the disciplinary committee an opportunity to interact with them and gain some understanding of the student's family background and may answer some of the questions and address the dilemmas of the ADC participants of the study. The interaction will also motivate reflexivity on the part of the disciplinary committee. For example, a student found to be involved with substance abuse may have come from a family with a substance abuse history as indicated by some of the study participants or may manifest other dysfunctional patterns as stated in the PST . The knowledge of the family situation through interaction with the family will inform the disciplinary committee on the most appropriate sanction, likely to be truly redemptive, according to university policy. Also, the family is able to interact with the university authority and gain an understanding of the policy and disciplinary process.

This approach is informed by Family Group Decision Making (FGDM) which is gaining popularity as a model approach in the child welfare sector around the world. For example, the United States of America , the United Kingdom, Sweden, New Zealand and South Africa (Merkel-Holguin 2004, Berzin, Cohen, Thomas & Dawson 2008, Sheets, Wittenstrom, Fong, James, Tecci et al 2009). The researcher also utilized this model when she worked in the Child welfare system in Arizona, in the United States of America. In FGDM, families of children who are at risk of abuse and neglect and are involved with child protective services (CPS) or its counterpart, are invited to a meeting to discuss and decide on possible options that will ensure the safety of the child(ren) as family strengths and resources are explored. Though there is the possibility of out of home placement for the child(ren), it is done in the context of awareness of the family culture and removal of the child from the home is no longer perceived as punitive. Whilst there is no known evidenced- based research of the application of FGDM in work with university students involved with substance abuse and their families, the researcher identified

similarities between the CPS and the university disciplinary process that makes FGDM a viable option for working with university students involved with substance abuse. Such similarities are;

- A sense of powerlessness by the client in relationship to the authorities (State, legal system, university Disciplinary committee).
- A domineering and controlling posture of service personnel and governmental agencies.
- Prescribed or predetermined outcomes devoid of client input (removal of child, suspension of student etc).
- Exclusion of family options (relative placement, family religious leader option or combinations of orthodox and cultural methods).

The researcher admires features of FGDM such as the democratization of the process of decision- making and power- sharing between clients and professional service providers (Merkel-Houlguin 2004:155), feelings of empowerment and a sense of a family knowing what is expected of them ( Sheets et al 2009:1191), reduction of tensions and family engagement in a potentially adversarial context (Berzin et al 2008: 36). Furthermore, Braithwaite in Merkel – Houglin (2004:158) posited that in all cases of wrongdoing, such as involvement with substance abuse, the first response should be offering a restorative dialogue. It is when there is a refusal to reform, comply or be accountable to agreed sets of conduct that more coercive forms of regulation are enforced. Modifications of the FGDM model to the academic environment of the university may still allow the disciplinary committee to prescribe sanctions due to the need to enforce rules and policy (West & Graham 2005), however the FGDM model may convey a level of respect and trust between the university and the families of students involved with substance abuse as it has done for families in the CPS system. If the university terminates the enrolment of the student for the duration of the disciplinary action as in a suspension, the SSS staff will assist the students and their parents to determine appropriate drug treatment programs. SSS will complete the referral process by introducing the student to the chosen facility. The student then returns to the SSS upon the completion of the drug treatment program for reintegration and follow- up treatment on-campus.

### **6.4.2 PATH B: Recommendation for Non Disciplinary Off- Campus Interventions**

Criteria for Path B:

- Student was apprehended by university officials
- Violence, trafficking or recruiting is not involved
- Student admits to use and demonstrates remorse
- Willing to engage in treatment.
- Self referred student
- Assessed to be at abusive/dependency levels based on ASSIST, AUDIT, POSIT and CRAFFT assessment (Henry-Edwards et al 2003 & Knights et al 2003)

Path B is recommended for students who meet the above criteria upon biopsychosocial assessment by SSS staff. The disciplinary committee is not involved but the family is notified and voluntary disenrollment from the university is advised in order for the student to receive intensive off- campus substance abuse treatment. SSS staff are encouraged to follow the recommended notification procedure in the guideline to ensure proper dissemination of information and management of student/parent reactions and interaction. The SSS staff will assist the student and his family to identify possible treatment facilities suitable for the family and a letter of introduction or referral will be written on their behalf by SSS personnel.

### **6.4.3 Path C : Recommendations For On-Campus Service Interventions**

Criteria for Path C:

- Referral from university officials
- Self referrals
- No trafficking or violence
- Student admits to use
- Level of use assessed to be such that it can be treated with outpatient psychotherapy i.e. non- use to problem use on the ASSIST,AUDIT, POSIT and CRAFFT assessments (Henry-Edwards et al 2003 & Knight et al 2003)

This path is proposed for students who were apprehended by university officials but admit to drug use with no involvement in trafficking and violence. This path also is

recommended for self- referrals and referrals from concerned persons in the community who upon thorough biopsychosocial assessment by the SSS team it is determined that they can be assisted with the on- campus outpatient services. The SSS also collaborates with the student to determine if the family should be notified. This is important to maintain worker- client confidentiality especially when it enhances the engagement of a student who has done a voluntary referral for substance abuse treatment on campus. The student focus group discussion indicated that students preferred that they be given a chance to engage in treatment before their parents are notified. One recorder mentioned that parents should not be notified except when the student is not cooperating. SSS staff will therefore take this into consideration when deciding to notify parents or not. Also, there may be adult/self sponsored students who do not have parents or family involved in their education. The SSS staff will work with such students to identify members of the university who can be involved in the treatment process and to whom they can be accountable. This is similar to having a sponsor who provides support for an the individual on the 12 Step addiction program (Whelan, Marshall. Ball & Humphreys 2009).

For self referred students and others not involved in violence or trafficking and who demonstrate willingness for change, recommendations will be made for on campus services without disciplinary committee involvement. Students who do not comply with the terms of treatment may be referred to off-campus treatment option. This will require the disenrollment of the student from the university by parental/guardian's request while they undergo treatment. The student support services will have the responsibility of notifying parents and involving them in treatment. Also students found to be at the substance abuse dependent stage based on ASSIST, AUDIT, POSIT or CRAFFT assessment tools will be referred for off campus residential treatment.

## **6.5 Summary of Chapter**

The focus of this chapter was the discussion of the findings of this study through the identifications and application of the underpinnings of the Primary Socialization and Critical Theories. The family and peer clusters were significant influences within the context of the school (university) environment as primary socialization sources while extended family and religious influences were identified as secondary socialization sources. Both the primary and secondary socialization sources that emerged in this study contributed to the development of the



deviant behavior of substance abuse in the students as well as being stakeholders in a collaborative intervention model. A model of intervention was developed that recommended 3 possible pathways for a collaborative intervention between the university and families of students involved with substance abuse.

Critical theory perspectives served as a backdrop for understanding the power relations between the university and the family and students involved with substance abuse. The critical theory guidelines developed by Keenan (2004) also informed the recommendations of practice guidelines for a collaborative approach developed in this study.

The following chapter will present the recommended practice guidelines while the closing chapter of this dissertation will submit the overall conclusion of the study along with recommendations for further studies.

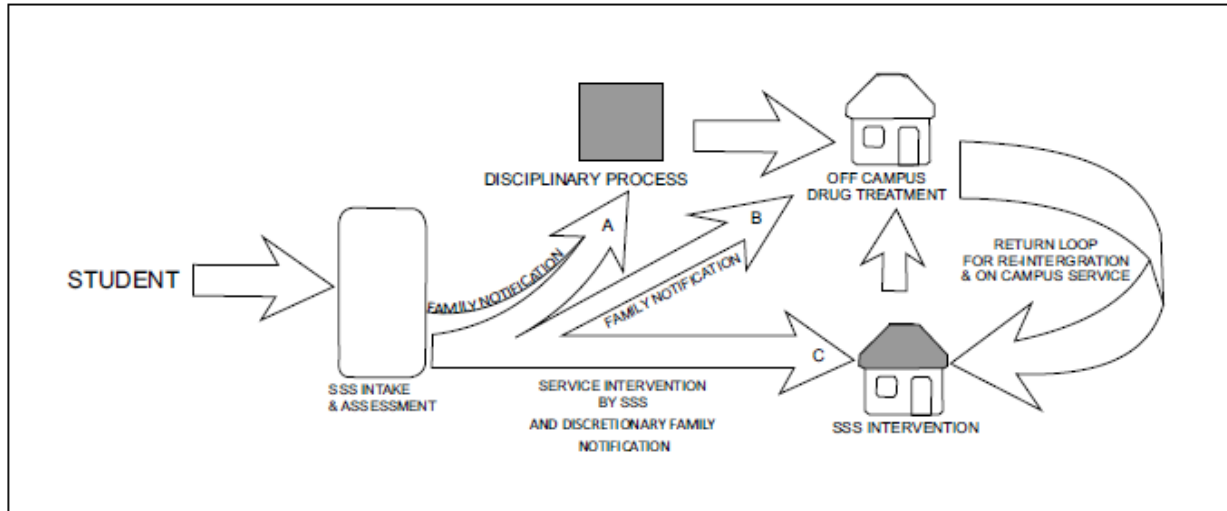
## **CHAPTER SEVEN**

### **PROPOSED GUIDELINES FOR A COLLABORATIVE APPROACH BETWEEN THE UNIVERSITY AND FAMILIES OF STUDENTS INVOLVED WITH SUBSTANCE ABUSE.**

#### **7.1 Overview of Chapter**

This chapter is the final outcome of this study. It is a summary of recommended practice procedures for a collaborative approach between the university and families of students involved with substance abuse. It draws from the data from respondents who participated in the study through narrative inquiry/interviews as well as focus group discussions and member checking meetings. The four groups of participants in this study were students involved with substance abuse, parents /guardians of students involved with substance abuse, members of Administration/Disciplinary committee and Student Support Services Staff. The guideline is subdivided into sections that represent issues that were raised by the respondents against the backdrop of the critical theory perspectives and primary socialization theory. A model for a collaborative approach with families of students involved with substance abuse was developed and was presented earlier in fig.6.2. The researcher also endeavored to reflect the World Health Organization's nine Principles of Drug Dependence (WHO 2008) as they were found relevant to the issues raised by the participants.

The ensuing recommended practice guideline along with the proposed model for a collaborative approach between the university and family of students involved with substance abuse is the preliminary development of the intervention procedure of this intervention research. It concludes this Doctoral Study. The pilot testing of this practice guideline as an intervention and the following DD phases of evaluation, advanced development and dissemination with the relevant operations will be the focus of Post- Doctoral study. The following is the practice guideline for a collaborative approach between the university and families of students involved with substance abuse as developed from this current study. The salient hubs of collaborations are summarized diagrammatically in the Intervention Model below.



**Figure 6.2/7.1 A Model for a Collaborative Approach For Working With Families of Students involved with Substance Abuse.**

## **7.2 Overview of Intervention Model.**

The outcome of this intervention research indicates three possible intervention paths for a collaborative approach in working with university students involved with substance abuse and their families. These paths are identified as paths A, B and C as illustrated in the diagrammatic model in figure 6.2/7.1. Each intervention path was described in chapter 6 but an overview is given in this chapter as a backdrop for the proposed guidelines.

**a. Path A (Disciplinary Intervention):** This is recommended for students who were apprehended by university officials where the student, on initial assessment, is found to be in denial of involvement with substance abuse, involved with trafficking, recruitment or is associated with violence and a biopsychosocial assessment indicates a disciplinary intervention. The student is recommended to face the disciplinary panel and sanctions are determined by the disciplinary committee after interacting with the student and family. The family is to be notified as soon as possible according to the suggested notification procedure recommended later in these guidelines.

**b. Path B (Non Disciplinary recommendation for off- campus treatment):** This path is recommended for students who are apprehended by university officials, the students admit to the

allegations and the biopsychosocial assessment indicates abusive/dependency levels. The students are recommended for off-campus intensive drug treatment with leave of absence for a semester or school year as found necessary. The disciplinary committee is not involved. Families are to be notified as soon as possible following the notification procedures recommended in this guideline.

**c. Path C (Recommendation for On-campus services):** This path is recommended for students who voluntarily request substance abuse services. Students upon assessment may be recommended for either on-campus or off-campus intervention. Notification of family is discretionary and in collaboration with the student as indicated in the recommended notification procedure of this guideline.

The following section will focus on the presentation of the practice guidelines based on the features and issues raised by the participants of this study. The features are notification, involvement in the disciplinary process, probation time, staff training, general campus awareness, human rights and student dignity, services, facilities, multi-disciplinary approach, cultural competency and Staff attitude.

### **7.3 Notification**

Preamble.

The results of this study indicated that family/guardians appreciate timely notification of their children's involvement with substance abuse at the university. Students should be informed at the outset of the process that their families will be notified if:

- a. they are recommended for a disciplinary path based on the initial Biopsychosocial assessment.
- b. Students are apprehended by university officials and are recommended to go for off-campus drug treatment without disciplinary action based on the initial biopsychosocial assessment.
- c. Students who voluntarily come for substance abuse services and request that their families be notified or who are not compliant with the treatment agreement.

Family notification could serve as a deterrent for other students who may be contemplating the habit because this study showed that familial awareness of their substance abuse habits and its' consequences was important to the students.

### **7.3.1 Timing of Notification**

Student Support Services staff are to determine the timing of notification to parents/guardians. Responses from parents/guardians indicate that they want to be notified as soon as the University becomes aware that their wards are involved with substance abuse. However, students indicated a preference that parents should not be notified except if the student is not cooperating with treatment. The administrative /disciplinary committee participants stated an inclination not to notify until the disciplinary process has been completed. This is to forestall the tendency for parents and guardians of wanting to appeal or sway the minds of the disciplinary committee prior to decision- making. The Student Support Services staff indicated that they notify parents at different points in the intervention process based on their assessment of students' needs. These are usually students who are self referred or referred by hall administrators or other concerned individuals in the community who seek intervention before the severity of involvement escalates to disciplinary levels. It is therefore recommended that the timing of notification of parents should be done based on the biopsychosocial assessment to establish the student's social location in the context of the family. Parents/guardians of students referred for the disciplinary process should be informed immediately if path A (Disciplinary route) or path B (off- campus drug treatment) is determined. Mature or self- sponsored students must identify a next- of- kin who can be involved in the collaborative approach.

### **7.3.2 Mode of Notification**

The University should give the responsibility of notifying the parents and guardians to the department of Student Support Services. This will allow for a method that is cautious and client- centered. It is recommended that SSS staff contact parents or guardians as promptly as possible, inviting them to the university for discussions concerning their children. By inviting the parents or guardians to the university, the SSS department will serve as a mediatory unit between the University policy, the parent and the student. They will be available to provide support to the family in the event of possible emotional reactions (catharsis). Parent participants

of this study indicated intense emotional and physical reactions, such as shock, devastation and panic. Some parents even resorted to beating up the student when they were informed of their child's involvement with substance abuse. Cunningham and Henggler (1999) posited that when staff present a problem situation in a normalizing manner, validate feelings, and increase hope, it enhances the family's engagement in the intervention process. Building a strong foundation for family engagement is a vital step in collaborative helping (Madsen 2009). The presence of the SSS staff may also mitigate any anticipated reaction that may jeopardize the safety of the student. They will also give accurate information as to the process and policy of the university.

### **7.3.3 Persons to be Notified.**

The students indicated an array of significant persons in their education. It is important that the SSS Staff clarify in University records that are the official guardians or sponsor. If these persons are verified as unavailable, the student will be required to give the name of someone else in the family or a significant other who can be notified and invited to be involved in the intervention process. The SSS staff should endeavor to clarify the relationship to the student be it biological, extended family, relative or family friend. This is due to the fact that in the African culture, biological appellations such as father, mother, uncle, aunt sister, brother, etc., are sometimes used to refer to non- biological relatives who are considered close to the family and may be a significant person to the student. This was indicated during the SSS staff focus group discussion. These persons are to be notified if a minor student is referred for a disciplinary process (Path A), non -disciplinary referral to off- campus intensive drug treatment (path B) or discretionary notification if an adult or self- referred student is recommended for on- campus substance abuse services (Path C). If a student is self- referred or if it is assessed that notification of Parents/guardians may be detrimental to the intervention process, then persons within the university community or extended family or a friend may be chosen by the student to be notified and be invited to participate in the intervention process. Such persons must respected by the student and they should be assessed as being capable of holding the student accountable to the intervention process.

The conditions under which other persons can replace the parents/guardian are if:

- a. Not telling parents/ guardians will be a motivation to engage in treatment. This is conditional on the student being compliant.
- b. Students are mature and self- sponsored.

#### **7.4 Involvement of family in the disciplinary process**

When parents have been informed about their children's involvement with substance abuse at the University and its policy on this, they should also be helped to understand the condition of non- interference. This means that it is recommended that no appeals or petitions be entertained until after the disciplinary committee has completed the disciplinary process. It is recommended that the disciplinary committee invite the parents and guardians for meetings to communicate the findings. This will present an opportunity for members of the university administration to meet the parents and assess the family situation. This meeting will allow for interaction that will reveal the student's specific social location, promote the – not- knowing stance as well as give an opportunity for the disciplinary committee to engage in the reflexive process (Keenan 2004). Parents and guardians should be informed about the treatment process and be invited to participate together with their children. This is in the light of Primary Socialization theory which postulated that a student may have learnt the use of psychoactive substances from the parents/guardians. For the family it might be no big deal for the student to be using those substances, especially alcohol. Therefore parents/guardians should be included in the intervention process so they can be informed about the University's policy and procedure.

#### **7.5 Probation Period Before Suspension**

It is recommended that students involved with substance abuse who are discovered to be in the experimental stage be given a probationary period before being suspended. Students who were involved with violence or trafficking should not qualify for this. Students referred for a probationary period, before suspension, must engage in substance abuse services with SSS or other agencies as may be found necessary. This option of treatment will be determined by the disciplinary committee. (Parent Narrative Inquiry and ADC responses)

## **7.6 Staff Training**

Staff who will be working with students involved with substance abuse and their families should receive on- going training that is specific to drug treatment procedures and techniques. Such training will include sessions for drug testing, current drug use trends, therapy modules, etc. This will assist the service providers to give evidence-based drug dependence treatment as stipulated under principle 3 of the WHO principles of Drug dependence Treatment (WHO 2008). Brief Strategic Family Therapy (BSFT) supports the need for ongoing training as expressed by the Staff participants of this study. Santisteban et al (2006) posited that the context in which the therapist works is directly related to the success of training. BSFT advocates that staff's caseload should be adjusted to accommodate working with families and not just with the individual student (Santisteban et al 2006: 267).

## **7.7 General Campus Awareness (Substance abuse public education, posters, invitation of agencies)**

This will be done by way of drug screening for all prospective students as well as returning students. This is in response to recommendations in the Narrative Inquiries. The university should be aggressive and proactive in creating awareness about its zero tolerance policy through the use of posters and information during the orientation programs.

## **7.8 Human Rights and Students Dignity (WHO Principle 4).**

Students involved with substance abuse and their families are to be treated with dignity. Stigmatization and use of derogatory remarks are to be avoided. "Inhumane or degrading practices and punishments should never be a part of treatment of drug dependence." (WHO 2008:9) This means that the current practice of posting the pictures of students suspended from the university because of their involvement with substance abuse needs to be reviewed. Privacy and confidentiality must be upheld. Though confidentiality may not be an absolute right of



clients when the issue of danger to self and others is in question, personnel working with university students are advised to be discreet with their client's information. There could be minimal disclosure of information to persons where it is essential that they know. Such persons are personnel directly involved in the multidisciplinary team dealing with students and their families (Francis 2003).

## **7.9 Service Provision**

The following are recommended services were deduced from the current study as being relevant:

### **a. Close Monitoring**

Students involved with substance abuse are to be restricted in their movements. The level of monitoring can be negotiated or graduated based on the level of dependency. Restrictions may be relaxed as the students make progress in treatment. The level of restriction and monitoring should be discussed with the parents and the students should be guided by the university's policies. This collaborative approach reduces the tension that may arise from a punitive perspective as the students and families are engaged in the discussion of what will be in the best interests of their treatment. For example, a student who may be involved with marijuana may have different options of restriction such as being campus-bound (cannot go outside the campus) for the semester, weekend restriction only, or weekday restriction etc. The families and students should be willing to agree to monthly drug testing. On the other hand, for alcohol use, in addition to the above options of restriction, the student will be required to test for alcohol level upon return to the campus if he has been allowed out. This is, dependent on such variables as age, body weight, frequency and amount of use etc., Alcohol use has to be ascertained immediately, as alcohol in the blood can only be detected within a short time after use (Pedersen & McCarthy 2009; Knight, Sherritt, Harris, Gates, & Chang 2003). Nonresident students referred for substance abuse intervention would require stricter measures such as more frequent random testing. It is suggested that students involved with substance abuse should not be granted off-campus residency.

**b. Proper Biopsychosocial Assessments.**

Close attention must be given to family background and current situation of the students, taking into account multiple caregivers and roles. Screening, assessment, diagnosis and treatment planning is principle 2 of the WHO Drug dependency treatment principles. (WHO 2008:5) Screening tools such as The Alcohol, Smoking and Substance Involvement Test (ASSIST), Alcohol Use Disorders Identification Test (AUDIT), Problem Oriented Screening Instrument for Teenagers substance use/abuse scale (POSIT), CRAFFT (the acronym of first letters of key words in the questions such as **C**ar, **R**elaxation, **A**lone, **F**orget, **F**riends and **T**rouble) have been found to effective in assessing the level of involvement of adolescents with drugs. The levels of involvement are no use, no problem use, problem use, abuse and dependence (Adewuya 2005; Knight et al 2003 & Henry-Edwards et al 2003). These assessment tools will be vital in clarifying the level of use of Alcohol and other drugs, assisting the SSS department to determine treatment paths according to the proposed intervention model and develop a customized treatment plan in collaboration with the family.

**c. Targeting Special Subgroups and Conditions (Principle 5 WHO 2008).**

Services to students involved with substance abuse should be aware of possible subgroups within the service populations. Differentiated approaches and strategies should be applied accordingly. There could be students with specific health or physical challenges which are co- morbidities with substance abuse . Such populations could be students with physical disabilities, asthma, sickle cell anemia etc.

**d. Role of Extended Family**

Extended family members are to be utilized as community resources after proper screening for dysfunctional behaviours that may be barriers to the treatment process ( Principle 7 WHO 2008:15). Issues of confidentiality and consent are to be adhered to strictly. Stigmatization and degrading comments by family members should be discouraged.

**e. Documentation.**

There should be proper documentation of activities. Progress notes, results of drug tests, counseling summaries, treatment plans etc. This allows for continuity, supervision, monitoring and accountability. These are components of WHO Principle 8 (WHO 2008:17)

**f. Counseling and Therapeutic Services (Individual and Group Sessions.)**

Counseling services should be provided for parents as well. Many parents are not aware of the drug behaviors of their children and are often at a loss as to what do when they discover that their children are using drugs (Obot 2000).

**g. Drug Screening**

It is recommended that both random and scheduled drug tests be done. The intervals of drug testing will be determined by the types of drugs with which the student is involved. Cannabis can be tested for monthly while alcohol needs to be tested for within 36 hours of suspected use. If possible, the SSS should be trained to administer such tests in the facility. The cost of the test is to be covered by the students.

**h. Referrals/funding**

Referrals to specialized services should be given when requested by students and their families or when it is determined that the on campus- services are no longer adequate to meet the needs of the students and their families. Referral to a residential treatment setting compared to the university outpatient setting may be found necessary to prevent relapse (Greenwood et al 2001). Both students and parent participants indicated that they found the referral made by the university to be helpful. The family should be given the opportunity to make choices by being presented with referral options even in the context of mandatory services. Possibilities of choices reduce parent anxiety. This is a factor that can influence family engagement and confidence in the treatment process (Cunningham & Henggler 1999 & Madsen 2009). Participation in the referral process helps the family to envision the preferred direction in life. When families can determine which direction they want to go and desired outcomes, for instance, intensive residential treatment versus outpatient treatment, collaboration and client-centered services is ensured.

The cost of drug treatment which includes monthly random screening is to be covered either by the students or by the families of the students concerned. Such funds are to be deposited into a designated account at the commencement of the treatment process and stipulated in the treatment agreement. This ensures that money is available for random drug test. (Student response and staff response)

#### **i. Graduation Ceremony**

A Graduation ceremony should be organized for students who have tested negative for two consecutive academic sessions. Having a formal graduation brings closure to the treatment process and affirms the achievement of the students in maintaining sobriety. The graduation ceremony may also be an incentive which other students, still in the program, may look forward to and thus be motivated to complete the program. Graduates may no longer need to do scheduled drug tests but will be required to do them randomly. This will help to maintain sobriety and hold them accountable. The graduates may be utilized as peer mentors for those still in the program.

#### **j. Facilities (Building structure and location).**

The building should be located away from the center of the university to protect privacy, yet it should be accessible to the students and their families (WHO 2008: 3). It should be well furnished, adequately decorated, equipped and laid out in a manner that will enhance family and group interactions.

#### **k. Family Conferencing.**

It is suggested that family conferences be held once a month to give parents progress reports and update treatment plan. Psycho-educational counseling may also be incorporated into these meetings. Efforts should be made to accommodate and maximize the use of the parents/guardian's schedules since parent availability was a challenge and limitation of this study. The SSS staff should be willing to work during unofficial working hours, such as weekends, and adjust their workload to reflect the reality of working with families and not just students (Santisteban et al 2006). There is a need to keep parents involved in refining and

monitoring goals. SOFT (Strength Oriented Family Therapy) recommends that when students and parents attend sessions together, SSS staff may hold separate student and parent sessions if there is a likelihood of conflict or catharsis as indicated by some of the study participants ( Smith & Hall 2008).

### **l. Multidisciplinary Approach.**

A multi- disciplinary approach that incorporates other units in the university e.g. chaplaincy, academic planning/department, the medical center should be utilized (WHO 2008:9). The SSS staff members need to be aware of the multiple paths to treatment approaches preferred by Nigerian families, such as the combination of consulting religious/spiritual healers with conventional methods of psychotherapy and psychiatric services. Due to the multifaceted nature of the needs of students involved with substance abuse, there needs to be ongoing dialogue with all the personnel involved with the students. The SSS staff will therefore provide case management services by eliminating barriers to needed services for this vulnerable population. The value of service is a core value in the Social work code of Ethics.( NASW 1997-2010, Smith & Hall 2008)

### **m. Staff Attitudes.**

Staff should be professional and cordial, adhering strictly to the professional codes of ethics. When students feel supported and connected to their therapist or social worker, they engage better with the treatment plan. The staff should be friendly, non- judgmental and respectful of the students and their families' cultural and religious beliefs (WHO 2008: 3-4). As indicated by participants in this study, clients in drug treatment appreciate staff who are respectful, accepting, open- minded, non- condescending and who do not condemn or blaming them for their past (Grosenick et al 1999:280)

## **7.10 Summary of Chapter**

This chapter presented the recommended practice guidelines for a collaborative approach between the university and families of students involved with substance abuse. The sections highlighted areas of concern indicated by the study participants such as adequate notification, probationary time before disciplinary sanction as well as recommended services. The guidelines

were deduced from the results of this study and aligned with the WHO principles for drug abuse intervention. The Primary Socialization and Critical theories supplied the theoretical foundations of the study.

## CHAPTER EIGHT

### CONCLUSIONS AND RECOMMENDATIONS.

#### 8.1 Overview

This is the concluding chapter of the study. It reviews the aims and objectives of the study and presents recommendations for future research. It reflects on the overarching themes of the study as undergirded by the Primary Socialization and Critical theoretical frameworks.

#### 8.2 Review of Theoretical Framework

This study was a response to the global problem of substance abuse among university students and the localized impact in Nigerian universities. It capitalized on the strength of the value of family involvement in Nigerian Higher education to develop a collaborative approach between the university and the family in tackling the problem of substance abuse. Primary Socialization theory established the role of the family and school as primary socialization sources in the transmission of pro-social and deviant behavior in the life of a young person. This premise of the primary socialization theory was validated by this study as participants confirmed significant financial, emotional and time involvement of families. The primary socialization theory which recognizes the role of family, school and peer cluster gave the rationale for the approach as well brought to the fore issues in the family context such as family beliefs about substance use, a need to be notified and desire to be involved in decision making during the disciplinary process. The students' perceptions of family reactions to their involvement with substance abuse and consequences were significant motivators for change. The extended family featured as a major factor in working with students involved with substance abuse in the Nigerian socio cultural context.

Critical Theory provided the backdrop for the understanding of power issues and subtle injustice and disempowerment that may be present in the university structure and systems. The critical theory perspective unveils the power relations in the process of intervention, as well providing guidelines for a critical examination of best practice. The underpinnings of the critical theory perspective provided a structure for the researcher to organize the practice guidelines for a collaborative approach in the context of sensitivities to students' social location in relation to their families, the worker's informed not-knowing stance, intentionality in assessing values and

reflexivity. The collaborative approach emerged as way of reducing power tensions that occur in the process of working with university students involved with substance abuse and their families.

### **8.3 Overarching themes and religio-cultural factors**

Responses of the participants in the study who were families of students involved with substance abuse, students involved with substance abuse, Administrative/members of the disciplinary committee and Staff of the Student Support Services revealed disciplinary tensions/dilemmas, specific needs of parents and students as well as professional challenges for the staff. All of these informed the development of the practice guidelines. Using Babcock University as a case-study, the way the themes played out was addressed as the study sought to answer the research question of what the nature and functions of a collaborative approach between University authorities and families in dealing with students involved with substance abuse would be.

The study was also coloured by religious-cultural beliefs as participants expressed the need for a pluralistic approach to substance abuse treatment. Religious interventions such as praying, fasting and exorcism, along with orthodox psychotherapy and detoxification, were recommended as viable treatment options.

### **8.4 Review of Goals and objectives and value to Social work**

The goals and the objectives of this intervention research were met by the development of the practice guidelines that emerged from the study. The pilot testing of these practice guidelines will be the focus of post- doctoral study with the ultimate goal of dissemination to and utilization by other institutions of higher learning.

The study answered the research questions as it addressed the key issues that emerged from the study and provided practice guidelines for a collaborative approach between the university and families of students involved with substance abuse.

Developing guidelines for a collaborative approach between the university and families of students involved with substance abuse promises to be a pragmatic step in addressing the problem of substance abuse among university students. The diagrammatic presentation of the intervention model is a significant contribution to the field of Social work for a collaborative approach to substance abuse intervention amongst university students. While the study was



carried out in a faith- based private university in Nigeria there are possible applications to institutions of higher learning in general.

### **8. 5 Recommendations for further studies**

Further study is encouraged in the area of examining the influence of parent-child bonding in the development of substance abuse behavior by university students and how it can impact on family involvement in substance abuse intervention programs. The researcher was unable to empirically compare the degrees of impact of family bonding and peers on the etiology of drug use among university students. Further study could also be carried out on cultural indices and power relations among the groups of participants in order to ascertain how these influence the development of substance abuse behavior and inform practice guidelines for campus interventions. The researcher was also fascinated by the Family Team Decision Making Model (FGDM) of the collaborative approach in the Child welfare arena and some of the constructs were introduced in the current study. Further study in the application of the FGDM model to University disciplinary proceedings is recommended.

This model of intervention is recommended for implementation in other universities. It will be interesting to note how the model fits or how it can be changed to fit the peculiarities of implementing institutions. The permitted level of use in other universities and how this influences the levels of tolerance and types of response by the universities will be worthy of note. For example, while this study was carried out at a university that had zero tolerance for any form of substance use, other universities may permit some minimal use. The implementation will bring colour and variety to this intervention model.

This researcher hereby submit that the study on developing practice guidelines for a collaborative between the university and families of students involved with substance abuse was conducted by me as reported in this document. The recommended practice guidelines were developed from the responses by the research participants and was guided by WHO principles for drug dependency treatment, Primary Socialization and Critical theory perspectives.

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**APPENDIX I****A study to develop guidelines for a collaborative approach between the university and parents in dealing with Students involved with Substance abuse.**

## Informed consent

This inquiry is part of a study to develop a guideline for a collaborative approach between the university and Parents of Students involved with substance abuse. Your participation is voluntary and your choice to participate or decline, will not affect your bona fide services as a Parent /guardian to a Babcock University Student. This instrument is anonymous and all responses will be confidential. Your honest and most accurate responses will be greatly appreciated.

Augusta Y Olaore  
Researcher

The following information is for statistical purposes only.

- a. Gender
- b. Marital Status
- c. Religious affiliation (specify denomination)\_\_\_\_\_

## Narrative Inquiry

1. What in your opinion is a drug/illicit substance?
2. When was your first contact with drugs?
3. When did you become aware of your child's involvement with substance abuse?
4. How did you become aware of your child's involvement with drugs?
5. What substance(s) is/was your child involved in?

6. How is/was your child involved with drugs? ( Using, selling, recruiting etc)
7. What was your reaction when you became aware of your child's involvement with drugs?
8. What are your concerns about your child's involvement with substance abuse?
9. How did the University inform you about your child's involvement with drugs?
10. What concerns do you have about how the University informed you?
11. What did the university do to intervene with your child's involvement with substance abuse?
12. What services did the university provide to assist you with dealing with your child's involvement with drugs?
13. What services did the University provide to your child with regards to his/her involvement with substance abuse?
14. What services outside the University did you utilize in dealing with your child's involvement with substance abuse?

15. What did you find to be helpful in dealing with your child's involvement with substance abuse?
  
16. What difficulties did you have in relating to your child and his/her involvement with substance abuse?
  
17. What difficulties did you have in relating to the university with regards to your child's involvement with substance abuse?
  
18. Who else in your family is involved with substance abuse?
  
19. What things can the university do to help your child stay away from drugs?
  
20. What can you and other members of your family do to help your child disengage from substance abuse?

## APPENDIX II

### **A study to develop guidelines for a collaborative approach between the University and Parents in dealing with Students involved with Substance abuse.**

#### Informed consent

This inquiry is part of a study to develop a guideline for a collaborative approach between the university and Parents of Students involved with substance abuse. Your participation is voluntary and your choice to participate or not to, will not affect your bona fide services as a Babcock University Student. This instrument is anonymous and all responses will be confidential. Your honest and most accurate responses will be greatly appreciated.

Augusta Y Olaore  
Researcher

The following information is for statistical purposes only.

- a. Age: \_\_\_\_\_
- b. Gender: - \_\_\_\_\_
- c. Level of study: \_\_\_\_\_
- d. Course of Study: \_\_\_\_\_
- e. Religious affiliation ( specify denomination): \_\_\_\_\_

#### Student Narrative Inquiry

1. Why do you want a University education?
2. Who are the people supporting your university education (Financially, emotionally, materially etc. Mention only roles and not specific names e.g. my father, pastor, grandmother etc) If other than your parents, explain why.
3. Who in the above is involved with drugs? ( If any)
4. If any, what drug do they use?
5. Who in the above is aware of your involvement with drugs?
6. How did they become aware? Because I broke down mentally
7. What was their reaction when they became aware?

8. What drugs are you involved with?
9. For how long have you been involved with drugs?
10. How are you involved with drugs? (Using, selling, recruiting etc)
11. If using, what is your method of use for each?
12. How has your involvement with drugs affected your academic goals?
13. How has your involvement with drugs affected your relationship with persons mentioned in Q3?
14. What was your reaction to the university becoming aware of your involvement with drugs?
15. What have you done before to stop your involvement with drugs?
16. What was helpful and in what way?
17. What has been helpful in the way the University has related to you and your involvement with drugs?
18. What difficulties have you had in relating to the university in the context of substance abuse?
19. What things can the university do to help you to stay away from drugs?
20. What can your family do to help you stay away from drugs?

**APPENDIX III****A study to develop guidelines for a collaborative approach between the university and parents in dealing with Students involved with Substance abuse.**

Dear Staff,

This is to invite your participation in a study to develop guidelines for a collaborative approach between the university and Parents in dealing with students involved with substance abuse. Your participation is voluntary and your choice to participate or decline will not affect your employment status, benefits or the cordiality of your work environment. All information given is confidential. Thank you.

Augusta Y Olaore  
Researcher

Narrative Inquiry for Members of the disciplinary committee and Administration.

1. What is your designation as a University staff?
2. What is the nature of your interaction/role with students involved with substance abuse?
3. For how long have you worked in this capacity?
4. What is the University's posture towards students involved with substance abuse?
5. What interventions if any does the university have for students involved with substance abuse?
6. What are your concerns about University students involved with substance abuse?
7. What is your opinion about providing services to students involved with substance abuse?
8. Who are those that are involved when dealing with cases of students involved with substance abuse?



9. How ( if at all) does the University communicate with the parents of students involved with substance abuse?
10. When does the University involve the parents of students involved with substance abuse?
11. What challenges do you encounter when making disciplinary decisions on cases of students involved with substance abuse?
12. What suggestions do you have for effective work with students involved with substance abuse.

**APPENDIX IV****A study to develop guidelines for a collaborative approach between the university and parents in dealing with Students involved with Substance abuse.**

Informed Consent

Dear Staff,

This is to invite your participation in a study to develop guidelines for a collaborative approach between the university and Parents in dealing with students involved with substance abuse. Your participation is voluntary and your choice to participate or decline will not affect your employment status, benefits or the cordiality of your work environment. All information given is confidential. Thank you.

Augusta Y Olaore  
Researcher

Narrative Inquiry for SSS Staff

1. What is your role in working with students involved with substance abuse?
2. How do you detect students involved with substance abuse?
3. What do you do when you find out a student is involved with substance abuse?
4. How does the University respond to students involved with substance abuse?
5. What services ( if any) does the University provide for students involved with substance abuse?
6. Who do you involve when dealing with students involved with substance abuse?

7. If parents/guardians are notified, when are they notified?
8. If parents/guardians are notified, how are they notified?
9. What services are provided to parents of students involved with substance abuse if any?
10. What difficulties have you encountered in working with students involved with substance abuse?
11. What difficulties have you encountered in working with the parents/guardians of students involved with substance abuse?
12. What difficulties have you encountered in your work environment when working with parents and their children involved with substance abuse?
13. What has helped you in carrying out your duties as a student support staff while working with students involved with substance abuse?
14. What suggestions do you have on what can make your work more effective in working with students involved with substance abuse?
15. What suggestions do you have on what can make your work more effective with parents of students involved with substance abuse?

**APPENDIX V****A study to develop guidelines for a collaborative approach between the university and parents in dealing with Students involved with Substance abuse.**

## Student Focus Group discussion guide

1. What are your views about how the University relates to students involved with substance abuse?
2. What challenges do students face when relating to University staff with regards to involvement with substance abuse?
3. What does the University currently do for and with students involved with substance abuse?
4. What challenges do students have in accessing services that are provided?
5. What has been helpful for students involved with substance abuse to achieve their academic goals?
6. What is your opinion about parents involvement?
7. What should be the manner of involvement if necessary?
8. What suggestions do you have for creating a conducive environment that will enable students involved with substance abuse to maintain recovery/disengagement?

APPENDIX VI

**A study to develop guidelines for a collaborative approach between the university and parents in dealing with Students involved with Substance abuse.**

Student Focus Group Summary Feedback.

Dear students,

This is a follow up to the Focus group discussion conducted at the end of the 2008/2009 school year. Please read through carefully and ensure that what was recorded accurately represents what was said during the discussion. Once again, your comments are anonymous and your participation is voluntary. Your choice to participate or decline does not affect your bonafide services as a Babcock University student. Thank You.

A.Y Olaore  
Researcher.

1. What are your views about how the University relates with students involved with substance abuse?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/Corrections/Observations

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2. What challenges do students face when relating to University staff with regards to involvement with substance abuse?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/Corrections/Observations\_\_\_\_\_

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3. What does the University currently do for and with students involved with substance abuse?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/Corrections/Observations\_\_\_\_\_

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- 4. What challenges do students have in accessing services that are provided ?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/Corrections/Observations\_\_\_\_\_

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- 5. What has been helpful for students involved with substance abuse to achieve their academic goals?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/Corrections/Observations\_\_\_\_\_

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- 6. What is your opinion about parents involvement?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/Corrections/Observations \_\_\_\_\_  
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7. What should be the manner of involvement if necessary?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/corrections/observations \_\_\_\_\_  
\_\_\_\_\_  
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8. What suggestions do you have for creating a conducive environment that will enable students involved with substance abuse to maintain recovery/disengagement?

RESPONSES RECORDED BY 3 PERSONS ARE HERE

Comments/Corrections/Observations.  
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## APPENDIX VII

### **A study to develop guidelines for a collaborative approach between the university and parents in dealing with Students involved with Substance abuse.**

#### SSS Staff focus group Guide

1 What are your views in general about services to students with substance abuse?

1. What are the advantages of collaborating with parents when working with students involved with drugs?
2. What are some cultural influences that have been observed in working with families of students involved with Drug abuse?
4. What resources are currently available for working with students involved with substance abuse?
5. What restrictions/limitations have you had in providing services to clients and their parents?
6. From your perspective and experience what other services should be included for students involved with substance abuse?



## APPENDIX VIII

### Report of Focus group discussion on developing guidelines for collaborative work with students involved with Substance abuse and their families.

Dear Colleagues,

Thanks for your participation in the focus group discussion held on October 8<sup>th</sup>, 2009 during the lunch break concerning issues related to working with students involved with substance abuse and their families. Find below a report of the discussion. Please indicate if it accurately reflects what was discussed and if not, please input your corrections. Thank you.

A.Y Olaore  
Researcher.

1. What are your views in general about services to students with substance abuse?

RESPONSES WERE RECORDED HERE

Comments / corrections

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2. What are the advantages of collaborating with parents when working with students involved with drugs?

RESPONSES WERE RECORDED HERE

Comments / corrections

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3. What are some cultural influences that have been observed in working with families of students involved with Drug abuse?

RESPONSES WERE RECORDED HERE

Comments / corrections

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4. What resources are currently available for working with students involved with substance abuse?

RESPONSES WERE RECORDED HERE

Comments / corrections

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5. What restrictions/limitations have you had in providing services to clients and their parents?

RESPONSES WERE RECORDED HERE

Comments / corrections

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6. From your perspective and experience what other services should be included services to students involved with substance abuse?

RESPONSES WERE RECORDED HERE

Comments / corrections

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**Appendix X**

Drug Treatment Intervention Enquiry

Name of Institution:

Private Owned\_\_\_\_\_ Federal Owned \_\_\_\_\_ State Owned \_\_\_\_\_

Do you have substance abuse problem in your institution?

If yes, how does the university respond?

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