

**“DANCING WITH CHANGE”: EVALUATING AN ECOSYSTEMIC  
SUBSTANCE ABUSE INTERVENTION PROGRAMME FOR YOUTH**

by

**DEBORAH ANNE ASHDOWN**

submitted in part fulfilment of the requirements  
for the degree of

**MASTER OF ARTS IN CLINICAL PSYCHOLOGY**

at the

**UNIVERSITY OF SOUTH AFRICA**

**SUPERVISOR: MR DJ KRUGER**

**MARCH 2006**

Student number: 3480-534-6

I declare that **“DANCING WITH CHANGE”**: EVALUATING AN ECOSYSTEMIC SUBSTANCE ABUSE INTERVENTION PROGRAMME FOR YOUTH is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

---

D A ASHDOWN

---

DATE

## Summary

The “Dancing with Change” Programme (DWCP) is an ecosystemically informed substance abuse intervention programme that was developed by the participants and myself with the aim of building resilience towards substance abuse among youth. The DWCP was conducted in the school setting, with ten volunteer Grade 7 learners over a ten-week period for an hour a week. The learners’ parents participated in an initial needs assessment and in a feedback session at the end of DWCP, together with the life skills teacher and headmaster who observed and contributed to the process. An independent observer, present at each session, served to increase the dependability and confirmability of the evaluation findings. The DWCP appeared to have achieved its goals as defined by the participants. The evaluation findings are presented as a guide for people working in the field of adolescent substance abuse that synthesises best practice and lessons learnt in the field.

*Key words:* ecosystemic approach, intervention, prevention, programme evaluation, school-based, adolescent substance abuse, adolescent drug abuse, best practice, lessons learnt, resilience, programme facilitation skills, South African context.

## Executive Summary

In this dissertation, I describe the “Dancing with Change” Programme (DWCP), an ecosystemically informed substance abuse intervention programme that was developed by the participants and myself with the aim of building resilience towards substance abuse among youth in South Africa. Conducted in the school setting, with ten volunteer Grade 7 learners and their parents, the main evaluation goals were to evaluate whether the DWCP achieved its goals, and to find out what participating in the DWCP meant to the participants. I explored in what ways the participants found the DWCP useful and in what ways the DWCP could be improved. The evaluation goals also included reassessing best practice in light of the evaluation findings. An independent observer was present at each session, which served to increase the dependability and confirmability of the evaluation findings. Evaluation data was gathered via interviews, facilitator notes, independent observer notes, photographs, posters, and other archival data. It also comprised of a short evaluation questionnaire, which the participants completed after the DWCP. Hermeneutics was used as a way of analysing the processes, themes and meanings that the participants ascribed to their experiences.

The ecosystemic approach to intervention and prevention is used to contextualise the social constructionist, action research framework. Although in disagreement with the individualising and pathologising notions of the main types of prevention, it draws on the lessons learnt and successes derived in the field of adolescent substance abuse. These most commonly used approaches: the biomedically informed “disease” model approaches; “moral-legal” fear-based approaches; information-based approaches; “alternatives-orientated” approaches; and the pragmatic life skills approaches, are appraised from an ecosystemic, social constructionist framework. The ecosystemic framework to prevention is useful because it focuses on the dynamic, interdependent nature of relationships within social contexts, and it rejects problem conceptualisations based on linear causal models that emphasise objectivity, “either/or” dichotomies, reified constructions of “outcomes”, determinism, and individualism, and sees problems of living as emergent within social systems rather than due to the characteristics of isolated individuals. From an ecosystemic approach “problems” are viewed in terms of: the functionality of symptomatic behaviour, reciprocal or circular causality, the “patterns that connect”, subjectivity, wholism, and relativism (Becvar & Becvar, 2000).

This has substantial implications for the way evaluation is conceptualised, either as an objective deterministic, individualised, outcomes driven process, or as a reciprocal process based on continual feedback and reflection that emphasises the “voices” of all those who are involved in the intervention programme. In contrast to mainstream evaluation, which is usually informed by the measurement model with its modernistic and “mechological” (Auerswald, 1987) epistemological roots, the ecosystemic approach to evaluation, drawing on a qualitative approach to evaluation, does not separate evaluation from preventative intervention- as the facilitation of group process and experiential learning interventions rely on continuous recursive feedback. The intervention and evaluation of the programme are discussed from my perspective, as the programme facilitator and the researcher, as well as from the perspectives of the learners, their parents, the life skills teacher and headmaster, and the independent observer.

The key overall findings indicate that utilising an ecosystemic approach to both intervention and evaluation has timely relevance for weathering the rapid social changes and uncertainties facing youth and their families today. Also, that when programmes target the deeper underlying attitudes of the participants there is a higher likelihood of positive attitudinal and behavioural change. The DWCP appeared to have achieved its goals as defined by the participants. The results indicate that the participants valued the reciprocal learning environment characterised by support and interaction; constant feedback and opportunities for self-reflection; the emphasis on connection building and open group discussions of a taboo subject; a personalised experiential learning process; the sharing of power, decision making, and problem solving; and the encouragement of creativity and action. It was in this environment that the participants were able to build on and develop their interpersonal competence, which involved assertiveness skills, presentation skills, teamwork skills, decision making skills, conflict resolution skills, self-esteem skills, appropriate self-disclosure skills, and emotional management skills. As a whole, the findings seem to emphasise how implementing an intervention programme is an adventure shared by all the participants. Although not generalisable, the DWCP serves as a useful guide for those working the field of adolescent substance abuse that synthesises best practices and lessons learnt in the field.

## Acknowledgements

My grateful Thanks to:

**Mr Johan Kruger**, my supervisor who gave me so much guidance and inspiration. Thank you for allowing me to the space and freedom to follow what may have appeared a rather intangible back to front process. You allowed me to feel my own discomfort and experience the unpredictability of the process, which made my task much harder, yet all the more real and impactful.

**Mr Lesiba Baloyi**, one of my trainers, for helping me to extract the meaningful process from the copious field notes that were taken throughout the programme. Thank you for helping me to find focus and to integrate lessons learnt with facilitation skills.

**Dr Val Rapmund**, whose work in the field of programme implementation and evaluation inspired me and guided me towards developing my own approach.

My colleagues; **Moipone Mabusela, Daniella Brenner, and Susan Hsu** who have shared this journey with me and who have given me invaluable feedback and guidance throughout the process.

The independent observer of the “Dancing With Change” Programme, **Maatje Scheepers**. Without your constancy and hard work this process would not have taken place. Thank you for mirroring the process and for bringing into my awareness aspects of the process that I was not aware of. Thank you also for your support when the going got tough, and for the many laughs we had together.

**Nicholas Schreiber**, who brought a youthful and fun dynamic to the programme, and who captured the process by taking photographs.

**Dr Staples**, the headmaster of the school where the “Dancing With Change” Programme was held. Thank you for allowing me to conduct the DWCP with your learners and their parents. Thank you also for taking time out of your busy schedule to meet with me to discuss the programme and also for the faith that you had in me throughout the process. You challenged me and encouraged me to constantly be aware of my approach and how I could rework this to make it more effective. Your guidance and advice was invaluable. Thank you for opening my eyes to the more intricate workings of a school. Your learners are truly lucky to have such a dedicated, involved and caring head master.

**Ms Marleen Carstens**, the life skills teacher. Thank you for your support through out the duration of the DWCP and for the time you made to meet with me so often. Thank you for taking care of all the unforeseen administrative tasks. You were always available and sensitive to what I was struggling with. I feel richer for the friendship that developed between us and for the experience of working with you!

**Judith Shoppily**, from SANCA in Auckland Park who graciously helped me get started and pointed me in the right direction.

The **learners**, who participated in the “Dancing With Change” Programme. Thank you for bringing your selves so fully to the sessions, despite it being Friday afternoon! You have truly enriched my life, and taught me so much. Your insights and questions constantly kept me on my toes!

The **parents**, of the learners, who showed such an interest in the “Dancing with Change” Programme. Thank you for taking time out of your busy schedules to attend the feedback session. Thank you also for sharing your difficulties and victories as parents with me and for the honest and constructive feedback that you gave in relation to the programme. Your presence made all the difference!

My parents, **Tony and Laura Ashdown**, my sister, **Natalie**, and my brother, **Robert** for their support and input throughout the whole process. Thank you, my family, for constantly showing an interest in my work and encouraging me to become all that I can.

**Michael Hattingh**, my companion. Thank you for all your help and support in pulling all the parts of this study together to make it whole. Also, thank you for always being so proud of me and never letting me give up! Your belief in me has helped me to achieve things I never thought were possible.

**Jean Rodrigues**, my brave little “sister”, who gave me so much insight in the life of a teenager. Thank you for sharing your life with me so openly and honestly.

When spider

webs unite,

they can tie

up a lion.

African Proverb

## Contents

<b>CHAPTER 1: General Introduction</b>	<b>1</b>
<i>Introduction</i>	1
<i>Creating a Context and Rationale for the Study</i>	2
<i>An Ecosystemic Approach to Evaluation and Prevention</i>	8
<i>Research Objectives</i>	10
<i>The Way Forward From Here</i>	11
<i>Summary</i>	13
<b>CHAPTER 2: From Mechological to Ecological Approaches to Prevention</b>	<b>14</b>
<i>Introduction</i>	14
<i>Prevention and Health Promotion: Protective Factors versus Risk Factors</i>	14
<i>Building Resilience and Strengths</i>	18
<i>Contextualisation of the DWCP within various Subsystems</i>	21
<i>Individual</i>	21
<i>Family</i>	23
<i>School</i>	25
<i>Peer</i>	26
<i>Community</i>	27
<i>Society or Media</i>	28
<i>Mainstream Prevention Approaches</i>	30
<i>Biomedical "Disease" Model Approach</i>	31
<i>"Moral-legal" or Fear-based Approach</i>	32
<i>Information-based Approach</i>	34
<i>Life skills Approach</i>	35
<i>"Alternatives-based" Approach</i>	38
<i>Best Practice</i>	39
<i>Summary</i>	46
<b>CHAPTER 3: Why an Ecosystemic Approach to Prevention and Intervention?</b>	<b>48</b>
<i>Introduction</i>	48
<i>Ecosystemic Thinking in Context</i>	48

<i>Assumptions Underpinning the Ecosystemic Approach</i>	50
<i>Measurement-based Prevention versus Ecosystemic Intervention</i>	53
<i>Ecosystemic Metaphors Applied to Prevention and Intervention</i>	59
<i>Implementing an Ecosystemic Approach: Integrating Thinking and Doing</i>	63
<i>Programmes as "Chaordic" Living Systems: Self-organising, Self-evolving, and Self-governing</i>	70
<i>Limitations of the Ecosystemic Approach</i>	72
<i>Summary</i>	73
<b>CHAPTER 4: The Research Method</b>	<b>75</b>
<i>Introduction</i>	75
<i>The Ecosystemic Approach to Evaluation</i>	75
<i>Ecosystemic Evaluation, Action Research, and Social Constructionism</i>	80
<i>The DWCP Narrative</i>	84
<i>Research Objectives</i>	85
<i>Defining Key Concepts</i>	86
<i>Data Gathering</i>	88
<i>Field Notes and Process Notes</i>	88
<i>Photographs and Posters</i>	90
<i>Sampling</i>	90
<i>A Process Approach to Ethics</i>	91
<i>Data Analysis and Interpretation</i>	94
<i>The Hermeneutic Circle</i>	95
<i>Trustworthiness and Authenticity</i>	99
<i>Methodological Shortcomings</i>	100
<i>Summary</i>	102
<b>CHAPTER 5: Results and Reflection Process</b>	<b>103</b>
<i>Introduction</i>	103
<i>Immersion in Context</i>	104
<i>Gaining Entry: Off to a Bumpy Start</i>	105
<i>Initiating Involvement, Defining Roles, and Sharing Responsibility</i>	105

<i>Building a Container</i>	107
<i>Acknowledging the Participants Expectations</i>	107
<i>Reciprocal Learning: From Authority to Facilitator of Conversation</i>	110
<i>Opening Communication Pathways between Parents and Children</i>	111
<i>Charging the Container</i>	113
<i>Insightful Sense Making: Curiosity and Questions</i>	113
<i>Peer Relationships and Deepening the Learning Process</i>	114
<i>Creating Meaning in Context</i>	116
<i>Personalising the Learning Process</i>	119
<i>Closing the Container</i>	128
<i>Feedback: Parents and Children Come Together</i>	128
<i>Personal Growth: What did participating in the DWCP mean to the participants?</i>	131
<i>Was the DWCP useful?</i>	132
<i>Learners' Response to DWCP</i>	132
<i>Parents' Response to DWCP</i>	137
<i>Headmaster's and Teacher's Response to DWCP</i>	139
<i>Independent Observer's Response to DWCP</i>	140
<i>Discussion</i>	143
<i>Summary</i>	152
<b>CHAPTER 6: Self-Reflection: Lessons Learnt and Future Considerations</b>	<b>154</b>
<i>Introduction</i>	154
<i>Emerging Patterns</i>	154
<i>Best Practice: What was Effective?</i>	154
<i>Transformation: Creating and Adjusting</i>	155
<i>Emerging Insights</i>	156
<i>A Personal Journey: "Dancing with Change"</i>	156
<i>A Facilitator as a Self-Reflective Human Being:</i>	
<i>Cultivating an Approach and Nurturing Transformation</i>	159
<i>Becoming a Representative of a Healthy Ecosystem</i>	163
<i>Emerging Futures</i>	165
<i>Communication, Dissemination, and Action</i>	165
<i>Limitations and Future Considerations</i>	168

<i>A Dialectic Between Several Mindsets</i>	170
<i>General Conclusion</i>	172
<i>Last words.....</i>	173
<b>Reference List</b>	<b>174</b>
<b>Appendices</b>	<b>185</b>
<i>Appendix A: Needs Assessment and Response/Consent Form</i>	185
<i>Appendix B: Open Ended Reflection Questionnaire</i>	186
<i>Appendix C: Evaluation Questionnaires</i>	187
<i>Appendix D: Outline of the Programme</i>	190
<i>Appendix E: Poems</i>	191
<i>Appendix F: Poster obtained from SANCA</i>	193
<i>Appendix G: Certificate Awarded to Learners</i>	194
<i>Appendix H: Disseminating the Findings: Slide Show Presentation</i>	195
<b>Figures</b>	
<i>Figure 2.1. Subsystems and their relationship to the individual youth</i>	16
<i>Figure 3.1. Symptomatic Solutions versus Fundamental Solutions</i>	62
<i>Figure 3.2. The "U movement"</i>	67
<b>Tables</b>	
<i>Table 2.1. Framework for characterising risk versus protective factors in the six subsystems</i>	17
<i>Table 2.2. Demographics for patients under 20 years in South Africa (SACENDU, 2005)</i>	28
<i>Table 2.3. The Five Components of Emotional Intelligence (Adapted from Goleman, 2004)</i>	36
<i>Table 3.1. Reactive Problem Solving versus Ecosystemic Problem Solving</i>	54
<i>Table 3.2. First-order Prevention versus Second-order Intervention</i>	55
<i>Table 3.3. Definitions of "chaordic" systems</i>	71
<i>Table 3.4. A Summary of Ecosystemic Approach</i>	74
<i>Table 4.1. Traditional Evaluation versus Ecosystemic Evaluation</i>	76
<i>Table 4.2. Common Principles underlying qualitative inquiry and ecosystemic approaches to evaluation</i>	79
<i>Table 5.1. Learners' Response to DWCP</i>	134
<i>Table 5.2. Parents' Response to DWCP</i>	138
<i>Table 5.3. Headmaster's and Teacher's Response to the DWCP</i>	139
<i>Table 5.4. Independent Observer's Response to DWCP</i>	141

**Images**

<i>Image 5.1. Sharing Ideas</i>	116
<i>Image 5.2. Working Co-operatively</i>	116
<i>Image 5.3. Small Group Work</i>	117
<i>Image 5.4. Negotiating What is Important</i>	117
<i>Image 5.5. Presenting to the Group</i>	117
<i>Image 5.6. Performing and Sharing</i>	117
<i>Image 5.7. Co-presenting</i>	117
<i>Image 5.8. After role-playing</i>	119
<i>Image 5.9. "Presencing"</i>	119
<i>Image 5.10. Engaging with the Parents</i>	119
<i>Image 5.11. Joining Parents and Children</i>	119
<i>Image 5.12. Scenario Planning: The Party</i>	121
<i>Image 5.13. Unpacking Decision making</i>	121
<i>Image 5.14. Exploring Alternatives</i>	122
<i>Image 5.15. To smoke, or not to smoke?</i>	122
<i>Image 5.16. Negative Effects of Alcohol</i>	123
<i>Image 5.17. Angel versus Devil</i>	123
<i>Image 5.18. Mindmapping Drugs</i>	124
<i>Image 5.19. Good Drugs versus Bad Drugs</i>	124
<i>Image 5.20. Reasons for taking Drugs</i>	125
<i>Image 5.21. Beware</i>	125
<i>Image 5.22. Ripple Effects</i>	126
<i>Image 5.23. Networks</i>	126
<i>Image 6.1. Dung Beetles as a Representative of a Healthy Ecosystem</i>	164

## Abbreviations

**DWCP**- “Dancing with Change” Programme

**CSAP**- Centre for Substance Abuse Prevention

**CTDCC**- Cape Town Drug Counselling Centre

**GST**- General Systems Theory

**NIDA**- National Institute on Substance abuse

**SACENDU**- The South African Community Epidemiology Network on Drug Use

**UNODC**- United Nations Office on Drugs and Crime, Regional Office for Southern Africa

**WHO**- World Health Organisation

# CHAPTER 1

## General Introduction

### *Introduction*

The “Dancing with Change” Programme (DWCP) is an ecosystemically informed substance abuse intervention programme that was developed by the participants and myself with the aim of building resilience towards substance abuse among youth in South Africa. The DWCP was conducted in the school setting, with ten volunteer Grade 7 learners over a period of ten weeks for an hour a week during April to May 2004. An ecosystemic approach to both intervention and evaluation was used to capture the processes and themes of the DWCP as they unfolded. Viewing programmes in this way has substantial implications for the way evaluation and intervention are conceptualised. In contrast to mainstream evaluations that are usually informed by the measurement model with its modernistic and “mechological” (Auerswald, 1987) epistemological roots, the ecosystemic approach to evaluation does not separate evaluation from preventative intervention- as the facilitation of group process and experiential learning interventions rely on continuous recursive feedback. The premise underlying this difference is summarised by Lifschitz and Oosthuizen (2001, p. 119) as follows:

*The rules of mechological include the assumptions of a fixed, absolute reality; the use of a machine metaphor for a person and for living; a breaking of the whole into fragments, which are regarded separately; a reverence for a set hierarchy of knowers and knowledge; an assumption of linear causality; and a belief that something is only scientific and therefore valuable if it is observable and measurable (Auerswald, 1969). On the other hand, the rules of ecology include a belief in a multiverse of realities, rather than in master codes; a move towards seeing knowledge as a product of social negotiation and a consideration of its social function; an acknowledgement of the interrelatedness of everything, and the importance of context; a focus on perspective and pattern rather than discrete facts; and a challenge to the so-called knower’s position as an expert and a demagogue (Auerswald, 1969).*

The intervention and evaluation of the programme are discussed from my perspective, as the programme facilitator and the researcher, as well as from the perspectives of the learners, their parents, the life skills teacher and headmaster, and the independent observer. A “both/and” evaluation approach is adopted by drawing on measurement-based evaluation (process, summative and outcome evaluation), which is implemented, via an ecosystemic approach. This study is a reflection of an ongoing effort on my part to form and re-form my ideas about the essence of the processes and themes that characterised the DWCP. This process has made me respectful of those working at grass roots to prevent substance abuse amongst youth in South Africa, realising that theoretical knowledge alone is not sufficient preparation to be able to perform prevention work usefully. Indeed, it too often serves as a shield keeping psychologists, teachers, policy

makers, and other key role-players from having to get their hands “dirty” and thereby encountering the struggle entailed in what is often spoken about too easily.

However, the continual struggle to re-formulate and also share those ideas that are forming through and recursively guiding our work is an important part of being accountable for what we are doing. Much of the difficulty we as researchers encounter in trying to convey in writing the essence of the process that emanates from the unpredictable nature of implementing a programme, lies in having to use a mechanical medium and metaphor for something that is most profoundly ecological. Yet, this struggle does not prevent us from attempting to share our journey as researchers to uncover and illuminate the so often omitted human processes, themes and meaning that characterises our work. It seems that it is precisely this discomfort that helps us to move beyond the restrictions of our “everyday work” and worn out prescriptions. This study speaks to those working on the ground in the field of prevention (of substance abuse and other personal-social health issues). This includes parents, teachers, psychologists, sociologists, medical practitioners, and other professional workers and volunteers. Lessons learnt and reflections are presented that can aid decision-makers and interventions in the field of adolescent substance abuse, and other psychosocial health issues.

### *Creating a Context and Rationale for the Study*

As a society, in our attempt to solve social problems, we have reduced social problems like adolescent substance abuse into measurable parts (such as, protective factors, and risk factors), which can be targeted by social programmes. Research indicates that substance abuse is not a phenomenon that can be attributed to a single cause or even a small number of causes. Our normal way of conceptualising the world often cheats us into thinking of wholes as made up of many parts, the way a car is made up of wheels, a chassis, and a drive train. In this way of thinking, the whole is assembled from the parts and depends on them to work effectively. If a part is broken, it must be repaired and replaced. Similarly, this way of thinking appears to have been applied to drug prevention work, in our attempt to create programmes to “fix” the drug problem. This is a very logical way of thinking about machines, but living systems are different. It is for this reason that a more parsimonious approach is needed for both prevention and intervention that has timely relevance for weathering the rapid social changes and uncertainties facing youth and their families today.

With this in mind, there must be more to intervening than simply maximising protective factors and minimising risk factors. Humans, especially adolescents, live and interact with at least several systems. It therefore seems important to recognise that since behaviours, such as substance abuse, are probably supported or enabled in some manner in each of the systems in which they occur, prevention or disruption of the behaviour would require the involvement of each of the abuse-enabling systems. As most habits begin to creep across systemic borders, so does the habit of abusing substances. When taking drugs crosses between the school system, the family system, the peer system, the community system, as well as the societal or media system, the habit appears to become part of the person’s routine activities, “part of the person”, and the person comes to be labelled as an “addict” (Guinan, 1990). Insofar as the behaviour is no longer system-specific, it seems insufficient to engage only one system or family in prevention or treatment. In line with

this study, the understanding of substance abuse and prevention thereof is linked to an understanding of living systems.

The rationale for this study was motivated by the growing amount of evidence that supports multi-systemic substance abuse treatment approaches (Dishion, Kavanagh, Schneiger, Nelson, & Kaufman, 2002; Henggeler, 2004; Isaacson, 1991a, 1991b). Despite the popularity of the traditional “disease” model of treatment, the addiction treatment outcome research indicates that close to 90% of alcoholics who received this brand of therapy, returned to former problem use patterns (Peele, in Selekman, 1991). In another study with adolescent substance abusers who had received a similar disease-orientated programme, nearly 60% of these youths relapsed after discharge (Harrison & Hoffman, in Selekman, 1991). With many of these treatment failures, the lack of familial changes and non-involvement of key helping professionals who were part of the problem system were considered major contributing factors (Selekman & Todd, cited in Selekman, 1991). The multi-systemic substance abuse treatment approach came about in an attempt to address the limitations of the “disease” model of treatment, and thus opened up interesting avenues for thinking about substance abuse prevention efforts.

In the past, considerable attention has been given to adult substance abuse, only during the past several decades has attention been seriously given to adolescent substance use. The need for attention to adolescent substance use became evident as substance use patterns among adolescents all over the world progressed from a rare phenomenon to an epidemic (Vakalahi, 2001). Edmonds and Wilcocks (2000) predicted in 1994 that substance abuse in South Africa would be a major threat to South Africa’s new generation. They stated that we could lose a third of our young people in terms of health, happiness, functioning and even life. At that stage 10% of their patients in treatment were under the age of twenty-two. During the past three to four years that figure has risen to 36%. The rationale of this study is intricately tied up to how substance abuse appears to have become a major problem among adolescents in South Africa, despite ongoing prevention and intervention efforts. It appears that most treatment programmes are geared towards adults and that similarly our prevention efforts are defined by adults and seem to be ineffective as adolescent substance abuse increases in South Africa. This opens up rich avenues for thinking about prevention and intervention, which could save in treatment costs and resources, not to mention the amelioration of other psycho-social problems, for example teen suicides and depression, HIV and AIDS, school drop out and car crashes, which appear indirectly linked to adolescent substance abuse.

The South African Community Epidemiology Network on Drug Use (SACENDU) (Parry, Plüddemann, Bhana, Harker, Potgieter, Gerber, & Johnson, 2005)<sup>•</sup> highlights how substance abuse is becoming an increasingly difficult problem among adolescents in South Africa. According to SACENDU the treatment

---

<sup>•</sup> SACENDU is an alcohol and other drug sentinel surveillance system operational in Cape Town, Durban, Port Elizabeth (PE), the greater East London area (EL), Mpumalanga, and Gauteng (Johannesburg and Pretoria). The system, operational since July 1996, monitors trends in alcohol and other drugs use and associated consequences on a six-monthly basis from multiple sources. Data are collected from 61 specialist treatment centres, psychiatric hospitals, mortuaries, and the police Forensic Science Laboratories (FSL). Other data sources (for example, community studies) are included when available. This report focuses mostly on data on treatment demand (utilisation) from the 6712 patients seen across the 6 sites in the 2<sup>nd</sup> half of 2004.

demand for both cannabis and Mandrax related problems is generally higher for persons under 20 years than older persons. Treatment demand for cannabis by persons under 20 years increased substantially in Mpumalanga whereas for Mandrax a substantial increase was noted in Durban and East London. The data also showed a steady increase in the proportion of patients under 20 years in Cape Town having heroin as a primary drug of abuse (now 9%). Treatment demand by heroin patients under 20 years appeared for the first time in SACENDU data in East London (EL). In terms of demographic changes, a steady increase in Coloured patients was noted in Cape Town, with almost six out of ten heroin patients now being Coloured in this site. Methamphetamine (MA), otherwise known as “tik”, has now emerged as the main substance of abuse among young patients in treatment in Cape Town, with six out of ten having it as a primary or secondary substance of abuse. The average length of time of treatment is approximately one year. Young patients who had “tik” as their primary drug of abuse came from 99 suburbs in Cape Town. Two-thirds were male and 91% were Coloured. MA use in EL, Gauteng and Mpumalanga was also reported. In Cape Town a dramatic increase in patients reporting MA as their primary substance of abuse, escalating from 2% in the second half of 2003 to 19% in the second half of 2004. This represents the largest and fastest increase in the number of patients presenting with a particular drug ever noted by the SACENDU project.

Although, there is a fair amount of variation in the age at which drinking first occurs many studies (Morojele, 1997; Morojele, Brook, & Moshia, 2003; Morojele, Flisher, Muller, Ziervogel, Reddy & Lombard, 2002; Parry, 1997) show that 90% of adolescent drinkers have had their first drink by the age of 14 years. It also appears that some adolescents have been exposed to alcohol at even younger ages, with reports of drinking before the age of 10 being in evidence, for example, 18% of the drinkers in a Lesotho sample, and between 3% and 6% of the urban and rural black youth (Rocha-Silva, de Miranda & Erasmus, 1996, cited in Morojele, 1997). Alcohol is known as one of the gateway drugs opening up the way for experimentation with other drugs, such as cannabis, the second most common drug of abuse for adolescents according to SACENDU. Wagenaar (1993, cited in Strader, Collins & Noe, 2000) also reported that young drinkers are at higher risk for later addiction to, or problems with alcohol and other drugs.

Similarly, a survey of drug and alcohol use conducted in 2002 with primary school children in the Cape Town metropolitan area, indicated that one-fifth of primary school children have tried drugs. The average age of first using drugs was 12 years (Fisher, 2002). In high schools, 45% had tried any drug, and 32% were still using drugs (Fisher, 2002). In 1998, a Cape Town study compared risk behaviour patterns among Grade 8 and 11 students with that of their counterparts in 1990. While both sets of students exhibited rates of cigarette and alcohol use, which were fairly constant, rates of cannabis use had almost doubled in the intervening period (Flisher, Parry, Evans, Lombard, & Miller, 1998).

Other key findings identified by SACENDU show that in all sites (Gauteng, Port Elizabeth, Kwa-Zulu Natal, Cape Town, and Mpumalanga) for which age data are available, have shown an increase over the past few years in treatment demand by persons less than 20 years of age over time. Ongoing research conducted by the United Nations Office on Drugs and Crime (UNODC, 2002) demonstrates another powerful link, other than that related to injecting drug use, between substance abuse and the spread of HIV and AIDS. It indicates

that adolescents who use alcohol and other drugs are more likely to engage in sex and in unsafe sex than are adolescents who abstain from using drugs. The SACENDU and UNODC both alert us to the increase of heroin users among the impoverished African communities in South Africa's urban areas and the risk associated with injecting heroin in the spread of HIV and AIDS. Ongoing research in South Africa suggests that (non-injecting) drug use is also associated indirectly with HIV transmission via risky sexual behaviour. It shows that compared with non-drug users, drug users are more likely to engage in risky behaviours such as sex with multiple sex partners, and unprotected sex (Morojele et al., 2003). A pilot study examining substance abuse and HIV risk behaviours among primary health care users at four clinics in Cape Town found that 18% of 131 respondents were classified as "hazardous drinkers", according to the alcohol AUDIT screening test (see [www.mentalhelp.net](http://www.mentalhelp.net) for a copy of the test). The study also found that in the younger age group, presence of HIV or AIDS or substance use implied a risk to the other. The study was conducted by the University of Cape Town, Kaiser Permanente, University of California San Francisco and the Human Sciences Research Council during 2003 (SACENDU, 2005).

SACENDU points to the implications of these results for policy and prevention practice. They are as follows:

- To ensure that there are sufficient cost-effective treatment programmes for young people;
- To ensure the availability of effective substance abuse prevention programmes aimed at young people;
- To intensify efforts to address abuse of selected drugs, in certain sites and among certain subpopulations (for example, methamphetamine and heroin use in Cape Town (especially among the Coloured population), cocaine and heroin use in PE, and Mandrax and heroin use in East London through improving the training of treatment providers, through prevention and interdiction).
- To prevent the spread of methamphetamine use from Cape Town.
- To improve the provision of substance abuse services at Private Health Care (PHC) clinics, regional hospitals and via general practitioners.
- To give greater priority to addressing inhalant abuse among young people.

The SACENDU also highlights issues for monitoring and further research. They are as follows:

- Changes in patterns of referral (especially referrals from schools, health professionals and employers).
- Demographic shifts in patterns of drug use (for example, shifts in the proportion of persons in treatment under 20 years, shifts in types of drugs of abuse by young people, and shifts in profile of heroin users).
- Barriers to treatment by women and Black Africans and how to reduce such barriers.
- Extent to which substance users seek treatment from private psychologists and psychiatrists, and their effectiveness.
- Psychological and psychosocial consequences of methamphetamine use.

The health, welfare and education sectors are making efforts to address substance abuse prevention, but the need is great. Unfortunately, official funding for both prevention and treatment efforts is limited, although the non-governmental community plays a very active role in both sectors. From examining the substance abuse trends in South Africa it appears that there is a need for substance abuse prevention approaches to target children at a young age and a need to give particular attention to alcohol, tobacco, cannabis and Mandrax. It also appears that a multi-pronged strategy is required to reduce alcohol-related HIV infection. Given South Africa's struggle to combat HIV and AIDS, especially amongst our youth, the connection between HIV and AIDS and adolescent drug use and abuse appears to be a very important factor when thinking about our prevention efforts.

Another driving rationale behind this study is the knowledge that many public health and social problems result from under-age abuse of alcohol and other drugs. These problems range from injuries and deaths caused by car crashes, to school dropouts, delinquency, alcohol-related aggression and violence, homicidal behaviour, HIV and AIDS, sexually transmitted diseases, teen prostitution, as well as teen suicide and depression, violent behaviours, delinquency, domestic violence, school violence, and rape. Among young people involved in violent and delinquent behaviour, the presence of alcohol, drugs or weapons enhances the likelihood that injuries or deaths will be associated with violence (WHO, 2002). As with interpersonal violence, predisposing risk factors for adolescent suicide rates also include alcohol and drug abuse, as well as history of physical or sexual abuse in childhood, and social isolation (WHO, 2002). Psychiatric problems, such as depression and other mood disorders, schizophrenia and a general sense of hopelessness also play a role, and are exacerbated by substance abuse. Alcohol and drug misuse can also be considered in mental health terms, and can be defined in terms of the Diagnostic and Statistical Manual (DSM) system of the American Psychiatric Association or the International Statistical Classification of Diseases, Injuries, and Causes of Death (ICD) (Morojele, 1997). Preventing patterns of drug taking may therefore have benefits beyond adolescence and into adulthood.

This is complexified by South Africa's apartheid past where there are clearly a set of complex relationships that exist between substance abuse and violence. Research conducted in South Africa (Leggett, 2002) indicates that aggression and substance abuse are plainly linked. For example, youth violence, including gang violence, is a growing concern in South African society. A research study, *Drugs and Crime in South Africa - A Study in Three Cities*, conducted by Institute for Security Studies confirmed a high positive correlation between drug use and crime (Leggett, 2002). The study showed that the percentage of arrestees testing positive for any drug (excluding alcohol) in connection with housebreaking, motor vehicle theft and rape was 66%, 59% and 49% respectively. According to research (Neser, 2001) conducted in 2000 regarding Grade 7, 10 and 11 students from 35 secondary schools in Pretoria, more than one quarter of the respondents had witnessed illegal drugs being sold on their school grounds, while 42% had personally seen illegal drugs being sold in their neighbourhood. The same survey revealed that when asked whether they knew a friend or classmate who had been using illegal drugs such as LSD, ecstasy, cocaine or heroin, that 79.3% of the Coloured group, 57% of the Indian group, 40% of White group and 37% of Black or African group confirmed that they did (Neser, 2001).

The youth in South Africa, as a result of our confusing and complex past have become one of our most vulnerable population groups. In Africa, millions of children live in environments characterised by poverty, intra-familial discord, absent fathers and parental figures, and violence. Poverty is a powerful predictor of negative psychological outcomes for children and acts as a consequence of multiple stressors associated with poor conditions. Research in South Africa shows a high incidence of substance use among the lower-class adolescents and that the impact of such social class was slightly greater for males than females (UNODC & CTDCC, 2004). Therefore, it seems that adolescents who do not have access to legitimate opportunities are more likely to turn to a criminal subculture where they can acquire what they need, for example social status, via illegitimate means. Substance abuse also finds its way into the higher socio-economic groups where the trend seems to lean more toward recreational substance abuse linked to lifestyle and social status. No matter where you come from, it appears that more and more children are being exposed to a world characterised by coercion, corrosion, crime, unsafe sex, gangs and drugs.

Much of the above discussed research points to the central and pervasive sense of isolation, exclusion, and or disconnection that exists among individuals who engage in a persistent pattern of behaviours seen as inappropriate by the larger society. Yet, the research also indicates that a number of factors nevertheless appear to protect people against violence and taking drugs. These include high self-esteem and social “connectedness”, especially with family and friends, having social support, being in a stable and happy marriage, and commitment to a religion (WHO, 2002).

The previous overview of the current alcohol and drug situation in South Africa indicates a clear need for substance abuse prevention programmes that target the deeper aspects of substance abuse. It is useful to look at this overview as one frame of a moving picture. Just as there are constant fluctuations in the levels of use of certain drugs, there are also rises and falls in drug use in general. Many authors (Flisher et al., 1998; Morojele et al., 1997; Morojele et al., 2002, 2003; Myers, Parry, Plüddemann, 2001) in the field of alcohol and other drug abuse emphasise that the ebb and flow in the trends of alcohol and drug usage in our history has been marked by a concomitant ebb and flow in societal and governmental reactions to the prevailing patterns of drug use in our society.

Interestingly, most societies’ ability to respond is often so slow that by the time they recognise that a problem exists and become emotionally charged enough to engage in a focused “preventive” effort, the use of that substance has usually already begun to decline, often as a result of a collective experience of negative consequences. Musto (1987) points out that as a society we often revisit and, regrettably recycle historic attitudes toward drugs. For example, he cited a prominent drug expert as saying in 1974 that the dangerous drug “cocaine is probably the most benign of illicit drugs currently in widespread use”, and that as strong a case could be made for legalising it as for legalising marijuana. “Short acting- about 15 minutes- not physically addictive, and acutely pleasurable, cocaine has found increasing favour at all socioeconomic levels in the last year” (Musto, 1987, p. 265). This view was reminiscent of the 1880s, when cocaine had first appeared commercially and when it was viewed as a harmless cure for many ailments. However, current research confirms that cocaine is harmful and highly destructive.

According to Parry (1997) a meaningful strategy to address substance abuse in South Africa will not be achieved until there is a greater realisation of the impact of alcohol and drug use, both positive and negative. When Parry talks about the positive aspects of drug use he refers to how certain drugs, like alcohol are used to aid relaxation and enhance sociability. He also mentions the medicinal uses of many drugs, for example, a glass of red wine every other days can help reduce ischemic heart disease in post-menopausal women (Jackson, Scragg & Beaglehole, 1991, cited in Parry, 1997) and marijuana is often prescribed by doctors for acute pain associated with diseases like cancer. He also refers to how the alcohol and drug industry is a large provider of both formal and informal employment and provides a large amount of tax revenue to the government, as well as foreign exchange. However, Parry (1997) states that these positive aspects need to be weighed against the extensive disadvantages of use to public health and economic and social development and refers to international research that has documented very clearly different areas negatively affected by substance use or misuse; medical, family, workforce, crime, the insurance industry and the economy in general.

We know that the overview of substance use presented here will change and that the moving picture of substance abuse will reveal new trends. Some new drug or new method of administration will replace another in the current picture. But what isn't likely to change regarding substance abuse is the bigger picture. It therefore, makes sense to argue for a more reasoned, consistent, ongoing approach, which is able to change with an ever-changing society. The ecosystemic approach to prevention and intervention appears to respond to these challenges of living in a multi-cultural dynamically changing society. An important aspect of ecosystemic thinking is that it rejects problem conceptualisations based on linear causal models that emphasise "either/or" dichotomies, determinisms and individualism. Instead, it views problems in terms of reciprocal and circular causality, and therefore meaningful and logical in their context.

### ***An Ecosystemic Approach to Evaluation and Prevention***

Traditional evaluation methods seemed too restrictive to capture the complexity inherent in the experiences of the participants and processes that unfolded in the DWCP. Tackling the "problem" of substance abuse prevention and intervention also appeared better served by using an ecosystemic approach. Although this study focuses on determining whether the DWCP was effective in achieving its goals (that is, summative and or outcome evaluation), the process of evaluating "effectiveness" is performed more ecosystemically, in that it focuses more on how the DWCP programme achieved its goals in a more holistic sense.

In thinking about the design of the study, I attempted to use an approach, which combined both ecosystemic and measurement based evaluation. From an ecosystemic approach the subjective and idiosyncratic ways in which we all create meaning were acknowledged. From a measurement based approach society's (and the school system's) need for structure, statistics and clarity was acknowledged in terms of how useful the participants found the DWCP. By combining these two approaches it was hoped to broaden this study's scope by emphasising that no one approach is correct, but that when used in combination one acknowledges

the multi-dimensional nature of evaluating a study that is consistently relevant and makes sense in practice, as well as in theory.

The dynamic nature of any approach to adolescent substance abuse prevention also cannot be easily represented in a two-dimensional format - even with the elaborate use of diagrams and visual arts. There are several implications of applying ecosystemic perspective to intervention and prevention. First and foremost, from an ecosystemic perspective, problems are framed in terms of a systemic analysis, and thus the process of prevention or intervention is one that is participatory and collaborative. Trickett (1969, cited in Nelson & Prilleltensky, 2005) captures the spirit of ecosystemic intervention in the following passage:

*The spirit of ecologically-based consultation is to contribute to the resourcefulness of the host environment by building on locally identified concerns to create processes, which aid in empowering the environment to solve its own problems and plan its own development. This spirit is concretized in the kinds of activities engaged in by the consultants, which further highlight the distinctiveness of the ecological metaphor. (p. 190)*

Therefore, the spirit of the ecosystemic intervention is one of working *with* people rather than working *on* people. A second implication for ecosystemic intervention is that attempts to change one part of the system will have side effects on other systems, and that these side effects will often be unanticipated. Therefore the ecosystemic perspective suggests that social change is not linear, and therefore prevention efforts, which aim at solving a problem, may lead to new problems in another context. A third implication of the ecosystemic perspective is that the intervention should not focus exclusively on the attainment of outcome goals for participants in a specific programme. While it is important to see how individuals benefit from programmes, the ecological perspective draws attention to goals at multiple levels of analysis, which involve first-order and second-order cybernetic processes. According to Nelson and Prilleltensky (2005) successful ecological interventions build the capacity of the setting to mobilise for future action and create other programmes. The degree to which setting members participate in and take ownership for the intervention are also important outcome goals for ecosystemic interventions.

Fourth, there are implications of the ecosystemic approach for the role and qualities of the interventionist. Since ecosystemic interventions are flexible and improvisational in nature, facilitators must be able to form constructive working relationships with the participants in the context, problem-solve and think on their feet, be patient and take the time to get to know the setting and the people within it, not jump into offering solutions, tolerate the ambiguities and frustrations that inevitably occur in any intervention, help the setting to mobilise resources from within or to identify external resources, be creative, and attend to issues of entry and exit from the setting.

## *Research Objectives*

In ecosystemically informed interventions, the changing nature of ecosystems and human adaptation requires a long-term perspective. Contemporary social problems have both historical roots and future consequences. When practitioners examine social issues and problems from an ecosystemic perspective, they consider these issues and problems at multiple levels of analysis, or what ecosystemic thinkers refer to as first-order and second-order cybernetics perspectives. It is for this reason that ecosystemically informed interventions do not focus exclusively on the attainment of outcome goals for participants. Yet, there are certain guiding principles and values, which contribute to the implementation of an ethically sound programme. The goals below capture the value system underpinned by both social constructionist and action research paradigms where as the researcher; I am involved with the participants, and am committed to a process of self-reflection as I conduct the research. I also encouraged feedback and self-reflection on the part of the participants and used experiential learning (Johnson & Johnson, 1994), the development of emotional intelligence (Goleman, 2004) and empowerment (Rapmund, 2000), as well as the seven capacities of the “U movement” (Senge, Scharmer, Jaworski & Flowers, 2005) as vehicles, which facilitated the learning process through which these goals were achieved. The main objective of the DWCP was to increase the participants capacity for action and change, through which more positively framed behaviours, are practiced and developed. The goals illustrated below served merely as a guide to navigating the often-unpredictable process of implementing an intervention programme. These goals are unpacked more in Chapter 4.

Goals of the DWCP:

- Increased awareness and knowledge.
- Increased connection and communication.
- Increased capacity for appropriate decision making and problem solving.
- Increased interpersonal competence and empowerment.

Goals of the ecosystemic evaluation and research questions:

- To evaluate whether the DWCP achieved its goals. The goals (as listed above) were assessed holistically in terms of how all the goals work together to develop resilience and bring about positive attitude and behaviour change.
- To evaluate what participating in DWCP meant to the participants. Did the participants find the DWCP useful and meaningful? What suggestions were made for improvement? These questions were answered by analysing the field notes, programme documents and other archival data, such as photographs, and posters, as well as by asking the participants to fill in a post programme evaluation questionnaire.
- To reassess best practice in this context by revisiting the best practice literature in the light of the evaluation findings. This was done according to what the participants and I found useful in the field of prevention, which required asking, which best practice principles worked and which principles did not work? This was done by examining the mainstream prevention approaches in comparison and as a supplement to an ecosystemic approach. The “usefulness” of the ecosystemic approach is captured

in the processes, themes, lessons learnt, self-reflection, feedback from the participants, and in its theoretical and pragmatic use to the reader or prospective facilitator.

### *The Way Forward From Here*

There are six chapters to this study, which all work interdependently to bring this study together as a whole. Chapter 2 synthesises the past and current literature in the field of adolescent substance abuse and prevention and elaborates on the theoretical framework that has informed the study. Chapter 3 outlines why an ecosystemic approach can be useful when applied to substance abuse prevention and intervention. Chapter 4 outlines the research methodology used in this study. Chapter 5 highlights the results of the study, which are discussed in relation to the themes, processes, and meanings that emerged from the field interviews, field notes, and photographs and posters. Chapter 5 also contains the descriptive research findings from a short evaluation questionnaire filled out by all the participants. Chapter 6 brings the research results together in the form of lessons learnt and my own self-reflection on the process.

In **Chapter 2** the literature in the field of substance abuse prevention is demarcated in terms of the shift between mainstream prevention approaches which appear to overemphasise the individual, risk factors, outcomes and measurement; and more recent prevention approaches that focus on building resilience, strengths, and relationships, and encompass the more complex “human” aspects of prevention and intervention. This is captured in a discussion, which summarises best practice in the field of adolescent substance abuse. The ecosystemic approach to prevention and intervention is introduced and discussed in relation to mainstream prevention approaches, which can be classified as follows: the biomedical “disease model” approach, the “moral-legal” or fear-based approach; the information-based and awareness approach; the “alternatives-orientated” approach; and the life skills approach. This chapter lays the foundations for the next chapter, where the ecosystemic approach is presented as an alternative and or supplement to the mainstream approaches by drawing on what has been learnt and successes derived in the field.

**Chapter 3** introduces the ecosystemic approach by linking it to ancient wisdom and indigenous knowledge systems, and how it traced its path into the field of psychology, politics, business, biology, anthropology, philosophy, and so on. This chapter also discusses how the ecosystemic approach can be implemented, which entails using metaphors and outlining the various shifts that are made in terms of linear thinking and systems thinking. This is outlined in relation to how the ecosystemic approach can be useful when applied to prevention and intervention. More importantly, this chapter illustrates how systemic principles show us that no prevention programme is more important than the context in which it is developed, facilitated, or evaluated. The context, in which substance awareness programmes are developed, facilitated, or evaluated, be it a school or any other context, becomes part of a cyclical process of mutual influence and feedback. This chapter also examines the limitations of the ecosystemic approach.

In **Chapter 4**, the research methodology is discussed with reference to the rationale for selecting both a predominantly qualitative approach, which is combined with a minority quantitative approach. This is discussed in relation to action research and evaluation research. The ecosystemic approach to intervention

and prevention is contextualised within a social constructionist framework, which is informed and guided by postmodernism as articulated by Becvar and Becvar (2000), Denzin and Lincoln (2000), Gergen and Gergen (2003), and Lynch (1997). The focus of the DWCP was on the interaction that ensued between all stakeholders that took part in the programme. The underlying hypothesis was that learning could be enhanced through meaning that develops between people as they interact with one another in a warm encouraging atmosphere. Evaluation data was gathered via meetings with the life skills teacher and headmaster needs assessment questionnaires, participant reflection sheets, facilitator field notes, independent observer field notes, posters, photographs, and feedback sessions held with the parents and the learners. Hermeneutics was selected as a method of qualitative data analysis to identify the themes, processes, and meanings that the participants ascribed to their experiences of the DWCP. Descriptive statistics were used as a method of analysis for the short evaluation questionnaire that was administered to the participants after the programme. The merits and downfalls of working from these perspectives within the field of evaluation and action research is also discussed in relation to issues of the “trustworthiness” of the observations, interpretations, and conclusions made in this study.

In **Chapter 5**, the results of the study are discussed as a whole; yet incorporate four stages of analysis. Firstly, Stage 1 includes an account of how I immersed myself in the world of prevention via working with texts, Stage 2 involved gaining entry into the setting, which involved initiating involvement, defining roles, and sharing responsibility. Stage 3 included analysing the various processes, patterns and themes that emerged from the field notes, the learners’ reflection questionnaires, the feedback session, comments made by the external reference team, interviews with the teacher and headmaster, and photographs and posters. Thus, Stage 3 involved analysing the participants’ accounts of their experiences in terms of the themes and the descriptive statistics that capture their experience. The themes are presented under the three main headings entitled; *Building a Container*, *Charging the Container*, and *Closing the Container*. These themes and their sub-themes are brought together with the aim of capturing the process of the DWCP as it unfolded. Stage 4 summarises the results of the study in the form of a discussion and draws various links between the literature in relation to best practice, and the ecosystemic approach to intervention and evaluation. This includes referring back to the goals of the DWCP and the evaluation goals of the study. The purpose of this chapter is to organise the field notes, participant responses, and photographs and posters in such a way that overall patterns become clear thus providing an overview of the DWCP and its impacts. The challenge for me here was to present participant responses in a cogent fashion that integrates the great variety of experiences and impacts recorded before, during and after the implementation of the DWCP.

In **Chapter 6**, the results are brought together in the form of self-reflection and lessons learnt. These may be useful for facilitators who wish to implement a programme in their particular field. The lessons learnt and self-reflections are presented in the form of emerging patterns, insights, and futures, which have the potential to benefit the relevant future facilitators on a personal, relational and community level. The study is also evaluated in terms of its strengths and limitations, as well as its trustworthiness of the study. Recommendations for further research are also proposed.

## *Summary*

This chapter contextualises the study by defining the research problem and introducing the reader to thinking about substance abuse prevention in a new and dynamic way. This links to the purpose of this study, which is to provide a framework for substance abuse prevention work in South Africa through which different initiatives can be undertaken and evaluated. This chapter captures the theoretical, empirical, and practical reasons that opened up avenues for this study. The ecosystemic approach is introduced in this chapter as a relatively unused, yet dynamic approach to substance abuse intervention and evaluation which takes into account the various sub-systems within which the individual exists, and how these subsystems are interdependent and interrelated. In South African literature, little attention has been paid to identifying these cyclical and reciprocal processes, themes and meanings that occur in the context of implementing a substance abuse intervention programme.

In defining the research problem, epidemiological research appears to indicate that the age at which adolescents start abusing drugs is decreasing, with many adolescents having their alcoholic drink at age 14, and even more alarming is the amount of patients under 20 years old in Cape Town having heroin as a primary drug of abuse. The research also indicates that adolescents who abuse alcohol and other drugs are more likely to engage in sex and in unsafe sex than are adolescents who abstain from using drugs. The SACENDU and UNODC both alert us to the risk associated with injecting heroin and the spread of HIV and AIDS among youth. The research shows how methamphetamine has emerged as the main substance of abuse among young patients, especially in Cape Town, with treatment lasting a year, and a worrying recidivism. The research also shows how an alarming rate of primary school children have tried drugs and how more broadly it seems that drug use in general is strongly correlated with virtually every other problem behaviour demonstrated by young people, such as school drop out or failure, teen suicide and depression, delinquency, violent behaviour, domestic violence, and HIV and AIDS or sexually transmitted diseases, prostitution, and rape.

This chapter also included a statement of the overall aims and goals of the study as they crystallised during my preliminary reading and thinking about the research problem. Both the research problem, and the goals of the DWCP and the evaluation goals are considered at multiple levels of analysis. As this study unfolds, it will attempt, from an ecosystemic approach, to further illustrate that simple cause and effect relationships are not adequate to understand human functioning and that everything is in a state of constant change (Van Niekerk & Prins, 2001). It seems that prevention is more complicated than just increasing protective factors and decreasing risk factors. From this standpoint it appears that there are many ways of viewing adolescent substance abuse in that the problem is based on a complex interaction of influences comprised of personal, family, peer, school, and community variables.

## CHAPTER 2

### **From Mechological to Ecological Approaches to Prevention**

#### *Introduction*

In Chapter 2 the literature in the field of substance abuse prevention is demarcated in terms of the shift between mainstream prevention approaches which appear to overemphasise the individual, risk factors, outcomes and measurement; and more recent prevention approaches that focus on building resilience, strengths, and relationships, and encompass the more complex “human” aspects of prevention and intervention. This is captured in a discussion, which summarises best practice in the field of adolescent substance abuse. The ecosystemic approach to prevention and intervention is introduced and discussed in relation to mainstream prevention approaches, which can be classified as follows: the biomedical “disease model” approach, the “moral-legal” or fear-based approach; the information-based and awareness approach; the “alternatives-orientated” approach; and the life skills approach. This chapter lays the foundations for the next chapter, where the ecosystemic approach is presented as an alternative and or supplement to the mainstream approaches by drawing on what has been learnt and successes derived in the field.

#### *Prevention and Health Promotion: Protective Factors versus Risk Factors*

Prevention is a concept that has been around for some time. Prevention has its roots in the field of public health. The thrust of the public health approach to prevention is to reduce environmental stressors and to enhance host resistances to withstand those stressors. In the case of smoking, public policy could attempt to restrict advertising and sales to young people and programmes could teach ways of resisting peer pressure and commercial exploitation. The public health approach to prevention has been very successful in reducing the incidence of many diseases, yet this approach is effective only with diseases that have a single identified cause, be it a vitamin deficiency or a germ. According to Nelson and Prilleltensky (2005) the problem with this approach when applied to mental health and psychosocial problems in living is that very few of these problems have a single cause.

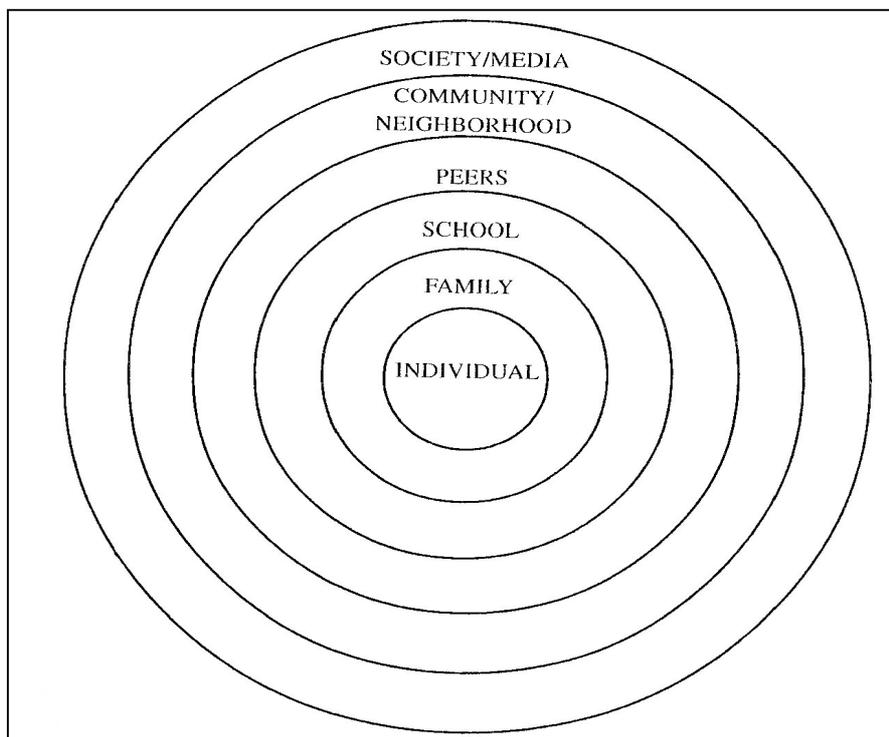
According to Nelson and Prilleltensky (2005) primary prevention strives to reduce the incidence or onset of a disorder in a population, whereas secondary prevention can be understood as early detection and intervention. Universal preventive interventions are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. An example of a universal preventive intervention for physical health is childhood immunization. Selective preventive interventions are targeted to individuals or subgroups of the population whose risk of developing problems is significantly higher than average. Indicated preventive interventions are targeted to high-risk individuals who are identified as already having minimal, but detectable signs or symptoms, or biological markers, indicating predisposition for the mental disorder, but who do not meet diagnostic criteria (Nelson & Prilleltensky, 2005).

Prevention and health promotion become increasingly important as the prevalence rates of psychosocial and mental health problems far outstrip available human resources in mental health and social service. Wilkinson's (1996, cited in Nelson & Prilleltensky, 2005) book *Unhealthy Societies: The Afflictions of Inequality* has changed the way many people think about health and well-being. His main conclusion was unless we change the social environment in which people live, our chances of improving health and well-being are minimal. Over the past few years, there has been more and more of a focus on health and the promotion of well-being (Nelson & Prilleltensky, 2005). Health promotion approaches are often provided on a universal basis to all individuals in a particular geographical area (for example, neighbourhood, city, province) or particular setting (for example, school, workplace, public housing complex). Moreover, health promotion is more likely to focus on multiple ecological levels than risk reduction, which is more often aimed at individuals.

Mainstream research (NIDA, 2005) in the field of substance abuse prevention emphasises that the first prevention principle in any programme should focus on enhancing protective factors and reversing or reducing risk factors. NIDA identified a number of conditions that correlate with the abuse of drugs among children and youth. These correlates (which are closely linked to risk factors and protective factors) are grouped by NIDA into six major life "subsystems"- the individual, family, school, peer group, community, and society or media. Each subsystem represents an important sphere of influence in the lives of children and youth. This view of correlates by life subsystems has evolved from ecological theory and is visually represented in Figure 2.1. The ecological perspective addresses the value of holism and is a reaction to western science and ways of thinking about the world have emphasised linear, reductionistic, and fragmented ways of understanding substance abuse. Although this research focuses on substance abuse prevention, it is known that virtually all other problem behaviours share many (if not most) of these same risk factors and protective factors. The connection between these subsystems and the risk factors and protective factors is visually presented in Table. 2.1.

The relationship of these subsystems to a young person is frequently represented as a series of concentric circles with the youth in the centre. These concentric circles depict the close to the more distant influences, so that the second circle represents the family, the third the school, and so forth, with the last and largest circle representing society. Thus, the model includes persons, events, experiences, and establishments not only in the youth's immediate environment but also in the youth's broad social milieu, including such influences as the media, advertising, and major sociocultural institutions. Although this ecological metaphor for viewing the adolescent in context is useful, it is however a linear representation, which does not cater for the three-dimensional perspective, that is often required when viewing an adolescents in the context of prevention. For instance, different professional groups will punctuate different parts of the system according to what they perceive as important. In Figure 2.1., Strader, Collins and Noe (2000) appear to have placed the school closer to the individual adolescent, yet during adolescence, the peer system appears to dominate in relation to the adolescent's family and school. Also, it seems important to be aware that no level of the

hierarchy can be understood by study of each part individually, as the individual appears to be a unique manifestation of the whole.



**Figure 2.1.** Subsystems and their relationship to the individual youth. (Strader, Collins & Noe, 2000)

Studies over the past two decades have tried to determine the origins and pathways of substance abuse and addiction - how the problem starts and how it progresses. Many factors have been identified that help differentiate those adolescents more likely to abuse drugs from those less vulnerable to substance abuse. Factors associated with greater potential for substance abuse are called “risk” factors, while those associated with reduced potential for abuse are called resiliency or “protective” factors (UNODC, 2004).

It is important to note that a risk factor or a protective factor for one person may not be for another and that there is not a clear cause and effect relationship between risk and protective factors. Risk and protective factors can affect children in a developmental risk trajectory, or path. This path captures how risks become evident at different stages of a child’s life. For example, early risks, such as out-of-control aggressive behaviour, may be seen in a very young child. If not addressed through positive parental actions, this behaviour can lead to additional risks when the child enters school. Aggressive behaviour in school can lead to rejection by peers, punishment by teachers, and academic failure. Again, if not addressed through preventive interventions, these risks can lead to the most immediate behaviours that put a child at risk for substance abuse, such as skipping school and associating with peers who abuse drugs. By focusing on the risk path, mainstream research seems to indicate that prevention programmes can intervene early in a child’s development to strengthen protective factors and reduce risks before problem behaviours develop.

The subsystems in Figure 2.1. are suggested by NIDA as a focus for prevention. As the first two examples suggest, some risk and protective factors are mutually exclusive- the presence of one means the absence of the other. For example, in the individual domain, early aggressive behaviour, a risk factor, indicates the absence of impulse control, a key protective factor. Helping a young child learn to control impulsive behaviour can be the focus of a prevention programme.

**Table 2.1.** Framework for characterising risk factors and protective factors in the six subsystems (NIDA, 2005).

<b>Risk Factors</b>	<b>Domain</b>	<b>Protective Factors</b>
Early aggressive behaviour	<i>Individual</i>	Impulse Control
Lack of parental supervision	<i>Family</i>	Parental Monitoring
Substance Abuse	<i>Peer</i>	Healthy Peer Group
Drug Availability	<i>School</i>	Antidrug Use Policies Academic Competence Good teacher-child relationships
Poverty	<i>Community</i>	Strong Neighbourhood Attachment
Ineffective policies or programmes Advertising cigarettes and alcohol	<i>Society/Media</i>	Researched or well-informed policies or programmes Policing advertising aimed at adolescents.

Other risk and protective factors are independent of each other, as demonstrated in the table as examples in the peer, school, and community subsystem. For example, in the school domain, drugs may be available, even though the school has “anti drug policies.” An intervention may be to strengthen enforcement so that school policies create the intended school environment. Risk factors for substance abuse represent challenges to an individual’s emotional, social, and academic development. These risk factors can produce different effects, depending on the individual’s personality traits, phase of development, and environment. For instance, many serious risks, such as early aggressive behaviour and poor academic achievement, may indicate that a young child is on a negative developmental path headed toward problem behaviour. Early intervention, however, can help reduce or reverse these risks and change that child’s developmental path. For young children already exhibiting serious risk factors, delaying intervention until adolescence will likely make it more difficult to overcome risks. By adolescence, children’s attitudes and behaviours are well established and not easily changed.

Risk factors can influence substance abuse in several ways (Robertson, David & Rao, 2004). They may be additive: the more risks a child is exposed to, the more likely the child will abuse drugs. Some risk factors are particularly potent yet may not influence substance abuse unless certain conditions prevail. Having a family history of substance abuse, for example, puts a child at risk for substance abuse. However, in an environment with no drug-abusing peers and strong anti-drug norms, that child is less likely to become a substance abuser. The presence of many protective factors can lessen the impact of a few risk factors. For example, strong protection- such as support and involvement- can reduce the influence of strong risks, such as having substance-abusing peers. Therefore, an important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors.

Once again, although NIDA's emphasis on increasing protective factors and decreasing risk factors is useful when thinking about prevention, it appears deterministic in that it overemphasises the effect of risk factors and does not take into account the complexity of human nature and agency. It seems, especially in a country like South Africa that certain risk factors for substance abuse, for example poverty and unemployment, may be difficult to change. This dilemma has opened up research avenues into resiliency factors, through which building on existing strengths has become increasingly important. Therefore, it is suggested that the impact of unchangeable risk factors may be moderated by protective (or resiliency) factors (Strader, Collins & Noe, 2000). Research in this area has shown that many youth appear to moderate the negative effects of risk factors and successfully resist persistent exposure to risk factors, even when there are multiple and severe risks (Ebersohn & Eloff, 2003).

The relationship between resiliency and risk factors, however, is often not obvious, because resiliency factors are not merely the reverse of risk factors. For example, Strader, Collins and Noe (2000) reported that parent conventionality and strong attachment between parent and adolescent reduced the risk presented to youth of associating with drug-using peers. What this example illustrates is that the relationship between parents and youth (a resiliency factor in the family subsystem) can offset risks associated with drug-using friends (a risk factor in the peer group subsystem). Clearly, the risk and resiliency factors in the example are not simple opposites. This example underscores that the search for resiliency factors is not necessarily restricted to a simple reversal of a known risk factor.

### ***Building Resilience and Strengths***

The term resilience has been used in various settings with an array of meanings. Resilience has been associated with being able to successfully adapt to your changing environment. More recently, in relation to substance abuse prevention research it appears that resilience is conceptualised as a dynamic process involving an interaction between both risk and protective processes, internal and external to the individual, that act to modify the effects of an adverse life event. It also appears that resilience does not so much imply invulnerability to stress, but rather an ability to recover from negative events. Olsson, Bond, Burns, Vella-Broderick and Sawyer (2003, p. 2) describe resilience as “normal development under difficult conditions”.

The term resilience is unpacked by Olsson et al. (2003) whose article focuses on seeking greater clarity around the concept of resilience as it relates to the period of adolescence. Olsson et al. (2003, p.3) define resilience as follows; “resilience can be defined as an outcome characterized by particular patterns of functional behaviour despite risk. Alternatively, resilience can be defined as a dynamic process of adaptation to a risk setting that involves interaction between a range of risk and protective factors from the individual to the social”. Olsson et al. point out that any theoretical account of resilience that does not discriminate between process and outcome may be prone to needless complexity. Outcome focused research typically emphasises the maintenance of functionality; that is, patterns of competent behaviour or effective functioning in young people exposed to risk. The authors point out that variation in the kinds of outcomes considered has led to considerable confusion about the nature of the concept under discussion. Olsson et al. suggest a more expanded framework of resilience, which includes protective processes (resources, competencies, talents and skills) that sit within the individual (individual-level factors), within the family and peer network (social-level factors), and within the whole school environment and the community (societal-level factors). Assessment of the adaptive capacity of an individual could then proceed in terms of a comprehensive assessment of resources at each level. Likewise, Olsson et al. suggest that effective interventions could be aimed at developing the individual’s internal resources and skills and equally importantly changing the social environment to further promote resilience.

Olsson et al. point to the considerable research effort that has gone into elucidating key protective factors that sit within individuals, between individuals, and in the material and physical environment. The authors emphasise that resilience should be viewed as a process of interaction between a range of risk and protective processes of varying degrees of impact, and a risk situation at varying points in development, and point out that it is simplistic to believe that a clear single factor, such as parental divorce, is the causal element in a negative chain of events leading to compromised social or academic or relational competence. The risk process associated with parental divorce encompasses more than the act of physical separation. Patterns of family interaction that precede, concur and follow the physical separation of the parents are thought of as the extended process by which young people are placed at risk of poor outcomes. While the adverse life circumstance may be described as the event of divorce, multiple risk factors acting in synergy may far exceed the effect of one significant life event.

O’ Dougherty Wright, Fopma-Loy, and Fisher (2005) emphasise how resilience has been explored primarily in the intrapersonal domain, and propose a multidimensional framework of resilience by assessing resilience across intrapersonal, interpersonal, and intrafamilial domains. Their findings suggest the importance of comprehensive multimethod assessments of resilience. While both risk reduction and resilience development approaches share the common goal of prevention of disorder, the emphasis of each approach is somewhat different. A resilience-based approach emphasises the building of skills and capacities that facilitate successful negotiation of high-risk environments. A risk-reduction approach on the other hand emphasises removing, avoiding or preventing factors or processes implicated in the development of problematic outcomes.

Griffin, Scheier, Botvin, and Diaz (2001) in a series of structural equation models, present a study which examines the association between competence skills and substance use over a three-year period among 849 suburban junior high school students, and whether psychological distress, well-being, or both mediated this relation. Findings indicated that well-being fully mediated the relation between early competence and later substance use, but distress did not. Youth with good competence skills reported greater subsequent well-being, which in turn predicted less later substance use. Findings suggest that competence skills protect youth by enhancing well-being and that prevention programmes should aim to enhance competence in order to promote resilience.

The study of positive adjustment despite multiple serious adverse life circumstances has been the hallmark of resilience research. Steve Wollin (*The Addiction Letter*, 1991) introduces his thinking around resilience in the form of “the Challenge Model”, which he presents as an alternative to traditional psychiatric thinking, conventional wisdom, and a popular psychology which stresses that children growing up in adverse circumstances suffer lasting emotional consequences. Wollin refers to this gloomy deterministic model as the “Damage Model” where children are viewed as passive; without choices to help themselves and their fate is to grow up as damaged adults. Wollin acknowledges that families can be destructive, yet postulates that children are also challenged by the family’s troubles to experiment and to respond actively and creatively. Their pre-emptive responses to adversity, repeated over and over, become incorporated into the self as lasting resiliency.

Building on strengths, instead of deficits originates from a growing body of literature on resiliency, and appears to present a more balanced and optimistic perspective on prevention and intervention, and is supported by current research (Alvard & Grados, 2005; Ebersohn & Eloff, 2003; Strader, Collins & Noe, 2000; Tedeschi & Kilmer, 2005; Walsh, 1996). The concept of resilience, the ability to withstand and rebound from crises and adversity (Walsh, 1996) has valuable potential for intervention and prevention approaches aiming to strengthen resilience among youth to substance abuse. Resilience is often viewed as residing within the individual, with the individual or family often being dismissed as dysfunctional. Alvard and Grados (2005) present a resilience-based model for clinicians to use in the group intervention setting. The model entails interactive identification of protective factors with children, free play and behavioural rehearsal, training in relaxation, and self-control techniques, practice in generalising skills acquired, and active parent involvement.

Experience and past research (Ebersohn & Eloff, 2003; Strader et al., 2000) has shown that resilient youth can avoid drug use and abuse, even when multiple and severe risk factors are present. Further, enhancing strengths is also perceived as a more positive event for individuals, families, and communities. The likelihood of stigmatisation is dramatically reduced when programmes focus on strengths. Much research (Ebersohn & Eloff, 2003) has gone into the positive effects of increasing resiliency factors, which may enhance other resiliency factors, strengthening the overall effects. In other words, an assets-based approach (Ebersohn & Eloff, 2003) has shown to be more effective, as opposed to a deficit, or needs-based approach, which has a strong focus on risks, problems, deficiencies and needs. Ebersohn and Eloff (2003) recognise the

merits of working from an ecosystemic perspective, which they link to their asset-based approach, yet state that one of South Africa's biggest challenges is the fact that the needs-based or deficit based approach is deeply entrenched in the society we live in. Ebersohn and Eloff (2003) state that the ecosystemic approach has made valuable contributions to overcoming the limitations of the needs-based approach in that it focuses on the broader social context in which problems are manifest.

A key factor that appeared in most of the reviewed literature that supported resilience theory, that is believed to transcend each of the subsystems, appeared to be "connectedness" (Strader et al., 2000). In the individual subsystem, connectedness means being able to recognise and name one's own thoughts and feelings. In the family subsystem, connectedness means feeling connected to one's family and significant others, along with being able to express personal thoughts and feelings with them. In the community subsystem connectedness means discovering that one's self and family is rooted in an environment and connected to ones peers. Feeling or perceiving one's self to be connected across several subsystems appears to create a protective shield, immunity and a resiliency to negative influences. It is through these connections that individuals, families, and communities build resiliency and the strength to resist problem behaviours. Connectedness is a critical protective and healing force in human beings-young or old, rich or poor, male or female. Deep, healthy human connections build strong protective shields to prevent harm and to provide both nurturing and healing support even when misfortune penetrates this shield.

The concept "empowerment" (Rapmund, 2000) also appears to capture much of what preventionists appear to want to enhance and build. A wide range of meanings associated with the term empowerment exist (Rapmund, 2000). Conceptualised within the South African context and community psychology, empowerment refers to a means to address the problems of powerless populations and to mediate the role that powerlessness plays in creating and perpetuating social problems (Guitierrez, 1995, p. 229, cited in Van Niekerk & Prins, 2001). Additionally, empowerment refers to increasing personal, interpersonal, and political power so that individuals, families or communities can take action to improve their situations. Empowerment is also a process that can take place at an individual, interpersonal, and community level of intervention. It consists of the following sub-processes; development of group consciousness, reduction of self-blame, assumption of personal responsibility for change, and enhancement of self-efficacy (Van Niekerk & Prins, 2001, p.250).

## ***Contextualisation of the DWCP within the various Subsystems***

### ***Individual***

Individual risk factors include low self-esteem, poor self-control, inadequate social coping skills, sensation seeking, depression, anxiety and stressful life events. Research has also identified specific risk factors associated with substance abuse, which include being male, and being young (UNODC, 2004). Whether one is male or female makes a difference when considering the risk of drug use. It is generally the case that in the majority of countries more men than women use drugs. Drug use among girls and women tends to relate to

abuse of illicit or legal substances like over-the-counter prescription drugs and alcohol, which are more socially accepted.

Developmentally, adolescence is seen as a transition period between childhood and adulthood. Its age boundaries are not exact but in our society adolescence begins at around age 13 and ends at age 22 (Weiten, 1995). Although most societies have at least a brief period of adolescence, it is not a universal across cultures. Erik Erikson was especially interested in personality development during adolescence, which of the eight major life stages he described as the psychosocial crisis of “identity formation versus confusion”. According to Erikson (1968), the premier challenge of adolescence is the struggle to form a clear sense of identity. This struggle involves working out a clear concept of oneself as a unique individual and embracing an ideology or system of values that provides a sense of direction.

Although the struggle for a sense of identity neither begins nor ends in adolescence, it does tend to be especially intense during this period. First, rapid physical changes stimulate thought about self-image during adolescence. Second, changes in cognitive processes (in Piaget’s terminology, the arrival of formal operations) promote personal introspection. Third, decisions about vocational direction require self-contemplation. According to Marcia (1980, cited in Weiten, 1995) adolescents deal with identity formation in a variety of ways:

- *Foreclosure* is a premature commitment to visions, values, and roles prescribed by one’s parents. This allows a person to circumvent much of the “struggle” for an identity. However, it may backfire and cause problems later.
- *A moratorium* involves delaying commitment for a while to experiment with alternative ideologies and careers. Such experimentation can become valuable. Unfortunately, some people remain in what should have been a temporary phase.
- *Identity diffusion* is a state of rudderless apathy. Some people refuse to confront the challenge of charting a life course and committing to an ideology. Although, this stance allows them to evaluate the struggle, the lack of direction can become problematic.
- *Identity achievement* involves arriving at a sense of self and direction after some consideration of alternative possibilities. Commitments have the strength of some conviction, although they are not irrevocable.

When one is young, one is constantly struggling to define and affirm identity. In the course of this process young people often start experimenting as part of their search for an identity. They may use substances in order to define their belonging to a particular or to relieve feelings of anxiety or stress in this search for the self. However, while in the transition, instability and change, which characterise adolescence, may well make the adolescent vulnerable to some degree. Yet, it is dangerous to think of adolescence per se as being the cause of drug taking.

Finally, there is evidence (UNODC, 2004) to suggest that there are people who are genetically predisposed to becoming addicted. This means that if exposed to other personal or environmental risk factors, a minority of people are more vulnerable to becoming addicted because of their genetic make-up. Research in the

United States has demonstrated that there is high incidence of substance abuse in psychiatric patients as well as a high incidence of mental disorder among substance abusers entering treatment. A number of studies listed in the authoritative World Health Report on Violence and Health (WHO, 2002) also point to an association between suicidal behaviour and drug use in adolescents.

### *Family*

In this study, the family system refers to the typical “nuclear” which family consists of parents, children, or significant others. It may be a single-parent family, an intact family, or a blended family. Children’s earliest interactions occur within the family and can be both positive and negative. For this reason, factors that affect early development in the family are probably the most crucial when it comes to thinking about the impact of the family on substance abuse prevention. Much research (Dishion, McCord & Poulin, 1999; Dishion et al., 2002; Redmond, Trudeau, & Shin, 2002; Spoth, Guyull & Day, 2002; Vakalahi, 2001) has indicated that the family can be one of the most predominant risk factors and protective factors when it comes to prevention and treatment of substance abuse.

The family risk factors outlined by the authors above point to the following factors; family disruption: high parental conflict; lack of attachment and nurturing by parents or caregivers; lack of a significant relationship with a caring adult; ineffective supervision and support; criminality; parental drug use; and abuse (emotional, physical, sexual). The protective factors in the family point to good family values: a congruent mythology; clear limits and consistent enforcement of discipline; high educational aspirations; a strong bond between children and their families; parental involvement in a child’s life; open communication; a sense of belonging and secureness; good parental supervision and support; a hierarchical structure with a strong parental or marital coalition and appropriate generational boundaries (Becvar & Becvar, 2000); a caring and nurturing atmosphere supportive of both individual and family growth and development; flexibility and adaptability within a context of predictability and stability; initiative, reciprocity, cooperation, and negotiation.

From an ecosystemic perspective, a system is a unit sustained by the interaction of its parts. In particular, the family system is characterised by structure and behaviour. In terms of structure, the family is a multidimensional system consisting of internally functioning subsystems such as parents, children, and other family members. These subsystems interact with one another, thus creating meaning for each member of the family. Circular and continuous interactions among members of the family system provide children with their earliest definition of self (Becvar & Becvar, 2000).

Vakalahi (2001) emphasises the importance of the family in substance abuse prevention and alerts us to other elements of the family structure that are important; boundaries and triangulation. In terms of boundaries, each subsystem has a role to play, and the role must be clearly defined in order to promote family functionality. For example, being the child’s parent, not the child’s friend. On the other hand, triangulation disrupts the boundaries by adding a third member, usually a child. Some of the behavioural features of the family system include homeostasis, enmeshment or disengagement, and scapegoating. Homeostasis refers to

a state in which the system regulates itself to remain consistent in responding to external forces. Enmeshment or disengagement refers to the level of attachment or detachment shown by members of the system. Likewise, scapegoating is the use of a third member to relieve stress in the system. The drug-abusing child, from this perspective is seen more as a function of what is happening within the family system as opposed to the problem existing within the individual child.

Mackenson and Cottone (1992) state that chemically dependant families tend to have a lack of rules within the family system, boundaries that are either too ridged or virtually non-existent This is unhealthy as it can create isolation or enmeshment of family members. Isaacson (1991a) asserts that such families tend to engage in behaviours, which censor individuation and promote continued use of substances by encouraging oppression or enabling using behaviours. Rigid resistance to outside influences, multi-generational addiction, and firm adherence to homeostasis characterise such families.

Isaacson (1991a) outlines the three main rules of addicted families:

- 1) “Don’t Trust” - meaning that it is unwise to believe that what is good today will be necessarily be good tomorrow.
- 2) “Don’t Feel” - many family members of addicts are punished physically and emotionally for expressing any emotion such as anger or happiness.
- 3) “Don’t Talk” - which implies that expressing one self, within or outside the family, could result in retribution.

Isaacson (1991a) asserts that the basic emotions associated with adolescent drug abuse, although rarely expressed, are loneliness, shame, guilt, a need to belong and be accepted, anger, guilt, and depression. If these feelings are not allowed expression in the family, the adolescent will most likely continue to abuse drugs.

Furthermore, the family system proceeds through a life cycle in which at each stage of the eight stages of development there is a different task to be performed (Vakalahi, 2001, p. 31). The eight stages include: Stage 1: married couples without children; Stage 2: childbearing families; Stage 3: families with preschool children; Stage 4: families with children; Stage 5: families with teenagers; Stage 6: families launching young adults; Stage 7: middle-aged parents; and Stage 8: aging family members. Examples of developmental tasks to be performed at each stage of the family life cycle includes establishing a mutually satisfying marriage, establishing a satisfying home for both parents and infants, coping with energy depletion, encouraging children’s educational achievement, and balancing freedom to make choices and responsibility. Adolescence, as a stage in the family life cycle, presents a unique set of problems for the family. At this stage, boundaries are renegotiated and flexibility is essential. Taking drugs may be seen as a means of finding self and feeling free and independent.

Although families differ in their attempt to meet the needs of their members, the family structure, “the interdependence of behaviours, and the importance of the family in the continuing development of

individuals remain constant” (Vakalahi, 2001, p. 31). Thus, family systems theory is based on the notion that the family structure and behaviour generate important factors for individual development and functionality. Family systems theory recognises that relationships and interactions among family members are among the most powerful components influencing an adolescent’s life because of the opportunities for family members to be role models and sources of reinforcement for adolescent behaviour.

In terms of leveraging change, family systems theory also recognises that the family is a unique resource. However, disruption in normal family functioning may strengthen the negative influence of other systems such as peer subsystem or community subsystem on adolescent behaviour. For instance, conflict between a parent and adolescent may lead an adolescent to join a substance abusing peer-group and adopt community values favourable toward substance use.

In contrast to traditional, structural, or content-focused approaches to understanding family functioning, the ecosystemic approach considers health and dysfunction at the level of process. It describes characteristics that define so-called healthy families (protective factors) and points out that at the level of cybernetics of cybernetics all behaviours or characteristics fit, and thus the punctuation of health or dysfunction is logically inconsistent. This is discussed in more detail later on in this chapter where the ecosystemic approach is introduced.

### *School*

The DWCP was implemented in an affluent middle-class school in Johannesburg, whose main expressed values were embedded in a Protestant Christian moral value system. From an ecosystemic perspective the school system represented a closed system characterised by a hierarchal power structure, normative values, factual premises, based on punishment and discipline. Sociologically, the normative dominant discourses of society are perpetuated through the school system. Therefore, it is not unusual for a school to take on a “moral-legal” approach to tackling the problem of substance abuse in the school system. Because of their responsibility to educate young people so that they can make informed decisions both now and for the future, schools are potentially of enormous value in undertaking prevention work aimed at youth who are in school. Thus, the school environment has become an important locale for prevention efforts and thus plays a very important role in substance abuse prevention.

Ultimately, prevention activities should approach drug use as they would any other school subject. Accordingly, the UNODC and the CTDC (2004) outline in their *Conducting Effective Substance Abuse Work Among the Youth in South Africa* guidelines booklet that the focus should be on the provision of accurate facts and the acquisition by students of relevant life skills. They state that is important to ensure that different subjects in the curriculum, for example, in biology class the physical aspects of drug dependency; in economics the financial costs; and in social sciences the costs to society and so on, give messages that are consistent.

Ecosystemically, approaching the problem of substance abuse within the school system may be a tricky endeavour as any message coming from the school stands the chance of being interpreted by learners as “more of the same” thus reinforcing the “us” versus “them” dichotomy which alienates by “othering” non conformist behaviour. Therefore from an ecosystemic perspective, it may be more effective to bring in “difference” in the form bringing in an outsider who can potentially bring all the various systems in which that learner exists together in a way in which each discourse has a part to play, thus allowing for multiple descriptions of the problem. As Bateson states (1970); “Any complex person or agency that influences a complex interactive system thereby becomes a part of that system, and no part can ever control the whole” (Becvar & Becvar, 2000, p.66).

### *Peers*

The most important reference group for young persons in the community is often their peers. Social interaction with friends and peers may thus provide opportunities for drug use or may encourage or support this type of behaviour. Part of the transition during adolescence involves moving from reliance on the family to individuality. It is at this point that the peer group may start to replace the family as a social support mechanism during what can be a turbulent emotional time. Because the peer group is seen as such a vitally important support mechanism for the adolescent, he or she may go to great lengths to maintain acceptance and status in it.

Peer pressure appears to be the focus of most prevention programmes, which encourage young people to “say no” to their drug taking peers. Yet, this appears to be a more complicated process than just saying “no”. Peer pressure and drug abuse can be linked to what can be referred to as a popular culture, which can be linked to a global culture that includes popular music, movies, celebrities, the internet, television, computer games and other forms of recreation and social interaction. When conducting substance abuse intervention programmes it may be useful to be aware of the powerful impact that popular culture has on young people. For example, the Rastafarian Reggae star Bob Marley, one of the most popular recording artists of all time, was an advocate of social, recreational, and religiously justified cannabis use. Examples of other current pop idols who have been known to glorify drug use and transgress the boundaries of normal society are idols such as M and M, Marilyn Manson, Ozzi Osborne, Ramstein, Kurt Cobain, Courtney Love, and Pink Floyd.

Young people may have deep affection, even reverence, for artists who openly admit to drug use, giving some young people expectations and misconceptions about the effects of drug use, which influences experimentation and continued abuse. Becoming part of a popular group at school, which represents what is “cool” in terms of popular culture, makes young people feel like they are part of a global pop culture. Although fraught with dangers, this subversion and transgression of mainstream culture’s norms and values seems to play an integral part in an adolescent’s identity development and sense of belonging.

## *Community*

As a loose definition of community, a community can be viewed as both a collection of people living in physical proximity and or as a dynamic social and economic system. Based on the approach to community often utilised in health prevention trials, the community is often defined as a collection or a catchments area of people who are at risk for health problems or life difficulties involving alcohol and other drugs (Holder, 2001). The ecosystemic perspective describes substance related problems as the products of the system and dynamic relationships, not the result of “high risk” individuals only.

In the South African community, many youth, especially those who are homeless or have a tenuous home connection often adopt high-risk lifestyles, which can include drug use. As discussed in Chapter 1, situations where there are few or no job opportunities have been associated with the risk of substance abuse (UNODC, 2004). Abuse of drugs and alcohol is frequently associated with interpersonal violence, and poverty as well as income disparities and gender inequality stand out as important community and societal factors (WHO, 2002). Related to both these risky school and work settings may be an abundance of free unstructured time in which there are no constructive, imaginative and challenging activities to take part in.

As with interpersonal violence, predisposing risk factors for adolescent suicide rates also include alcohol and drug abuse, a history of physical or sexual abuse in childhood, and social isolation. Additionally, psychiatric problems, such as depression and other mood disorders, schizophrenia and a general sense of hopelessness also play a role (WHO, 2002). In psychiatric settings in South Africa it appears that substance induced mood disorders, as well as other substance induced psychiatric conditions are on the rise, especially among the youth in South Africa. At Tara H. Moross Centre in Johannesburg, 16% of the patients admitted during 2004 had an alcohol related diagnosis. Seven percent had an alcohol plus another psychiatric problem and 9% had a problem involving alcohol, and other drugs and a further psychiatric problem (SACENDU, 2005).

Drugs appear to filter into all levels of the community. Although research (UNODC, 2004) does indicate that individuals in lower socioeconomic sectors are more exposed and vulnerable to the risk factors associated with substance abuse, this does not appear to rule out the problem of addiction amongst white middle-class adolescents, who appear to be turning up more frequently for treatment (SACENDU, 2005). The population profile in Gauteng indicates that more than half the patients presenting for treatment are white and about a third are black, with a mean age of 32 years old. Eighteen percent of these patients are students or learners. In Gauteng, Durban, and Port Elizabeth 60%, 51%, and 41% respectively of patients younger than 20 years old were African, indicating that in some sites there is better access to and utilisation of treatment facilities by young African people compared to African adults.

The latest findings from the SAENDU (2005) reflect our community demographics at present for patients under 20 years old. See Table 2.2. below.

**Table 2.2.** Demographics for patients under 20 years old in South Africa (SACENDU, 2005)

Province/Race	White	African	Coloured	Indian	Most commonly abused drug
<b>Gauteng</b>	26%	60%	13%	1%	cannabis, mandrax, alcohol
<b>Mapumalanga</b>	48%	45%	5%	2%	cannabis, alcohol
<b>Durban</b>	9%	52%	12%	27%	cannabis
<b>Port Elizabeth/ East London</b>	18%	41%	37%	4%	cannabis, mandrax, alcohol
<b>Cape Town</b>	10%	1%	81%	9%	methamphetamine (aka “tik”)

These statistics begin to shed light on how drugs, albeit different types and preferences, seem to find their way into various socio-economic and racial sectors of the community. Another risk factor would include the widespread availability of drugs within a particular community where laws and regulations intended to discourage or prevent illicit drug use are not stringent or not enforced. In this study, the community in which the DWCP was implemented was representative of white middle class learners, parents and teachers. Although this sector of the community in South Africa has potentially more protective factors, it also does have various risk factors thereby making it difficult to distinguish where and to whom substance abuse intervention programmes need to be targeted, as each population appears to have its own risk factors and protective factors.

### *Society/Media*

Regardless of the approach used, the challenge is to consider the influence of factors outside the system. Relative to the immediate context, there must be awareness of explicit influences of such areas such as school, religious institutions, social groups, extended family, the legal system, the medical system, and work settings. But also to be considered is the impact of such implicit factors as the national economy, social policies, science and technology, and the media as well as language and those discourses that predominate, or are privileged, in a given context.

The South African government appears to be playing a significant role in attempting to address substance abuse prevention issues. In December 2002, the South African Government promulgated its *Policy Framework for the Management of Substance Abuse by Learners in Schools and in Public Further*

*Education and Training Institutions* (UNODC, 2004). A draft set of guidelines on how to implement the policy is under development by the Department of Education. Taken together, these documents focus on (a) prevention, (b) intervention, and (c) how to manage specific incidents. The approach is guided by the following principles (UNODC, 2004):

- The possession, use or distribution of illegal drugs, and the inappropriate possession, use or distribution of illicit drugs is not acceptable in South African schools;
- All learning institutions need to have clear policies for both prevention and intervention, underpinned by a restorative orientation;
- All information relating to drug use, misuse or dependency by a student should be treated as confidential (except where the student has committed a criminal offence, such as being caught dealing in drugs on school property, in which case the name can only be divulged to the police and education authorities who need to know);
- In case of disclosure, teachers and students should be given support to handle confidentiality issues;
- As far as possible, a student involved in a drug-related incident should be assisted in remaining in their school, or, if necessary, assisted in finding an alternative school.

In addition, the draft guidelines make the following points (UNODC, 2004):

- Drug education is included in the Learning Area of Life Orientation.
- The school should access parental/guardian assistance and knowledge in drawing up and implementing its own policy, which should be harmonised as much as possible with the standard policy supplied by the Department of Education.
- Teachers should be trained in the area of drug awareness.
- Schools should promote peer education programmes on drug awareness.
- If service providers are contracted to assist in providing training to teachers or students, it will be important to check whether the service provider is recommended by the Department of Education to undertake such work.
- Schools should develop a “Learner’s Support Programme” which defines specific roles for students.

Linked to these policy changes are also the recent changes within the school system in South Africa in terms of outcomes-based education. An outcomes-based approach to education refers to a focus on skills development, on what learners can do with their knowledge (Department of Education, 2005). Curriculum 2005, the new curriculum is based on the principles of co-operation, critical thinking and social responsibility, and aims to empower individuals to participate in all aspects of society. According to the Department of Education this can be best be achieved by a national curriculum, which prides a general education as a platform for lifelong learning. Lifelong learning is a crucial and strategic intervention to transform the education and training system, which will pride an increasing range of learning possibilities, offering learners greater flexibility in choosing what, where, when, how and at what pace they will learn.

With a focus on life-long learning, more and more drug awareness campaigns are focussing on the effect that the media and advertising play in promoting lifestyles in general and, in the case of illicit substances, the inappropriate use of these substances. While society or media appears distant from the individual, there is much evidence that factors in the larger society and the media play a role in youth substance use. For example, Saffer (1991, cited in Strader, Collins & Noe, 2000) in a study using data from 17 countries found that alcohol-advertising bans had significant positive effects in reducing alcohol abuse. In another study related to the influence of advertising, Atkin, Hocking, and Block (1984) found that among adolescents who reported higher levels of drinking there appeared to be higher exposure to “lifestyle” advertisements promoting alcohol consumption (Strader, Collins & Noe, 2000). Thus, the shift in drug awareness has moved towards facilitating children and adolescents to become aware of the underlying messages that adverts are conveying to them and to use critical thinking to decide whether this lifestyle is worth following considering the risks involved.

### ***Mainstream Prevention Approaches***

Today, more than ever before, we have available to us a large body of knowledge about how to reach and influence youth, even high-risk youth and families, to help them build resiliency. This section reviews the main types of prevention or intervention approaches aimed at adolescents, that is the biomedical “disease” model approach, the “moral-legal” fear-based approach; the information-based approach; the “alternatives-orientated” approach; and the life skills approach. The merits and downfalls of these prevention approaches are acknowledged, thereby, adding to these approaches by introducing an ecosystemic approach, which is presented as an alternative way of understanding substance abuse. Although there are many ways of viewing adolescent substance use, research has shown that there is a need to re-look our approaches to prevention. It has become apparent, although not recognised widely enough, that most of these approaches are ineffective in isolation. A wealth of evidence suggests that the most promising are those approaches that have elements of all the approaches, and which also take into account a theoretical and empirical understanding of substance abuse and problem behaviour (Morojele, 1997). Prevention programmes at the moment are run in various forms; media campaigns using the radio, television and newsprint media such as the Department of Welfare’s *I’m Addicted to Life* anti-drug campaign, and the multi-media programme *Soul City*. Other prevention programmes operate in schools, as part of life skills curricula, and other community-based settings.

### *Biomedical “Disease” Model Approach*

Evidence in favour of the “disease” model is provided by studies attempting to outline the biological basis of addiction. These theories focus predominantly on two points. Firstly, biological models understand and explain addiction by highlighting the effects that substance use has on human biology. Secondly, studies aim to demonstrate how differences in each individual’s unique biological makeup or genetic makeup help account for that specific individual’s vulnerability towards addiction.

According to Sinisi (2005) drug addiction can be approached as a “disease” from two perspectives. The first approach is utilitarian, in that while this approach understands that addiction is not necessarily an actual disease in the traditional sense, it is therapeutically useful because it provides a framework through which addicts can understand and manage their behaviour (Kissin, 1983). This understanding appears to offer a stigma-free understanding of addiction that legitimises access to treatment. The second version, held by groups such as Narcotics Anonymous (NA), asserts that addiction is a disease just like any. Addiction is considered to be a chronic disease founded upon biological processes and symptoms and portrayed as comparable to diseases such as essential hypertension, gout, or coronary heart disease, which have a genetic component and are also impacted upon by environmental factors and the individual’s chosen lifestyle (Lewis, 1991, cited in Sinisi, 2005).

Although the afflicted individual is understood as initially able to choose whether or not to initiate use, the addiction that follows is viewed as an involuntary consequence of both innate factors and initial exposure (Morse & Flavin, 1992, cited in Sinisi, 2005). From this perspective addicted individuals are understood as victims with little freedom or control over their condition. This approach de-stigmatises addiction to some extent as it views addiction as largely involuntary, but it also carries some moral overtones in encouraging complete abstinence and renunciation as the only “cure” for addiction.

Bateson’s (1972) classic article on and analysis on the Alcoholics Anonymous (AA) method of treatment suggests that the success of the model rests on the insistence that the alcoholic try and give up trying to control the alcoholism. Becvar and Becvar’s (2000) interpretation of the analysis is that the idea of alcoholism as a thing that needs to be controlled and the idea that control is possible feeds the escalation of the phenomenon until it is supposedly out of control. It is the idea of control and the idea of alcoholism as a phenomenon in need of control that is a problem. Ironically, while AA is a very effective treatment, the so-called “disease” of alcoholism as a phenomenon that is beyond control logically hooks drinkers into proving to themselves that they are in control and are winning the “battle of the bottle”. By not drinking in the morning, for instance, the person proves that she or he is in control. According to Becvar and Becvar (2000) the idea of control as necessary and possible seduces and controls the person.

The loss of control element of addiction remains very much a part of current definitions of addiction and can be found reflected in the DSM-IV-TR's references to "compulsions", "using more of the substance than intended" and "failed attempts to control substance use" (American Psychiatric Association, 2000, p. 197). Despite the popularity of the traditional "disease" model of treatment, the addiction treatment outcome research indicates that close to 90% of alcoholics who received this brand of therapy, returned to former problem use patterns, following discharge (Peele, cited in Selekman, 1991). In another study with adolescent substance abusers that had received the same disease-orientated programme, nearly 60% of these youths relapsed after discharge (Harrison & Hoffman, in Selekman, 1991). With many of these treatment failures, the lack of familial changes and involvement of key helping professionals who were part of the problem system were considered major contributing factors (Selekman & Todd, cited in Selekman, 1991).

### ***"Moral-legal" and Fear-based Approach***

One of the early approaches to prevention is the "moral-legal" approach (Strader, Collins & Noe, 2000) focused on legislation and enforcement as a primary method. This approach is based on punishment and the threat of punishment for drug possession and use. The obvious assumption is that punishment and the threat of punishment will deter undesired behaviours. This also assumes that addicts can quit on demand, and that making a popular drug illegal will result in an immediate end to its popularity and use. Another characteristic of the "moral-legal" approach is that it creates an "us" versus "them" mentality for the people and drugs that are targeted. In the history of prohibition of certain substances, drugs have often been associated with particular minority groups.

The youth often seem to view laws against drug use as part of the context against which young people struggle to define themselves and grow. The young tend to be rebellious, and laws become part of the total "system" they rebel against. Further, making drugs illegal and creating harsh penalties often drives up the cost of these drugs. High drug prices create an attractive economic incentive for becoming involved in the sale and distribution of those drugs that are currently in demand. This creates a vicious cycle of incentives and disincentives that feeds a number of problematic outcomes (Strader, Collins, & Noe, 2000).

The use of fear or scare tactics (UNODC, 2004) is another prevention approach associated with the "moral-legal" approach. Fear tactics involve exaggeration or focusing purely on the extreme negative effects of drug use. The use of a poster depicting a body lying in the gutter with a needle in the arm would be an example of a scare tactic. Such approaches are now generally seen to have been unhelpful as they rarely influence behaviour positively. One result of such campaigns designed to scare both addicts and the general public is that members of both groups become cynical and distrustful, and lose connection with the government or others who deliver the campaigns, which means they have low success with both groups.

However, fear arousal still forms the basis for some of the work being done in the field of prevention in South Africa. While many people experience a variety of intense negative effects from mood altering substances, only a minority die. The UNODC (2004) therefore state that it is important to get people to

evaluate negative effects long before they get addicted and ideally before they start drinking or taking drugs. Emphasising death does not help this process. Drugs do not kill all, even the majority, of users (UNODC, 2004). As a result, campaigns based upon this premise are likely to be dismissed by adolescents as untrue and lacking integrity. They also make future campaigns to educate youth about drugs far more difficult. By focusing on addiction, these initiatives may not be helpful. What appears important according to the UNODC is to explain some of the causes of addiction, the different addictive properties of different drugs and the fact that most people who take drugs do not die.

Stating that some people who take drugs do die, as a result of addiction, overdose or allergic reaction, is not necessarily a scare tactic. According to the guidelines on conducting effective substance awareness programmes set out by the UNODC (2004) one could state, for example, that while many people have taken ecstasy few people have died as a result, but some have. Death is therefore a realistic risk. This would not be an example of scare tactics as it provides factual information as is currently known, without distortion or exaggeration. Even better would be to follow this up with discussion of short-term negative effects which adolescents will be able to see in their own lives or the lives of those around them who are using drugs.

While most people who use drugs may not become addicted, all who use drugs are negatively affected by them to some extent. Most people who try alcohol, for example, do not become alcoholics. However, most people who use drugs will have experienced a variety of negative effects including: hangovers, high risk sexual behaviour, increased difficulty concentrating, delayed or retarded adolescent emotional and psychological development, adverse coping strategies, and generally failing to live up to their potential. The adolescent will probably be aware of people who have been using drugs for several years and who show no obvious negative side effects. The entire fear-based message concerning drugs may therefore be rejected, along with all the other potentially useful information that is provided. The response from an adolescent is more likely to be “well, if what they said about dagga was untrue, maybe what they say about mandrax or heroin is also untrue”.

Here is an example (UNODC, 2004) of the harm, which scare tactics can possibly cause. In this particular case, scare tactics were used on the parents. On the 30<sup>th</sup> of January 2002, a Cape Town newspaper reported that 90% of high school students had at least experimented with one illegal drug. This statistic was not based on available evidence. It may have been intended to shock parents into action. However, the impact on a non-drug using high school student would have been counterproductive. If a student reads that 90% of his or her fellow students have used drugs, one conclusion might be that they are missing out and must really be “square”. The unintended consequence of this type of misinformation could result pressure being placed on young individuals to use drugs. One of the basic components of effective prevention work is to correct the misperception that everybody is doing it. By exaggerating the extent of drug use one runs the risk of increasing drug use in order to fit in with their peer group.

### *Information-based Approach*

Information-based (Morojele, 1997) programmes focus on information dissemination and “affective education”. The main assumption on which these programmes are based is that people misuse drugs because they lack knowledge about its negative effects. By informing people about the negative effects of drug misuse they should then change their behaviour. These programmes seem to be based on an assumption that through “affective” education, which brings about an increased self-esteem and personal growth; people will be able to be fulfilled through means other than drink and drugs.

There is general agreement that information-based programmes on their own are not effective. Usually they bring about a change in factual knowledge, and sometimes in attitude, but this does not guarantee subsequent behaviour change (Plain & Plant, 1992, cited in Morojele, 1997), the ultimate goal of prevention. The optimistic view of those who promote an informational approach is that giving people enough information will result in reduced use and abuse for abusers and complete avoidance by others. Again, this assumes that addicts can and will quit because they know a drug is harmful. Most addicts already know firsthand the risks involved but feel helplessly trapped anyway. And for the uninitiated, it is clear that accurate information is only a small part of what it takes to help youth or adults to make responsible decisions. Research (UNODC, 2004) indicates that excessively information-based programmes have, in some cases, actually resulted in an increase in drug use for the following reasons:

- Increased allure of experimentation - by overly emphasising the risk of addiction, while failing to deal with any perceived positive aspects of drug use, the programmes have lacked credibility with at-risk youth. They may also make drug use appear interesting and exciting.
- Increased knowledge of “how-to” - they may have provided a menu of drugs and the mood changes that can be obtained, thereby increasing drug use.
- Too focused on the adult perspective - they tend to be derived from an adult perspective and fail to take into account the lived experience of young people, for example, the possibility that smoking may be seen by young people as a route to a slimmer body may be far more persuasive than the fact that they have a greater risk of contracting lung cancer in later years.

Prevention programmes based on information alone do not work because they often misunderstand the causes of substance abuse. They tend to assume that young people take drugs because they are unaware of the risks involved. However, as stated above, the reasons why many young people use drugs are more complicated. They include reasons not addressed by this approach, for example relief of boredom, anxiety or stress, to show maturity, to relieve stress, or for enjoyment (UNODC, 2004). The conclusion is that information is necessary but not sufficient. Information-based programmes have thus tended to be more effective when attention was paid to the sender, the message and the context. They work well where senders were credible and the message is relevant to the receiver. They have also been more effective when combined with other approaches.

### *Life skills Approach*

The life skills (Van Niekerk & Prins, 2001) approach is based on the notion that misuse of alcohol and other drugs is due to social influence. This strategy seeks to have an impact by dealing with a range of social skills. The underlying assumption is that drug use is at least partly due to poor social coping strategies, undeveloped decision making skills, low self esteem, and inadequate peer pressure resistance skills, and so on. The popularity of life skills programmes and their application in diverse situations over the past three decades have led to many definitions of life skills. One could say that there are as many definitions of life skills as there are life skills practitioners.

Life skills originate from Winthrop Adkins, a student of Donald Super, who developed the Adkins Life Skills Program: Employability Skills Series during the 1960's (Van Niekerk & Prins, 2001). This programme began as an anti-poverty training initiative based on Super's tasks for vocational development. Initially its focus was on equipping educationally disadvantaged adults and youth with skills for choosing, finding, planning and getting a job. Later it expanded to include skills required for the challenges of normal life span development, such as skills relevant to marriage, parenthood and other personal development skills. Hopson and Sally (1981; 1989c) and Nelson-Jones (1990) have developed even more comprehensive life-skills programmes (Van Niekerk & Prins, 2001).

These approaches provide training in social skills, assertiveness training and refusal skills in response to pressures to take drugs. The life skills approach is closely linked to asset-based approach (Ebersohn & Eloff, 2003), which focuses on building assets, capacities, enablement and self-determination by providing a supportive environment where knowledge is shared, diversity is acknowledged and connections and relationships are strengthened. The life skills approach is also closely linked to "emotional intelligence" (Goleman, 2004; Le Roux & de Klerk, 2001; Vermeulen, 1999), which focuses on assisting youth to develop a greater sense of connection with their own thoughts and feelings and a greater sense of connection with others, they develop a greater degree of self-confidence, immunity or resistance to the somewhat attractive yet destructive behaviours, such as drug experimentation use, and abuse. See the Table 2.3. below for a summary of emotional intelligence as it applies to building strengths.

**Table 2.3.** The Five Components of Emotional Intelligence (Adapted from Goleman, 2004)

<b>Emotional Intelligence</b>	<b>Definition</b>	<b>Hallmarks</b>
<b>Self Awareness</b>	The ability to recognise and understand your moods, emotions, and drives, as well as their effect on others	Self confidence
<b>Self-Regulation</b>	The ability to control or redirect disruptive impulses and moods  The propensity to think before acting	Trustworthiness and integrity  Study habits  Comfort with ambiguity  Openness to change
<b>Motivation</b>	A propensity to pursue future goals with energy and persistence	Strong drive to achieve, and reinforcement of anti-drug attitude  Assertiveness and drug resistance skills  Optimism, even in face of failure
<b>Empathy</b>	The ability to understand the emotional makeup of other people  Skill in treating people according to their emotional reactions	Responsive to others  Cross cultural sensitivity  Communication
<b>Social Skill</b>	Proficiency in managing relationships and building connections  An ability to find a common goal and purpose and build rapport	Expertise in building peer relationships  Managing peer pressure  Being a leader in your environment

The term emotional intelligence seems to be an umbrella concept for increasing protective factors and decreasing risk factors. Unlike IQ (Intellectual Quotient), emotional intelligence can be learnt and therefore taught in substance abuse intervention programmes. Recent literature in the field of prevention points to the development of emotional intelligence (Le Roux & de Klerk, 2001) and points to how undeveloped or underdeveloped personal and social skills put a person at greater risk of substance use. Personal and social

skills include the ability to make a decision, to express what one feels, to assert oneself or to solve problems. If these skills are not strong, the person is more likely to follow what his or her group of friends does. Young people with poor personal and social skills are also less likely to be able to cope with difficult situations.

Local need for life skills workshops is associated with the gradual erosion of traditional systems of cultural education. According to Van Niekerk and Prins (2001) this has been brought about by urbanisation, acculturation to western-oriented lifestyle, increasing contact and communication between different cultures and groups, and intra-group changes in rituals, customs and authority structures. To equip people adequately to meet the challenges of modern and post modern societies, globalisation, and technological progress requires a future orientation and focus on responding proactively to emerging trends relating to work, learning and relationships. This is where Van Niekerk and Prins (2001) make their connection between life skills development and the ecosystemic theoretical model, stating that it is useful in that it is a holistic, integrated dynamic model that includes all the components and processes relevant to human life. Van Niekerk and Prins (2001) state that “Human beings are generally thought of as consisting of body, mind, soul, and, together with creativity and spirituality, a successful life skills programme should involve all these components” (p.247).

Van Niekerk and Prins (2001) refer to an integrated network of interrelated life skills components and processes. These components and processes are interconnected in such a manner that they can be thought of as parts of one big system, like pieces of a jigsaw puzzle. Van Niekerk and Prins (2001) use the African saying that a tree cannot stand without its roots, to illustrate their point. As such it not only refers to actions, roles and relationships within the micro-system, but also links with the extended settings in which the individual interacts directly and indirectly. Van Niekerk and Prins (2001) further state that the ecosystemic model for conceptualising life skills is useful as it is dynamic, in that it caters for the fact that life changes continuously and that through cyclical and mutually influencing interaction with the internal and external environment, these changes ensure human survival. Hopson and Scally (1989) emphasise the link between ecosystemic thinking and life skills. They state that:

- Any life skill contains components of the other life skills
- No single life skill is more important than any other
- Human beings consist of interdependent and interrelated components so that if one component changes it affects the entire system
- Everything is in a state of constant change
- Information and beliefs are essential and interdependent components of the life skill system
- No life skill is more important than the context in which it is developed or facilitated

The World Health Organisation (WHO, 1994) reviewed school-based life skills programmes for the enhancement of psychosocial competence amongst children and adolescents. The review defines life skills as those skills that “enable individuals to deal effectively with the demands and challenges of everyday life”.

They include self-awareness, decision making, problem solving, creative and critical thinking, and interpersonal relationship skills such as empathy, coping with emotions and stress, and effective communication (Programme on Mental Health, 1997).

Nelson-Jones (1991) points out that life skills consist of attitude, knowledge and skills dimensions. Attitude refers to taking personal responsibility for acquiring, maintaining, using, and developing life skills. Because not all children grow up in favourable circumstances that provide adequate opportunities to acquire relevant life skills knowledge, certain learners will require such knowledge to equip them with the necessary vocabulary to participate optimally in-group training. The skill aspect that Nelson-Jones refers to involves individual learners integrating and internalising the above two dimensions in practice, initially in simulations, and later in real life situations (Van Niekerk & Prins, 2001). These dimensions confirm the necessity for including both experiential and cognitive learning processes. According to Nelson Jones (1991) life skills workshops empower learners to take responsibility for their attitude, knowledge and skills, and enable them to deal effectively with the demands and challenges of everyday living, including survival, growth and development.

The effectiveness of these approaches is still open to question, although they have been successful when applied in conjunction with minimal information (Shope et al., 1993, cited in Morojele, 1997). Yet, when applied sensibly, these strategies have yielded positive results in the South African experience (UNODC, 2004).

### ***“Alternatives-based” Approach***

Research (The Centre for Substance Abuse Prevention (CSAP), 2003) confirms, that the after-school hours are the most common time for youth to get involved in alcohol, drugs, sex, and crime. Youth in poorer communities are particularly vulnerable, as cutbacks in after-school programmes and limited resources leave young people with few options and many temptations. “Alternatives-based” (Morojele, 1997) approaches provide adolescents with healthy alternatives to substance abuse that can fulfil the needs met by drinking or drugging. Alternatives programmes, also known as “diversion programmes”, typically encourage participation in youth and community programmes, consisting of arts and crafts, sports, academic, and music activities, or exposure to other leisure pursuit offering challenges (Schinke, Botvin & Orlandi, 1991, cited in Morojele, 1997).

CSAP (2003) point to the importance of the alternatives approach as one of their effective substance abuse principles. CSAP defines alternatives as “activities designed to provide young people with healthy, positive, constructive ways to structure their time, that can complement the other strategies by occupying young people’s time during the non-school hours”. Mentoring, community service, recreational programmes, and youth drop-in centres are just a few examples of alternative strategies identified by CSAP as being used to promote substance free lifestyles. Alternatives function as a valuable adjunct to primary prevention efforts

and can make prevention fun. Most importantly, they offer healthy options to meet youths' natural needs for stimulation, relaxation, and social interaction.

The effectiveness of these approaches has also been questioned (Schinke et al., 1991, cited in Morojele, 1994). However, while some alternatives programmes have proven quite valuable and viable, research on alternatives is still fairly new. Most of these programmes have not been evaluated with "rigor", and some programmes, while seemingly sensible and well intentioned, may make only a minimal difference in the outcomes for youth. Programmes that do not incorporate effective evaluation strategies may provide enjoyable experiences for youth but will ultimately have little to no effect on substance abuse. Still, initial studies (CSAP, 2003) have shown that the "alternatives" approaches can be effective when key elements are present, such as a focus on building life skills, targeting youth most at risk, pairing young people with caring adults, and providing consistent, intensive services over time.

### *Best Practice*

Although there are many ways of viewing adolescent substance use, research has shown that there is a need to re-look our approaches to prevention. In its earliest form, prevention was based on opinion rather than evidence. A growing body of research (Epstein, 1996, 2001; Gergen & Gergen, 1996; Henggeler, 2004; Herwig-Lempp, 1996; Isaacson, 1991; Pichot, 2001; Selekman, 1992) has begun to show that a systems approach provides an innovative and creative therapeutic method for working with the treatment of substance abuse, and other similar presenting problems. The latter research opened up avenues for re-thinking approaches to prevention and for exploring an ecosystemic approach to prevention, intervention, and evaluation research. This entailed taking a closer look at the field of prevention and intervention and drawing from what has been effective in the past and learning from what has not been effective in the past.

As has been illustrated substance abuse amongst South Africa's youth is inextricably linked to our context, occurring in tandem with other social problems, such as unsafe sex, HIV and AIDS, crime, violence, and so on. In South Africa there is a dire need for communities, especially those with high levels of these risk factors to get support and rehabilitation services. Schools are crucial sites within which life skills and drug awareness or education programmes can be offered. The effects of early adverse experience are not irreversible given the right conditions. But with increasing age, this is more difficult. Early detection and intervention is thus important. Substance awareness programmes are only one of the many ways of intervening and increasing awareness.

Much of the mainstream research outlining best practice has been done by the National Institute on Drug Use (NIDA, 2005) ([www.nida.nih.gov](http://www.nida.nih.gov)) that has conducted long-term research on the origins of substance abuse behaviours and the common elements of effective prevention programmes. These principles were developed to help prevention practitioners use the results of prevention research to address drug abuse among children and adolescents. Many of these principles reflect a systems approach, while others epitomise the values of health promotion. In addition, programmes are also designed with the intended audience in mind: for

everyone in the population, for those at greater risk, for those already involved with drugs or other problem behaviours, and for the families of those involved. Some programmes are geared for more than one audience.

NIDA outlines the following “best practice” principles. NIDA states that the first priority of any prevention programme should enhance protective factors and reverse or reduce risk factors. For instance, the risk of becoming a substance abuser involves the relationship among the number and type of risk factors (for example, deviant attitudes and behaviours) and protective factors (for example, parental support) (Wills, McNamara, Vaccaro, & Hirky, 1996, cited in NIDA, 2005). NIDA also points out that the potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent (Dishion, McCord & Poulin, 1999). It also appears that early intervention with risk factors (for example, aggressive behaviour and poor self-control) often have a greater impact than later intervention, by changing a child’s life path (trajectory) away from problems and toward positive behaviours (NIDA, 2005). In the same way, while risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person’s age, gender, ethnicity, culture, and environment. Therefore, prevention programmes should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve programme effectiveness (NIDA, 2005).

NIDA also refers to how prevention programmes should address all forms of substance abuse, alone or in combination, including the underage use of legal drugs (tobacco or alcohol); the use of illegal drugs (marijuana or heroin); and the inappropriate use of legally obtained substances (inhalants), prescription medications, or over-the-counter drugs. Yet, current research (UNODC & CTDC, 2004) warns against didactic approaches to prevention that involve zero tolerance and exaggerate the negative effects of drugs, which seem to have the reverse effect on adolescents.

NIDA also points to the importance of family-based prevention programmes and states that programmes should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information. Accordingly, NIDA points to family bonding as the bedrock of the relationship between parents and children and how bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman, Hawkins, Spoth, Haggerty, & Zhu, 1997, cited in NIDA, 2005). NIDA also emphasises how parental monitoring and supervision are critical for substance abuse prevention and suggests that these skills can be enhanced with training on rule setting; techniques for monitoring activities; praise for appropriate behaviour; and moderate, and consistent discipline that enforces defined family rules (NIDA, 2005). It appears that drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances. On a whole, NIDA appears to postulate that brief, family-focused interventions for the general population can positively change specific parenting behaviour that can reduce later risks of substance abuse.

NIDA places a significant amount of emphasis on designing programmes to intervene as early as preschool to address risk factors for substance abuse, such as aggressive behaviour, poor social skills, and academic difficulties (Webster-Stratton, 1998, cited in NIDA, 2005). NIDA also pin points intervening at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Accordingly, such “universal” interventions do not single out risk populations and, therefore, reduce labelling and promote bonding to school and community. “Targeted” programmes target identified risk groups, those adolescents who have already tried drugs or show risk related problem behaviour. Although useful in addressing problems early and directing resources efficiently, these programmes have the potential to stigmatise and label adolescents and also present difficulties with screening, and boundaries in terms of which adolescents are included as many adolescents show high levels of inappropriate behaviour, which is usually commensurate with their search for identity and independence. Targeted programmes also tend to ignore the social context in which the programme is implemented.

According to NIDA prevention programmes for elementary school children should target improving academic and social-emotional learning to address risk factors for substance abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills; (Ialongo, Poduska, Wethamer, & Kellam, 2001, cited in NIDA, 2005) self-control; emotional awareness; communication; social problem solving; and academic support, especially in reading. NIDA asserts that prevention programmes for middle or junior high and high school students should increase academic and social competence with the following skills: study habits and academic support; communication; peer relationships; self-efficacy and assertiveness; drug resistance skills; reinforcement of anti-drug attitudes; and strengthening of personal commitments against substance abuse. According to NIDA prevention programmes are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing that allow for active involvement in learning about substance abuse and reinforcing skills.

NIDA also highlights the efficacy of community prevention programmes that combine two or more effective programmes, such as family-based and school-based programmes, which can be more effective than a single programme alone (Battistich, Solomon, Watson, Schaps, 1997, cited in NIDA, 2005). Community prevention programmes reaching populations in multiple settings, for example, schools, clubs, faith-based organizations, and the media-are most effective when they present consistent, community-wide messages in each setting. NIDA also warns that when communities adapt programmes to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention, which include: structure (how the programme is organised and constructed); content (the information, skills, and strategies of the programme); and delivery (how the programme is adapted, implemented, and evaluated).

NIDA also asserts that prevention programmes should be long-term with repeated interventions (that is, booster programmes) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programmes diminish without follow-up programmes in high school (Scheier,

Botvin, Diaz, Griffin, 1999, cited in NIDA, 2005). Prevention programmes should also include teacher training on good classroom management practices, such as rewarding appropriate student behaviour. Such techniques help to foster students' positive behaviour, achievement, academic motivation, and school bonding (Ialongo et al., 2001, cited in NIDA, 2005).

Although NIDA presents a well-researched and empirical picture of what appears to be effective in terms of substance abuse prevention among youth, it does however focus more on risks than protective factors. NIDA also appears to ignore the significant role of the facilitator and seems to assume homogeneity when it comes to intervention approach, implementation and design. It seems that there are many ways of viewing adolescent substance use in that the problem is based on a complex interaction of influences comprised of personal, family, peer, school, and community variables. These variables generate both risk and protective factors for adolescent substance use. Whereas risk factors may promote the initiation of adolescent substance use, protective factors may mediate or moderate the exposure to risk. This relationship is complicated and difficult to reduce into parts that make up the whole picture.

The literature referring to best practice appears to struggle to pin point why some programmes fail and others succeed. Morgan (2001) refers to four factors which contribute to rendering a drug prevention programme ineffective, which he pin points as the following; unrealistic expectations (for example, differing expectations about what the programme can achieve and the roles of the stakeholders); non-implementation or partial implementation (for example, practical problems involved in implementation of the programme, including the failure to evaluate the process and outcomes as well as other chronological and administrative difficulties); the future of implementation (for example, the congested curriculum in the formal education and health sector creates difficulties providing space for prevention programmes); and environmental and cultural factors (for example, there is often a gap between content of programmes and experience of the young people at whom they are targeted, where experimentation with drugs is often the norm while use of recreational drugs has a specific function).

Garrahan (2001) states that the reason why some programmes fail, and others succeed, is related to differentiated "processing", which he uses to suggest that there is an ongoing interactive relationship, unplanned and unintended, between building population and implementation of an intervention programme, further highlighting that prevention of drug abuse among adolescents is a complex process, complicated by various extraneous variables, and not very easy to pin down with a linear, cause-effect approach.

Spooner and Hall (2002) highlight the need to take a broader view on how to prevent drug problems, as current prevention programmes, such as school-based drug education and mass media campaigns, aim to encourage adolescents not to use drugs, seem to be having the opposite effect. Spooner and Hall refer to how these strategies have mixed; yet often disappointing results. Despite significant expenditure on prevention, youth drug use has increased and this has occurred in tandem with increased rates of other behaviours, such as teen suicides, antisocial behaviour, unsafe sex, and depression.

Garrahan (2001) describes the development and implementation of a school based substance use preventative intervention strategy, which employed a “systems approach” in linking the array of interventions to the school infrastructure. A local needs assessment survey was used to reinforce the components of the intervention, for example, the student’s reported that “health concerns” were primary in their decision not to use drugs. Accordingly, a physical fitness centre was established and a four-year health and physical education programme was integrated into the school curriculum. Formative and summative evaluation data indicated that the application of a “systems approach” contributes significantly to the development of a school environment that supports healthy and positive student behaviour. The results of the aforementioned study show fairly significant outcomes, in terms of the decreased levels of marijuana and cocaine use among students. Yet, there was an increase in alcohol abuse.

A survey of over 600 studies on the treatment of alcoholism and addictions (Hester, 1987; Miller & Hester, 1986, both cited in Guinan, 1990) has shown that the treatment of alcohol by just including one modality or system is not effective, that is, it does not result in lasting behavioural change with respect to substance addiction. Similar rates of programme ineffectiveness were found when specific treatments were compared (Hester, 1987). The primary findings indicate that singular treatment approaches (incarceration, forced Alcoholics Anonymous attendance, individual counselling) are approximately equally ineffective (Guinan, 1990). Guinan (1990) presents a case study utilising a systems approach as a way of moving away from treating addiction as a disease towards a view of addiction as a learned pattern of behaviour supported by various familial and social systems. The treatment approach includes members of these various systems. Guinan (1990) shows that using a systems approach encourages external and internal support systems, leads to the cessation of drug use, insures against relapse, and encourages a lifestyle change toward drug-free living.

Similarly, Joanning, Quinn, Thomas, and Mullen (1992) conducted a study in which the differential effectiveness of three models of adolescent drug abuse treatment was assessed in a controlled outcome study. Family Systems Therapy (FST) was compared to Adolescent Group Therapy (AGT), and Family Drug Education (FDE). FST appeared to be more effective in stopping adolescent drug abuse, than AGT or FDE, registering twice as many apparently drug-free clients than FDE, and three times as many as AGT. No treatment approach was superior in altering patterns of family functioning although all three conditions improved perceived intergenerational communication. The researchers warned that these findings are tentative due to constraints inherent in their study, namely, extraneous variables and bias.

Holder (2001) highlights that the community is the “new frontier” for alcohol and other drug prevention, as it is a part of routine community life and must be considered in the context of the community, which is itself a dynamic and self-adapting system. According to Holder (2001) in order to develop effective community-level interventions, prevention planners and policy makers must understand how various aspects of the community influence alcohol and other drug use and related problems. Holder (2001) outlines the basis for a systems approach to community prevention and the policy options that this approach suggests as a means of producing system changes.

Lilja, Wihelmsen, Larsson and Hamilton (2003) present a theoretical model of how to undertake evaluations of prevention programmes directed at adolescents. Based on results from meta-analyses of outcome studies of school-based programmes, Lilja et al. (2003) conclude from a study involving three hundred 15-16 year olds in Finland, that interactive programmes tend to be more effective than not only those mainly intended to increase factual knowledge about tobacco, alcohol, and illegal drugs, but also those initiatives aimed at influencing adolescent's attitudes toward those substances. Lilja et al. (2003) acknowledged that it was not possible to change the student's perceptions regarding the risks involved in drug taking, neither was it possible to decrease the alcohol or tobacco consumption during the school year. However, what did occur was that a number of expectations regarding alcohol were changed, which in turn, might influence the patterns of alcohol abuse by the target group.

Lilja et al. (2003) also highlight the importance of working with self-esteem in prevention programmes, as self-esteem influences how one copes in drugging situations where adolescents are interacting and socialising with their peer group. Self-esteem may also help to deal with negative life experience. Adolescents, with low self-esteem might, after a serious negative life event, run a higher risk than others of coming into contact with substance-use groups and may be more susceptible to peer pressure. According to Lilja et al. self-esteem may also make it easier to learn new behaviours, adopt new roles, and make it easier to switch between a more optional groups of friends.

According to Rogerio and Queely (2003) the literature recommends that drug abuse programmes should target adolescents, preferably before they become exposed to drugs. Rogerio and Queely also point out that parent-based programmes can also be useful in preventing adolescent drug use and abuse (Baum & Forehand, 1981, Spoth, Redmond, & Shin, 1998). Parent-focussed programmes are backed by research demonstrating that adolescents who have close emotional ties to their parents are less likely to use cigarettes, alcohol, and other drugs (Foshe & Bauman, 1992, cited in Rogerio & Queely). In their research, Rogerio and Queely demonstrate how through group processes, parents and adolescents together develop protective factors, such as healthy beliefs, clear standards, joint decision making, drug refusal skills, conflict and anger management skills, and open communication. This seems to highlight the importance of allowing participants to negotiate the course content and method to ensure meeting the participants needs. It also seems to highlight the importance of allowing trusting relationships to develop via group process.

Rogerio and Queely outline the mutual aid approach that they used to shift participation by focussing on:

- Encouragement- which entails sharing, and exchange of information between parents and children, for example, drug statistics, feelings, ideas, opinions, and difficult topics.
- Discovery- where members start to understand they are not alone and that their experiences, feelings, and opinions are shared with other group members. Members also develop a willingness to support each other despite differences. Strength in numbers is characterised by group cohesion.
- Awareness- rehearsal and role-play allows for group members to practice new ways of communication, and to start individual and group problem solving via self-exploration and the exploration of how others would handle problems. This leads to a process of mutual demand, where

process or agreement among members and the facilitator to hold one another accountable is a supportive manner for the process and goals of the group.

Crnkovik and Del Campo (1998) highlight several types of opinions that may hinder a therapist's or a facilitator's ability to implement a treatment programme. This is useful when thinking about our approach and how our personal opinions and values can both impede and enhance our therapeutic strategies. Crnkovik and Del Campo refer to how some therapists feel disgust because of some past experience with drug addiction. While others view it as a moral or judgement issue in that the client simply needs to say "no" and refrain from using chemicals. Still others may feel much empathy for the addict because they are able to identify with the client's battle.

Crnkovik and Del Campo refer to research (Mc Nabb & Der Karabetian, 1989) where three groups were used to ascertain whether family therapy actually made any difference to the recovering addict. The three groups were different only in the amount of family involvement in the therapy. The one family had no family involvement, the second group had partial family involvement, and the third had extensive family involvement in the treatment process. Those individuals in the group with the extensive family involvement reported the highest number of clients abstinent after six months. Subjects from the high family involvement group also reported to have "better or much better" family relationships, more positive self-concepts, and even better physical health. The authors concluded that there appears to be a strong relationship between family involvement and healthier recovery.

Crnkovik and Del Campo (1998) also refer to Edwards and Steinglass (1995) who undertook a meta-analysis of research related to family therapy as a treatment modality with chemical dependants. They warned that although the preliminary findings seem to show dramatic improvements in actual drugging behaviour in adolescents soon after treatment, that there are other factors that need to be taken into consideration, such as spousal motivation, gender, commitment to marriage and parental relationship, amount of family support, conditions of the community, socio-economic group, family income and education and so on.

According to Crnkovik and Del Campo (1998) chemical addiction should be considered a family disease, which requires intervention into the family system to truly remediate the intertwining effects upon the individual and family. They suggest that therapy should address the development of family rules, roles, values, problem solving strategies, joint goal-setting, healthy communication styles, designing a family contract that outlines expected and accepted behaviour in the home for each individual, as well as looking for consequences of contravening family rules.

The common denominator that appears to underpin much of the best practice research referring to successful programmes are programmes that have utilised several treatment modalities (NIDA, 2005; Guinan, 1990) and have intervened at various levels of the ecological model. Best practice seems to point to programmes that involve multi-modal educational approaches, including parental, family, school, community and social influences and those approaches which locate the programme within a context such as the family, community, school, and so on. The various lessons learnt from the previously discussed research have been

incorporated into the design of this study. It appears that research-based prevention programmes can be not only cost-effective but can provide opportunities for those who wish to implement their own programmes to learn from their own mistakes. It seems that it is from these mistakes that the greatest lessons are learnt. Additionally, recent research shows that investing in prevention saves in treatment for alcohol or other substance abuse (Dawes, Robertson, Duncan, Ensink, Jackson, Reynolds, Pillay & Richter, 1997; Guinan, 1990).

Therefore it seems important that the problem of adolescent substance abuse is addressed in relation to the various systems that characterise the individual youth. This seems to have resulted in an increased interest in the Biopsychosocial Model (Chaudron & Wilkinson, 1988, Levin, 1990, Zucker and Gomberg, 1986, cited in Issacson, 1991a), which incorporates biological theories (genetic, disease), psychological theories (cognitive-behavioural, psychodynamic, ecosystemic) and sociological theories (socialisation, socio-cultural, systems). The results from the aforementioned studies indicate the effectiveness of working from a systems approach when it comes to substance abuse treatment. Similarly, it also appears that a systems approach would be applicable to prevention and intervention.

### *Summary*

Chapter 2 discussed the literature in the field of substance abuse prevention, which appears to indicate that we need to relook our approaches to prevention. Although many valuable lessons have been learnt from mainstream prevention research, many of the approaches appear to pathologise and homogenise adolescent behaviour, thereby creating an environment characterised by mistrust and an “us” versus “them” mentality. More recent prevention approaches support the multisystemic approach to prevention, which focuses on building resilience, strengths, and relationships, and encompass the more complex “human” aspects of prevention and intervention. The DWCP differs from, yet draws from the main types of prevention approaches aimed at adolescents. The main approaches can be classified as follows: the biomedical “disease” approach, which is founded upon biological processes and views addiction as a disease with unique symptoms, a predictable course, and a loss of control and hence responsibility for one’s behaviour; the “moral-legal” and fear-based authoritarian approaches which focuses on scare tactics and legislation; the information-based awareness approaches which assume people take drugs because of lack of awareness and knowledge, yet we know the reasons behind drug use are far more complicated; the “alternatives-orientated” programmes that provide adolescents with healthy alternatives to drinking or drugging (arts and crafts, sports, academic, and music activities, or other leisure pursuits), and the life skills approaches, that seek to have an impact by dealing with a range of social skills (social coping strategies, decision making skills, self esteem, peer pressure resistance skills, and so on) and can be linked to the asset based and resilience based approach.

This chapter included a discussion, which summarised what current, and mainstream research identify as best practice, as well as what seems to render prevention programmes ineffective. This discussion highlighted the following aspects of best practice. Mainstream research points to the importance of ensuring

the availability of effective “universal” substance abuse prevention programmes aimed at young people, and emphasises that prevention programmes should intervene early, at transitions points (such as the transition between primary and high school), and should be long-term with booster programmes. More importantly, although difficult to detect the overall effect of the programme, it seems that such interventions do not single out risk populations and, therefore, reduce labelling and promote bonding to school and community. “Targeted” programmes target identified risk groups, although useful in addressing problems early and directing resources efficiently, they have the potential to stigmatise and label adolescents and also tend to ignore the social context in which the programme is implemented.

Best practice also emphasises that programmes should improve emotional, academic and social competence, problem solving, anger management, conflict resolution, the communication between children and their parents and teachers, peer relationships, self-efficacy and assertiveness, anti-drug attitudes and the strengthening of personal commitments to a drug-free lifestyle. Current research points to the importance of interactive programmes which involve deeper levels of participation and experiential learning, which work toward shifting attitudes and behaviour as opposed to programmes mainly intended to increase didactic and factual knowledge about drugs. The importance of including parents or caregivers, and teachers in programmes was also emphasised. The mainstream research pointed to parenting skills, such as supportiveness of children, parent-child communication, and parental involvement, boundary setting, techniques for monitoring and supervising, praise for appropriate behaviour, consistent discipline, setting family rules and initiating family meetings. It appears that drug education and information for parents or caregivers, and teachers reinforces what children are learning about the harmful effects of drugs and opens opportunities for discussions about the abuse of legal and illegal substances.

On a whole, current best practice research indicates that multi-systemic programmes are more effective than programmes that target individuals or single systems. Best practice indicates that programmes should include as many systems in the intervention as possible, yet at the same time be aware of age, culture, ethnicity, and gender as these variables give you an idea of which systems are most relevant to the adolescent. The various prevention approaches discussed in this chapter say not only about how we address the problems of substance use and abuse but they also say a lot about our motivations, our feelings and us and how these impact our approaches. The purpose of Chapter 2 has been to provide a framework for substance abuse prevention work in South Africa through which different initiatives can be undertaken. Of these initiatives, the multi-systemic approach, which is supported by current research, was discussed as a new, dynamic approach to substance abuse prevention, which takes into account the various sub-systems within which the individual exists, how these subsystems are interdependent and interrelated.

## CHAPTER 3

### Why an Ecosystemic Approach to Prevention and Intervention?

#### *Introduction*

Chapter 3 introduces the ecosystemic approach by linking it to ancient wisdom and indigenous knowledge systems, and how it traced its path into the field of psychology, politics, business, biology, anthropology, philosophy, and so on. This chapter also discusses how the ecosystemic approach can be implemented, which entails using metaphors and outlining the various shifts that are made in terms of linear thinking and systems thinking. This is outlined in relation to how the ecosystemic approach can be useful when applied to prevention and intervention. More importantly, this chapter illustrates how systemic principles show us that no prevention programme is more important than the context in which it is developed, facilitated, or evaluated. The context, in which substance awareness programmes are developed, facilitated, or evaluated, be it a school or any other context, becomes part of a cyclical process of mutual influence and feedback. This chapter also examines the limitations of the ecosystemic approach. It is important to note, however that the ecosystemic approach is not a blueprint for substance abuse prevention. It provides conceptual and process related guidelines on substance abuse prevention, awareness and treatment.

#### *Ecosystemic Thinking in Context*

Ecosystemic thinking is captured in most ancient knowledge systems, such as Buddhism, Taoism, and indigenous African and Aboriginal knowledge systems. For example, Connors and Maidman (2001, cited in Nelson & Prilleltensky, 2005) states that the roots of the worldview of Aboriginal tribal culture lies in holistic thought, which involves interdependence between the environment, people, and the spirit. In the traditional worldview of Aboriginal people, there is a strong emphasis on the interconnection of people with their spiritual roots and the natural environments and on balance and harmony. Aboriginal holistic thinking also incorporates values (such as, bravery, respect, cooperation) in the form of teachings, which guide community members, unlike Western science, which claims to be value neutral. The aboriginal medicine wheel is also a symbol of this way of thinking. This form of thought is symbolised by the sacred circle or medicine wheel used by Aboriginal people, which contains the teaching about the interconnection among all of Creation. The circle is a symbol that represents the knowledge offered by holistic worldviews shared by aboriginal people. From this perspective, elements that affect change in a person are simultaneously seen as impacting on the person's family, community, nation, and surrounding environment.

Ecosystemic thinking also draws from disciplines such as ecology, anthropology, sociology, philosophy, political science, cybernetics, and psychology, in attempt to understand the complex system of relationships in which humans interact. Ecosystemic thinking is popular in the business world at present, helping to enlarge upon concepts of leadership and change, and providing a more dynamic way of viewing business

development and maintenance (Senge, Kleiner, Roberts, Ross, & Smith, 1994; Senge et al., 2005). Ecosystemic thinking is perhaps most often used by ecological anthropologists and sociologists, and is apparent in the work of scholars such as Roy Rappaport, who has explored ritual cycles and communication within human ecosystems (Rappaport, 1999). Gregory Bateson, E.N. Anderson, Mary Douglas, Keith Basso, and Paul Nadasdy are some other anthropologists who have contributed to the development of this approach.

Ecosystemic thinking found its way into psychology in the 1960's as a critique of reductionism, and individualisation where people were broken down into component parts (for example, id, ego, superego) and are examined as isolated entities, postulating that that phenomena are better understood in terms of how the parts relate to the whole, as opposed to the reduction of wholes into simple elements, which can be controlled in a cause-effect relationship (Anderson & Goolishian, 1990; Bateson, 1979; Haley, 1971; Hoffman, 1981, 1990; Keeney, 1982, 1983; Keeney and Ross, 1992; Maturana, 1978; Minuchin, 1974; Varela, 1979, 1999; Watzlawick, Weakland & Fisch, 1974). The ecosystemic perspective revives an emphasis on holistic thinking, feeling, and acting that was evident in Gestalt psychology.

Those who followed the systemic movement supported the family systems therapy, which formed the basis for ecosystemic thinking, which was an outgrowth of the psychoanalytic movement developed in the 1950's through the pioneering work of Nathan Ackerman (considered the father of family therapy) and Murray Bowen with his work with schizophrenic patients (Isaacson, 1991a). This marked a departure from the intrapsychic to an interpersonal focus into the 1960's. Other theorists and practitioners during this time included Gregory Bateson, Don Jackson, Jay Haley and Virginia Satir focussing on communications within the family system (Becvar & Becvar, 2000).

During the late 1960's and 1970's, family systems therapy was impacted by the structural movement, which examined families from hierarchal perspectives; Salvador Minuchin (1974), Duncan Stanton and Thomas Todd (1988) are names associated with changing families by changing organised structure. From, this perspective, an individual who manifests dysfunctional behaviour, for example substance abuse, is seen as a possible representative of a system that is faulty. Moreover, the case and nature of that person's problems may not be clear from a study of his or her past alone, but can often be better understood when viewed in the context of an ongoing family relationship system. Ecosystemic theories are also called "bridging theories" (Freeman, 1993, p.3) because they highlight the connections among the life domains of the individual (for example, biological, psychological, and social) and connections among the individual, the family, and the larger environment. Bridging theories implies a positive view of human potential and the interactions that take place between these interdependent systems. An underlying assumption is that families do the best they can even when substance abuse and other problems exist.

## *Assumptions underpinning the Ecosystemic Approach*

### *Human beings live, develop and participate in several interactive systems*

The ecosystemic approach is based on the idea that living organisms are continually engaged in a set of relationships with every other element constituting the environment in which they exist. This thinking is grounded in the deconstruction of the human/nature dichotomy and based on the premise that behaviour is a function of relational contexts, and since people develop and participate in several systems, behaviours and therefore pathologies are supported by several participating and interactive systems (Guinan, 1990). The system's circularity indicates that substance abuse and other problems are responses to and influences on the individual or family system (Gergen & Gergen, 1996). Ecosystemic thinking also places an emphasis on transitions and milestones, such as adolescence, and how these transitions represent opportunities for both growth and for crises (Freeman, 1993). Changes related to systems are circular rather than linear. A systems "health" is based on its ability to initiate change as needed; to give indications of the need for help in resolving the problem of adolescent substance abuse and other problems, to seek and use help, and to use internal and external resources to maintain the necessary changes (Freeman, 1993).

### *Problems are socially constructed and meaningful in their context*

One of the main assumptions underlying ecosystemic thought is that problems are socially constructed and are relative to the values and mores of the society. According to Becvar and Becvar (2000) we don't treat problems; we treat values. We also create problems by our attempted solutions to the problems depicted as needing solutions. For instance, it would be interesting to see what the natural history of the supposed "diseases" of the breakdown of the family, the increasing divorce rate, and the crisis of the school system would be without attempts to control them. Becvar and Becvar introduce the idea that paradoxically it could be that our attempts to control these "diseases" may have inadvertently contributed to the escalation of these "problems".

Becvar and Becvar (2000) state that it may be more useful to view "problems" or "diseases" as meaningful in their context. For example, as part of our understanding the escalation in divorce rates, "we might have seen that people are living longer; that World War II had an impact on gender roles that was irreversible; that the sixties increased our valuing of the individual; that we increased our expectations of what is possible in a marriage; and that mobility has become the norm" (p.367). Thus, we have evolved in a society where increasing divorce rates are not only predictable but also logically fit. In the same way, substance use and abuse logically fits into a society where the health of our population is threatened by the breakdown of the nuclear family, unequal access to education and health services, advertising that promotes lifestyles characterised by substance use, HIV and AIDS, teenage pregnancy, violent crimes against women and children, poverty, malnutrition, and homelessness, to name but a few. It seems that conscious efforts, for example, "waging the war against drugs" to control and prevent failure may, paradoxically, increase the probability of failure.

Thus, from an ecosystemic perspective, we create problems by our attempted solutions to the problems depicted as needing a solution. Gergen (1991) elaborates on this by discussing how the vocabulary of human deficit has undergone enormous expansion within the present century. According to Gergen (1991, p. 13) “we have countless ways of locating faults within ourselves and others”. As psychologists and psychiatrists try and explain undesirable behaviour, they generate a technical vocabulary of deficit, such as that seen in the DSM-IV-TR and the more recent ICD-10, thus drawing attention to problems, shortcomings, or incapacities. Further we, create problems by creating unrealistic standards, or what Watzlawick, Weakland and Fisch (1974) call the “utopian syndrome” where they postulate that we live in a world that pushes human development and self actualisation where we strive for a problem free existence, which may evolve into increased scrutiny of oneself and one’s relationships.

Similarly, according to Maturana (Efran & Lukens, 1985) problems occur when people name a situation a problem. Until a problem is perceived as such and is so labelled, there is no such thing as a problem. Thus, like a system, a problem exists only in the eye of the beholder. Further, according to Efran and Lukens (1985) the form of the problem, the domain in which it exists, determines the form of its “cure” and the phrasing of a question establishes the kinds of answers that can be formulated. Or, in the words of Allan Watts (1972, p.55): “problems that remain persistently insoluble should always be suspected as questions asked in the wrong way” (Becvar & Becvar, 2000).

Therefore, problems such as substance abuse manifest themselves as symptoms that are a response to the systems needs for survival, although they may be contradictory to the members’ needs. According to Becvar and Becvar (2000, p. 359) “higher-order cybernetics suggests that there are no problems in the cosmos- it is a total, unified whole in which everything fits, is coherent, and makes sense”. The framework we use to experience meaning punctuates what is problematic and what is preferred. If we did not value a substance free lifestyle we would not see substance abuse as a “problem”. From an ecosystemic perspective, symptoms or problems such as substance abuse serve a function for the system and are not viewed as the cause of its problems.

### ***Feedback is a vital part of facilitating attitudinal and behavioural change in systems***

One of the most important areas of ecosystemic thinking, is feedback, or the aspect of recursion that involves self-correction. According to Becvar and Becvar (2000) feedback refers to the process whereby information about past behaviours is fed back into the system in a circular manner. At the level of simple cybernetics, feedback can be positive and negative. These concepts do not connote value judgements. Rather they refer to the impact of the behaviour upon the system and the response of the system to that behaviour. Thus, positive feedback acknowledges that change has occurred and has been accepted by the system and negative feedback indicates that the status quo is being maintained. The goodness or badness of the feedback can only be evaluated in relation to the context. Therefore, at a process and content level, facilitators or therapists do not change systems or treat families or schools. Rather, we change our behaviour, examine the impact of this

new behaviour in terms of reactions to it, and then react to reactions in an ongoing modification process. The strategy is to create a context in which the desired outcome, a change in behaviour, is a logical response.

Thus “outcomes” in programme evaluation can be seen as feedback loops, that is, whether a programme is successful or not is defined and decided upon by all involved in the programme. Both types of feedback are descriptions of processes in a given system at a particular time. As noted, feedback processes are self-corrective mechanisms; they indicate variations and fluctuations that serve to increase the probability of the survival of the system. However, both change and stability are necessary aspects of any systems survival. Therefore, in relation to implementing a programme, interventions can be seen in a similar light. The ecosystemic evaluatory feedback process can be compared to holding up a mirror with the aim of re-directing the energy back in terms of how the system sees itself.

A visual representation of feedback loops can be likened to a semi-permeable membrane that keeps accepting signals; signals come through and signals go back out, and there’s constant dialogue with your environment over whether the idea is pregnant or not, whether the environment is supportive or hostile, and whether the idea is perfect the way you have conceived it or needs to be further evolved. Senge et al. (2005, p.153) asserts “if you are open in relation to your idea, the universe will help you. The universe, as it turns out, is a very welcoming place. So if you’re open, it wants to suggest ways for you to improve your idea”. Part of the adventure of implementing an ethically sound programme from an ecosystemic perspective, is listening to the ideas and suggestions of the participants in the programme and making decisions, in relation to your participants, about which ones are harmful and which ones are helpful.

Thinking about programmes in terms of feedback loops or spirals is more useful than that of a cycle. In most living systems behaviours occur in recursive or self-reinforcing cycles, but never come back to the same point. Feedback loops, which can be likened to a spiral shape or a spider’s webs, allow for constant fluctuations and change no matter how stuck a sequence may be, there is always a chance that a small fluctuation may lead to a “leap in transformation”. By encouraging feedback from the participants the system is more open to change and the promotion of newness, and growth. When power is centralized any growth or new learning is dependant on the person or group who holds the power, and relationships are fixed and uniform. When power is distributed and knowledge is shared and co-created, growth can occur from any point, and connections are constantly being made.

Encouraging participants to reflect on the process is a way of including them in the evaluation and feedback process and giving them a “voice” and sense that their feelings, thoughts and what have to say are important and thus have an impact on how the programme is implemented. Group discussion provides an opportunity for the participants to recognise their strengths as well as their growth areas. Reflection and feedback seems kinetically linked to identity formation, attitude change and introspection. Therefore, when participants are encouraged to create their own shared meaning a deeper level of participation and hence ownership of the programme is inevitable. The participants’ feedback is one of the most important resources when conducting a programme, without them, nothing happens.

### *New information is formulated by various systems coming together*

Systems exist within a medium that includes other systems and observers. In terms of intervening from an ecosystemic perspective, this would include taking into account the other systems of thought in the field, and deciding whether these systems are able to co-exist. The degree to which systems can co-exist is defined by structural coupling. According to this concept, organisms survive by fitting with one another and with aspects of their context, and will die if that fit is insufficient (Becvar & Becvar, 2000). This can also be applied to thinking about how the DWCP brings the various systems in which the learners exist together and how these systems of thought interact in a context which is a recursive process of mutual influence/feedback/adaptation within a range determined by the structure of their respective systems.

Becvar and Becvar (2000, p. 80) use the term “autopoiesis” to explain how various systems coming together can create a new dynamic system of thinking, and that alone each system is only capable of doing what its structure determines that it can do. This process is referred to as a self-regeneration process. In other words, new information is formulated by the various systems coming together. The usefulness of this information is determined by the survival of the various systems coming together. In the DWCP, this can be illustrated in relation to the drug “message”, which has more chance of surviving if the systems that come together share accountability and control. In mainstream drug prevention, one system usually holds more control, therefore suppressing the other discourses, which characterise the other systems. Thus, we can think of the DWCP as a continually changing environment continually opening up further possible habitats for the participants in the programme to evolve and grow.

### *Measurement Based Prevention versus Ecosystemic Intervention*

Given the provoking statistics on adolescent substance abuse, it is not hard to understand why as a society, we have moved into a “reactive” mode of prevention characterised by fear, crisis, and “quick fixes”; minimise risk factors and increase protective factors. Assuming that people who take drugs have no life skills, alternative past times, knowledge about drugs, and morals, teachers, parents and society have attempted to “inject” life skills, fear and morals into adolescents. Yet “injecting” education into an unchanged system does not seem to be bringing about the changes that we would like to see in our society. Instead it appears to have created a low trust, low participation environment, especially in the field of adolescent substance abuse prevention. Change appears to call for “deep fixes” which target intangibles (for example, deep seated beliefs, attitudes, practices, behaviour patterns, and modes of reality). This appears to call for an ecosystemic approach to intervention, which acknowledges the interactive nature of working with people and using what there is already; their strengths, their attitudes, their voices, and their realities to re-create and re-invent webs of meaning and purpose. See Table 3.1. below for a comparison of reactive problem solving versus ecosystemic problem solving.

**Table 3.1.** Reactive problem solving versus Ecosystemic problem solving

<b>REACTIVE PROBLEM SOLVING <i>FEAR-BASED</i></b>	<b>ECOSYSTEMIC PROBLEM SOLVING <i>TRUST-BASED</i></b>
<ul style="list-style-type: none"> <li>● crisis intervention</li> <li>● low trust, low participation</li> <li>● “quick fix”</li> <li>● linear problem solving</li> <li>● context stripping</li> <li>● dehumanising</li> <li>● grand theories</li> <li>● exclusion of meaning and purpose</li> </ul>	<ul style="list-style-type: none"> <li>● intervention/journey/adventure</li> <li>● “deep fixes” (Peter Senge et al., 1994)</li> <li>● circular, creative problem solving</li> <li>● use stories, loops, circles, processes</li> <li>● strengths based, empowerment</li> <li>● collective meaning making</li> <li>● shared accountability</li> </ul>

Being human, our actions most likely revert to what is habitual when we are in a state of fear or anxiety. Collective actions are no different. Even as conditions in the world change dramatically, most businesses, governments, schools, and other organisations, driven by fear, continue to take the same kinds of institutional actions that they always have (Senge et al., 2005). This does not mean that no learning occurs. But it is a limited type of learning; learning how best to react to circumstances we see ourselves as having no hand in creating. Reactive learning is governed by “downloading” habitual ways of thinking, of continuing to see the world within familiar categories we’re comfortable with (Senge et al., 2005). We tend to discount interpretations and options for action that are different from those we know and trust. We act to defend our interests and in so doing remain secure in the cocoon of our own worldview, isolated from the larger world. This is what Senge et al. (1994) refer to as the search for “quick fixes” to the problems we face as individuals, as communities and as a society and a nation. Drug taking, whether recreational or over-the-counter is one of the most dramatic examples of our search in the 21<sup>st</sup> century for “quick fixes”.

Throughout human history, the critical threats to survival came as dramatic external events; sabre-toothed tigers, floods, earthquakes, and attacks by rival tribes. Today, the most critical threats are slow, gradual processes to which we have contributed ourselves; environmental destruction, the global arms race, and the decay of educational, family, and community structures. These types of problems cannot be understood, given our conventional, usually linear ways of thinking. Senge et al. (1994) asserts that there is no beast to slay, no villain to vanquish, no one to blame—just a need to think differently and to understand the underlying patterns of interdependency. Individual change is vital, but not sufficient. If we are going to address these conditions in any significant way, it will have to be at the level of collective thinking and understanding.

According to Watzlawick, Weakland and Fish (1974) understanding how to solve problems also requires understanding how problems are created and maintained. Watzlawick et al. believe that the attempted solutions often become the problem and therefore must be the focus of the change if the problem is to be solved. By changing our perception or the way we view the problem, new behavioural alternatives become

possible in the process. In most problem situations, it is often thought that doing the opposite to what has occurred, for example, increasing protective factors, and decreasing risk factors or taking a strong moral legal approach to drug taking, will solve the problem. Yet, according to Watzlawick et al. change at this level does not often produce to desired effect, because the opposite often equals “more of the same”.

The best thing that preventionists can do is offer adolescents and their families a context where an alternative understanding, or new meaning, to which new and different responses are logical and thus possible. The term *perturbation*, is used in the ecosystemic approach and is associated with interventions which encourage “action, change, movement, disturbance, and surprise” (See table 3.2. below). In relation to prevention, instead of thinking of ourselves as change agents, our goal is to perturb the system in such a way that it compensates with more functional behaviours for the system. In other words, we must provide new information, which the system may choose to incorporate into a self-corrective process that at the same time facilitates self-maintenance. In doing so, the term “intervention” appears more applicable here than “prevention”, where the facilitator becomes a part of the process or programme. Thinking that we can prevent or control something from happening is linked to first-order cybernetics, where we are involved in the problem-solving process. Yet, from a second-order perspective, just as the facilitator perturbs those involved in the programme, the facilitator is also being perturbed as she or he is also provided with information or feedback during the intervention process that allows for self-correction in terms of joint interaction. In a sense, the facilitator is “redirecting the flow of energy”, “refreshing” the process and “mediating change and action with the aim of improvement”. Table 3.2. helps to capture the relationship between attempting to prevent something from happening and intervening in such a way that the system changes itself. The table below helps to delineate the mainstream, or first-order perspective of “Prevention” from the more second-order process of “Intervention”. The two concepts are defined as follows:

**Table 3.2.** First-order Prevention versus Second-order Intervention

	<i>First-order Prevention</i>	<i>Second-order Intervention</i>
- Definition	[n.] the act of preventing	[n.] the act of intervening
<p>Latin <i>vene</i> – “I came, I saw, I conquered” are “vini, vidi, vici.”</p> <p><b>vent-</b> ...to release energy, to permit escape of fumes, to express one’s thoughts or feelings or opinions or beliefs or ideas, to release or discharge, express, utter, voice, air, opening, outlet, ventilate, articulate, communicate, convey, declare, talk, tell, verbalize, vocalize, emit, free, move.</p>		

<p>- Related Words and Phrases</p>	<p>To keep from happening or arising; counteraction.</p> <p>To keep (someone) from doing something; impede.</p> <p>To anticipate or counter in advance.</p> <p>To come before, precede.</p> <p>...avert, obstruct, deflect, fend off, ward off, avoid, obstruct, stymie, thwart, obviate, foreclose, forestall, forbid, avoidance, dodge, shun, turn away, baffle, spoil, block, halt, keep back, restrain, suppress, impede.</p>	<p>To come, appear, or lie between two things.</p> <p>To come or occur between two periods or points of time.</p> <p>To occur as an extraneous or unplanned circumstance.</p> <p>To involve oneself in a situation so as to alter or hinder an action or development.</p> <p>To enter a situation to change what is happening.</p> <p>...interpose, interposition, refresh, redirect flow, mediate, get involved, step in, perturb, interact, act together, horn in, intrude into, meddle, interlope, come about, join, intercede, bring together, unite, interpolate, introduce, participate, engage, involve.</p>
<p>- Is a Type of</p>	<p>reaction</p> <p>hindrance</p> <p>interference</p> <p>control</p>	<p>perturbation</p> <p>change</p> <p>improvement</p> <p>action</p>

Attempting to prevent something from happening suggests that we can “control”, “interfere”, “engineer” and “manipulate” our world. These perceptions are very much linked to Newtonian ideas of change where change arises from one object colliding with another, and the greater the force, the greater the change. From an ecosystemic approach the concept of prevention and intervention are closely related, and cannot easily be distinguished from each other. The very act of preventing can be seen as an intervention. Therefore these terms are used interchangeably within the ecosystemic framework. Thus, from a second order ecosystemic perspective, meaning is derived from the relation between individuals and elements as each defines the other.

From a second-order intervention perspective, “any complex person or agency that influences a complex interactive system thereby becomes a part of that system, and no part can ever control the whole” (Bateson (1970, cited in Becvar & Becvar, 2000, p.66). Each of us, therefore, shares in the destiny of the other. Given this recursive perspective, we see every system influencing and being influenced by every other system. One advantage of the ecosystemic approach is it’s ability to increase our awareness of the range of levels, and one frustration is this same awareness that we are but a small part of the whole. Furthermore, the ecological systems in which man participates are likely to be so complex that he may never have sufficient comprehension of their content and structure to permit him to predict the outcome of many of his own acts (Rappaport, 1974).

From this perspective, we can never “prevent” (Bateson, 1970, p. 362) a child from becoming involved with drugs as “no part can control the whole” (Becvar & Becvar, 2000, p. 66). While the context may change, thereby defining new behaviours as logical responses, one cannot predict the exact nature of these responses (Becvar & Becvar, 2000). Ecosystemically speaking, we can only “perturb” a system into helping itself. By encouraging the system to view themselves as a part of a bigger whole, where they a part of the problem they are trying to solve, they become invested in questioning, describing and attempting to understand the problem for themselves.

More importantly, the facilitator who fails to recognise their own personal membership in the context within which the programme exists and where problems are defined also fails to recognise their inability to extricate themselves from the context within which problems emerge and solutions are attempted. They are aware that what may look like disturbance at one level is part of stability at a higher level of recursion. They are also thus aware of the larger ecological balance that may be disturbed as a result of their interventions. As Becvar and Becvar (2000, p. 73) indicate, “we cannot only do one thing”, everything we do has a ripple effect beyond what we intended or thought possible. It is for this reason, that the term “intervention” is used in this study as it incorporates a second-order cybernetics perspective where the intervention is as much about the intervener as it is about the participants, and where the facilitator constantly ask themselves self-reflective questions, such as; “How can I include myself in the observations that I am making?” and “What reality I am participating in as I operate from this approach?” (Becvar & Becvar, 2000, p. 223).

It seems that all we can really do is intervene by “perturbing”, “refreshing”, “redirecting”, or “exciting” the flow of energy by involving ourselves and seeing ourselves as part of the system, as opposed to separate to and “outside” of the system we are trying to control. Intervening in this mediatory and participatory way seems to link what ecosystemic thinkers refer to as perturbation. This captures the ecosystemic notion of intervening, which includes “connecting”, “bringing together”, “interceding”, or “interacting” so that new change, improvement, and action is possible. Connectedness seems to be a defining feature of the new worldview (Senge et al., 2005); connectedness as an organising principle of the universe, connectedness between our “outer world” of manifest phenomena and the “inner world” of lived experience, and, ultimately, connectedness among people and between humans and the larger world. With this in mind, living systems as defined by both chaos and order (Hock, 2000) cannot be controlled, replicated or manipulated.

Prevention efforts are usually performed with the best of intentions and in many cases they do work. For example, as discussed earlier the public health approach to prevention has been very successful in reducing the incidence of many diseases, yet this approach is effective only with diseases that have a single identified cause, be it a vitamin deficiency or a germ. Yet, preventing a child from becoming a substance abuser seems more complicated and cannot be understood, given our conventional, linear ways of thinking. Introducing a more second-order ecosystemic perspective to intervention highlights how we need to also learn from and reflect on our prevention efforts, and the ripple effects that many of our actions have.

An interesting example of how we often fall prey to believing that we can control, and therefore replicate and engineer our social environment, is how in the 1930's it became possible to construct robot-like incubators that would automatically feed, warm, cleanse, and care for new born humans in those cases where the mother became unavailable because of sickness, death, or choice. When an infant was born without parental presence, the neonate was placed in one of these "perfect environments", in an attempt to "prevent" the infant from experiencing the emotional trauma associated with an absent caregiver. Even the air was mixed to ideal proportions. However, the infant soon began to withdraw and cease to function when placed in one of these "perfect environments" immediately after birth. It would not digest the "perfect food"; it developed breathing difficulties; and it began to waste away, and even die. The cause of such deaths came to be known as "Marasmus" (Spitz, 1945, cited in Guinan, 1990, p.11). Researchers soon discovered that if humans did not personally handle infants in some physical way, they would not stay alive. It was as though when the infant came into the world and found no relationship, no affection, no expressed feelings, no human systems, it decided to die.

A given to all psychotherapeutic or intervention approaches appears to be that the need for relationship is so critical in life that it overrides all other needs, including survival. Human beings live in community. They are conceived as a result of relationship. They are born into dependency relationships. Whether it is with parents, siblings, attendants, or later with peers, relational context or human ecosystems form an integral part of attempting to understand psychopathology, or any type of disruptive behaviour, such as substance abuse. Human ecosystems are complex cybernetic systems that are increasingly being used by ecological anthropologists and other scholars (Capra, Steindl-Rast & Madison, 1991; Hock, 2000; Senge et al., 1994, 2005; Wallerstein, 1996; Wheatly, 1993) to examine the human-ecological aspects of phenomena such as physics, economics, socio-political organisations, and ritual. Since World War II, a "systems approach" has been used extensively in the design, operations, decision making, and evaluation of functions of business and industry (Garrahan, 2001, p. 76). Ecosystemic thinking has also provided a useful conceptual framework for research and theorising in many of the basic and applied sciences. Yet, even though the ecosystemic approach has a profound impact upon the thinking of leaders in science, technology, and management, it is relatively unused by those who work in applied behavioural sciences.

This lack of awareness, appears to be linked to societies attempt to measure and therefore manage social problems. This modernistic attitude of "if it is not measurable, it is not manageable" appears to have shifted substance abuse prevention programmes into robot-like processes, characterised by input and output, control groups, and the attempt to create "perfect environments". Although this has contributed largely to our knowledge about what is effective and not effective in the field of drug awareness, something still appears to be missing, as the rate of adolescent substance abuse rises.

Current prevention efforts seem to rely on linear problem solving and "quick fixes" which often result in the "pouring of knowledge into empty barrels", instead of encouraging and exploring the "deeper" levels of knowing that seem to release people's awareness of who they are. The Buddhists call this sort of knowing "wisdom awareness", the Taoists call it "The Source", and Senge et al. (2005) call it "Presence". As a

society, we still seem to operate according to the assumption that “you can’t manage what you can’t measure” or “people pay attention to only what is measured”. Concepts of measurement, such as reliability, validity, cost-effectiveness and so on are invaluable tools which aid and contribute significantly to the scientific method and are an indispensable aid to programme management and evaluation. Yet, as many authors (Kelly, 1979; Nelson & Prilleltensky, 2005; Patton, 2002; Senge et al., 2005) have warned us, measurement can easily become elevated to a sweeping generalisation about reality. When this happens, people start to believe something is “real” only to the extent that it is measurable.

Not only does overreliance on measurement doom modern society to continuing to see the world of things rather than relationships, it also gives rise to the familiar dichotomy of the “hard stuff” (what can be measured) versus the “soft stuff” (what can’t be measured). If what’s measurable is “more real”, it’s easy to relegate the soft stuff, such as the quality of interpersonal relationships and people’s sense of purpose, to secondary status. This is ironic because the soft stuff is often the hardest to uncover and the primary determinant of programme success and failure.

The problem is not measurement per se, but the loss of balance between valuing what can be measured and what cannot. Becoming overly dependent on quantitative measures appears to displace judgement, learning, and growth. As physicist Fritjof Capra points out, it is not possible to measure a relationship (Senge et al., 2005). Quantifying aspects of a system separate from the system as a whole appears to have become the cornerstone of Western science and hence Western programme management and evaluation, where programme managers think nothing of setting arbitrary outcomes and targets to drive change.

It seems that the intention driving mainstream programme evaluation cannot be addressed separately from the imperative to apply scientific know-how to create new technology. Science and technology together create the reinforcing engine that drives the modern world. As we all know, our society relies on the power that comes from technology. It is this power that has reshaped the world and continues to do so. It is this power that drives wealth creation and economic incentives for research and development. And it is this power that preserves the status quo that undermines human development in ways that few of us see (Senge et al., 2005).

### ***Ecosystemic Metaphors Applied to Prevention and Intervention***

The metaphors that capture ecosystemic approach to prevention highlight the tensions we as a society experience in relation to adapting to change versus needing to control our environment. A striking example (Becvar & Becvar, 2000) of the ecosystemic approach to substance abuse prevention is our experience with DDT, a chemical that was designed and used for many years to eliminate unwanted insects. Nature, however, did not discriminate according to the limit defined by people. Thus, the insecticide affected plants and other animals and eventually worked its way into humans by way of the food chain. All these other living things also were targets, not by virtue of being defined as targets, but by virtue of relationship. Thus, the facilitator who thinks that they are promoting unilateral change in only one level of the system without defining the

individual's behaviour in relationship to other family members or peers is working under the false pretence that they have control over what happens in life. We "cannot do just one thing" (Becvar & Becvar, 2000, p. 365). Any one, supposedly insignificant thing we do thing we do in this totally co-joined universe is not independent of the whole of the universe.

The issue of control, from an ecosystemic perspective, is an important aspect of bringing about change. As discussed in the section that covered the biomedical "disease" model approach, control is a meaningful metaphor in our culture, and as such it may be a useful explanation of the dynamics of people in relationship who attempt to control each other unilaterally. For Bateson, control is a pathological concept that seduces us into a variety of activities that not only must fail, but also necessarily give rise to further attempts to control. This behaviour is consistent with the illusion that control is possible. An example might be the transplantation of a heart, a surgical procedure that seeks to control death. We must then control the body's attempts to reject the foreign heart. The medication used we administer to prevent tissue rejection has a so-called side effect of attacking the body's immune system, making bacterial infection highly probable; therefore we medicate to control the infection, and so on. The DDT example also fits this related concept (Becvar & Becvar, 2000).

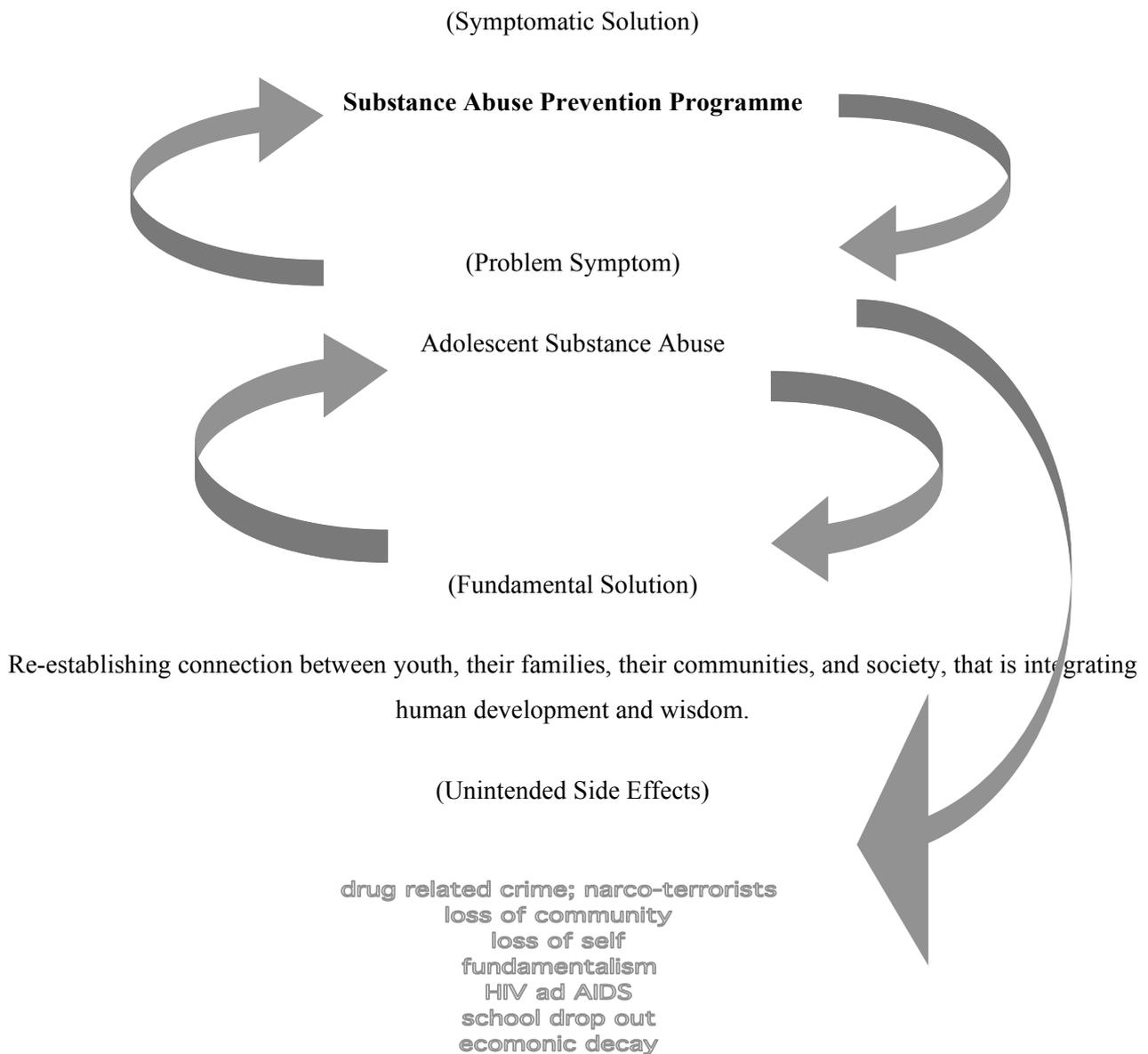
Other examples that illustrate how having limited awareness of the context in which the problem exists often contributes to the exacerbation of the problem, are taking prescription drugs, like aspirin, and the prohibition of drugs. Not only has legal prohibition of drugs not solved the escalating drug problem, but it has helped to create an increase in the number of "narco terrorists" and perhaps contributed to the development of organised crime. Senge et al. (2005) link our need to believe that we have control over what happens to us to our reliance on modern science and technology and our growing sense of disconnection and powerlessness. As a result, Senge et al. (2005) refers to this false sense of control as the "shifting the burden" dynamic of human behaviour.

"Shifting the burden" is an archetypal systemic structure that arises when people act to ameliorate the symptoms of a problem and end up becoming more and more dependent on these "symptomatic solutions". Senge et al. (2005) give the example of taking two aspirin to relieve a headache, which seems innocent enough and indeed may be perfectly appropriate. But what if the source of the headaches is from stress at work and family commitment that simply exceeds your capacity. In this case the "successful" medical intervention may actually mask a deeper problem. Not facing the real problem may cause it to get worse; continuing to take on more work will increase the stress and make ever more powerful drugs necessary. After a while you cannot imagine coping with your intense lifestyle without regular medication; you have "shifted the burden" to what was initially seen as a onetime fix, headache relief. If this pattern is not corrected, eventually you do not have just an overwork problem, you have a drug addiction problem. Indeed, the overwork problem may be forgotten as the difficulties of coping with your addiction intensify.

"Shifting the burden" dynamics can arise whenever people face difficult problems and there's a difference between "symptomatic" and "fundamental" solutions. "Shifting the burden" dynamics occur in diverse

situations, but they always follow the same systemic pattern. The symptoms of the problem can be addressed either through a symptomatic solution or a fundamental solution. Only the latter will relieve the symptoms by addressing the underlying causes. This simple systemic structure gives rise to “shifting the burden” behaviour over time when we opt for the symptomatic solution and stop there. Current prevention programmes appear to be symptomatic solutions or “quick fixes”, which appear to be relieving the problem symptom (adolescent substance abuse). As the fundamental sources of the problem are ignored, symptoms get worse. In return the symptomatic solutions get more intense (that is, implementing more and more programmes) and the ability to address the core of the problem atrophies. Finally, increasing reliance on symptomatic solutions usually brings unintended side effects, like in the example of the aspirin, health problems, which demand attention. In relation to society’s reactions to adolescent substance abuse, unintended consequences could include the rise in drug-related crime and death, the loss of community, and the belief that only rigorous and factual substance abuse prevention programmes based on outcomes can set our youth back on track.

We tend to think of substance abuse as a personal problem. But the “shifting the burden” dynamic shows that there are many levels. Just as people can become addicted to prescription drugs, alcohol, or cigarettes, programme evaluators can become addicted to cost cutting to improve cost-effectiveness, and attempting to achieve the same resilience “outcomes”, without acknowledging the context or how each programme brings with it a unique set of qualities, defined by the participants themselves. We live in a society that demands quick solutions to difficult problems. Because it’s so common the “shifting the burden” dynamic typically goes unnoticed. Individuals and institutions fail to see how their capacities for fundamental solutions are eroding until the dependency and side effects build to overwhelming proportions, and eventually leading to unavoidable breakdowns. See Figure 3.1. below for a visual representation of how as a society we have resorted to “shifting the burden”.



**Figure 3.1.** Symptomatic Solutions versus Fundamental Solutions (Adapted from Senge et al., 2005)

Western culture's growing reliance on reductionistic science and technology over the past two hundred years fits the "shifting the burden" dynamic well, revealing a play of forces that create growing technological power and diminishing human development and wisdom (Senge et al., 2005). What seems to be the common factor behind all social programmes is the desire to make things "better" or in some way more in line with what we care about. Modern science and technology has been one way to expand this "desire for efficacy". But another way is through integrated (emotional, mental, physical, spiritual) growth and enhanced wisdom. This means growing our sense of connection with nature and with one another and learning to live in ways that naturally cultivate our capacity to be human.

Ecosystemically, control implies changing the nature of the relationship that, from the systems perspective, always exists. Defining the family or the school as in trouble and seeking to treat either in isolation, assuming that their supposed problems exist independently of the context in which they necessarily and dependently exist, is an attempt to control a part, which can only be punctuated as a part on the basis of a pathological epistemology at the level of simple cybernetics. Metaphors such as, “winning the war against drugs”, “raising a drug free child”, “overcoming resistance” and “saving the family” reinforce this illusion of control in relationships between people. A linear punctuation of events and the idea of cause and effect as well as the autonomy of phenomena feed this illusion.

### ***Implementing an Ecosystemic Approach: Integrating Thinking and Doing***

In order to bring about the “deeper fixes”, that is the behavioural and attitudinal change that is desired in intervention programmes, we need to gain access to our own intersubjective experience as facilitators, as well the intersubjective experience of those in the programme. Senge et al. (2005) provide valuable insight into a different way of learning about ourselves and the problems we face. They use a metaphor, which they refer to as the seven core capacities of “the U movement” (see Figure 3.2), which they link to group process, facilitation, intervention, change and leadership. Yalom (1995) who concentrates on group facilitation and Johnson and Johnson (1994) who concentrates on experiential learning both provide insight into how group process can shift behaviours and attitudes and create a space in which new behaviours can be re-enacted and new attitudes can be expressed. Senge et al. (2005), Yalom (1995) and Johnson and Johnson (1994) help to bridge the gap between the theoretical implications of the ecosystemic approach to intervention and putting these implications into action.

Groups can be catalytic in bringing information and what is truly needed to the fore (Johnson & Johnson, 1994, Yalom, 1995). Senge et al., (2005) also emphasises how group interaction can be seen as a research technique that collects data through group interaction and feedback, and therefore a way of learning about what is effective in your programme and what is not effective. Groups therefore seem to create a process of sharing and comparing among participants. Groups are also a powerful means of exposing reality and of investigating complex behaviours and motivation. People feel relatively empowered and supported in a group situation where they are surrounded by others. They may also be more likely to share their experiences and feelings in the presence of people whom they perceive to be more like themselves in some way.

Best practice also seems to indicate that prevention programmes are most effective when they employ interactive group techniques, such as peer discussion, mindmapping, and role-playing that allows for active involvement in learning about substance abuse. This is what Johnson and Johnson refer to as “experiential learning” where exercises are structured so that learners can experiment with behaviour, try things out, see what works, build skills, and develop action theories out of their experiences. Appropriate theory is then presented so that the learner can summarise their learning’s and build conceptual frameworks within which they can organise what they know.

Although experiential learning is stimulating and involves activity, it is important to note that experience alone is not beneficial. According to Johnson and Johnson (1994) you learn from a combination of experience and conceptualisation of your experience. Integrating thought with action requires that we plan our behaviour, engage in it, and then reflect on how effective we were. When we learn a pattern of behaviour, for example, “saying no to drugs” that deals effectively with a situation, we tend to repeat it over and over until it functions automatically. Such habitual patterns are based on theories of action. Experiential learning focuses on developing and practising healthy action theories or plans of action by role-playing different situations, thus enlarging the learners’ action repertoire. Yet, it is important to note that situations are influenced by contextual factors and other variables, for example, peer pressure. These practice sessions can help to prepare the learner for future situations, but it is important that the learner realise the “real” world is more complicated than the role-play.

Experiential learning is based on the following principles (Johnson & Johnson, 1994):

*Principle 1:* Effective experiential learning will affect the learner’s cognitive structures (action theories), attitudes and values, perceptions and behavioural patterns. To learn to be a more effective decision maker, for example, the learner must develop a concept of what decision making is (knowledge), an action theory concerning what decision making behaviours will lead to effective group decision making, positive attitudes toward new decision making procedures, perceptions that the new decision making actions are situationally appropriate and that one is capable of performing them, and the behavioural skills needed to perform the new decision making actions.

*Principle 2:* People will believe more in knowledge they have discovered themselves than in knowledge presented by others. Lewin was a great believer in experimental procedures whereby a person behaviourally validates or disproves a theory. He believed that such procedures needed to be introduced into the educational process so that students could test alternative behavioural patterns within controlled conditions. An approach to learning based on inquiry and discovery has been found to increase students’ motivation to learn and their commitment to implement their conclusions in the future.

*Principle 3:* Learning is more effective when it is an active rather than a passive process. When a learner can take a theory, concept, or practice and “try it on for size,” he or she will understand it more completely, integrate it more effectively with past learning, and retain it longer. Many concepts (such as mathematical procedures) are never really learned until one uses them.

*Principle 4:* Acceptance of new action theories, attitudes, and behavioural patterns cannot be brought about by a piece meal approach- one’s whole cognitive-affective-behavioural system has to change. The three elements are interconnected, and they change as a whole rather than as separate parts. Like any system, a cognitive-affective-behavioural system demands coherence, consistency, orderliness, and simplicity. Trying to change part of the system will not be effective. The need for consistency creates resistance to the item-by-

Item approach to new learning. Only when the whole system changes will the new learning be fully accepted and integrated.

*Principle 5:* It takes more than information to change action theories, attitudes, and behavioural patterns. Telling people about the desirability of change does not mean that they will change. Providing a rationale for change is not sufficient to motivate people to change. Reading a book or listening to a lecture does not result in mastery and retention of the material, does not promote attitude change, and does not increase social skills. Information does, however, generate interest in learning more about the desired changes.

*Principle 6:* It takes more than firsthand experience to generate valid knowledge. Lewin used to state that thousands of years of human experience with falling bodies did not bring humans to a correct theory of gravity. Besides experience, there needs to be a theoretical system that the experience tests out and reflection on the meaning of the experience.

*Principle 7:* Behaviour changes will be temporary unless the action theories and attitudes underlying them are changed. New behavioural skills may be practiced and mastered, but without changes in the person's action theories and attitudes, the new behaviour patterns will fade away.

*Principle 8:* Changes in perceptions of oneself and one's social environment are necessary before changes in action theories, attitudes, and behaviour will take place. Learners must perceive themselves as capable of doing the needed behaviours and must see the behaviours as being appropriate to the situation before they will engage in them. Lewin believed that behaviour, action theories, and attitudes are all steered by perception. Your perceptions of yourself and your immediate situation affect how you behave, what you believe, and how you feel.

*Principle 9:* The more supportive, accepting, and caring the social environment, the freer a person is to experiment with new behaviours, attitudes, and action theories. As the need to justify oneself and protect oneself against rejection decreases, it becomes easier to experiment with new ways of behaving, thinking, and valuing.

*Principle 10:* For changes in behaviour patterns, attitudes, and action theories to be permanent, both the person and the social environment have to change. The person's role definitions, the expectations of the person held by colleagues and friends, and the general values of career and social settings all must change if the person is to maintain these changed behaviours, attitudes, and action theories. Team training is more effective than individual training because it changes both individuals and their social environment at the same time.

*Principle 11:* It is easier to change a person's action theories, attitudes, and behavioural patterns in a group context than in an individual context. The discussion and consensual validation that takes place within a group provides a personal commitment and encouragement for change that is not present when only one person is being changed.

*Principle 12:* A person accepts a new system of action theories, attitudes, and behavioural patterns when he or she accepts membership in a new group. New groups with new role definitions for appropriate behaviour are helpful in educational efforts.

Although complex, it seems that prevention is better understood in an applied sense, in terms of how participants in the programme “experience” the knowledge that arises and is presented to them. Senge et al. (2005) refer to this as a “second type” of learning, in which the future becomes more active; where we seem to learn from the past through cycles of action and reflection that leads to new actions. Ecosystemic theory would refer to this learning as “feedback”. Senge et al. emphasise that we learn from the future that has not yet happened and in doing so, continually discover our part in bringing that future to pass. Additionally, this type of “second learning”, “experiential learning” or “feedback process” seems more likely to take place in an environment characterised by tolerance, discovery, and openness.

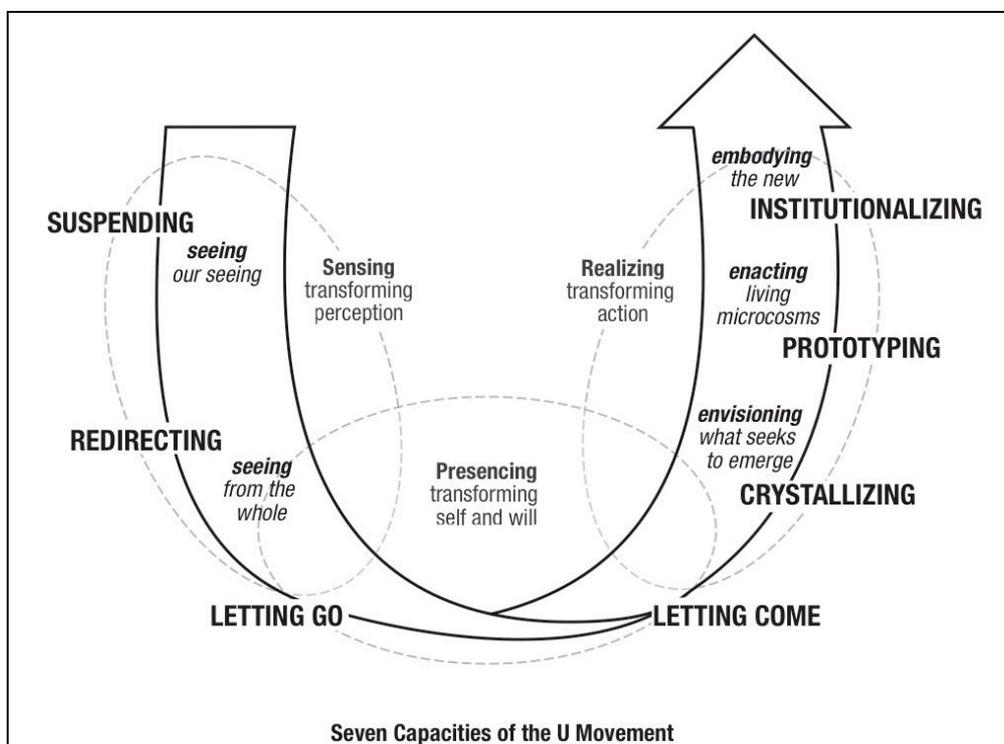
All learning appears to integrate thinking and doing. All learning is about how we interact in the world and the types of capacities that develop from our interactions. What differs, according to Senge et al. (2005) is the depth of the awareness and consequent source of action. If awareness never reaches beyond superficial events and current circumstances, actions will be reactions. If, on the other hand, we penetrate more deeply to see the larger picture or whole that generates “what is” and our own connection to this wholeness, the source and effectiveness of our actions can change dramatically. Senge et al. (2005) refer to this awareness as “presence”; the core capacity that the authors identify that is needed to access the “field of the future”.

Senge et al. summarise the concept of “presence” as being fully conscious and aware in the present moment, listening deeply, and being open beyond one’s preconceptions and historical ways of making sense. Moving into the “presence” is also about letting go of old identities and the need to control. Ultimately, Senge et al. emphasise how all these aspects of “presence” lead to a state of “letting come”, of consciously participating in a larger field for change. When this happens the field shifts, and the forces shaping a situation can move from recreating the past to manifesting or realising an emerging future. Francisco Varela (1999) also emphasises that we need to change the quality of our attention from “looking for” to “letting come”. When applied to intervention programmes this seems to capture what Senge et al. (1994) refer to as “deeper fixes”, where participants think and problem solve together, and thus change together.

Senge et al. (2005) draw parallels between what they refer to as the seven core capacities of the “U-movement” and Eastern philosophy; the seven meditative spaces, as articulated by Master Nan Huai Chin, a Zen Buddhist master and Taoist master. These seven meditative spaces are as follows- awareness, stopping, calmness, stillness, peace, true thinking, and attainment. Awareness and stopping refers to be being aware of one’s place in society and not overstepping it. Stopping refers to “stopping the flow of thought”, which is linked to suspending yourself in relation to your emotions, for example, greed, anger, fear, and anxiety, which often prevent you from make the “correct” judgements.

According to Master Nan Huai Chin thinking, can be likened to a waterfall, in that when one sees a waterfall you see the whole waterfall, yet you don't necessarily see the water droplets that make up the waterfall. Master Nan Huai Chin likens our thoughts to water droplets; "Our mind runs so rapidly that we perceive our thinking as if it is a waterfall. But if you are aware, if you are able to stop, you know thinking is just tiny droplets". Buddhist masters learn to see the gaps between thoughts and are aware that thoughts are not be taken as reality, a mistake that is often made by people. Stopping begins to occur spontaneously as we begin to see our thoughts. Before stopping our goals and aims are more likely to be a reflection of our past than what is really needed now (Senge et al., 2005).

The remaining five stages, unfold as soon as you are able to stop. According to Nan "Once you actually stop, you move to the third stage; *samadhi*, which represents calmness and true quietness and stillness. This is a state of true peacefulness in which you can truly think. When you can truly think, you can attain the goals that you're supposed to achieve" (Senge et al., 2005, p.182). Senge et al. refer to their first core capacity or movement as *suspending*; the "way in", which is where we begin to start "seeing our seeing". *Redirecting* our attention to the broader life processes at work, and *letting go* of any preconceptions aid the movement from normal awareness to a place of true stillness, which Senge et al. have called the "bottom of the U". The second major movement is referred to as the "way out" or the "return", which is about returning to more normal levels of activity with new awareness, without losing the "presence" of the deepest point. This whole movement, together with the ancient wisdom of the seven meditative spaces served as a guide for implementing the DWCP, as it unfolded, albeit in a different language. See Figure 3.2.



**Figure 3.2.** "The U Movement" (Senge et al., 2005, p. 219)

Taken together, the first three spaces- awareness, stopping, and calmness, are all about connecting deeply with present reality and the context in which you are working, which is also the essence of what Senge et al. refer to as “sensing”, and moving down the U. Through constant reflection and feedback we penetrate through everyday thoughts to our deeper experience. “Seeing from the whole”, “letting go”, and “letting come” captures ecosystemic thinking in its assertion that “the whole is much bigger than the sum of its parts”, that everything is interrelated, and that knowledge is a product of social negotiation in context. Master Nan Huai Chin also adds to this by saying that “We say “we”, the human, which represents something. Ultimately speaking, there is no such thing as a person. It does not really exist” (Senge et al., 2005, p. 184).

As long as we view ourselves as individuals, we falsely divide ourselves from the problems we are experiencing as a whole. Making a division where there is tight connection, or “seeing separateness where there is wholeness” is what David Bohm (2000) calls “fragmentation”, which he links to the traditional scientific focus on studying isolated things, for example atoms. In Newtonian science atoms were first thought of as the basic building block of nature, and as science progressed it was discovered that atoms could be further broken down into electrons, protons, and neutrons. But this whole infinite reduction to smaller and smaller things eventually broke down in the twentieth century, leading physicists into an entirely new domain of quantum energy field, “electron clouds”, and probabilities rather than definite statements about the subatomic world (Senge et al., 2005). Studies of effective programmes, typically focus on outcomes, success factors, roles, tasks, and interpersonal dynamics, often ignoring the fact that a programme’s effectiveness often depends on how it interacts with the larger network of relationships. Like ecosystemic thinking, native science, the traditional science of the indigenous peoples around the world, similarly seek to foster an understanding of the universe in ways that nurture our connection and relationship to the earth and the whole of the natural world.

The ecosystemic approach is a way of thinking meaningfully about the problems we face, which thus becomes part of your repertoire of behaviour as a facilitator. The ecosystemic approach to adolescent substance abuse intervention only exists in relation to the other adolescent substance abuse prevention approaches or ways of thinking and theorising about substance abuse. Each theory or approach has no meaning in it’s own right. The relationship is one of complementarity and meaningfulness in context. In relation to substance abuse intervention, the ecosystemic approach makes us aware, sometimes painfully, of the relationship between parts that define a whole, and of the consequences of our attempts so far to unilaterally change just one thing as an autonomous unit, for example substance abuse prevention programmes aimed just at adolescents. Contrary to many measurement-based prevention programmes that believe we can observe our environment, is the ecosystemic idea that we cannot just observe. According to Becvar and Becvar (2000: p. 368) “Observation is intervention. We do not discover-we invent”.

We are faced with the phenomena suggested by both systems theory and quantum physics (Becvar & Becvar, 2000) that not only are we a part of the society, but also that the thing observed takes on characteristics of the model of the world we use to understand it. According to Becvar and Becvar (2000) it is a “pathology of epistemology” to believe we discover “real” phenomena independent of our frameworks. From an

ecosystemic perspective, second-order cybernetics, helps you to become consciously aware of the phenomenon we choose to describe. The ecosystemic approach also gives you the choice to see yourself as part of the unit of intervention or observation, to define only in relationship, and to assume responsibility for the understanding you use to explain the “problem” or phenomenon.

From a programme evaluation or intervention perspective, it is useful to bring in first-order consensual domains; those we study (evaluation) and second-order consensual domains; those of which we are a part of (the intervention) into our understanding of these processes. What we do as observers is operate as though we were external to the situation and observe it (first-order) and ourselves (second-order) observing, what Senge et al. (2005) refer to as “seeing our seeing”. In practice, what the distinction between simple cybernetics and second-order cybernetics means is that as programme facilitators or therapists who have a conscious awareness of both levels face a paradox. That is, at a pragmatic level we are mandated by a society that sanctions our roles to accept and solve problems such as adolescent substance abuse, as they are defined by our culture. Our general charge from society seems to be to “help people fit”, or in other words, to help people be more adaptive to the way we want our society to be, to fit the ideal model of a “normal” person or family for our society. Thus we seek to help individuals and their families become asymptomatic (normal) and productive (achieving and contributing) and view themselves as autonomous, independent, responsible people.

What is more is the role of the therapist or programme facilitator is easier, if less respectful, without this higher-order consciousness. Once one internalises the “cybernetics of cybernetics” perspective, one no longer sees the abnormal or dysfunctional; what is called maladaptive fits. Whatever the behaviour, be it adolescent substance abuse or family discord, it makes sense, it fits. Society has evolved therapists and social programmes to deal with the discrepancies between its ideals and the processes based on its paradigm, which the society activates to attain its ideals. It is not uncommon for the “cybernetic of cybernetics” or what is referred to in this study as the ecosystemic approach to leave you feeling slightly uncomfortable, as becoming aware that we have little if any control over what happens to us is unnerving. At a pragmatic level, substance abuse intervention programme facilitations may be “doing good”, yet at a higher-order-cybernetics level we may be contributing to escalating pathology in society. It is almost as if we need the illusion of certainty and status quo to carry on living and creating meaning for ourselves.

A large part of working ecosystemically is dedicating ourselves and our work to understanding the qualities of environments and how to create environments that promote health and well-being. Systems maintenance and change is concerned with the balance between predictability and flexibility. The environment needs to create clear expectations, yet at the same time demonstrate openness to change and innovation? Too much predictability can produce boredom and resentment, because it may reflect rigid authoritarianism and resistance to change. Too much flexibility can produce confusion due to continuous uncertainty and flux. Finding a balance requires that the setting provides both structure and guidance, as well as opportunities for autonomy, independence, and personal growth.

## *Programmes as “Chaordic” Living Systems: Self-organising, Self-evolving, and Self-governing*

Unlike machines, living systems, such as your body or a tree, create themselves. They are not mere assemblages of their parts but are continually growing and changing along with their elements. Almost two hundred years ago, Goethe, a German writer and scientist argued that this meant that we had to think differently about wholes and parts. For Goethe, the whole was something dynamic and living that continually comes into being “in concrete manifestations” (Senge et al., 2005, p. 6). A part, in turn, is a manifestation of a whole, rather than just a component of it. Neither exists without the other. The whole exists through continually manifesting in the parts, and the parts exist as embodiments of the whole.

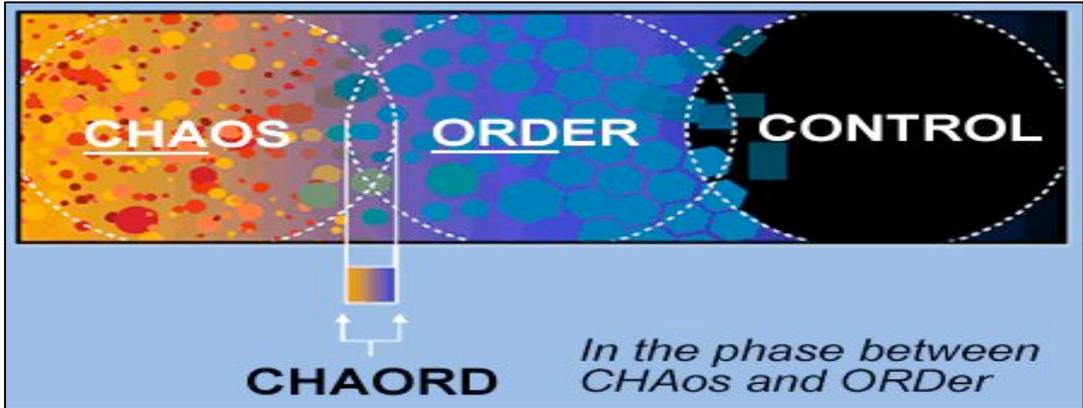
In a similar way, the inventor Buckminster Fuller was fond of holding up his hand and asking people, “What is this?” Invariably, they would respond, “It’s a hand.” He would then point out that the cells that made up that hand were continually dying and regenerating themselves, and that a hand is completely re-created within a year or so. So when we see a hand, or an entire body or living system, as a static “thing”, we are mistaken. “What you see is not a hand”, said Fuller, “It is “pattern integrity”, the universe’s capability to create hands” (Senge et al., 2005).

Biologist Rupert Sheldrake calls the underlying organising pattern “the formative field of the organism”. According to Sheldrake in self-organizing systems at all levels of complexity there is a wholeness that depends on a characteristic organizing field of that system, its morphic field (Senge et al., 2005). Moreover, Sheldrake says, the generative field of a living system extends into its environment and connects the two. For example, every cell contains identical DNA information for the larger organism, yet cells also differentiate as they mature into eye, or heart, or kidney cells. This happens because cells develop a kind of social identity according to their immediate context and what is needed for the health of the larger organism. When a cell’s morphic field deteriorates, its awareness of the larger whole deteriorates. A cell that loses its social identity reverts to blind undifferentiated cell division, which can ultimately threaten the life of the larger organism. This process is what we know or can describe as cancer (Senge et al., 2005).

Many leading scientists believe that the principal science of in today’s world is shifting to include the study of complex, autocatalytic, self-organizing, non-linear, adaptive systems, usually referred to as "complexity" or "chaos theory" (Capra, Steindl-Rast & Madison 1991; Hock, 2000; Senge et al., 1994, 2005; Wallerstein, 1996; Wheatly, 1993). They believe that such systems, perhaps even life itself, arise and thrive on the edge of chaos with just enough order to give them pattern, but not so much to slow their adaptation and learning.

The ecosystemic approach draws on what Hock (2000) refers to as “chaordic systems” where out of the chaos, order arises in the form of new perspectives, where the process is iterative, and where conflict, ambiguity and confusion are vital parts of the process. “Chaordic” means characterised by the fundamental organising principles of nature and evolution (Hock, 2000) where “chaordic” systems, perhaps even life itself, are believed to arise and thrive on the edge of chaos with just enough order to give them pattern.

**Table 3.3.** Definitions of “chaordic” systems (<http://www.chaordic.org>):

The word chaord was formed by borrowing the first syllable of the two words: cha- from chaos, -ord from order.	
Chaord	(kay'ord) 1: any autocatalytic, self-regulating, adaptive, nonlinear, complex organism, organization, or system, whether physical, biological or social, the behaviour of which harmoniously exhibits characteristics of both order and chaos. 2: an entity whose behaviour exhibits patterns and probabilities not governed or explained by the behaviour of its parts. 3: the fundamental organising principle of nature and evolution.
Chaordic	(kay'ordic) 1: anything simultaneously orderly and chaotic. 2: patterned in a way dominated neither by order nor chaos. 3: existing in the phase between order and chaos.  Living systems thrive in a narrow band between  CHOAS and ORDER ....  

In the same way, loosely translated to ecosystemic thinking and programme implementation and evaluation a “chaordic” programme would be inclusive, multi-centric and distributive, self-organizing and self-evolving, self-governing, adaptive, non-linear, complex, participant-owned and participant-governed, diverse and adaptive, strongly cohesive, with an unshakable focus on common purpose and “collective presence” (Senge et al., 2005), and blend theoretical and experiential learning. “Chaordic” conceptualisations derive their meaning from systems theory, yet systems thinking is taken one step further by authors such as Hock (2000) and Senge et. al. (1994, 2005) in their application of these principles to organisations, leadership, change, society, human behaviour and so on.

According to Hock (2000) where behaviour is compelled, there you will find tyranny, however benign. Where behaviour is induced, there you will find leadership, however powerful. Hock defines leadership in the following way:

*True leaders are those who epitomize the general sense of the community -- who symbolize, legitimize and strengthen behavior in accordance with the sense of the community -- who enable its shared purpose, values and beliefs to emerge and be transmitted. A true leader's behavior is induced by the*

*behavior of every individual choosing where to be led.*

Hock's definition of leadership links well with what it means to facilitate a programme from an ecosystemic approach. Success in programmes therefore arises from the relationships and interaction of those from which it is composed. To be precise, one cannot speak of facilitators or programmes that *cause* young adolescents to not to take drugs, for no one can *cause* this to happen. Facilitators can only recognise and modify conditions which prevent it; perceive and articulate a sense of community, a vision of the future, a body of principles to which people can become passionately committed, then encourage and enable them to discover and bring forth the extraordinary capabilities that lie trapped in everyone struggling to get out.

### ***Limitations of the Ecosystemic Approach***

Higher order ecosystemic thinking is not an easy level at which to think, live, and work, particularly for social scientists. From this perspective, social science is public philosophy and cannot be value free. We are of and in our society. To live in it uncritically and without conscious awareness of the contradictions in the paradigm of the society, and social order that logically fits the paradigm, is to support the status quo. Many critics, such as Falzer (1986) may suggest that the ecosystemic or higher order cybernetics perspective cannot be demonstrated to be a valid perspective, and that programmes that do not have clearly defined measurable outcomes and goals, based on rigorous methods are neither useful, or applicable. Other authors, such as Speed (1991) suggest that there must be a reality out there on which we base our beliefs about what is wrong and right. Speed (1991) asks challenging questions, such as "but where do these ideas or accounts come from?" and "Why would we construct or invent one set of ideas rather than another?". These questions seem to capture the importance of power dynamics as they play themselves out in society, where some players have more power than others, and that those individuals who abuse power must be accountable for their actions. Yet, it seems that the ecosystemic approach is misunderstood, in that being informed by the values of both social constructionism and action research, it's main focus is on acknowledging these power differences, facilitating joint decision making, sharing responsibility, and encouraging action.

In this study, it is suggested that validity is demonstrated each day in each person's life as attempts to do just one thing reveal the interconnected universe that Bateson (1972), Bronowski (1978), and Keeney (1983) propose. The higher-order ecosystemic approach is more than a theory about people in social systems. It is about epistemologies that serve to guide action within social systems, for "cybernetics focuses on mental process" (Keeney, 1986, p.270, cited in Becvar & Becvar, 2000, p. 375). The higher order ecosystemic approach also suggests that we cannot avoid the existential and meaningful questions of living. These are the *sine qua non* of what it means to be a human being. The ecosystemic approach confronts us with our finiteness, with uncertainty, and with the demand to define our own essence.

One of the challenges of the ecosystemic approach is that it is the road less travelled in terms of substance abuse intervention and prevention. References to the use of an ecosystemic approach in substance abuse prevention efforts in South Africa are sparse. Yet, in terms of treatment, current research (NIDA, 2004) has

shown that multisystemic-family therapy (Henggeler, 2004) is fast becoming one of the most effective treatments for substance abusing adolescents. In terms of prevention, Garrahan (2001) and many other American based authors (Freeman, 1993; Holder, 2000; Lilja et al., 2003; Rogerio & Queely, 2003; Spooner & Hall, 2002) point to value of using a “systems approach” in school-based prevention and intervention.

### *Summary*

Chapter 3 outlined why an ecosystemic approach can be useful when applied to prevention and intervention (Refer to Table 3.4. below which summarises the ecosystemic approach as applied to substance abuse prevention). This entailed outlining how as a society we have moved into a reactive mode of prevention characterised by “quick fixes”, low trust, and an attempt to control our environment and hence the people we find ourselves in contact with. This chapter argues that there is a need for us to start thinking more deeply about the problems we face, and how we attempt to solve these problems. Living, and adapting to society that is characterised by globalisation, constant change, and complex networks of relationships, seems to require “deeper fixes”, which target intangibles, such as deep seated beliefs, attitudes, practices, behaviour patterns, and so on. The ecosystemic approach to intervention seems to respond to challenges of living in a multicultural society where relationships and social problems are far more complex. This chapter illustrates how ecosystemic principles show us that no intervention programme is more important than the context in which it is developed, facilitated, or evaluated. The context, in which substance awareness programmes are developed, facilitated, or evaluated, be it a school or any other context, becomes part of a cyclical process of mutual influence and feedback. This feedback is linked to creating a reciprocal experiential learning environment for not only the participants but the facilitator of the group process.

Change appears to require that we examine our preconceived ways of thinking and think “outside the box”. Previous thinking about substance abuse seems to be characterised by seeing ourselves as separate to the problem, instead of part of the problem solving process. No one person has *the* answers or *the* perfect programme that can help prevent youth from engaging in dangerous and destructive behaviours, such as substance abuse. But there do appear to be answers, which are emerging from the collective experience of people researching the problem of adolescent substance abuse and working together to increase learning in relation to substance abuse and intervention in a wide variety of settings. We are all “pioneers of change” ([www.pioneersofchange.net](http://www.pioneersofchange.net)) in some way or another evolving together into a worldwide community with aim of initiating “a new type of action in a new way of thinking”. According to Senge et al. (1994) systems thinking is a way of thinking about, and a language, for describing and understanding, the forces and interrelationships that shape the behaviour of systems. This discipline helps to change systems more effectively, and to act more in tune with the larger processes of the natural, social, and economic world. It is important to note, however that the ecosystemic approach is not a blueprint for substance abuse intervention. It is only a general guideline that could stimulate thinking around substance abuse intervention, awareness and treatment.

As the complexity of our social problems increases, the need for wisdom and “deeper fixes” grows. It seems that our youth need to be raised by their community, where the changing milieu of a developing child is more adeptly conceptualised as a number of overlapping social systems with each proving elements of identity and an ongoing sense of self. Programmes, in turn, need to tune into what is fundamentally needed. In order to this, we need to be sensitive to the “emerging whole”; the future potential of the participants as a whole, that wants to become “present”. This may sound like an overwhelming task, almost as if as a facilitator you are required to perform some sort of action on a global scale. Yet, sensing the “emerging whole” is far subtler than that. According to Senge et al. (2005, p. 228) “what is most systemic, is most local”. The deepest systems we enact are woven into the fabric of everyday life, down to the most minute detail of the “here and now”. According to Hock (2000) the most abundant, least expensive, most under-utilized, and constantly abused resource in the world is human ingenuity.

**Table 3.4.** A Summary of the Ecosystemic Approach as Applied to Substance Abuse and Intervention

- No programme is more important than the context in which it is developed or facilitated.
- Process is more important than outcome. Programmes as characterised by complex social processes, which cannot be broken down into measurable processes, outcomes, and costs.
- Programmes blend theoretical and experiential knowledge; learning is active, self-reflective, creative, and based on experience and feedback.
- Programmes are self-organising, self-governing, adaptive living systems characterised by feedback, values, perceptions, and beliefs.
- Change is about deeper fixes, which focus on strengths, creative problem solving, feedback, reflection and shared accountability. Change processes are negotiated and mutually agreed upon and not forced upon participants.
- Substance abuse is a “problem” that is logical and meaningful in its context. Emphasis is placed on how the participants define the “problem” of substance abuse.
- Each programme, person, community is unique.
- Programmes are conducted with real people, where emotion, feeling, conflict, and discomfort are natural and healthy dimensions of human experience.
- We cannot prevent or control social problems or people. Success of the programme is defined by those involved.
- Programmes do not “fix” people or families.

## CHAPTER 4

### The Research Method

#### *Introduction*

In Chapter 4, the research methodology is discussed with reference to the rationale for selecting both a predominantly qualitative approach, which is combined with a minority quantitative approach. This is discussed in relation to action research and evaluation research. The ecosystemic approach to intervention is contextualised within a social constructionist framework, which is informed and guided by postmodernism as articulated by Becvar and Becvar (2000), Denzin and Lincoln (2000), Gergen and Gergen (2003), and Lynch (1997). The focus of the DWCP was on the interaction that ensued between all stakeholders that took part in the programme. The underlying hypothesis was that learning could be enhanced through meaning that develops between people through dialogue as they interact with one another in a warm encouraging atmosphere. Evaluation data were gathered via interviews, participant reflection sheets, facilitator field notes, independent observer field notes, posters, photographs, and feedback sessions held with the members of the external reference team. Hermeneutics was selected as a method of qualitative data analysis to identify the themes, processes, and meanings that the participants ascribed to their experiences of the DWCP. Descriptive statistics were used as a method of analysis for the short evaluation questionnaire that was administered to the participants after the programme. The merits and downfalls of working from these perspectives within the field of evaluation and action research is also discussed in relation to issues of the “trustworthiness” of the observations, interpretations, and conclusions made in this study.

#### *An Ecosystemic Approach to Evaluation*

The rationale for selecting a both a predominantly qualitative approach and a minority quantitative approach is two-fold. On one hand the search for “quick fixes” in the field of intervention has often tended to emphasise the development of reliable and valid ways of evaluating whether a programme has been effective or not (for example, instruments that tap into knowledge, attitude, and behaviour change). Quantitative measurement based evaluation methods, with an emphasis on effective and efficient programme planning seem to have laid a firm ground for well-established canons of practice, which have as a result have given programme evaluation the status of a profession (Owen & Rogers, 1999). Yet on the other hand, more and more, people who have the responsibility for the development and delivery of policies and programmes are being asked to plan more carefully, reflect more critically and justify reasons for selected courses of action. This is where a qualitative interpretative approach to programme evaluation can add value to evaluation research, as it provides an opportunity for us to link evaluation and context. This reminds us that social and educational interventions do not exist in a vacuum, and that evaluators need to be mindful of the influence of context when planning studies and providing advice to policy and programme developers. Hence,

implementing a programme in today's society seems to require taking both a quantitative, and a qualitative approach to programme evaluation.

Nelson and Prilleltensky (2005) outline two main approaches to qualitative programme evaluation the "utilitarian pragmatism" of Patton (2002) and the social constructivism of Guba and Lincoln (1989). Patton's approach emphasises the values of "utility, practicality, and managerial effectiveness". Patton (2002) borrows many of the concepts used in quantitative programme evaluation, such as logic models, evaluability assessment, and evaluation of process and outcomes, but he advocates gathering qualitative data for these types of evaluation. In contrast, the fourth generation approach to evaluation advanced by Guba and Lincoln (1989) rests explicitly on the assumptions of social constructivism and is concerned with how the programme is experienced by different stakeholders (including managers, staff, and consumers) and the meaning that the stakeholders attach to the programme. This approach is guided by the principles of value pluralism, fairness in honouring stakeholder constructions and eliciting their claims, concerns, and issues, and a negotiated evaluation process. The primary method of fourth generation evaluation is the case study, which can include qualitative interviews, observations, and an analysis of programme documents. In addition to the criteria for technical adequacy of the evaluation findings (that is, trustworthiness), Lincoln and Guba (1986) assert that the research process and findings must be fair (that is, a negotiated process in which all stakeholders have the opportunity to share their concerns, interpret the findings, and influence the evaluation recommendations for change), authentic (that is, leading to increased understanding, appreciation, and consciousness of the experiences of different stakeholders and their social contexts), and relevant to programme stakeholders.

In contrast to mainstream evaluations, which are usually informed by the measurement model (Potter & Kruger, 2001) with its modernistic and mechological (Auerswald, 1987) epistemological roots, the ecosystemic approach to programme evaluation responds to the challenges of living in a multi-cultural dynamically changing society. Drawing on Guba and Lincoln's qualitative fourth generation evaluation, the ecosystemic evaluation framework is useful because it encompasses the dynamic, interacting, interdependent nature of relationships within social contexts. See Table 4.1. below for a comparison of traditional and ecosystemic evaluation, bearing in mind that it is not "either/or" but "both/and". The table format is merely used to guide our thinking not to disqualify traditional modes of evaluation.

**Table 4.1.** Traditional Evaluation versus Ecosystemic Evaluation

Level	APPROACH	
	Traditional evaluation	Ecosystemic evaluation
Epistemology	Based on Newtonian science  Positivistic  Objectivity: the "real" nature of things	Social constructionism  Relativity: the relational notions of things and knowing  Difference, uniqueness

	All people are homogenous	
<b>Paradigm</b>	Reductionism Causality	Holism Fit
<b>Theory</b>	Mechanistic	General Systems Theory
<b>Research</b>	Proving Validating Researcher/Evaluator has control	Making sense Describing All stakeholders are encouraged to evaluate their own programme- control and responsibility are shared  Primary concern is trustworthiness and authenticity of the data in capturing the participants lived experience
<b>Methodology</b>	Quantitative evaluation methods Objective Based on clear objectives Needs-based approach/Deficit-based approach	Qualitative evaluation methods Consensual, interactive- takes all stakeholders perspectives into account  Objectives and outcomes are co-defined and operationalised by the stake-holders involved  Meaning, Patterns, Processes, Reflection, Feedback
<b>Results</b>	Proof	Guidelines
<b>Data</b>	Statistical	Interviews, programme documents, other archival data.
<b>Application</b>	Mechanical	Contextual

(Adapted from Fourie, 1998)

Seen in this light, and in taking from the lessons learnt in mainstream evaluation, the ecosystemic evaluation approach incorporates both a process and a more comprehensive outcome evaluation and away from positivistic outcome and process evaluation towards a more gentle, yet effective way of intervening as opposed to preventing. Since the inception of evaluation research, programme evaluators have learned that empirical evaluation information is but one source of information that can have an impact on decision making (Nelson & Prilleltensky, 2005). In reducing programmes to measurable processes, outcomes, and costs, quantitative approaches to evaluation do not appear to tell the whole story. In measurement-based evaluations, seldom does one hear the voices of the participants and their experiences of such programmes.

From an ecosystemic perspective, an intervention programme is a co-evolving, recursive system between facilitator and stakeholders who reciprocally perturb each other. It is out of this mutual perturbation process that a new story evolves. Facilitators often feel they have to take on the sole responsibility of providing the alternative story that structurally couples with the existing structure of the particular context or group of people with whom they are working. These types of programmes are more consistent with first-order cybernetics (that is, you are thinking from the observed rather than the observing system perspective).

In contrast to the logical-empirical approach of programme logic models and outcome evaluation, Etzioni (1960) conceived of programmes from a second-order-cybernetics perspective, in terms of a systems model with dynamic and interacting parts (Nelson & Prilleltensky, 2005). In other words, programmes and thus evaluation research are saturated with culture, history, values, politics, purpose seeking and meaning making. The action researcher or facilitator is a part of the research or programme and strives to provide a more contextual analysis of the process, which is more important than the content of the research or programme—“Taint what you do, it’s the way you do it!” (Jim Kelly, 1979, cited in Nelson & Prilleltensky, 2005). One of the many reasons for using qualitative methods in programme evaluation is that it personalises the evaluation process for the researcher and the participants. This falls under what Patton (2002) calls *interactive and participatory applications* to programme evaluation, where he states that most programmes based on humanistic concerns and principles often resist any kind of quantification because of the perception that numbers and standard categorisation are cold, hard, and impersonal. The personal nature of qualitative inquiry derives from its openness, the evaluator’s close contact with the programme, and the procedures of observation, and in-depth interviewing that communicates respect to their respondents by making their ideas and opinions the important data source for evaluation.

Kushner’s book *Personalizing Evaluation* (2000) epitomises this emphasis especially in advocating that the perspective of the participant is given advocacy. He also highlights the limitations that have been identified in relation to qualitative evaluation and counteracts these by saying that he does not think there is a serious risk of evaluators losing touch with their contractual obligations to report on programmes and to support programme management and improvement, and that he does not think that there is a danger that evaluators will ever lose their preoccupation with programme effects. Yet, Kushner (2000) states that there is always a risk, however, that evaluators lose contact with people; and a danger that in our concern to report on programmes and their outcomes we lose sight of the pluralism of programmes. Therefore, Kushner’s (2000) argument robustly asserts the need to address the “person” in the programme.

Patton (2002) states that personalising and humanising evaluation are particularly important for education, therapy, and development efforts that are based on humanistic values. The humanistic values underpinning both qualitative inquiry and ecosystemic approaches to evaluation and intervention are included in the core principles listed in Table 4.2. below.

**Table 4.2.** Common Principles Underpinning Qualitative Inquiry and Ecosystemic Approaches to Evaluation and Intervention (adapted from Patton, 2002)

- Each person or community is unique, deserves respect, and should be understood holistically in context.
- Equity, fairness, and mutual respect should be foundations of human interactions.
- Change processes (and research) should be person-centred, attentive to the effects on real people, negotiated, agreed to, and mutually understood-not-imposed, forced or required.
- One expresses respect and concern about others by learning about them, their perspective, and their world-and by being actively involved.
- Knowledge and action are inseparable.
- Emotion, feeling, and affect are natural, healthy dimensions of human experience.
- The change agent, facilitator, researcher is non-judgemental, accepting and supportive, respecting other's right to make their own decisions and live as they choose. The point is empowerment of others, not control or judgement.
- The process is as important as the outcome.
- Action and responsibility are shared; unilateral action is avoided.
- Information should be openly shared and honestly communicated as a matter of mutual respect and in support of openness and value.

Patton (2002) highlights the importance of the value-orientations of the intended users of the programme. This was a challenge as far as the DWCP was concerned as the value-orientations of the intended users varied. The parental and school system's value-orientation appeared to be underpinned by a fear-based, religious, moral-legal, hierarchal, top-down value system. Yet, these values seemed to be changing with the introduction of *Curriculum 2005 and Outcomes Based Education (DOE, 2005)*. Three strong themes were apparent in the DWCP; (1) personalised education, (2) the experiential nature of learning, and (3) the holistic nature of learning. The learner's value-orientation, however seemed to respond more to an environment based on openness, trust, equity, and fairness. It was the multi-faceted nature of the value-orientations of the participants involved in the DWCP that seemed to require that the study take both a quantitative approach and a qualitative approach to programme evaluation and intervention. Furthermore, this required constant (re)negotiation between value orientations and technical factors in an effort to make the research methods and values harmonious.

The proposed ecosystemic approach to evaluation is not completely unique or new but draws on the values espoused by some of the traditional evaluation approaches, for example, out-comes based evaluation, empowerment evaluation, interactive evaluation, and goal-free evaluation as articulated by Denzin and

Lincoln (2000). While traditional scientific approaches to evaluation have led to the tremendous achievements in the past, it seems that their applications in the social sciences was less successful. It is difficult to break up complicated social processes into parts or elements, which can be measured. As stated above, programme evaluation is however, a well-established field of study, with contributions by theorists and practitioners in many countries throughout the world (Owen & Rogers, 1999). Ecosystemic programme evaluation is complementary to, and supportive of, the development and provision of effective and responsive social, educational, therapeutic and other like interventions or evaluands. It is not my intention to disregard traditional methods of evaluation, but rather to find an evaluation approach that is more suited to capturing and evaluating the approach followed in this study.

Thus, programme facilitators need to be clear about their values and their approach. According to Nelson and Prilleltensky (2005) qualitative approaches to evaluation are not new (Patton's *Qualitative and Evaluation Methods* was published in 1980) but are less accepted by government and other societal structures than quantitative methods. Qualitative evaluation is seen as "soft" and "subjective" and is criticised as being unable to cover causal mechanisms or calculate cost-effectiveness. Yet, how can we begin to quantify the psychosocial negative effects of substance abuse on our youth? In practice, intervention and evaluation are intricately caught up in the subjective realities and assumptions of those involved in the programme where there are multiple contributors to a specific system state and where "an effect often precedes a cause" (Becvar & Becvar, 2000).

### ***Ecosystemic Evaluation, Action Research and Social Constructionism***

Conditions of late modernity generated a renewed interest in how we come to "know" the world in which we live and how we "know" what to do to effect change in a certain direction. The modern era was based on the assumptions of the existence of objectivity, universal truths and language as faithful and unbiased, and the world as understandable, controllable and predictable. This meant that we "know" what to do to effect change in a certain direction. From this perspective, there could only be one "truth" or account on which to rely and to which some people had access. However, when different people claimed to possess this "truth", it became clear that there could not be just one single "truth" but that many possible interpretations were possible (Gergen & Gergen, 2003).

The justifications for the emergence of action research according to Lincoln (2001) is linked to the posture of detachment ("objectivity"), which is in turn linked to the failure of social science to engage problems in the sites where they occur: communities, agencies created to deliver social services, corporations, neighbourhoods. Because the relationship between social science research and policy formulation is rarely ever linear or direct, the effects of large expenditures on such research appears to be an act of faith at best, and a waste at worst. This is especially evident in institutions of higher education where there is a perceived failure of conventional evaluation to address programme change in a meaningful way which is captured by Robert Stake in calling for "responsive evaluations", which involved the participants in a meaningful way to describe and judge programmes (Lincoln, 2001). The tenets of conventional measurement based evaluation

were believed to be at fault in their failure to achieve significant programme improvement and change (Lincoln, 2001) Social constructionism emerged as a result of this failure, and accordingly, new assumptional bases were proposed, as well as new inquiry strategies for uncovering different realities from those limited to measurement based evaluation.

Among the assumptions which shifted, those important to linking action research and social constructionism included focussing on tangible realities and participants socially constructed realities (meaning making, sense-making, cognitive and emotive activities of stakeholders), focussing on the redistribution of power via information sharing activities by inquirers with and among stakeholders, designing interventions, alterations and redirections to activities as determined by stakeholders, and creating the conditions which foster taking action on inquiry (or evaluation) findings, especially from action arising from stakeholders, the formerly disenfranchised, and those without a voice (Lincoln, 2001) .

Constructivism refers to the process by which reality is created by the observer. What is observed is given meaning by the observer and it is in this way that we can say that reality is created. In other words, we can never know reality, we can only have views of reality (Becvar & Becvar, 2000). In constructivism, any one person's interpretation is as "true" as any other person's interpretation, as long as it works within a particular context. This implies that not only does no single "truth" or interpretation exist, but all stories or interpretations that work are equally valid (Dickerson & Zimmerman, 1996). The constructivist view appears to exclude the effects of a dominant social reality that influences the creation of meaning, which Speed (1991) alludes to in her description of "realism" –the position that reality exists and determines what we know. Social constructionism expands on constructivism by including the idea that the way in which a person perceives or makes sense of their world, is informed by his or her interaction with the social and cultural context. Social constructionism is informed by postmodernism, which rejects the notion of a universal and objective knowledge (Lynch, 1997).

Social constructionism encourages the use of multiple discourses- clashing, overlapping, partial, fragmented, and shifting. The social constructionist position encourages critical reflexivity, most especially directed toward the tendency for experts to reify the "disease" model of drug addiction and derivative modes of treatment and intervention. Social constructionist methods, like their interpretive counterparts, are qualitative, interpretative and concerned with meaning. While interpretivists are interested in uncovering subjective perceptions and experiences, social constructionists are concerned with how these perceptions come from larger discourses (at a social level, rather than an individual level) (Terre Blanche & Durrheim, 1999). For example, it is useful to attempt to understand the social climate and sub-culture that teenagers find themselves in South Africa. Our young people have grown up in what has become a chemically orientated and complacent world. This can be traced to even broader matrixes of meaning underlying the drug scene; international drug supply and demand patterns, the influence of apartheid on South Africa's youth, and so forth.

Social constructionist epistemologies resemble action research and participatory action research in several ways. All three types of research aim to “overcome” empiricist, logical atomistic, designative, representationalist epistemologies and argue that orthodox social science serves the ideological function of justifying the position and interests of the wealthy and powerful (Kemmis & McTaggart, 2000; Lincoln, 2001). Convergence between social constructions and action research lies in their shared mandates for action, that is, both prompt action on part of the stakeholders and participants, which Lincoln (2001) refers to as catalytic authenticity. Tactical authenticity, that researchers engage in training community members how they may utilise the research findings to intervene in policy processes and begin to have more desired democratic ends. For example, in work in schools, parents may be reluctant to approach the school board whose ways of operating may seem impenetrable. The role of the researcher becomes about introducing participants to the processes of joint decision making (Lincoln, 2001). Both action research and social constructionism rely heavily on commitments to stakeholder voices being heard a more egalitarian relationship between researcher and the participants, where there is a genuine sharing of interests and decision making (Lincoln, 2001).

Both social constructionism and action research are designed to foster a reciprocal learning process between participants where realities can be altered or re-constructed. Yet, they differ on the idea of “constructed realities”. In action research, the process of inquiry, and stimulation of a group towards reconstructing that social reality, is the primary aim of the inquiry work itself. In social constructionist inquiry, the illumination of different constructions might be the primary aim, with the reconstructive process being secondary. Both models depend heavily on the idea of the researcher and participants as “human instruments” (Guba & Lincoln, 1981), on subjectivity as a force in understanding human systems, that the final product of any inquiry is a co-created product, on part of the researcher and the participants, and that the end-goal of the inquiry is new understandings, new constructions, new, shared information, which creates opportunities for social action. Where social constructionism may only concern itself with the creation of new knowledge, action research seems to take the above discussed ideas one step further by requiring that the researcher, whose primary commitment is social change, to work in a completely egalitarian manner, and commit themselves to a group over some prolonged period of time, time enough to see change through, which seems to require a lot more time, effort, and dedication on part of the researcher (Lincoln, 2001).

Many of the tenets of social constructionism and action research are captured in ecosystemic thinking making it possible to link social constructionism and action research to ecosystemic thinking as a model employed as a research tool to describe or explain social phenomena, or as a decision making tool that guides actions and processes. With systems thinking, as discussed in the previous chapter, phenomena are understood to be an emergent property of an interrelated whole. A systems approach will therefore employ concepts like emergence and interrelatedness to interpret social phenomena, rather than attempt to represent systems as if they exist in the world (Checkland, 1981, cited in Flood, 2001). Checkland (1981) contends that “human systems” are better understood in terms of emergent meaning people ascribe to the world, where he concludes that like social constructionism and action research, systemic thinking is thus useful in meaning construction. Systemic thinking understands reality as the creative construction of human beings. It sees

social reality as the construction of people's interpretation of their experiences. To get to grips with the whole therefore involves the construction of understanding in terms of constitutive meaning, social practices and actions taken. Yet, from a systems perspective research models should never be taken as a representation of reality, where each model is a lens through which we can look at and interpret reality. Systemic thinking requires that all the stakeholders are involved in the meaning making process (Jackson, 1991, cited in Flood, 2001). Systemic researchers would also argue that there will never be a super methodology capable of addressing all the concerns of human emancipation and our social problems, yet demonstrate that as a social researcher we should be continually aware of which methodologies should be used, when, and why? Flood refers to this as methodological complementarity. Flood emphasises that systemic thinking is not an approach to action research, but a grounding for action research that may broaden action and deepen research.

Systemic researchers hold that ideas and beliefs that people hold about the self can only change when the ideas held by the people close to this person changed. This is an idea held by early family systemic therapists in response to the need to shift away from structure and more towards a view of the self as a stretch of moving history, like a river or a stream. Hoffman (1992) brings this idea to life by linking the concept of "self" to how the Australian aborigines think of their "songlines". Songlines are musical roadmaps tracing paths from place to place in the territory inhabited by each individual person. A person would be born into one of these songlines but would only know a section of it. The way the aborigines extended their knowledge of a particular songline was to go on periodic "walkabouts", allowing them to meet others living far away who knew a different stanza, so to speak. An exchange of songlines would become an exchange of important knowledge. These songlines would be tied to the spirits of different ancestors-animals or plants or landmarks-who sprang forth in "dreamtime" before people existed. A person might share an ancestor with people who lived in an entirely different part of the territory (McNamee & Gergen, 1992).

The beauty of this heuristic myth is that it presents a picture of an individual identity that is not within the person or any other unit. It captures ecosystemic thinking which attempts to bring together the different songlines or discourses embedded in the field of substance abuse intervention (Community System, for example, SANCA, SACENDU, UNODC, School System, Family System, Peer System, and Individual System). It also highlights, the intricacies of implementing an intervention programme, which consists of temporal flows which can be simple, like a segmented path, or complex, like a moiré pattern, but which are realised by singing, talking and walking.

Traditional methods of substance abuse prevention seem to be based on secrecy, hierarchy and control-injecting education into our youth. Therefore bringing together the various voices, discourses or songlines of those involved in the programme moves away from the idea of the programme facilitator as the expert and more towards an idea of "reflexivity loops" which means "to fold back onto oneself" or to "co-evolve" or "co-author" (Mc Namee & Gergen, 1992). There is above all a reflexive loop between facilitator and participant that includes the facilitator's own working philosophy. Social constructionists hold firmly to the

idea that there are no incontrovertible social truths, only stories about the world that we tell ourselves and others.

Considerations about the level of communication a facilitator goes in on may begin to explain some of the conflicts in the field of drug prevention and treatment. From an ecosystemic perspective, which is embedded in social constructionism, no level of communication is more true than the other, it is just that a different solution to the problem falls out of which one is focussed on. Hence, a programme facilitator with a psychodynamic background may decide to focus more on promoting individual change, that is the perceptions of risk versus the unconscious desire to take drugs, linked to the drive towards the pleasure principle in attempt to reduce anxiety. In a similar way, a programme facilitator with an ecosystemic background may decide to focus on facilitating change and action at various levels of the system (individual, family, school and community). Both approaches leave room for rethinking the relationship of the individual to the social to include an analysis of how affective forces configure wider social relations and visa versa.

### *The DWCP Narrative*

As the researcher and the participants come into the research process already engaged in processes, it seems useful that at this stage to explain how I gained entry into this particular research setting and how the DWCP was borne.

My relationship with the school, which provided the meaningful context for this study spans over a time period of approximately six years. This collaborative process has involved facilitating life skills programmes and developing and facilitating leadership programmes, particularly with Grade 7's. While in the process of completing my Masters degree, I was approached by the school and asked whether I could implement a substance abuse intervention programme. At this time, I was looking for avenues, which could potentially be turned into a Master's dissertation. Synchronicity brought the school's needs and my needs together. These needs were acknowledged, discussed, and negotiated in a reciprocal manner.

The life skills teacher in charge of student support, whom I was well acquainted with, acted as key informant who explained the school's needs and expectations and introduced me to gatekeepers, such as the headmaster, and the Grade 7 parents and the learner's themselves. I also scheduled a meeting with the headmaster of the school in which all the details of the programme and the research were discussed. The headmaster gave his consent for research to take place and was present at the second meeting where the details of the programme and the research were presented to the Grade 7 parents.

The meeting with the parent's was challenging for me, as the parents became suspicious of the research aspect of the programme. I had to clarify and explain carefully how the data would be used and also how issues of confidentiality and anonymity would be handled. The headmaster supported me in explaining that the research would be beneficial to the school, to the children (and thus the parents), as well as to broader society. The parents also required more information in terms of the content that would be covered through

out the programme. An outline of the programme was sent out to the parents after the meeting (Appendix D). In order for a child to participate in the programme, the parents needed to sign a response or consent form (Appendix A).

The parents who consented to letting their child participate in the programme were then involved more in identifying anticipated outcomes, and planning the programme. This was addressed by sending out a needs assessment letter to the parents, which was designed, to clarify the role-players and to involve the parents by encouraging them to note down their anticipated outcomes, concerns, and interests in relation to the DWCP.

Analysing the concerns, interests or problems identified by the target group is an inherent part of intervention research. It involves an interpretative and descriptive process of organising the data gathered in a meaningful way, and looking for relationships among descriptions. This information can often shed light on why the problem exists and why interventions have either not been successful or been attempted. The DWCP's narrative was based on the UNODC Regional Office for South Africa Kemoga Campaign- "No Thanks I'm Fine Without Drugs" ([www.unodc.org.za](http://www.unodc.org.za)) which has well researched guidelines on conducting effective substance abuse prevention work among South African youth (UNODC, 2004).

### *Research Objectives*

In ecosystemically informed interventions, the changing nature of ecosystems and human adaptation requires a long-term perspective. Contemporary social problems have both historical roots and future consequences. When practitioners examine social issues and problems from an ecosystemic perspective, they consider these issues and problems at multiple levels of analysis, or what ecosystemic thinkers refer to as a second-order cybernetics perspective. It is for this reason that ecosystemically informed interventions do not focus exclusively on the attainment of outcome goals for participants. Yet, there are certain guiding principles and values, which contribute to the implementation of an ethically sound programme. The goals below capture the value system underpinned by both social constructionist and action research paradigms where as the researcher; I am involved with the participants, and am committed to a process of self-reflection as I conduct the research. I also encouraged feedback and self-reflection on the part of the participants and used experiential learning (Johnson & Johnson, 1994), the development of emotional intelligence (Goleman, 2004) and empowerment (Rapmund, 2000) as vehicles, which facilitated the learning process through which these goals were achieved. The main objective of the DWCP was to increase the participants' capacity for action and change, through which more positively framed behaviours, are practiced and developed. The goals illustrated below served merely as a guide to navigating the often-unpredictable process of implementing a intervention programme.

Goals of the DWCP:

- Increased awareness and knowledge.
- Increased connection and communication.

- Increased capacity for appropriate decision making and problem solving.
- Increased interpersonal competence and empowerment.

Goals of the ecosystemic evaluation and research questions:

- To evaluate whether the DWCP achieved its goals. The goals (as listed above) were assessed holistically in terms of how all the goals work together to develop resilience and bring about positive attitude and behaviour change.
- To evaluate what participating in DWCP meant to the participants. Did the participants find the DWCP useful and meaningful? What suggestions were made for improvement? These questions were answered by analysing the field notes, programme documents and other archival data, such as photographs, and posters, as well as by asking the participants to fill in a post programme evaluation questionnaire.
- To reassess best practice in this context by revisiting the best practice literature in the light of the evaluation findings. This was done according to what the participants and I found useful in the field of prevention, which required asking, which best practice principles worked and which principles did not work? This was done by examining the mainstream prevention approaches in comparison and as a supplement to an ecosystemic approach. The “usefulness” of the ecosystemic approach is captured in the processes, themes, lessons learnt, self-reflection, feedback from the participants, and in its theoretical and pragmatic use to the reader or prospective facilitator.

### *Defining Key Concepts*

**Experiential learning:** refers to providing opportunities where interaction can take place. Experiential learning (Johnson & Johnson, 1994) includes using techniques, like role-plays and feedback sessions, which allows for group members to practice new ways of communication, and to start individual and group problem solving via self exploration and exploration of how others would handle the problem, for example how other learners would react to being offered drugs, and also how others parents handle boundary setting. Participants believe more in knowledge that is created by them, than knowledge that is imposed upon them.

**Empowerment:** refers to increasing personal, interpersonal, and political power so that individuals, families or communities can take action to improve their situations. Empowerment takes place at various levels of the system, and consists of the following sub processes; development of group consciousness, reduction of self-blame, assumptions of personal responsibility for change, and enhancement of self-efficacy (Van Niekerk and Prins, 2001).

**Emotional Intelligence:** refers to assisting youth to develop a greater sense of connection to self and others (Goleman, 2004). It includes the development of *self-awareness*, the ability to recognise and understand your own moods, emotions, drives, as well as their affect on others; *self-regulation*, the ability to control or redirect disruptive moods and think before acting; *motivation*, the ability to pursue future goals with energy and persistence which includes being self-assertive and having a clear value system; and *social skills*, the ability to understand the emotional make-up of other people which aids in managing relationships, building rapport, managing peer pressure.

**Increased awareness and knowledge:** awareness implies knowledge gained through one's own perceptions or by means of information, or the act of becoming conscious of something, whereas knowledge on a didactic level refers to relevant knowledge regarding substance abuse, that is the different types of drugs, stages of addiction, drug refusal skills, and so on. Yet, ecosystemically, awareness and knowledge are expanded beyond positivist notion of knowing. The spiritual, the ineffable, as well as the practical, the ordinary, the everyday, are all considered jointly and severally as aspects of, and evidence for human flourishing. Heron and Reason (1997, p.33) propose a multidimensional model of four kinds of knowing. The four types of knowledge areas are; (1) systemic logic- a form of internal coherence which assures that the other three forms of knowing are consistent with, and reinforcing of the other; (2) practical knowledge- “knowing how to exercise skill”; (3) presentational knowledge- which is assessed by examining the extent to which an inquirer demonstrates an “intuitive grasp of the significance of imaginal patterns as expressed in graphic, plastic, moving, musical and verbal art-forms”; and (4) experiential knowledge –“evident ...in actually meeting and feeling the presence of some energy, entity, person, place, process, or thing”. Building knowledge and awareness are also linked to building emotional intelligence (Goleman, 2004) and self-reflective skills, thus emphasising the important the role that feedback plays in the development of knowledge and awareness. Feedback is a process whereby the participants in the environment decide on which ideas are useful and which are not. Thus feedback guides the unfolding process and hence the development and implementation of the programme.

**Increased connection and communication:** refers to the creation of a safe space, which facilitates dialogue and builds connection between the different systems, namely the teacher, the headmaster, the parents, and the learners. Participants begin to understand that they are not alone and that their experiences, feelings, and opinions are shared with other group members. Participants also develop a willingness to support each other despite differences. Open communication is encouraged between all the stakeholders, for example, open discussions related to feelings, ideas, opinions, and other difficult to broach topics.

**Increased capacity for appropriate decision making and problem solving:** refers to the development of age appropriate decision making and problem solving skills. Participants develop the ability to solve problems together and are able to think meaningfully about the problems they face. This requires being aware of both the positive and negative consequences of decisions and how to link decision making to their value systems. The experiential learning process is useful here as it provides an opportunity for participants to reflect on the learning process and give feedback as to what makes sense to them.

**Increased interpersonal competence and empowerment:** draws on the concept of “empowerment” and “emotional intelligence” as discussed above. Participants are encouraged to share responsibility for the implementation and design of the programme, by involving them at all levels of the process. This is linked to the participants feeling like they “own” the programme. This also involves mobilising participants to promote action and change (Nelson & Prilleltensky, 2005). This could involve the creation of committees, other programmes, such as parenting programmes or teacher training programmes, or support groups.

## *Data Gathering*

Evaluation data was gathered via interviews, facilitator field notes and process notes, independent observer field notes and summary bulletins, participants' reflection questionnaires, feedback sessions with the parents, posters, and photographs. It also comprised of a short evaluation questionnaire administered to the participants after the programme. The research inquiry involved an interaction between the experiences of the participants in the field and my experience as the researcher as I came into that field. Linked to this, is my obligation to tell the story of the research project. Of importance is the relationship between the participants and myself, which "shapes what is told, as well as the meaning of what is told" (Clandinin & Connelly, 1994, p.419). Field texts, "are texts created by the participants and the researcher to represent aspects of field experience" (Clandinin & Connelly, 1994, p.419). Those that apply to this research will now be discussed

### *Field Notes and Process Notes*

Silverman (2000, pp. 825) uses the term "text" as a heuristic device to identify data consisting of words and images that have become recorded. Field notes and process notes may be written by researchers or by participants, and they may be written in more or less detail with more or less interpretive content. The nature of the relationship between researcher and participants "shapes the construction of the records" (Clandinin & Connelly, 1994, p.422). The researcher and the participants write the notes as active participants in the process where there is shared ownership of the research project, community-based analysis of social problems, and an orientation towards community action (Kemmis & Mc Taggart, 2000).

In this study, research interviews and meetings, which were more like oral conversations, were turned into field texts through note taking. In conversations, there is a reciprocal and egalitarian relationship among participants. The conversational format is usually marked by flexibility which allows participants "to establish the form of topics" that are important to the inquiry (Clandinin & Connelly, 1994, p.422). Listening is part of the conversation and the way that the listener, or researcher, responds may lead to deeper levels of experience. However, it is important that this is done in a relationship characterised by "mutual trust, listening, and caring for the experience described by the other" (Clandinin & Connelly, 1994, p.422, cited in Rapmund, 2000).

Process notes were taken by the independent observer and myself on an on-going basis before, during, and after the implementation of the DWCP. De Vos (2002, p. 413) states that using two or more observers to collect data at the same time helps to ensure the reliability or replicability of the findings. My process notes were based on my personal perceptions and interpretations of the process. The independent observer played a vital role in helping me to capture and mirror the process. Her field notes consisted of observations and process related incidents. My process notes were also the remnants from the conversations that took place between the independent observer and myself in the post-session reflection meetings, and between the headmaster, life skills teacher and myself before, and between the parents, learners and myself before, during

and after the programme. This “raw” data is not included in this study as an appendix because of the personal nature of the observations, issues related to confidentiality, and because the process notes are difficult to make out, and copious in nature (see Rapmund, 2000). The process notes served as a heuristic to remember the process and how it unfolded. My personal reflections have been synthesised and are presented in Chapter 5 in the forms of themes, and in Chapter 6, in the form of lessons learnt and self-reflections. The independent observer’s process notes have been summarised and incorporated into the themes and processes that characterised the DWCP.

The “voices” of the independent observer, the learners, their parents, and the headmaster and life skills teacher are acknowledged in Chapter 5. The “voices” of the independent observer and learners are evident throughout the process, but mostly in the photographs and the discussion that emanated from the creation of posters. The parents’ “voices” are evident in the meeting that was held prior to the DWCP commencing, in the needs assessment questionnaires, and also in the feedback session held at the end of the DWCP. The life skills teacher and headmaster’s “voices” are most evident in the initial contracting stage and in the post-programme feedback. The challenge here for me, as the researcher was to present the participants “voices” and experiences in as an authentic way as possible. Although this was done through my interpretative lens, it was however informed by the voices of all the participants, who all played an integral part in forming this study.

Therefore the evaluation data was collected via:

- Two meetings that were scheduled with the headmaster and life skills teacher prior to the programme, which focussed on brainstorming the aims of the DWCP and their expectations. Only the facilitator was present.
- A parents meeting that was held prior to the commencement of the DWCP where all the aspects of the research were discussed and the parents’ expectations were clarified. The headmaster and life skills teacher were present. It was also at this meeting that an independent psychologist gave a drug talk aimed at the parents.
- Needs assessment questionnaires that were sent out to the parents with a summary of the goals of the DWCP as discussed in the previous meeting (Appendix A).
- Independent observer process notes. The independent observer joined the programme when it started. She recorded field notes during and after the sessions.
- Facilitator field notes. I also made process notes before, during, and after the DWCP.
- Reflection questionnaires, which were handed out to the learners at the end of each session (Appendix B).
- Post-session reflection meetings, where learners alternated staying after the session to reflect on the session with the independent observer and facilitator. The independent observer shared her observations, and a way forward was discussed. In these sessions the learner involved was also encouraged to share their perceptions of the sessions. This approach is linked to what Royse (1993) refers to as the “impressionistic approach”, which is used in programme evaluation as a means of needs assessment (de Vos, 2002, p. 379), where the learner’s reflections have an important effect on the future planning of the programme.

- Two meetings were scheduled with the life skills teacher and headmaster during the implementation of the programme, where the progress of the programme was discussed. This was also an opportunity to include the headmaster and teacher in the process. Only the facilitator was present.
- Photos that were taken during the programme.
- Posters that were made by the learners during the programme.
- A feedback session, which was attended by the learners and their parents. The headmaster and life skills teacher sat in on and contributed to the process. The independent observer took notes, and I facilitated the session. These feedback sessions provided an opportunity for the parents and children to interact and share their experiences of the DWCP with each other.
- Post-programme evaluation questionnaires, which were completed by the parents, children, the headmaster and life skills teacher, and independent observer. These questionnaires included both open and closed questions (Appendix C). Feedback from the participants in the DWCP is presented in the form of processes and themes, as well as descriptive statistics that indicate how useful the participants found the DWCP.
- A meeting was also conducted with the life skills teacher involved and the headmaster after the DWCP was completed.

### *Photographs and Posters*

People often collect and save a variety of materials that serve to remind them of a memory around which they construct stories. Photographs and posters may be collected and are reminders of people, events and places that are meaningful in our lives. Harper (2000) introduces the concept of visual narrative. Sociologists use verbal narratives to tell sociological stories, both as first-person accounts and as cultural stories that unfold through time and space. On the level of microanalysis, the narrative view is consistent with symbolic interaction, which makes us sensitive to how we process interaction based on interpretations. “Interpretation, by definition, is interaction; it embodies the flow of human experience” (Harper, 2000, pp. 724). Visual materials are often narrative in form.

In the DWCP, photographs were taken and posters were co-created by the learners. These visual materials are a reflection of the experiential and action-orientated nature of the DWCP. They capture the “performance” of new realities, how the “I” and “we” become more fully engaged creators and actors in our lives and worlds (Kruger, 2003). These processes are captured in the form of themes and meanings, which were co-created by researcher and participants.

### *Sampling*

Due to the qualitative and sensitive nature of the research, non-random sampling was used. Participants volunteered to join the programme. This also allowed for parents to decide whether they would like their child to take part in the research or not. After a meeting with both parents and learners, they could decide if they wanted to participate. It was taken into account that there may be incidents where parents may insist that

their child participates, which may impact negatively on the intervention. This was taken into consideration during the implementation of the DWCP.

The DWCP that forms the focus of this study consisted of ten learners and their parents. Most of the learners were accompanied by both of their parents. Yet, extenuating circumstances, like divorce or the other spouse having to work or being away made it possible for only one parent to accompany their child. Four girls and six boys took part in the first DWCP. The DWCP was initially implemented in 2004 over a period of ten weeks, for an hour each week. The DWCP was implemented for a second and third time with two new groups of learners and their parents throughout the year. These two groups consisted of 12 learners and their parents and 10 learners and their parents, respectively. Therefore a total of 32 learners and their parents took part in the DWCP in 2004. I was also asked by the school to implement the DWCP the following year. Five programmes were implemented throughout the year in 2005. Each programme took place over a weekend with approximately ten learners and their parents in each DWCP. For purposes of analysis this study only focused on the lessons learnt and reflections from the first DWCP. Yet, it is important to acknowledge that although this study focuses on the data from the first DWCP, the lessons learnt and reflections are difficult to separate from the experience as a whole, which has spanned over two years.

### *A Process Approach to Ethics*

Applying ethical standards to a research study does not appear to be as easy as ticking off a checklist. It seems to require that as researchers we are able to think critically about and reflect on our own behaviour in relationship to those involved in the study, and in context. Because a reciprocal relationship exists between researcher and participants, it is important to remember that the potential exists “to shape their lived experience, told, relived, and retold stories as well as our own” (Clandinin & Connelly, 1994, p. 422). This relationship between researcher and participants is referred to as “communitarianism” by Peter Senge and Otto Sharma (Lincoln, 2001, p. 126) which expresses itself as a form of ethics, the first principle of which is the interconnectedness of human life, respect for others, dignity, concern for the welfare of others and solidarity, as well as an abiding concern for ecological matters. Although, in this study I did not initiate the relationship, I did however enter into the relationship with certain research intentions.

Therefore it is expected that the researcher bears the responsibility toward the participants that took part in the DWCP. Yet, my responsibility is two-fold. On one hand I do take responsibility for ethical issues, such as writing up research texts from field texts. Thus, being sensitive and responsible in the way I tell the stories of the participants. Yet, on the other hand when thinking about ethical responsibilities from an ecosystemic perspective, the participants and myself share the responsibility. This will be illustrated.

Programmes affect people on various levels. In keeping with the ethic of this study, it is believed that “we cannot just do one thing” (Becvar & Becvar, 2000, p.66). Our actions have multiple ripple effects on those we work with. A good programme lays open thoughts, feelings, knowledge, and experience, not only to the researcher, but to the participants. The process of being engaged, in a reflective process affects the persons

participating and leaves them knowing things about themselves that they did not know-or at least were not fully aware of- before the programme. Neither the researcher nor the participants can know, in advance, and sometimes even after the fact, what impact a programme will have or has had.

Because qualitative methods of research are highly personal and interpersonal, because naturalistic inquiry takes the researcher into the real world where people live and work, and because in-depth facilitation skills often open up what is inside people-qualitative inquiry may be more intrusive and involve greater reactivity than surveys, tests, and other quantitative approaches (Patton, 2002). It is for this reason that the contracting and feedback process are very important ethical negotiation points.

During the contracting process, and as a means of building the dependability and confirmability of the study, I asked a Psychology Honours student from Monash University to act as independent observer. She was present at each session to observe and record the process. The learners also volunteered to stay after each session to reflect on the process with the independent observer and myself. Each of the ten learners had a chance to participate over the ten weeks. Parents joined their children in last session of the DWCP for a feedback session, which lasted an hour and a half. An external reference team was also established, which consisted of all the stakeholders involved in the process of carrying out the programme. All the information that I gathered was processed and discussed by this team either independently or as a group. The team included; the headmaster, the life skills teacher, an independent psychologist who had previous contact with the school concerning parenting and drug addiction among youth, the parents, the learners, the independent observer, my supervisor, trainers and my fellow colleagues at the university. As the facilitator of the DWCP and a participant in the process, I therefore made sense of my experiences, informed by the “voices” of all of the participants and the independent observer.

The contracting process also involved initially meeting with the headmaster and the life skills teacher of the school where the DWCP would be implemented. Ethical issues such as, the role of the independent observer, the role of the external reference team, and the role of the researcher as the facilitator were discussed. The risks and benefits involved for those taking part in the DWCP, and what types of topics would be discussed and covered in the DWCP were also discussed. The purpose of collecting information in the DWCP, what type of information would be collected, how this information would be collected and used, and how this information would be handled by the external reference team, including confidentiality issues, were also discussed. These ethical issues were also discussed in another meeting held with the parents, as well as with the learners themselves.

The statement of purpose in this study was simple, straightforward, and understandable. It went as follows:

*The purpose of the DWCP is to create a space in which you and your parents/child/learners can start talking openly about drugs. The DWCP will cover topics such as; the types of drugs available, the side-effects, aspects of addiction, resources available, peer pressure, self-assertive skills, decision*

*making skills, and other basic life skills involved in preparing you and your child/parents for the future.*

*The DWCP is part of a research project, which is looking at what is effective and not effective in the field of drug intervention. In other words, how best we can help young people stay drug-free. As a participant in the programme, you are in a unique position to describe what type of impact the programme has on you (or the school) and your child/learners/parents. Your opinions, reflections, feelings, and insights are valuable in finding out what is useful and not useful.*

*There will be many opportunities throughout the implementation of the DWCP to share these thoughts and feelings with the researcher. For the learners there will reflection time after each session, and for the parents and the learners there will be meetings and a feedback session at the end of the programme. The school will also be part of this process. The purpose of the DWCP is to create a space in which we can all learn from each other. These learning's will be written up in the form of a research project which will be given to the school. All who have participated in the programme will have access to this research project. No names will be mentioned, and confidentiality will be honoured, except in those cases where a participant's well-being may be at risk.*

*Are there any questions?*

This may seem straightforward enough, but dealing with real people in the real world, all kinds of complications can arise. In the contracting process, the parents appeared very sceptical of the research component of the programme. They also seemed concerned that the programme required more time and effort from them than they initially thought. This needed to be taken into consideration and handled very carefully and respectfully. In this study, it helped that the school had already bought into the idea and appeared to prefer that the programme would be well researched and that it involved the parents as well. The headmaster helped me to navigate the contracting process in that he emphasised the reciprocally beneficial nature of the research study.

In the feedback process, many of the parents often asked for advice about how to handle potential drug related situations. My role as the researcher in this programme was not to take on the role of an expert but to encourage the parents and their children to co-construct potential solutions to these problems, which could lay the foundations for further communication later on in the family. When participants are open and willing to talk, the power of a feedback session could pose certain ethical risks. In this study, the participants shared their fears and concerns with each other. Yet, with these fears came an ethical responsibility, on my part as the researcher, to ensure that both the parents and their children had access to information, resources and forms of assistance and or counselling, for example SANCA. Both the parents and the learners were given a package, which outlined the basic information, resources, and form of assistance and or counselling that were available to them.

In keeping with this study, Patton (2002) points to a shift in qualitative research from responsibility in relation to confidentiality issues resting on the shoulders of the researcher to participants “owning their own stories” (p. 411). Some programmes that aim at empowering participants emphasise that participants own their stories, and that is useful that real names are used, instead of keeping the participants identities confidential. Yet, Patton (2002) emphasises that this is a choice that the participants should make.

Patton’s (2002) discussion about participants owning their own stories raised important ethical concerns in this study. For example, after one of the DWCP sessions, one of the learners went home and asked his mother if he could try alcohol. When his mother responded with shock and dismay he tried to defend himself by saying that the facilitator had said that experimenting with alcohol is ok. His mother phoned me to communicate her shock and concern about the programme. Instead of taking responsibility for what had happened, I encouraged the mother to look at her own relationship with her son and their patterns of communication. By the end of the conversation, it was clear that the mother was very concerned about her son never wanting to talk to her about anything. It appeared, that from how she described the situation, that her son was trying to communicate something to her by attempting to push her boundaries to see how she felt about alcohol and him experimenting with drugs.

From an (ecosystemic) perspective, this “perturbation” of the system is exactly what brings about change. Yet, in this case, this change needed to be channelled in the right direction. If I had taken responsibility for what had happened, the mother and her son would most likely still be struggling to communicate with one another, and the programme would most likely have failed. One of the most empowering aspects of implementing a successful programme appeared to be allowing the participant to own their own stories.

According to Rubin and Rubin (1995, cited in Patton, 2002) you cannot achieve ethical research by following a set of pre-established procedures that will always be correct. Yet, the requirement to behave ethically is just as strong in qualitative research as in any other types of research with human beings- may be even stronger. Accordingly, Rubin and Rubin (1995, p.96) suggest “You build ethical routines into your work. You should carefully study codes of ethics and cases of unethical behaviour to sensitise yourself to situations in which ethical commitments become particularly salient. Throughout your research keep thinking and judging what are your ethical obligations.”

### ***Data Analysis and Interpretation***

The main aim of reconstructing field texts into research texts is “to discover and construct meaning in those texts” (Clandinin & Connelly, 1994, pp. 423). In the same way that the researcher’s relationship to participants shaped the field text, the researcher’s relationship to the research and to the participants shapes the research text. However, to move from field texts to research texts, analysis has to take place. This will be discussed as it relates to the four parts of this research.

Data analysis is the process whereby order, structure, and meaning is imposed on the mass of data that is collected in a qualitative-integrative study. It is described as a messy, ambiguous, time-consuming, creative, and fascinating process (Rapmund, 2000). An interpretive approach was selected in relation to the aims of this study. One of the aims of interpretation is to discover themes (Experience-near), or discourses (Experience-distant), which refer to regular patterns in the data (Kelly, 1999b). A theme or a discourse can exist within and across situations.

The data collection process was two-fold. Firstly it had a quantitative component (post-programme feedback questionnaires, which consisted of open questions and closed questions) and a much larger qualitative component (field notes, process notes, reflection sheets, meetings, post-session reflections, feedback sessions, photographs, and posters). The choice to combine quantitative information with qualitative information was made with the aim of adding another dimension to evaluating the DWCP, which also acknowledged the value of measurement-based evaluation.

### *The Hermeneutic Circle*

In qualitative research the researcher follows a more circular nonlinear path (Neuman, 1997, p. 330) where procedures are particular, and replication is rare and analysis proceeds by extracting themes or generalisations in a coherent manner. As opposed to quantitative research where the researcher is more passive and neutral, in qualitative research the researcher is more active and aware of his or her role in the process. The qualitative interpretive approach in this study comprised of using hermeneutic data analysis. Hermeneutics is a form of data analysis- a process whereby order, structure, and meaning is imposed on the text, which is based on various assumptions (Addison, 1992). Firstly, people give meaning to what happens in their lives, which is important if others are to understand their behaviour. Meaning can be expressed in different ways, not only verbally. The meaning giving process is informed by the “immediate context, social structures, personal histories, shared practices, and language” (Addison, 1992, p. 112). The meaning of human action is not a fixed entity. It is constantly being negotiated, and changes evolve over time, in different contexts and for different individuals. The process of interpretation enables a person to make sense of his or her world. However, these ideas are informed by the interpreter’s values and therefore the notion of “truth” or correspondence to an objective reality, are not important issues in this approach, which does not adhere to the belief in an objective reality.

Hermeneutics focuses on interpreting something of interest, traditionally a text or work of art, but in the larger context of qualitative inquiry, it has also come to include interpreting interviews and observed actions (Patton, 2002). The emphasis throughout concerns the nature of interpretation, as various philosophers have approached the matter differently, some arguing that there is no method of interpretation per se because everything involves interpretation (Schwandt, 2001, cited in Patton, 2002). Interpretation, according to Patton (2002, p. 480), by definition involves going beyond the descriptive data; “Interpretation means attaching significance to what was found, making sense of findings, offering explanations, drawing

conclusions, extrapolating lessons, making inferences, considering meanings, and other wise imposing order on an unruly but surely patterned world”.

According to Patton (2002, p. 497) the *hermeneutic circle*, as an analytical process aimed at enhancing understanding, offers a particular emphasis in qualitative analysis, namely, relating parts to wholes, and wholes to parts. Construing the meaning of the whole meant making sense of the parts, and grasping the meaning of the parts depended on having some sense of the whole. According to Patton (2002) a particular limitation as one moves into the arena of interpretations about causes, consequences, and relationships concerns our capacity to escape simplistic linear modelling. We fall back on the linear assumptions of much quantitative analysis and begin to specify isolated independent and dependant variables that are mechanically linked together out of context. In contrast, the challenge of qualitative inquiry involves portraying a holistic picture of what the phenomenon, setting, or programme is like and struggling to understand the fundamental nature of a particular set of activities and people in a specific context. “Particularization is an important aim, coming to know the particularity of the case” (Stake, 1995, p. 39, cited in Patton, 2002, p. 480).

According to Patton (2002) simple statements about linear relationships may be more distorting than illuminating. The ongoing challenge, paradox, and dilemma of qualitative analysis engages us in constantly moving back and forth between the phenomenon of interest and our abstractions of that phenomenon, between the descriptions of what has occurred and our interpretations of those descriptions, between the complexity of reality and our simplification of those complexities, between the circularities and interdependencies of human activity and our need for linear, ordered statements of cause and effect. Patton (2002, p. 496) states that the *hermeneutic method* involves playing the strange and unfamiliar parts of the action, text, or utterance off against the integrity of the narrative or utterance as a whole until the meaning of the strange passages and meaning of the whole are worked out or accounted for. (Thus, for example, to understand the first two lines of a poem, you must grasp the overall meaning of the poem, and vice versa).

The researcher conducts “a reading” to discover meaning embedded within the text. Each reader brings his or her own subjective experience to a text. When studying the text, the researcher tries to absorb or get inside the viewpoint it presents as a whole, and then develops a deep understanding of how its parts relate to the whole (Neuman, 1997, p. 68). The aim of hermeneutics is “to discover meaning and to achieve understanding” (Wilson & Hutchinson, 1991, p. 266) or to make sense of “that which is not yet understood” (Addison, 1992, p. 110). Crabtree and Miller (1992, pp. 10) explain that “the constructivist enquirer enters an interpretive circle and must be faithful to the performance or subject, must be both apart from and part of the dance, and must always be rooted in context”.

The circularity and universality of hermeneutics (every interpretation is layered in and dependant on other interpretations, like a series of Russian dolls that fit one inside the other, and then another and another) pose the problem for the qualitative analyst of where to begin. How and where to break into the hermeneutic circle or interpretation? Packer and Addison (1989, cited in Patton, 2002) suggest beginning with “practical understanding”, which they refer to as “our everyday participatory understanding of people and events”. The

circularity of understanding, then, is what we understand in terms of what we already know. But the circularity is not, Heidegger argues, a “vicious” one where we simply confirm our prejudices, it is an “essential” one without which there would be no understanding at all (Patton, 2002).

Hermeneutic inquiry is not oriented toward a grand design. Any final construction that would be a resting point for scientific inquiry represents an illusion that must be resisted. If all knowledge were to be at last collected in some gigantic encyclopaedia this would mark not triumph of science so much as the loss of our human ability to encounter new concerns and uncover fresh puzzles. So although hermeneutic inquiry proceeds from a starting place, the self-consciously interpretative approach to scientific investigation does not come to an end at some final resting place, but works instead to keep discussion open and alive, to keep inquiry underway (Packer & Addison, p. 35, cited in Patton, 2002, p. 498).

In this study, a hermeneutic thematic analysis was used to analyse the qualitative data, which involves identifying the common themes from the data and using excerpts from the data to substantiate those themes. The bias and values of the researcher, as well as context shape the narrative, which will eventually make up the final research report. In qualitative research, the researcher is directly involved in the setting, interacts with the people, and is the “instrument” (de Vos, 2002: p. 359). As such no qualitative study can exclude the researcher’s own perspective, it is important for the reader to bear in mind that the data analysis will be punctuated according to how the researcher perceives the phenomenon of substance abuse and her relationship with the participants, and that these perceptions are also influenced by the researcher’s own frame of reference. Therefore, it is the researcher’s interpretation of the participants experience and although she attempted to remain true to their experience, the final analysis cannot be seen as the absolute truth.

The hermeneutic method of data analysis does not have a set of prescribed techniques (Addison, 1992). The following approach, which I adopted as a means of analysing my data, was adapted from Addison (1992), Terre Blanche and Kelly (1999), and Wilson and Hutchinson (1991). It involved the following practices:

*Stage 1: Familiarisation and Immersion.* In this stage I worked with texts related to prevention of substance abuse among youth. I also attended meetings related to adolescent substance abuse and visited community organisations, like SANCA so that I could connect with what was happening in the field. I immersed myself in the world created by the text so that I could make sense of the adolescent substance abuse prevention and intervention.

*Stage 2: Choosing participants.* This is what could be referred to as the contracting stage, which is discussed in the ethics section later on in this chapter. During this stage I scheduled various meetings with the headmaster of the school, the life skills teacher and the parents. The parents voluntarily signed themselves and their children up for the programme.

*Stage 3: Thematising.* This required that I inferred themes from the research data. This was done by carefully reading through the process notes and field notes from meetings that took place between the researcher and all the participants involved in the programme. The photographs and posters are also included

in this analysis as “visual texts”. Stage 3 involved analysing the participants accounts of their experiences in terms of the themes and the descriptive statistics that capture their experience. The themes are presented under the three main headings entitled; *Building a Container*, *Charging the Container*, and *Closing the Container*.

**Stage 4: Coding.** This involved grouping similar instances together under the same theme. This was done by further examining the themes that I initially found, recording similarities and differences, and further regrouping of themes under larger headings. These themes and their sub-themes are brought together with the aim of capturing the process of the DWCP as it unfolded.

**Stage 5: Elaboration.** In this stage I explored the generated themes more closely. This enabled me to gain a fresh view and deeper meaning than was possible from the original coding system, and entailed changes in the coding system. Dialoguing occurred between the participants and myself; the independent observer and myself; between my supervisor, other colleagues and myself; between me, as the researcher and the account itself, where my own values, assumptions, interpretations and understandings influenced and shaped the process.

**Stage 6: Interpretation and Checking.** This refers to the final account or narrative that relates the programme goals and evaluation goals to the findings. This is also where I reflect on my role in the whole process. This is presented in Chapter 5. The purpose of this stage is to organise the field notes, participant responses, and photographs and posters in such a way that overall patterns become clear thus providing an overview of the DWCP and its impacts. The challenge for me here was to present participant responses in a cogent fashion that integrates the great variety of experiences and impacts recorded before, during and after the implementation of the DWCP.

This method on data analysis is coherent with an interpretive approach, and hence does not have a set of prescribed techniques (Addison, 1992). The researcher maintains a constantly questioning attitude, looking for misunderstandings, incomplete understandings, deeper meanings, alternative meanings, and changes over time, as she “moves back and forth between individual elements of the text and the whole text in many cycles, called the “hermeneutic spiral” (Tesch, 1990, p. 68). According to Addison (1992, p.113), analyzing is a circular progression between parts and whole, foreground and background, understanding and interpretation, and researcher and narrative account”. According to Kelly (1999c, p.435) “it is the meaningful linking of parts into a network of meaning and ultimately into a landscape of meaningful action, that gives interpretation status”.

At a general level and in a global way, hermeneutics is a reminder of the interpretive core of qualitative inquiry, the importance of context and the dynamic whole-part interrelations of a holistic perspective. This form of data analysis is very relevant and in keeping with the ecosystemic approach presented in this study. At a specific level and in a particularistic way, the hermeneutic circle offers a process for formally engaging in interpretation.

### *Trustworthiness and Authenticity*

Lincoln and Guba (1985) argue that qualitative researchers must be able to establish the trustworthiness of their data. "The basic issue in relation to trustworthiness is simple: How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of? What arguments can be mounted, what criteria invoked, what questions asked, and what would be persuasive on this issue?" (Lincoln & Guba, 1985, p. 290). They propose four criteria for trustworthiness: (a) credibility, which means that the one must adequately represent participants multiple constructions of reality, (b) transferability, which refers to the extent to which the findings can be transferred to other contexts, (c) dependability, which is the extent to which findings are consistent or dependable, and (d) confirmability of the data by others.

Confirmability is linked to triangulation (Terre Blanche & Durrheim, 1999), which refers to using multiple perspectives against which to check one's own position. Triangulation increases the internal validity of the study. In this study, triangulation has taken many forms. Firstly, a variety of carefully selected data sources (process notes, post-session reflection meetings, learner reflection sheets, interviews, feedback sessions, photographs and posters) were used as a way of collecting and analysing the data. Secondly, there was investigator triangulation, where several different evaluators (independent observer, researcher) contributed to building the validity of the research findings. Thirdly, I also liaised with various professionals within organisations, such as the UNODC, SACENDU, CTDC and SANCA.

Additionally, this study has been presented at two conferences and regional meetings, namely the Third Evaluation Association Conference: *Africa Matters, Evaluation Matters: Joining Forces for Democracy, Governance and Development* which took place in Cape Town in November 2004; the South African Community Epidemiology Network on Drug Use (SACENDU): *Monitoring Alcohol and Drug Trends: Regional Meeting for April 2005*; and the Annual Psychiatry Research Conference hosted by the University of the Witwatersrand which took place in June 2005. This seemed to build the "ecological validity" of the study as the feedback and discussion from these presentations was a useful (self) reflective tool. This can also be referred to as communicative validity which involves testing the veracity (truthfulness) of knowledge claims in a dialogue with the respondents, the general public or the scientific community of scholars possessing the requisite theoretical and methodological competence to evaluate the research (Kelly, 1999c, p. 432).

Stiles (1993) emphasises the importance of the disclosure of orientation, which refers to the researcher's specific orientation including expectations for the study, preconceptions, values and theoretical allegiance. In this study my orientation was explicated in Chapter 2 and 3 and in the ethics section. Stiles also emphasises the importance of describing the internal processes of the investigation, which refers to the investigator's internal processes or the impact of the research on the researcher. In this study, these reflections and self-reflections are indicated in the lessons learnt and reflections in Chapter 5 and 6 of this study. The self reflective nature of the research is also referred to as reflexive validity, which refers to the way in which the

researcher's way of thinking is changed by the data as she engages in the dialogical process. Testimonial validity, which refers to, the validity obtained from the participants themselves. Involvement and participation on part of the participants enhances chances of high construct validity, low refusal rates and "ownership of findings" (Terre Blanche & Durrheim, 1999). This is linked to catalytic validity, which refers to the degree to which the research process makes sense to the participants and leads to their growth and change. Catalytic validity can also be referred to as pragmatic proof, which refers to the research having achieved what it set out to accomplish (Kelly, 1999c).

Lincoln and Guba (1985) propose several techniques for establishing the trustworthiness of qualitative data, including: prolonged involvement in the setting and persistent observation, the use of multiple sources of information, multiple researchers, and multiple methods to "triangulate" or determine the consistency of the data, checking the interpretations of the data with participants, establishing an audit trail of the steps taken in the data analysis, and providing a detailed description of the setting. In relation to building trustworthiness, this study will attempt to provide an opportunity for the reader to experience the school; its learners and their parents in their context. It will provide not only descriptive statistics, but also photographs and posters made by the children, and poems and posters obtained from SANCA (Appendix F) used for discussion. Even so, it is acknowledged that, at best, any such study can only be an imperfect representation of the school and its processes. Furthermore, this study is not presented as a final document representing the DWCP. It is, instead, presented as a study-in-process, to be reacted to and sent back for new descriptions, new data, about which its readers may be concerned. Therefore the determination of the success of the DWCP will vary depending upon the values and perspectives of interested people and the reader. Decisions as to the success of the DWCP and as to the trustworthiness and authenticity of those activities must be left to the individual reading the study, according to his or her perspective.

### *Methodological Shortcomings*

Nelson and Prilleltensky (2005) highlight that the major challenge that qualitative researchers face is the credibility of the methods. The academic community and granting agencies often do not understand or value qualitative research. Thus, gaining acceptance of these methods is a major challenge. With regard to limitations, qualitative research overcomes many of the problems inherent in quantitative research (for example,). However, in the process, a new set of problems emerges (for example, questionable generalisability of findings, an over-reliance on description).

However, Nelson and Prilleltensky (2005) emphasise that the main problems with qualitative research are not much different from those of quantitative research. Much of qualitative research lacks a critical perspective, fails to use participatory processes, and has little focus on catalysing social change. While qualitative approaches to evaluation are not new (the first edition of Patton's *Qualitative Research and Evaluation Methods* was published in 1980), qualitative evaluation is still less accepted by government stakeholders than quantitative evaluation methods. In their (Nelson & Prilleltensky, 2005) experiences doing evaluation, they continue to hear from government funders and managers that qualitative evaluation is "soft"

and "subjective." While qualitative methods cannot uncover causal mechanism or calculate cost-effectiveness, as can be attempted in quantitative evaluation, the more in-depth, stakeholder-based approach of qualitative evaluation is well suited to many different types of evaluation questions.

Another limitation is linked to the participatory nature of the DWCP and of the evaluation and the increasing involvement of programme participants and stakeholders at the planning and monitoring level, the distinction between programme development and evaluation may become increasingly blurred, while the evaluator's role becomes increasingly one of active participation and programme insider. Therefore the blurring boundaries between programme development and evaluation, and between the roles of researcher, participants, and evaluator need to be acknowledged.

Another shortcoming may be the generalisation of this study to other contexts, what Stiles (1993, p.603) refers to as the "explication of social and cultural context". The DWCP was conducted in a middle-class setting with learners from advantaged backgrounds, where parents seem invested in their children's futures and willing to set aside time and resources for such a programme. This group of learners and their parents are not necessarily representative of the adolescent population group in South Africa, in which it appears that the majority of our adolescents are from lower socio-economic groups, presenting significant risk factors. Yet, prevention does not seem as simple as distinguishing between privileged and underprivileged sectors of the population, as substance abuse is known to affect all individuals, regardless of race, or socio-economic group. Therefore, it is hoped that what is learnt from this study could possibly contribute to future research that could target specific risk groups in South Africa. The ecosystemic approach could be useful in this case, as it places great emphasis on being sensitive to both context and audience, and acknowledging the (previously disenfranchised) voices of the participants.

Linking to generalising this study to other contexts, is the continual struggle to formulate and share those ideas that formed through and recursively guided this study. Central to this struggle is the key concept "effectiveness" and how mainstream research requires that I use a mechological medium and metaphor for something that to me is profoundly ecological. What I found effective during the process was guided by both best practice and intuition. Mechological approaches to science and technology aim to bring under control, to achieve "progress" and "effectiveness" in order to improve the human condition, by reducing processes and human attributes into measurable parts. Programme "effectiveness" from an ecosystemic perspective is understood differently, in terms of what is effective in context, to what the participants in the programme define as effective, and how all the participants and the programme comes together as a whole. This was an unpredictable, yet rewarding process. Going in with a preconceived idea about what is effective may hi-jack the process from unfolding according to its deeper patterns and rhythms. Although I have included a review of the literature in the field of prevention that pertains to best practice, and used this to guide the implementation of the programme, it was my intention, to leave the concept "effectiveness" open, so that it could be adapted to incorporate new understandings and insights.

## *Summary*

In Chapter 4, the research methodology that I selected was discussed with reference to the rationale for selecting a predominantly qualitative approach, which I combined with a minority quantitative approach. Traditional research methods seemed too restrictive to capture the complexity inherent in experiences of those who participated in the DWCP, which seemed better served by a social constructionist approach, as it incorporates both the interactional and participatory elements that characterised the DWCP. Thus, the research was conceived of as a joint effort where the participants and I aspired to understand our own circumstances better in order to change them. Links were drawn between action research, social constructionism and the ecosystemic approach to evaluation.

The main objective of the study was to find out whether the DWCP achieved its aims. The aims were assessed holistically in terms of how the creation of a facilitatory context, experiential learning and knowledge, and awareness work together to develop resilience and bring about positive attitude and behaviour change, such as joint problem solving, open communication, and relationship building. Key concepts related to assessing whether the aims of the DWCP were met were defined and clarified. Other research objectives included finding out what participating in the DWCP meant to the participants and whether they found the process useful, uncovering what was effective or not effective during the process, and lastly determining whether the ecosystemic approach to intervention is useful in comparison to other more mainstream approaches. I collected evaluation data via interviews, participant reflection sheets, facilitator field notes, independent observer field notes, posters, photographs, and feedback sessions held with the participants. Hermeneutics was selected as a method of qualitative data analysis to identify the themes, processes, and meanings that the participants ascribed to their experiences of the DWCP, and also to illuminate my lessons learnt and self-reflections. Descriptive statistics were used as a method of analysis for the short evaluation questionnaire that was administered to the participants after the programme. The merits and downfalls of working from these perspectives within the field evaluation and action research was also discussed in relation to issues of the trustworthiness and authenticity of the observations, interpretations, and conclusions made in this study. The shortcomings and limitations of the research methodology were also discussed.

## CHAPTER 5

### Results and Reflection Process

#### *Introduction*

In Chapter 5, the results of the study are discussed as a whole; yet incorporate four stages of analysis, which are a synthesis of the hermeneutic stages of analysis discussed in Chapter 4. Firstly, Stage 1 includes an account of how I immersed myself in the world of prevention via working with texts, Stage 2 involved gaining entry into the setting, which involved initiating involvement, defining roles, and sharing responsibility. Stage 3 included analysing the various processes, patterns and themes that emerged from the field notes, the learners' reflection questionnaires, the feedback session, comments made by the external reference team, interviews with the teacher and headmaster, and photographs and posters. Thus, Stage 3 involved analysing the participants' accounts of their experiences in terms of the themes and the descriptive statistics that capture their experience. The themes are presented under the three main headings entitled; *Building a Container*, *Charging the Container*, and *Closing the Container*. These themes and their sub-themes are brought together with the aim of capturing the process of the DWCP as it unfolded. Stage 4 summarises the results of the study in the form of a discussion and draws various links between the literature in relation to best practice, and the ecosystemic approach to intervention and evaluation. This includes referring back to the goals of the DWCP and the evaluation goals of the study. The purpose of this chapter is to organise the field notes, participant responses, and photographs and posters in such a way that overall patterns become clear thus providing an overview of the DWCP and its impacts.

It is useful at this point to recap on the data capturing process. The independent observer and I took process notes and field notes on an on-going basis before, during, and after the implementation of the DWCP. A meeting was scheduled with the headmaster and life skills teacher, where their expectations of the DWCP were clarified (Appendix A). The parents' expectations of the DWCP were explored in a subsequent meeting that took place before the programme began where the parents, the life skills teacher and headmaster were present. A needs assessment questionnaire (Appendix A) was also sent out to the parents before the DWCP started. The learners were not present at the parents meeting; therefore their expectations were clarified in the first session of the DWCP.

My process notes were based on my personal perceptions and interpretations of the process. The independent observer played a vital role in helping me to capture and mirror the process. Her field notes consisted of observations and process related incidents. My process notes were also the remnants of conversations that took place between the independent observer and myself in the post-session reflection meetings, and conversations that took place with the participants as the process unfolded. In the sessions all the learners who participated were also encouraged to share their perceptions of the sessions in the form of open-ended

reflection questionnaires, which were administered after each session (Appendix B). The learners also volunteered to take part in the post-session reflection meetings. I also met with the life skills teacher and headmaster during the programme in which my process notes and the independent observer's notes were discussed. Process notes and field notes were also taken during a feedback session that took place at the end of the DWCP where the learners' and their parents came together. After the DWCP, the parents, children, and the headmaster and life skills teacher were also given post-programme evaluation questionnaires to complete, which included both closed and open-ended questions (Appendix C). In this chapter, feedback from the participants in the DWCP is presented in the form of processes and themes, as well as descriptive statistics that indicate how useful the participants found the DWCP. Interviews were also conducted with the teacher involved and the headmaster after the DWCP was completed. Photographs were also taken, and posters were created by the learners, these were included in the data analysis as "visual texts".

The "raw" data, that is the process notes and field notes are not included in this study as an appendix because of the personal nature of the observations, confidentiality issues, and because the process notes are difficult to make out, and copious in nature (see Rapmund, 2000). The process notes served as a heuristic to remember the process and how it unfolded. My personal reflections have been synthesised and are presented in Chapter 6, in the form of emerging patterns, insights, and futures. The independent observer's process notes have been summarised and incorporated into the themes and processes that are presented in this chapter.

Therefore my challenge here was to present the participant responses in a cogent fashion that integrated the great variety of experiences and impacts recorded before, during and after the implementation of the DWCP. As the facilitator of the DWCP and a participant in the process, I therefore made sense of my experiences, informed by the "voices" of the participants. The processes of connection, facilitating group process, and tapping into participants' strengths, will be elucidated and the internal and external conditions influencing these processes will be woven into the discussion. These processes and themes are arbitrarily determined, and are not mutually exclusive but interconnected. Noblit and Hare (1988) describe the synthesis of a qualitative study as "meta-ethnography" in which the challenge is to "retain the uniqueness and holism of accounts even as we synthesize them in translation" (Patton, 2002, p. 500).

### *Immersion in Context*

At the start of the DWCP I felt an enormous sense of responsibility as the "expert" to make the DWCP a successful programme. As the "expert" I had to make this programme work, not only because this programme was an integral part of my professional training but also because of the previous relationship that I had established with the school. Although, I had facilitated many life skills and leadership programmes in the past with the school, I had never facilitated a substance abuse intervention programme. Hence, my search for knowledge in the area of drug use and abuse amongst adolescents began at a fast and furious rate.

My own need to collect facts and statistics fed into the enormous sense of responsibility that was beginning to weigh heavily on my shoulders. It was only when reflecting on how I was feeling with my supervisor and colleagues that I was able to realise that the only way that this programme was going to work was if I shared accountability and responsibility with the participants. This, in practice is much easier said than done. In the school context in which the research took place, it appeared that there was a general belief that the only way learning and growth could take place was from a top-down “expert” approach, where the learners, their parents, and the school were the recipients of knowledge about substance abuse.

As I read and attended meetings on the subject of substance abuse it became apparent that intervention was far more complicated than just providing the facts on drugs and teaching learners to say “no”! With the knowledge that I had gained on drug prevention I started to pay more attention to the “here and now”; how the learners, and their parents talked about the problem. This required that I stop, listen and “see”, and instead of me providing all the resources or “facts” I looked to the participants to see what resources were available. Senge et al.’s (2005) “U movement” helped to guide this process.

### ***Gaining Entry: Off to a Bumpy Start***

#### ***Initiating Involvement, Defining Roles and Sharing Responsibility***

The first step of any collaborative research project is deciding who should be “at the table” (Nelson & Prilleltensky, 2005). This involves clarifying the issue of representation, roles, and responsibilities. It is helpful to create different structures for different types of participation development and implementation of the project by involving participants in all the steps of the research. In this research, this was done by forming an external reference team, that acted as a steering committee, which helped to brainstorm the vision, values, and working principles of the DWCP. This process began before the programme started where I scheduled a meeting with the life skills teacher and the headmaster of the school, in which we all brainstormed the programme objectives and discussed how the research aspect of the programme would be handled with the parents. The headmaster and the life skills teacher had requested the programme and were interested and willing to be involved in the process. Involving the parents in the process, proved to be a little more challenging. Both the headmaster and teacher were present at a subsequent meeting with the Grade 7 parents where all the aspects of the research and the details of the programme were put “on the table”. The parents were encouraged to become part of the process and guidelines for decision making were established which promoted the value of power-sharing. Nelson and Prilleltensky (2005) emphasise that conflict is an inevitable part of any relationship and should be expected in participatory action research, yet I was not prepared for handling this conflict of interest so early in the programme. The parents seemed interested in the programme, yet some expressed concern about how much of their time the research component of the programme would take up, as they had work obligations and other responsibilities. Some of the parents also became suspicious of the research aspect of the programme. One of the parents expressed the following:

*I am happy with the programme content as laid out in the correspondence received (see Appendix A). My only concern is the format of the programme, namely, it being done as part of a MA thesis. Mention was made to video taping the sessions. This may help Ms Ashdown with her research, but might inhibit the children's participation and prevent them from gaining the most benefit-which is my objective with the programme, not Ms Ashdown (with respect) achieving her MA.*

Although, I was caught off guard, this conflict of interest provided an opportunity to learn more about the context in which the programme would take place. It seemed that the parents expected that I was going to sell an already “packaged” programme to them, not ask for their input and offer them the opportunity to become involved in helping to negotiate the course content and method to ensure the programme meets their expectations. Yet, being aware that I had also probably caught the parents off guard, I handled this conflict of interests as best I could by clarifying and explaining carefully how the data would be beneficial to all involved and how it would be in all our best interests, as parents and teachers alike to find out what works and what does not work in the field of prevention. I also clarified issues of confidentiality that would be handled. In relation to the above statement made by a concerned parent, it was clarified that the sessions would not be videotaped, but that photographs would be taken to capture the process. The parent concerned seemed at ease with my response, which was backed up by the headmaster, and consequently signed up for the programme.

The establishment of an external reference team seemed to help as it was an invitation for the parents to involve themselves in the process and have a “voice” in terms of how the information was used and developed to better the DWCP. Having the headmaster support the research made this negotiation phase much easier. The headmaster supported me during the meeting with the parents by explaining that the research would be beneficial to the school, to the children (and thus the parents), to the researcher (gaining a Master's Degree), and to broader society. He and the life skills teacher involved also invited the parents to involve themselves and indicated that they would also be involved in the process as it unfolds.

The parents also appeared to require more information in terms of the content that would be covered throughout the programme. It appeared that having more information or content relating to the programme was associated with having more control. A detailed outline of the content was sent out to the parents after the initial presentation meeting. This is available in Appendix D. The need for more content and the scepticism around the research component of the DWCP was very interesting on a process level as firstly I seemed to introduce a new way of “thinking and doing”, that the children and parents were not used to, that is that they were invited to help me develop the programme. Secondly, it highlighted the difficulty of getting “buy in”, yet the importance of involving the relevant stakeholders and encouraging them to share responsibility, and hence ownership. It would seem, from my perspective that because of the nature of fear around topics such as sex, HIV and AIDS, and drugs that parents have difficulty opening up the communication pathways with their children and would prefer that “pre-packaged” programmes take care of these difficult to broach issues. Initiating involvement and inviting shared responsibility were one of the most difficult phases of the DWCP. An important lesson that I learnt here, was that as a researcher or programme facilitator, you need to share power with the participants in respect to issues of decision making and conflict, and more importantly, you need to be open to learning from conflict, and help facilitate conflict resolution with clear and direct communication and in as a respectful way as possible. As I immersed myself in the context the negotiation

process began where the participants, the learners and their parents, and the teacher and the headmaster were encouraged to help build the container in which this change and new learning would occur.

## *Building a Container*

### *Acknowledging the Participants Expectations*

Recognising the participants' expectations and shaping the programme accordingly is an overwhelming task, yet very important task as these expectations are usually emotionally loaded and shape the process. If not handled appropriately, the expectations could prove unattainable and over ambitious. This dilemma is linked to what I refer to as the challenges of building a container in which the process can unfold. Acknowledging the participants expectations appeared to uncover how the participants defined the problem of substance. This was also linked to achieving one of the main aims in the DWCP, which was to open communication pathways in relation to all the stakeholders involved. Acknowledging the expectations of the school as defined by the headmaster and teacher was done collaboratively via various meetings with them before the programme started. These aims and objectives included:

- Equipping the learners with knowledge related to drug abuse;
- Presenting the learners with situations in which they can think about and practice how they would handle problem situations;
- Developing the learners self-reflection skills;
- Helping the learners to develop a personal action plan; and
- Empowering the learners with decision making skills.

These aims and objectives were made available in a letter to the parents that is available in Appendix A. The development of parenting skills and knowledge was added to this list at a later stage. The programmes aims and objectives were revisited and revised where necessary throughout the process.

Although the parents appeared interested in becoming part of the process, given many of them worked and had many other responsibilities and obligations, it was often difficult to get the parents together to brainstorm what their expectations were. Therefore, a response form was sent out to the parents (Appendix A) where there was a place where the parents could fill in their expectations of the DWCP. The parents' responses were interesting and seemed to indicate how "at sea" parents appear to be when it comes to thinking about the preparing their child for life's challenges. Below are some of the comments made by the learner's parents before the DWCP started. The parents were asked what their needs, concerns, and expectations were in relation to the DWCP. The three comments below seem to illustrate a handing over of the process to the facilitator, which seems linked to a sense of helplessness that many parents feel in relation to preparing their children for their future:

*You have more experience with this than we have. Discuss what you think is the most important; as long as the pupils learn how to avoid accidental as well as intentional drug ingestion.*

*General awareness of what drugs are around, where they are available, what their effects are, how to prevent these situations.*

*All has been covered in handout. Thank you!*

The parents expectations below appear to reflect the parents need for facts and structure:

*I would require my child to be made aware of different types of drugs (and their identification), how they can be given to one innocently (e.g. at a party), the impact of drugs on one's life (long term and short term) and one's family. How to recognise if a friend is on drugs. Discuss experimentation and its impacts. Show photos of consequences of drug taking. Discuss the various most commonly used drugs. (Parent)*

*My expectations are that this programme will inform my child on all the facts and dangers of drugs and substance abuse. That my child will be made aware of the appealing ways in which they could be offered to her. That this programme will equip her to make a stand and say no!*

*1) How to handle peer pressure (to experiment with drugs); 2) drug identification; 3) Results of drug use; 4) How to recognise drug use in friends, and 5) teach kids not to leave their drinks unattended-could be tampered with.*

The comments above appear to be normal expectations on part of the parents; wanting their child to be equipped with all the “right” skills to avoid drug use or drug abusing peers. The assumption that underpins these comments seems to be that if children are aware of all the facts and dangers of drugs that they will not take drugs. Although this appears logical enough, there appears to be something missing from these comments. For me, these comments appear to capture the emotion that is not there; how we as a society have become so complacent about drug abuse that we still see and experience it as a problem “out there”.

In reading the parents expectations I became aware of how complicated and emotionally loaded the act of prevention is, and how as facilitators we can only provide an environment in which the system begins to repair itself. We cannot “inject” the skills into our young people. The parents’ perceived need for a “quick fix” or step-by-step process seems linked to our dependence as a society on symptomatic solutions or on outside processes to fix the problems we face. These comments seem to reflect how fear can have the capability to shift us into a linear, mechanistic, moralistic, and constricting state of being where we repeat the same mistakes and apply the same ineffective solutions. Fear and reluctance also often limits and prevents us from connecting with the community in which our interventions take place. This often results in the facilitator being allocated an expert role by the participants that maintains inequitable distribution of power and responsibility.

The complacency and structured nature that some of the comments above reflect could be linked to the nature of the interaction, where the parents were asked to write their expectations on paper and send them back to the school. The impersonal nature of this interaction may account for the perceived lack of motivation to get involved, and share their opinions and feelings as parents. A drastic change in the parents’ responses was noted in the feedback session, which was face-to-face, and more personal and interactional.

This is discussed towards the end of this chapter. This was a significant lesson, which emphasised the importance of creating a facilitatory context in which sharing can take place. Creating a facilitatory context in which all the stakeholders can work together was one of the main aims of the DWCP, which at times during the process proved to be a very challenging task given practical constraints, like setting up meeting times to suit all the participants.

It is difficult to access people's deeper expectations, fears, and opinions by sending out a response form. Accessing the deeper attitudes of people seems to require that an interaction takes place in which there is reciprocity and sharing. This lesson brings to mind the words of Abraham Maslow (1969, pg. 13) where he states that "it does not help to start measuring, questioning, testing, categorising, or classifying, .....if you do this, that is, want to take people apart, you won't get to know them, they won't want you to know them, and they won't let you know them".

The learners also appeared to expect that the programme would be a "drug talk" and that they would be the recipients of information. Although initially hesitant to share their expectations and ask questions which they would like answered, the learners generally responded well to sharing their expectations with each other and having their voices and opinions acknowledged as important. The independent observer's notes indicated that this process went well and evoked a sense that the programme was going to be fun. Once the conversation was initiated, the expectations and questions began to flow, as did the excitement of learners. The learners wanted to know how to identify drugs, what the effects of the drugs are, which ones have the worst side-effects, where one usually finds drugs, what the consequences are of taking drugs, how to avoid drugs, how to respond if they are offered drugs, what kinds of people sell drugs, how to deal with friends who take drugs, what makes people take drugs, differences between prescribed and recreational drugs, what happens when people become addicted to drugs, and how people stop taking drugs.

This was a very interesting process to see unfolding, as the learners responded to each other's questions with interest and curiosity. According to the independent observer's notes, this session promoted a lot of excitement and curiosity. The boys were very interested in the experiences of others and specifically the facilitator's experiences. Their responses were varied and involved teasing each other if one person came across as knowing too much about drugs, pretending that they knew nothing about drugs, while other learners asked very relevant questions which left their class mates in deep thought. More importantly, the learners realised that this was not a normal "drug talk", where they were recipients of information. From the beginning, with my guidance, the learners established their own group norms and rules, and what they wanted to know and learn emerged. In contrast to the interaction with the parents, the experience of exploring the learners' and the headmaster's and teacher's expectation of the DWCP was very different and highlighted the powerful impact of creating a facilitatory context. The difference here lay in the personal nature of the interaction and the importance of encouraging sharing and exchange of information. Creating a facilitatory context contributed significantly to the building of the container, in which further learning could take place. This process starts even before the programme begins, and sets the tone for the rest of the programme.

### *Reciprocal Learning: From Authority to Facilitator of Conversation*

It took a while for the learners to shift from their expectation that the DWCP would be implemented like their other school classes. As discussed earlier, the learners and their parents seemed to regard me as being the possessor of the “truth” (Freire & Faundez, 1989) and therefore there appeared to be an invisible distance between the participants and myself. With the age and stage of the learners in mind, I realised that I had to take a balanced approach in which there were clear boundaries, yet also space in which the learners could think for themselves and create their own answers. Once the learners realised that they would be working in a more interactional way in groups where they were required to play a more active role in their learning process, and that the relationship with the facilitator was more egalitarian than hierarchal, they seemed to embrace this new way of learning and participating in their environment. Yet, this shift did not come without its challenges and difficulties.

Not giving into my need to take on the “expert” role seemed to require that I stop, and suspend myself, and give myself room to “see my seeing” (Senge et al., 2005). This involved connecting deeply with the context in which I was working. Taking into consideration that this context was embedded in a school culture defined by authority and rules was also useful when negotiating the shift between the learners’, schools’ and parents’ perceived need for “facts”, structure and guidance towards an environment characterised by encouragement of creativity, curiosity, and ownership of ideas and attitudes. This shift was facilitated by using non-threatening exercises; such as role-plays, posters, collages, a real-life story reading, and a video discussion. These processes are captured in the photographs and posters that follow. This seemed to make the learners feel safe, which opened the way to move forward in the direction of more open communication and sharing of ideas. This seemed to allow for what Senge et al. (2005) refer to as moving down the U, where you begin to redirect your energy to what is emerging, and “letting come”, instead of “looking for” (Varela, 1999) all the right answers and ways of doing things.

Therefore, it seems that a facilitator needs to be a “conversation artist” (Anderson & Goolishian, 1991, p. 25) who is able to create a space for what needs to emerge. I noticed that when I was more in touch with my ability to let go to the emerging “presence” (Senge et al., 2005) of the group, that the group itself, went into a deeper space of interaction and connection. The next theme discusses a conversation with a learner’s mother, which is a good example of how in every programme, situations will arise which can ultimately lead to the failure of the programme, but that it is these situations that provide opportunities for the opening of communication pathways, building of connections, and encouraging ownership of the programme. Therefore, it seems that interventions are ultimately about the intricacies of interpersonal relationships and the invisible “spider web” threads that draw people together collectively, and redirect our attention to the broader life processes at work.

### *Opening Communication Pathways between Parents and their Children*

Opening pathways of communication between all the stakeholders was another aim of the DWCP, especially in relation to communication between parents and their children. Best practice emphasises including as many systems in the intervention as possible, yet suggests that this should be done with the awareness of the age and stage of the adolescent in mind. Although, the learners in this group appeared preoccupied with their peer group and issues of popularity, they still appeared to identify strongly with their parental subsystem. Later on in adolescence, this identification is known to shift more towards the adolescent's peer group. This is discussed in the next theme. These comments illustrate how the learners' internalisation of their parents' point of view, or as Freud would call it, the superego, still appears to be playing a very significant role in how these learners think about their world:

*What will my parents think of me? I never really want to smoke, but what if I do?*

*Today I thought about whether my parents have taken drugs, but I would not ask them, as they would worry about me.*

*What would happen if I did go to one of these clubs. I hope I always stay friends with my group. Could I tell my parents if I was offered drugs, or would they stop me going out again?*

*What if I was a parent, how would I react if I had a child doing drugs?*

The comments above seem to capture some of the psychological barriers that prevent communication between parents and their children. The sensitivity of the relationship between the learners and their parents was also captured in the independent observer's notes, where she commented that:

*The concept of a "good relationship with your parents" was a sensitive subject to some in the group but especially in relation to (one particular girl) and her mom it seems. One of the girls gave a very good insight into what the relationship with her parents is like and why it is important to make a personal commitment about alcohol and drugs (Independent Observer)*

From the learners' comments above it seems that the learners are desperate to talk to their parents and ask them questions, yet fear that their question may cause their parents concern, and even may lead to some form of punishment, for example, their parents not allowing them out again. The reflection questionnaires that the learners completed after each session appeared to help them to stop and think about their lives, and how substance abuse may affect them and their parents. Usually "our mind runs so rapidly that we perceive our thoughts as a waterfall" (Master Nan Huai Chin, cited in Senge et al., 2005); the reflection questionnaires helped the learners to separate their thoughts into tiny droplets, which were explored and incorporated into the DWCP. This involved working through the various emotions and feeling that the intervention evoked, thus making it easier for the learners to start talking to their parents. Yet, it appeared that the parents were

not prepared for this shift in communication patterns, as is illustrated in the example discussed a little later in this sub-theme.

This also brings to mind Isaacson's (1991a) main rules of addicted families which are characterised by the following symptoms: 1) "Don't Trust"; meaning that it is unwise to believe that what is good today will be necessarily be good tomorrow; 2) "Don't Feel"; many family members of addicts are punished physically and emotionally for expressing any emotion such as anger or happiness; and 3) "Don't Talk"; which implies that expressing one self, within or outside the family, could result in retribution. Isaacson (1991a) asserts that the basic emotions associated with adolescent drug abuse, although rarely expressed, are loneliness, shame, guilt, a need to belong and be accepted, anger, guilt, and depression. If these feelings are not allowed expression in the family, the adolescent will most likely continue to abuse drugs. An incident during the implementation of the DWCP is a good illustration of how children express their feelings and thoughts in overt ways, how confusing the transition point between childhood and adolescence can be for both parents and their children, and how important open communication is at this time in the parent-child relationship. After a very in depth conversation about experimenting with drugs, one of the boys in the DWCP went home and asked his mother if he could try alcohol as he told his mother that I had said that it was acceptable to experiment with alcohol. This resulted in a very disgruntled and angry mother phoning me to confront me about the type of information that I was teaching the learners. Knowing that I did not encourage experimenting with alcohol, but did encourage connection with parents I thought about this interaction between the mother and her child.

As I was familiar with the child being very withdrawn and afraid to ask questions, yet an inquisitive child I was not necessarily surprised that he had gone home and decided to try and test his mother's boundaries and how she felt about the subject of experimenting with drugs. I reflected to the mother how I experienced her son in the programme and what my ideas were about his behaviour; that he was indirectly trying to communicate with her and find out what she thought. To my surprise, the mother's anger turned to complete despair and fear about how she felt that she could not get through to her son and that he never talks to her, and how this was a real concern of hers as he grows up and is faced with problems, such as being offered drugs. This incident provided an opportunity for me to learn that providing a space in which communication pathways can be opened between parents and their children was one of the most important aspects of conducting any intervention programme. It seems that people's perception that they "matter" to others and that others are concerned about them, and appreciate them, has positive effects. Sharing my learning with this parent and indicating that her phone call was appreciated had an immediate ripple effect as she let other parents and the school know how meaningful the programme was to her and her family.

## *Charging the Container*

### *Insightful Sense Making: Curiosity and Questions*

Once the container is built, the next concern is to charge that container. The facilitator and the participants have to get enough "charge" so that their experience becomes visible and tangible. That appears to be the first thing that lays the foundation for having "an experience" together. This "charged" space was opened through the synergy that was created between the learners as they group process became real and lived.

Another aim of the DWCP was to encourage awareness by providing evoking knowledge and self-knowledge via experiential learning and group process. As the DWCP process unfolded, the learners appeared to start thinking about their lives in a more holistic and insightful way. This seemed to involve thinking about and questioning why people take drugs, if perhaps their parents had ever taken drugs, if the facilitator had taken drugs, what their parents would think of them if they decided to experiment with drugs, and what would happen if they actually did take drugs. It appeared, from the questions and reflections that were emanating from the learners minds that the information that was being presented to them had "switched on" something within them in such away that what they were learning "lived" and was "real". Here are some of the learners' reflections and questions taken from the self-reflection forms that they filled in after each session:

*Why do people do drugs, why do people go back to drugs if they know what it does to them?*

*Why would you do this, and what would make you do this (take drugs)?*

These comments and reflections appear to indicate how creating a facilitatory environment creates an opportunity in which young people can feel safe enough to question and think about their lives in a curious and critical way. Being a part of, yet also separate from the context, not a teacher or parent, made my connection with the learners and their parents easier. The initial connection with the learners as someone separate from the school also seemed to help the group process. The learners gave feedback that they felt that they could say things openly and honestly and ask questions which they would not dare ask as it may get back to their teachers and parents and influence their reputation. They appreciated the confidentiality and seemed to honour it among themselves as well.

The deepening of connections also seemed to take place on a peer level. The unfolding group process fostered experiential learning, one of the key concepts in this study, where the learners started to learn from each other. The learners seemed to discover that they were not alone and that their experiences, feelings, and opinions were shared by other participants. This reciprocal learning process also seemed to contribute to the willingness to support each other despite differences. Below are some more comments and reflections from the learners, which were captured after the sessions:

*I'm learning because their (fellow learners) questions are original.*

*There are a lot of questions to ask about drugs as there is always one question from at least somebody.*

*I am learning from group members because now I know their opinions and perspectives.*

*I was interested, but also worried.*

*I learnt that we all think differently.*

It is how this interest and curiosity is acknowledged and used in the facilitation process to create a supportive, accepting, and caring social environment where learners feel freer to experiment with new behaviours, attitudes, and action theories. Creating an accepting environment appears to allow learners to start looking at their perceptions of self and their social environment. As stated before, learners need to feel capable of doing the needed behaviours and must see the behaviours as appropriate to their situation before they will engage in them.

### ***Peer Relationships and The Deepening of the Learning Process***

The reflection questions that encouraged learner's to comment on their relationship with other group members often revealed very strong emotions related to feeling included and excluded from the group process. In the initial phase the dominant and popular personalities seemed to dominate the group process, thus creating a group dynamic characterised by peer pressure, the need to be heard, an irritation with other group members, and most importantly an underlying acknowledgment of the importance of how important it is to a young adolescent to be popular. These dynamics emerged in my process notes, and the independent observer's notes, and in the reflection feedback forms. These processes-related feelings and experiences were acknowledged and reflected back to the learner's each week. This seemed to make the group and learning experience "real" as we were not only talking about peer pressure and popularity as concepts linked to substance abuse but we were "living" these concepts within the group process. What follows are some of the comments from the learners regarding their interaction:

*Other group members irritate me cause they only like cool people...*

*I realise that I must not be so sensitive.*

*I realise that I only really speak to my friends, but I don't want the rest of the group to think I am stuck up.*

*Except to be popular you have to score every guy you meet which is not me. I am happy with my group of friends.*

*I feel like I wish I was a person who was likeable, but I also feel a bit afraid that what if I do take drugs? I don't want to though.*

*I am kinda irritated with some boys for all the tie fights, dissing and hitting.*

Managing the group process in relation to balancing content (information-based) and process (experience-based) is challenging, yet important. Without acknowledging the underlying processes of the group as a whole, the content seems irrelevant, and like “more of the same” to learners. In any “live” group the participants will challenge each other’s and the facilitator’s boundaries and compete for dominance and control. As a facilitator this should be acknowledged in such a way that the respect and dignity of those involved is maintained while such processes are highlighted in a way that is useful and related to topic or group task. At this stage there is the possibility of the facilitator becoming more directive as a means of trying to control the group process. When working with young adolescents, who do need a certain amount of direction and guidance, it becomes a challenge to find a balance between creating boundaries and structure and encouraging the learner’s voices and opinions.

This was evident in the independent observer’s process notes, where she captured the interpersonal relationships as they were playing themselves out in the group process. This involved a tie fight that took place between two particular boys in the group before the session started, and also a fight between the learners for a particular beanbag. In her notes, the independent observer commented that “It seemed like the minute you gave the learner’s a little freedom, they did not know what to do with it”. Yet she also noted, that if the boundary setting was handled in the correct way, that if the decision making process is shared that the learners begin to respond by sharing responsibility for the unfolding process. In her words, as extracted from her process notes:

*When the decision making process was placed in their (the learners’) hands and shared the group started to self-monitor itself with group members telling others to quiet down. (Independent Observer)*

The facilitator’s style of intervening will have an impact on how the process unfolds. Also, the facilitator’s style of intervening should be adjusted according to those whom she or he is working with. Yalom (1995) refers to how leadership style may potentiate or mitigate both the experience and expression of rebellion. According to Yalom’s experience working in groups, facilitators who are ambiguous, or deliberately enigmatic, who are authoritative yet offer no structure or guidelines for group members, and who covertly make unfulfillable promises to the group in the beginning often evoke greater negative responses. Therefore, in order to allow space within the group process for the voices, feelings, and thoughts of the participant’s to emerge it is important to create boundaries and rules, which make the space safe and manageable, yet open and trusting. This also means that the facilitator should be perceived by the participants as able to maintain their position as facilitator, yet at the same time connect with the learners on a level in which the co-creation and meaning and experience can take place.

### *Creating Meaning in Context*

Bringing the drug awareness to life in the world of young adolescents seemed to require a different setting or container to traditional classrooms where learners sit in rows, one behind the other. As this traditional setting was not conducive to dialogue, connection, and movement, it became imperative to locate a setting that could permit learners to move around freely and be themselves. The school library was identified as a setting in which the process could unfold as it was big enough for the learners to move around freely and it had beanbags, white boards, flip charts which could capture the flow of ideas, thoughts, and problem solving.

The learner's were often split into smaller groups to minimise the distress of a larger group, which can be experienced as overwhelming. From the time when the learners were given their first task they were given the opportunity to *share their ideas with one another (Image 5.1)*, *work cooperatively (Image 5.2 to 5.4)*, *take chances to gain experience in leadership roles (such as being the presenter or voice of the group) (Image 5.5 to 5.7)*, and *role-play their ideas in the form of stories, dialogues, or "songlines" (Image 5.4 to 5.7)*.



**Image 5.1. Sharing ideas**



**Image 5.2. Working Co-operatively**

The photographs taken during the DWCP as the process unfolded capture the performing of new realities, where the "I" and "we" become more fully engaged creators and actors in "our" lives and world. It was in this space that deep conversations with and between the learners took place where they seemed to vacillate between the excitement and exuberance of working together and a quiet, thoughtful space, where they asked questions and encouraged each other to share their ideas. The independent observer (see **Image 5.2**) captured these conversations as they took place. The learners were initially quite shy having someone watching them, but soon relaxed and forgot that they were being watched. During this process, it was important for learners to be introduced to the idea that learning can be social in that it can be exciting, as opposed to a individualised serious affair.



**Image 5.3. Small Group Work**



**Image 5.4. Negotiating What is Important**



**Image 5.5. Presenting to the Group**



**Image 5.6. Performing and Sharing**



**Image 5.7. Co-presenting**

Encouraging the learners to create visual mind maps of what they were learning and then encouraging them to role-play what they had created in the form of a dialogue, story or “songline” made the learning process exciting for them. This seemed to encourage the “crystallisation” (Senge et al., 2005, p. 220) of what they were learning into new behaviours. The real life stories, role-plays, and presentations, and group work seemed to facilitate the learning process. It helped the learners envision what we were talking about, and the enactment of this new information seemed to encourage what Senge et al. refer to as “prototyping”, where the learners’ realizations and insights were transformed into action. It seems that information that is put into action and therefore associated with positive emotions is better remembered than if no emotion or negative emotion accompanies learning.

Encouraging awareness by providing knowledge, one of the aims of the DWCP, seems to have been met on various levels. The photographs presented here and the posters presented in the next theme seem to capture the four types of knowledge presented by Heron and Reason (1997, p.33) which refer to “presentational knowledge” which is assessed by examining the extent to which an inquirer demonstrates an intuitive grasp of the significance of imaginal patterns as expressed in graphic, plastic, moving, musical and verbal art-forms, “practical knowledge” which refers to knowing how to exercise the skill, “experiential knowledge” which refers to feeling the presence of some energy, person, place or process, and lastly “systemic logic” which brings the three knowledges together coherently. Group cohesion appeared central to the learning process and necessary for encouraging a more “deeper” sense of participation where learners supported each other in personalising their learning process, where ideas were co-created and the group co-evolved and grew together.

In the DWCP, and in the various meetings held with the parents, the headmaster and life skills teacher, and the learners I attempted to activate a representation of the issue at hand, for example role-plays or presentations enacted between learners themselves (**Image 5.2 to 5.4**) and or between parents and learners (**Image 5.11**), as opposed to just talking about it. It was in “doing it” that the energy of the situation was brought into the room, as opposed to having an intellectual conversation about it. Enactment of some kind brings energy into the room. This is evident in the various photographs where the “collective presence” and the enjoyment and fun that characterised the DWCP is clearly visible.



**Image 5.8. After Role-playing**



**Image 5.9. “Presencing”**



**Image 5.10. Engaging with Parents**



**Image 5.11. Joining Parents and Children**

It also appeared that this energy was sustained by the creative connection making that was taking place. As the parents, the school, and the learners came together, especially in the feedback sessions (**Image 5.10** and **5.11**) held at the end of each programme, a “collective presence” was clearly visible that seemed to redirect the energy in the way the group, as a whole wanted it to go. The feedback process is discussed more succinctly later on in this chapter.

### *Personalising the Learning Experience*

*Change and growth take place when a person has risked himself and dares to become involved with experimenting with his own life. Herbert Otto*

As opposed to just a description, the DWCP became “real” as the energy of collaboration and “collective presence” was channelled into symbolic representations of experience and meaning making. The ritual of performing these symbols and giving life to what was created appeared to intensify this energy field

(Lifschitz & Oosthuizen, 2001). Working with images, poetry and symbols, in the form of encouraging the learners to create holistic pictures of what they were learning seemed to be a way of making the shift from head learning towards “hand learning”. This also seemed to facilitate the shift of moving down the U (Senge et al., 2005), and allowing the process to unfold, according to what the learners’ found important and significant. The posters below capture flow of human experience and the process in which the learning took place. The discussions that took place around the posters were captured by the independent observer, and are synthesised with my process notes. The co-creation of the posters gave the learners the opportunity to interact with each other, to share ideas, and to learn from each other. It is important to state that these posters were created throughout the 10-week process. Some of the posters were used in the feedback session at the end of the programme by learners to share with their parents what they had learnt in the DWCP, while other posters were used to facilitate discussion among the learners themselves.

The energy created by the creation of the posters and then the enactment of what was co-created seemed to leave the learners feeling proud of themselves and their peers. This confidence in themselves and their peers seemed to encourage the development of an environment in which learning could take place and in which they felt they had something to contribute. Refer back to **Images 5.2** and **5.4**, which capture this sense of ownership and pride.

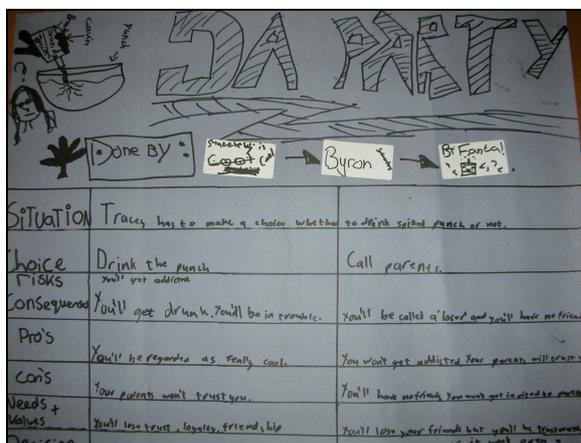
The use of posters and mindmapping techniques seemed to allow the learners to separate schoolwork or parrot type learning from thinking creatively and meaningfully about their lives. By externalising their internal “mental pictures”, symbols, images and codes into “gestalts” it appeared that the learners were able to re-vision, re-invent, re-reflect, and re-member the process in a meaningful way. This also created an opportunity for the learners to take responsibility for the co-construction and co-creation of their learning and hence their ownership of the programme and it’s unfolding process (Freire & Faundez, 1989).

The images, symbols, gestalts, brainstorm captured in the posters created by the learners mirror and capture the processes and themes that characterised the DWCP. These themes and processes reflect new ways of thinking about learning, problem solving, and collaborative meaning making, and hence the implementation and evaluation of social programmes. These images, which are illustrated in the next theme, are “worth a thousand words”. They make use of a massive range of cortical skills; colour, form, line, dimension, texture, visual rhythm, and especially imagination—a word taken from the Latin *imaginary*, literally meaning “to picture mentally”. Research (Buzan & Buzan, 2000) supports learning through the creation of images and brainstorm and indicates that in experiments where subjects are presented with images to remember, that their recall rate is much higher (98 percent) than that of recalling words. Images therefore, seem to be more evocative than words, more precise and potent in triggering associations, thereby enhancing creative thinking and memory.

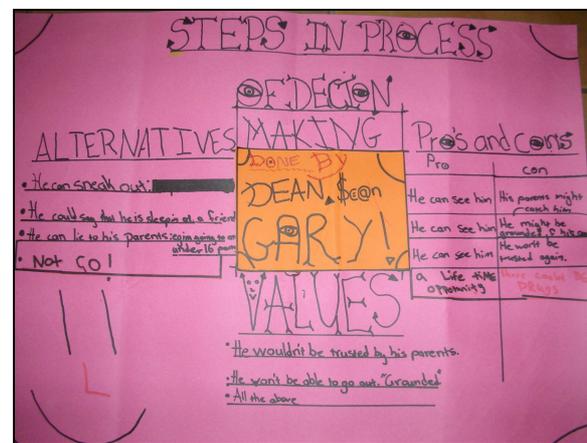
Experiential learning espouses that all humans need to become competent in taking action and simultaneously reflecting on their action to learn from it. The posters (**Images 5.12** to **5.24**) created by the learners in smaller groups provided an opportunity for this reflection process to un-fold in way in which

there was a co-evolution of ideas between learners. The learners were then encouraged to “perform” the narrative in the poster either by presenting it in front of the larger group to each other or by role-playing their narrative in play-like form. Refer back to **Images 5.3 to 5.7**, which capture the learners in action.

In essence, it appears that these posters reflect the co-creation of action plans or action theories; actions that are needed to achieve a desired consequence in a given situation. All our behaviour is based on theories that connect our actions with certain consequences. Bridging the gap between real life experience and experiential learning involves working with tacit knowledge-knowledge that we are not always able to put into words. Because most of our action theories function automatically, we are rarely conscious of our assumed connections between actions and their consequences. One of the purposes of the DWCP was to help learners become more aware and conscious of action theories that guide how they behave, test these theories against reality, and modify them and make them more effective and appropriate.



**Image 5.12. Scenario Plan: The Party**



**Image 5.13. Unpacking Decision making**

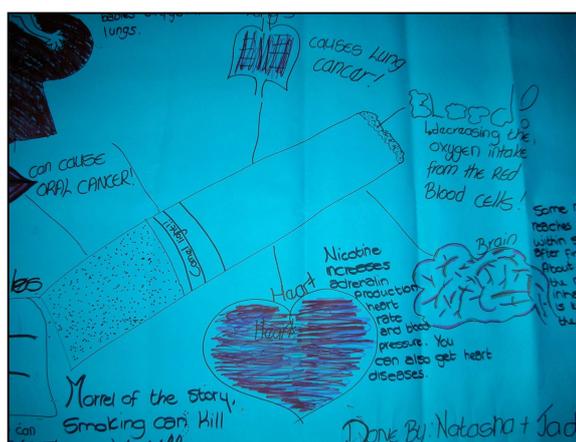
**Images 5.12 and 5.13** reflect the thinking process around what teenagers should do when confronted with a potentially dangerous drug situation. The learners were given situations to think about in a small group. They were guided to think about their choices, the pro's and cons of each choice, their values and beliefs, and the consequences of each choice. They then role-played the situation after creating the poster. The learners were given situations such as:

“Tracy is 14 years old and in Grade 8. Gavin, who is 17 years old and in matric and also the school “heart throb”, invites her out to a party. For Tracy this is ultimate and her parents agree to let her go on condition that there will not be any booze at the party. Tracy’s mother phones the hostess’ mother to confirm this.

On the evening of the party, Gavin and Tracy meet up with her group of friends and Gavin produces a hip flask of brandy and proceeds to spike the punch. Everyone in the group drinks the spiked punch. Her problem is whether to drink punch”.



**Image 5.14. Exploring Alternatives**



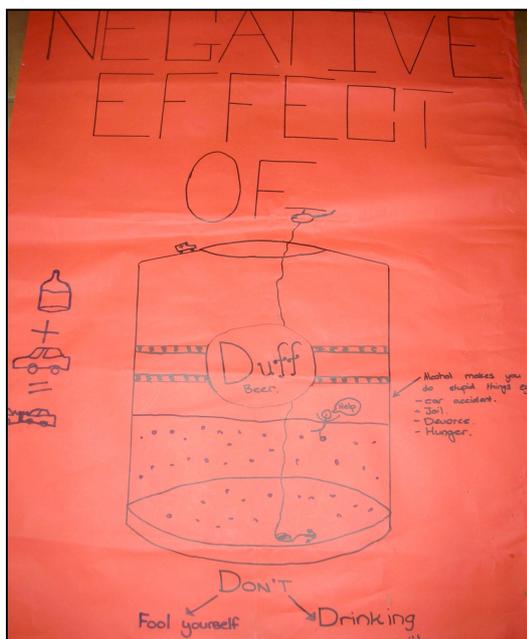
**Image 5.15. To smoke, or not to smoke?**

**Image 5.14** illustrates visual representations of the drugs discussed in the DWCP, for example cocaine, mandrax, heroin, marijuana, and ecstasy. The exclamation marks used by learners seem to reflect the intensity of emotion, whether linked to fear of the side effects and dangers associated with drugging, such as HIV and AIDS, death, and heart disease, or excitement about the forbidden nature of drugs. The word “bad” is written on either side of the heading which may further point to the emotionally loaded subject matter, yet also could reflect a socially acceptable response. The spiral symbols seem to indicate the loss of control that the learner’s associate with drug taking where “you do crazy things”. The learner’s in this group also included a section at the bottom of this poster, which refers to finding alternatives such as skydiving, surfing, quad biking, and bungee jumping.

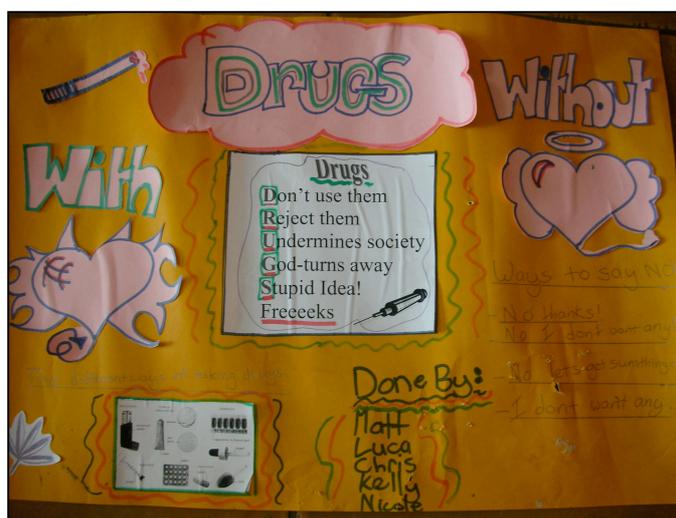
**Image 5.15** reflects the negative effects of smoking; on the heart, brain, blood, lungs, and mouth. The message that the learners appear to be sending to the observer or reader was that smoking can kill. In response to this poster, I posed the question of whether the knowledge that one can die as a result of smoking stops people from smoking. This question left many of the learners confused as to why people take drugs if they know they are bad for them, this opened up a discussion around long-term and short-term side-effects and the learners came up with other reasons why people may not care about their health, such as depression, wanting to have friends and be popular, and so on.

The learners seemed to feel that this knowledge would make them think twice about smoking, but some of them were not sure it would stop them from smoking. Some learners were insistent that they would never smoke and other’s expressed concern about their parents smoking. I also asked the group about the group labelling the cigarette, “Camel Light” (see Image 5.15). This further stimulated discussion about how advertising and branding effects people’s realities. One of the learners was aware that advertising cigarettes had been banned, and asked why alcohol advertising had not been banned. The facilitator turned this question into a debate where the group was spilt up and encouraged to argue for and against the banning of alcohol and cigarette advertising. This debate created much energy in the group and raised many concerns about freedom of choice versus the promotion of healthy lifestyles. This debate also helped the learners to see what type of people the advertisers target, for example the young “funky” generation, and what some of

the positive aspects of smoking are, such as taking a “smoke break with friends”, or “smoking while at a party with friends”, “being seen as popular because you smoke”, and so on.



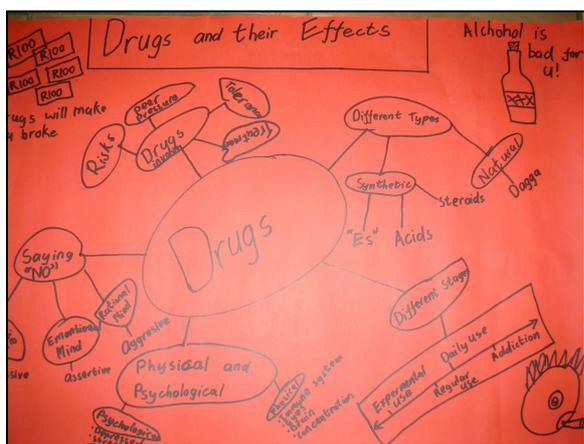
**Image 5.16. Negative Effects of Alcohol**



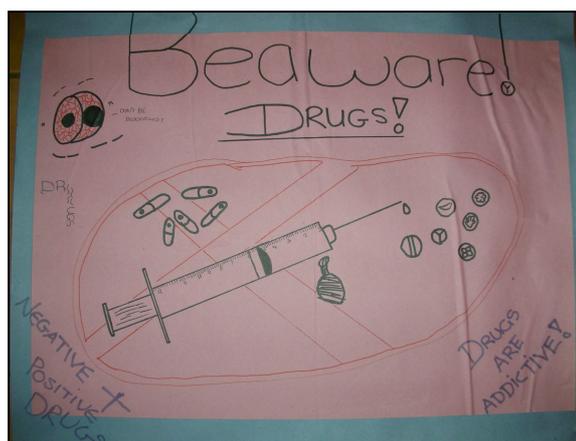
**Image 5.17. Angel versus Devil**

Like Image 5.15, **Image 5.16**, similarly reflects the negative effects of alcohol. The group drew a person drowning in the beer can and a helicopter and ambulance driving on top of the beer can. When I asked the group about this they explained how, through what they had learnt that alcohol makes you do stupid things and how this usually results in car accidents, divorce, and jail, as the group depicts in their poster. The facilitator asked about the helicopter and ambulance, which the group reflected was representative of going into “rehab” or treatment. This image opened up discussion around why drinking alcohol was legal, why there is an 18 age restriction, and how drinking alcohol can make you more vulnerable to having unprotected sex and contracting sexually transmitted diseases, and HIV and AIDS. The positive effects of alcohol, such as socialising, feeling disinhibited and confident, feeling a part of the party, and so on were discussed. This further opened up discussion about alcohol as a gateway drug, which could influence the decision of whether to take harder drugs or not. The learners were fascinated by how drinks get spiked at parties and how to avoid this.

In **Image 5.17**, the learners appear to have created an “angel” versus “devil” image to understand drug use. This “good” dichotomy “bad” dichotomy is reinforced by the religious principles upon which the school is based. This is further illustrated in the caption on the poster, which states that “God will turn away from you” if you do drugs. This poster stimulated discussion around values and morals and how these inform the decisions we make in our lives.



**Image 5.18. Mindmapping Drugs**



**Image 5.19. Good drugs versus Bad Drugs**

The learners who co-created **Image 5.18**, decided to use a mind map format to outline and make the connections between what they were learning. Their poster captures the different types, the different stages of addiction, the physiological and psychological effects, the consequences (for example, being “broke”, or treatment), the influences (for example peer pressure), and ways to avoid taking drugs (such as, the assertive, the passive, and aggressive ways of saying “no”). The group associated self assertive behaviour with using their “wise mind”, as opposed to just their “rational mind” or “emotional mind”. This poster seems to reflect a more global image of what was being learnt.

**Image 5.19** captures a discussion that revolved around prescription drugs versus recreational drugs. This discussion ended up in a debate among the group members about the healing and addictive qualities of over-the-counter drugs. One of the boys in the group shared with the group that he was on Ritalin, and that it had helped him to improve his marks, and his confidence. This boy’s openness helped other group members to open up. The questions that emanated from other group members were asked with such sensitivity and respect. The learners were fully engaged with each other and were discussing issues relevant to them, which entailed drug awareness concepts. The other group members were concerned about this particular boy’s and their peers’ psychological dependence on Ritalin, as many of their peers were on Ritalin. They asked questions such as “What happens if you think you can’t pass a test without it?”, “When will you go off it?” and “Can Ritalin lead to other drug abuse and dependence?” These questions reflected that the learners were “thinking together” and engaged in a “real” discussion about how the concepts that they were learning affect them. This discussion reflects the powerful impact of how general information can be taken in by a group and transformed into something, which is far more particular and personal, and therefore applicable. This way of learning seemed to increase the testimonial validity of the study, which refers to, the validity obtained from the participants themselves. Involvement and participation on part of the participants enhances chances of high construct validity, low refusal rates and “ownership of findings” (Terre Blanche & Durrheim, 1999). This is linked to catalytic validity, which refers to the degree to which the research process makes sense to the participants and leads to their growth and change.



**Image 5.20. Reasons for Taking Drugs**

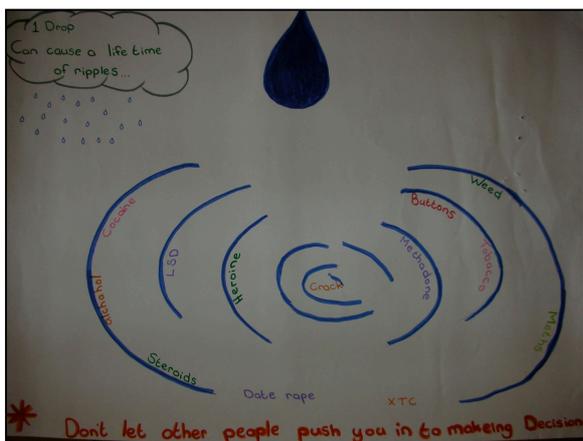


**Image 5.21. Beware**

**Image 5.20** captures the influences outside the self (such as, friends, family, jobs, and parties) and inside the self (such as, loneliness). This poster stimulated discussion around what you can do about these influences; formulating potential action plans that made sense to the learners. Like, for example, the learners said that they all feel lonely from time to time. The learners firstly identified how they would know they were feeling lonely or depressed and then came up with alternative things to do to cheer themselves up, such as skateboarding, going to a movie with a friend, or speaking to a friend. This indicates that how from an ecosystemic approach you can draw on other approaches, such as the alternatives based approach to prevention. This was an opportunity for learners to remind themselves that they are active participants in their lives instead of passive recipients. It was also a chance to encourage more effective coping mechanisms, and thought patterns. This image also captures action plans, in relation to being confronted with a drug related incident, for example, phoning SANCA. This also opened up discussion around the learners various options and alternatives, such as therapy, rehabilitation, telling a teacher, or a parent.

**Image 5.21** captures what many of the learners conceptualised and understood as the right way and wrong way to live your life. The underlying message seems to be that if you take drugs you are throwing away your life, together with the possibility of a successful future. Image 21, together with Image 17 reflects the powerful impact that the moral legal or fear-based approach has had on learners up to this point. Although, this seems logical, not all people who take drugs are homeless or failures in life. In fact, many people who hold high positions in business take drugs. I reflected this “balanced” view back to the learners and discussion ensued about the gradual process of addiction, and how “normal” people may be drug addicts. The learners seemed alarmed to discover that the drug problem was not something “out there”, and that it

does happen to normal people. With this realisation, came the reality that they (the learners) were part of a problem that can affect anybody.



**Image 5.22. Ripple Effects**



**Image 5.23. Networks**

Although unintentional, the learners who co-created **Image 5.22** seem to have captured ecosystemic thinking in stating in their poster that “a drop can cause a life time of ripples”. This was discussed by the group in terms of how drugs affect the various areas of their lives, such as family, friends, school, and so on. We looked at how actions and decisions that the individual makes can have repercussions far beyond that which they thought possible. This was a powerful metaphor to work with and stimulated much discussion between learners themselves and their parents. It seemed to help the learners and their parents realise that they were part of a much bigger network of meaning and thus each had a part to play in each other’s life.

**Image 5.23**, once again points to the dangers of taking drug, naming “suffocation and dependency” as some of the dangers. This group seemed to want to depict the danger that recreational drugs are often laced with other drugs, like rat poison. An awareness that there is a much bigger network surrounding and supporting drug use, characterised by drug dealers, and financial benefits characterised the discussion that took place in relation to this poster. The learners also distinguished that not all drugs have the same effects, but that it is generally safer to stay away from drugs as you can become dependent on the drug and need more and more to feel “normal”. This group also highlighted the effect of drugs on your relationships. They used visual images that they found on the Internet and in magazines to reflect the impact of taking drugs. I constantly encouraged the learners to reflect on why, while knowing the negative effects of drugs, people still take drugs?

The photographs, posters and role-plays highlight how learning is more effective when it is active rather than passive. It appears that when a learner can take a theory, concept, or practice and “try it on for size”, he or she will understand it more completely, integrate it more effectively with past learning and retain it longer. The photographs, and posters also indicate how it takes more than information to change action theories. Telling learners about the dangers of drugs and their effects does not mean that the learners will change their attitudes to drug taking. Providing a rationale for change is also not sufficient to motivate learners to change,

and does not increase social skills and emotional intelligence. Yet, information does seem to generate interest in learning more about desired change.

Encouraging the learners to think about and then perform their action theories affects the learners in three ways; 1) the learners cognitive structures are altered, 2) the learners attitudes are modified and, 3) the learners repertoire of behavioural skills is expanded. These three elements are interconnected and change as whole, not as separate parts. Working on any one part in the absence of the other two will be ineffective;

1. Information and knowledge can generate interest in changing, but will not bring about change. Knowing a rationale for change is not sufficient for motivating a person to change.
2. Firsthand experience alone will not generate valid knowledge. Besides experience there must be a theoretical system that the expertise tests out and reflection on the meaning of the experience.
3. It takes more than engaging in a new behaviour to result in permanent change. New skills may be practiced and mastered but will fade away unless action theories and attitudes also change.

(adapted from Johnson and Johnson, 1994)

Discussion and reflection after the presentation of posters and role-plays was used as a means of reflecting on how effective their actions were, reformulating and refining their action theory, and assessing consequences and obtaining feedback. As the learners engaged in the experiential learning process it was very important for them to feel capable of implementing the procedures and strategies contained in the action theory, to perceive these procedures and strategies as being appropriate to their social world, and develop positive attitudes toward theory and its implementation. This type of experiential learning process appeared particularly useful when attempting to facilitate effective decision making skills, that is the decision that the learners have to make one day in terms of whether or not to experiment with drugs.

The creation and presentation of posters was also very useful and in keeping with the values of this study, that is, that learners believe more in knowledge they have discovered themselves than in knowledge presented by others. This seems to build the catalytic validity or authenticity of the study, which refers to the degree to which the research processes make sense to the participants and leads to their growth and change. The learners themselves behaviourally validated or disproved their own theories. Ecosystemically speaking, an approach to learning based on inquiry and discovery seems to increase learners' motivation to learn and their commitment to implement their conclusions in the future, hence a commitment to a drug free lifestyle.

Traditionally, many substance abuse prevention programmes have focussed on "head" learning, while ignoring the importance of "hand" learning. The hand becomes an instrument of vision, revealing the conceptual nature of the procedure being used (Johnson & Johnson, 1994). To "understand", you have to "do". True understanding only results from doing. The experiential exercises that were used in the DWCP were structured so that the learners could experiment with their behaviour, try things out, see what works,

build skills, and develop action theories out of their own experience. Appropriate theory was then presented so that the learners can summarise their learning and build conceptual frameworks in which they could organise what they know. Although experiential learning is stimulating and involves activity and participation, it is important to acknowledge that experience alone is not beneficial. You learn from a combination of experience and the conceptualisation of your experience. Participation in the DWCP seemed to give learners confidence and expertise in “performing” different roles and activities, not only in the programme, such as being the spokesperson for the group (**Image 5.5 to 5.7**), group participant, or public speaker, but in other contexts as well. When learners were prepared to risk themselves, and were rewarded, it appeared that their sense of self-efficacy improved, which led to more positive risk taking behaviours and hence opportunities to learn. Participation can be lots of fun and seems apparent in all the photographs, but is especially apparent in **Image 5.8 and 5.9**.

As identified by Johnson and Johnson (1994) experiential learning requires that as a facilitator you shift from simply teaching facts and encouraging the acquisition of knowledge to a heavier reliance on feedback about performance and the modification of implementation efforts to fit the participants needs and objectives, thus encouraging them to personalise and shape the process. It is this precise procedural or experiential learning process that makes this programme different from most other substance abuse intervention programmes. **Image 5.2** captures this process of constant feedback where the independent observer (left hand corner) takes notes as the process unfolds. This information was then reflected on after the group by the independent observer and myself, and a volunteer learner. It was this feedback that facilitated the planning of the next session and the reciprocal learning process that was so essential to fine tuning a programme to meet the participants needs. It was not so much the content that emerged that from these reflection sessions that was transforming, but the process of making time for each other; of us all working together and acknowledging each other’s “voices” and opinions as important.

### *Closing the Container*

#### *Feedback: Parents and their Children Come Together*

The DWCP ended with a the feedback session, where the parents joined the children. The headmaster and life skills teacher sat in as observers of the process. The posters created by the children were shared with their group. These posters were used as a way of initiating the conversation, which initially took a while to get warmed up but once the conversation began it was difficult to stop as there appeared to be so much that was “unspoken” between the learners and their parents. The challenge here, was to steer away from a situation where the parents questioned and tested the children about what they had learnt towards a more relaxed and open way of communication where the parents and children were encouraged to share their ideas and feelings without feeling judged. Two poems; *Letter to My Child*, and *The Art of Listening* were also used to facilitate this process (Appendix E).

The moment the parents and their children came together to share with each other what they had learnt appeared to be one of the significant defining moments of the DWCP. The parents had attended a drug talk given by an independent consulting psychologist before the learners started their programme. This drug talk outlined the dangers involved in taking different over-the-counter and recreational drugs, the stages of addiction, how to recognise your child is taking drugs, where to go for help, and the challenges young adolescents face. Despite the parents being eager to share what they had learnt with their children and also wanting to hear what their children had learnt, they dedicated their listening to what the reality was and to the future, to the deeper aspects of their unfolding lives. The deeper aspects of “extreme sharing”, as one learner put it, teamwork, caring, new awareness or “seeing”, and what is valuable in life came to the fore;

*The feedback session was useful as it was an experience shared together with his peers and with us his parents. Teamwork was noted. (Parent)*

*I realised that I am not an overprotective parent, but that I care. (Parent)*

*I think that it is the beginning but that it has opened my eyes and given me awareness. (Parent)*

*Programmes like this one can only add value to a child’s life and to a parent’s life. (Parent)*

*The programme was useful, because parents need to know what their children face. (Parent)*

*I really hope that my child can handle a drug related situation, but there is no guarantee. (Parent)*

*It was a positive experience. My son is more aware of what drugs are all about and that by making the right decisions he can avoid being involved with negative issues, like drugs. (Parent)*

*I certainly hope that my child can approach me with a drug related issue. I feel the lines of communication are open now and pray that the teenage years won’t spoil that. (Parent)*

The feedback session seemed to provide an opportunity for both parents and their children to clarify their beliefs and values and to co-create solutions and set clear standards about drug use. As the facilitator, Senge et al.’s (2005) “U movement” guided the process as I allowed myself to give in to the larger processes that were unfolding between the parents and their children, and also provide the structure through which these processes could unfold. It seemed that all the parents and their children really needed was a nurturing space in which they could connect with each other. The African proverb cited at the beginning of this study; “when spider webs unite, they can tie up a lion” was clearly visible as I witnessed parents and children coming together to share their ideas and thoughts about substance abuse with each other.

It appears from the research covered in this study that children who are encouraged to contribute to family decision making, and who are exposed to, and rewarded for, constructive social behaviours may be better equipped to avoid drugs later in life. The feedback session focussed on creating an opportunity for children’s involvement in family processes, skills for communication and refusal of drugs, and acknowledgement of newly acquired knowledge and skills by both parents and their children. In the feedback session, I used group therapy techniques (Yalom, 1995) to foster the children’s participation in family decision making, and to help parents and their children to develop skills for better communication and problem solving.

The parents asked their children if they would be able to stand up to peer pressure. One child commented that he had learnt that the ways of responding to a drug situation is different for everybody and depends on personality and other things. He also said that it is hard to imagine what he would do, but for him he thinks he would try and confront his friends first and let them know how he feels, before avoiding them. The other learners in the group supported him in stating that it does not only depend on personality, but on the situation. The parents appeared a little shocked at the learners response to their question as it appeared that they expected him use a more socially appropriate way of handling peer pressure, such as “saying no”, or avoiding the situation. From my perspective, the learner’s response reflected that thinking and reflecting was taking place in that the learners were recognising the difficulty of handling a drug related situation and making their responses more personalised seemed to have more value than drumming into the learners that they had to say “No”. Again, this reflects the dependency on authority and the deference to the “expert” position.

The feedback session appeared to take what was inside collectively and bring it to the outside. It was as if the different participants stepped into different energies and consciously “named” what they saw from different energetic or archetypal perspectives. For example, the headmaster named what he saw from the perspective of a leader, whose moral and religious ethos appeared to guide his thinking. The teacher named what she saw from the perspective of being supportive of the learners and their parents. The parents appeared to name what they saw from the perspective of being the responsible parent who is preparing their child for life. I responded from a place of respect, characterised by both “knowing” and “not knowing”, thus encouraging the participants to come up with their own answers. The learners brought in the energy of a young, fresh, new perspective not necessarily shaped by fear and experience yet. The feedback session was an opportunity for the participants not only to hold the situation, but also to hold each other.

The feedback session appeared to become a spontaneous space in which the parents problem solved together with their children. I experienced the parents very differently in the feedback session compared to the linear, structured, reactive responses that were noted at the start of the programme in the communication of their expectations of the programme. There was a shift towards being more in tune with their own needs, fears, and feelings as parents. This seemed linked to powerful of impact of including the parents in the process and bringing the parents and children together in an environment characterised by shared purpose and an open exchange of information. The parents and the learners discussed issues, such as family bonding activities, parent-child bonding activities, parental monitoring and supervision, the setting of clear boundaries, and positive reinforcement and discipline issues. The feedback session seemed useful on a number of levels. Firstly, it appeared to strengthen the “anti-drug” message and reinforce the aims of the programme. It also served as a continuation of the process, where responsibility was handed back to the parents, and where opportunities were opened for family discussions to continue at home. The feedback session was also a punctuated ending where certificates were handed out to the learners.

### ***Personal Growth: What did participating in the DWCP mean to the Participants?***

Finding out what participating in the programme meant to the participants was also one of the aims of this study. Many of the learners that participated in the DWCP, indicated that they felt differently about their lives and about themselves as persons because of their experiences in the DWCP. Often warning young people about the dangers of taking drugs appears so far removed from their realities that they can perceive the dangers of a cognitive level, yet on an emotional level these dangers do not seem real. From the feedback from learners below it appears that the information impacted them on a cognitive level and emotional level. Here are some of the comments taken from the learners:

*The real life stories opened up my eyes to many things in my life and the facilitator explained our questions well.*

*[The Programme] Teaches us to live and not to live.*

*I think they should have this talk in every school! It taught me about my myself and others.*

*That we could be open and learn about drugs and as if I was in that situation*

*It was great, fun, and useful for us as our life carries on I hope this lesson will be with us through our life, thanx. (Learner)*

*It will help me to make the best decision in life. (Learner)*

As the process unfolded it became apparent that the participants started recognising that there was a larger and deeper pattern of which we were all a part of and therefore one in which we all had a part to play in designing and developing perceived solutions to. How the parents perceived and talked about the problem of substance abuse first appeared to be fixed, or even rigid. This perception, however, seemed to shift when they realised they had the choice of either applying a “quick fix”, or addressing the fundamental sources of the problem, which they realised they are ultimately apart of. The following comments from the parent’s feedback questionnaires at the end of the programme reflect this shift from the impersonal to the more personal:

*The role I play as a parent is one of making my child aware that if a situation arises, what the best way of dealing with it would be, and that your relationship is open enough to talk about situations.*

*Parents need to set an example, have values, open communication, a close family unit, and a close listening ear, aware of vulnerabilities and changes-(but being) helping though.*

*I realised the importance of keeping the communication lines open, saying that drugs are unacceptable, yet that together we can make these wise decisions.*

*There is never enough awareness when it comes to preparing children for life’s challenges.*

Encouraging personal growth is not something that can be taught. It is something that is witnessed and facilitated in a non-judgemental way. Personal growth requires that we turn our attention toward to what's becoming - what's coming into being. It's the evolving self, and the strengths that are already present. The world of the learners and their parents is recreated through this practice. Change happens through this practice, but it's change that isn't manipulated. It is change that is evoked from the inside out; where all involved participate in the birth of a something new.

### *Was the DWCP Useful?*

Finding out whether the participants found the DWCP useful or not useful, and in what ways, was also an evaluation goal of this study. This was done via a feedback session, which created a space for dialogue between the parents and the children. The headmaster and life skills teacher also sat in on the process as observers. The qualitative aspects of this feedback session are discussed in previously discussed themes under the main theme of *Closing the Container*, which seemed to illustrate that the DWCP meant a lot to the participants on a personal, family, and community level, where the parents came to realise the importance of open communication, close parent-child relationships, as well as the fact that as parents they can only do so much to help and support their child, but that the rest is up to their child. Much of the personal growth captures the tensions between realising how little control we have over our lives versus our perceived feelings of mastery and competence. The learners' personal growth seemed more linked to feelings of personal mastery, that is, the confidence that they have learnt something about themselves and others that may help them later on in their lives. The next three sub-themes, cover the more quantitative aspects of the usefulness of the programme to the participants. Each of the sub-groups (that is, the learners, the parents, the teacher and headmaster, and the independent observer) were asked a separate set of questions, which are illustrated in relation to the tables. See Appendix C for a copy of the post programme evaluation questionnaires. Where relevant links are made to the qualitative themes.

### *Learners Response to DWCP*

On average the learners gave the DWCP a rating of 9.4 out of 10. General feedback from the learners indicated that the learners felt that the programme was a lot of fun and that they learnt a great deal. They were asked questions such as what they liked most about the programme and what they liked least about the programme. From their comments it appears that the learners felt heard, recognised and acknowledged. It also seems that they appreciated the truthful way in which the information was presented to them. There also seemed to be a general feeling that they could share and voice their opinions, ideas and thoughts.

When the learners were asked what they liked least about the programme, most of the learners said that there was nothing they did not like about the DWCP, some left this question blank, and others mentioned that they experienced difficulty with the seating arrangements. The learners appeared to fight for particular beanbag colours and particular sizes. The boys in the group tended to dominate this process. One learner expressed that they were nervous and anxious in the beginning of the programme but that they calmed down as they

realised that it was not like a school class and that they could talk openly and honestly. At the feedback session some of the learners reported that they felt embarrassed presenting a poster to their parents. This also seemed to be influenced by the learners feeling shy and nervous talking to their parents about drugs, and perhaps being scared of punishment and judgement, which appears to inhibit communication. It also appeared like some of the learners found the sessions a bit long and requested more breaks. This is discussed later on and linked to the quantitative data. This may also have been related to the fact that the sessions were conducted on a Friday afternoon. Table 5.1 below represents the learners' response to the DWCP. The learners were asked to rate the following questions: (1) The DWCP was useful; (2) The sessions were easy to follow; (3) I learnt a lot of new information about drug abuse; 4) There was enough question and discussion time; (5) There was enough group participation; (6) The facilitator managed the DWCP well; (7) The facilitator encouraged people to participate; (8) The facilitator answered questions well; (9) The facilitator had a good knowledge of drugs; (10) Problems and concerns raised by group members were handled well; (11) The sessions were boring; (12) I found the exercises useful and fun; (13) I will be able to apply this knowledge to situations in my life where drugs, like alcohol, cigarettes, dagga, and other drugs are involved; and (14) I learnt that experimenting with drugs, like dagga, alcohol, cigarettes, ecstasy, speed, and cocaine can be dangerous.

Nine out of the ten of the learners "strongly agreed" that the DWCP was useful, and one of the learners "agreed". The quantitative data appears to support the qualitative data, where both reflect that the learners found the programme useful. The questions, which are referred in the footnote below Table. 5.1. were valuable feedback for me in terms of my facilitation skills. Seven out of the ten learners "strongly agreed" that the sessions were easy to follow and three "agreed" with the latter statement. It also appeared that the learners enjoyed the experiential exercises. Here are some reflections and comments made by the learners after the DWCP in the evaluation questionnaire with support the quantitative data:

*I enjoyed the plays, beanbags, and posters.*

*The sessions were short, and did not drag on.*

*Very well done, the time flew by quickly, and I thoroughly enjoyed myself and are now am very aware of drugs and the other sh\*t things in this world.*

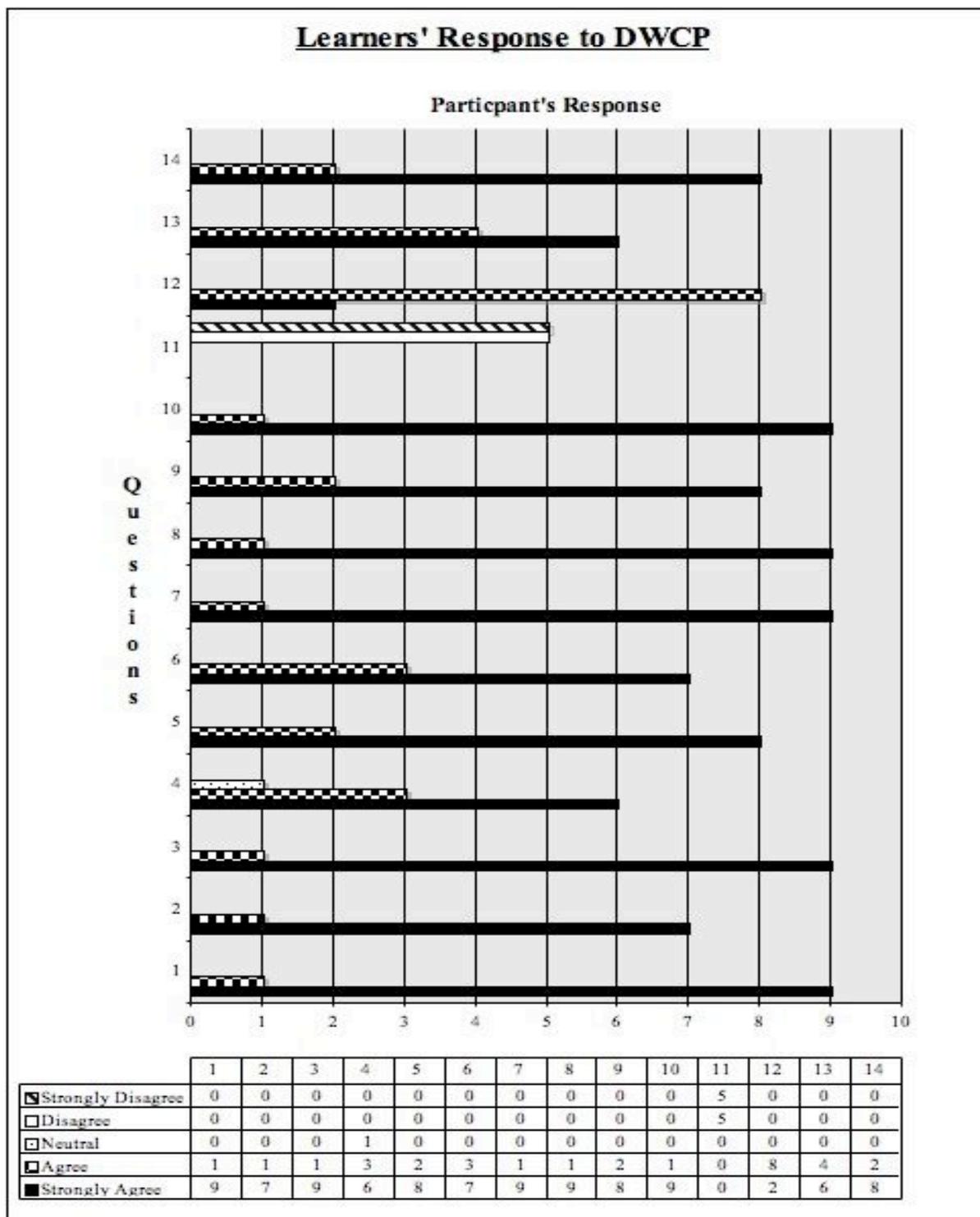
*It didn't go on and on. I now know soooooo much more about drugs.*

However, when the learners were asked what they liked least about the programme one of the learners two of the learners commented that they would like more breaks and that the sessions were sometimes a bit long.

*(The Programme) Really nice! But we need more breaks.*

*Some of the stuff was quite long, but otherwise it was ok.*

**Table 5.1.** Learners Response to DWCP



Ⓢ Learners' Questions

Ⓢ (1) The DWCP was useful (2) The sessions were easy to follow (3) I learnt a lot of new information about drug abuse (4) There was enough question and discussion time (5) There was enough group participation (6) The facilitator managed the DWCP well (7) The facilitator encouraged people to participate (8) The facilitator answered questions well (9) The facilitator had a good knowledge of drugs (10) Problems and concerns raised by group members were handled well (11) The sessions were boring (12) I found the exercises useful and fun (13) I will be able to apply this knowledge to situations in my life where drugs, like alcohol, cigarettes, dagga, and other drugs are involved (14) I learnt that experimenting with drugs, like dagga, alcohol, cigarettes, ecstasy, speed, and cocaine can be dangerous.

In terms of the learning of new information, nine out of the ten learners “strongly agreed” that they had learnt a lot of new information about drug abuse. One learner “agreed” with the latter statement. This was also corroborated in the open questions and self-reflection where learners gave the following feedback:

*I liked the information given, it was useful and truthful.*

*I liked the way the information was presented. I think schools all over should have drug awareness programmes.*

*If there were any other courses (different stuff) then I would like to learn more about the dangers in life. I learn't a great deal of information and now I know what to expect of life and I know how to handle it if I was ever in a drugs situation. I really liked the course.*

*I liked learning about drugs and their effects. It was very useful and taught me a lot.*

Six of the learners “strongly agreed” that there was enough question and discussion time, and three “agreed”, and one learner remained “neutral”. The qualitative open ended questions and reflections made by the learners throughout revealed that many of the learners felt that they could be open, and ask questions and discuss things openly. Yet, this seemed to be complicated by other extraneous variables, such as some group members taking up most of the discussion time, and some learners feeling shy or inadequate. Popularity and peer relations seemed to play a role in learners feeling that they could expose themselves through their questions and opinions. Comments from the learners’ reflection sheets may shed light on why only six of the learners “strongly agreed” with the questioning stating that there was enough question and discussion time;

*I can't talk in front of other group member's I feel stupid.*

*I thought the boys were a bit disturbing in today's session.*

*I am getting on well with some group members, but some I am struggling with because I want to ask questions and they take up all the time.*

*Other group members irritate me cause they only like cool people...*

Yet, of the six learners who seemed to feel that there was enough question and discussion time, their comments and reflections are as follows:

*We were able to discuss things without feeling nervous or stupid.*

*Everyone got a chance to talk.*

*I'm learning because their (fellow learners) questions are original.*

*There are a lot of questions to ask about drugs as there is always one question from at least somebody.*

---

*I have noticed that I am more shy than I thought but that I think it is great we can talk about these things.*

Eight of the learners “strongly agreed” that the facilitator encouraged people in the group to participate, and two of the learners “agreed”. Nine of the learners “strongly agreed” that the facilitator answered questions raised by the group well, and one of the learners “agreed”. Eight of the learners “strongly agreed” that the facilitator had a good knowledge about drugs, and two of the learners “agreed”. Additionally, nine of the learners “strongly agreed” that the facilitator handled concerns and problems raised by the group well, and one of the learners “agreed”. The reflections and feedback from the learners about the facilitator seem to indicate that the participants relationship with the facilitator is very important and plays a very influential role in determining whether the participants see the programme as successful or not. Here are some of the comments from the learners made at the end of the DWCP:

*The teacher was cool, and helped me a lot.*

*The facilitator was fun and answered all the questions with a great deal of knowledge.*

The learners were very amused by Question 11 and asked if I was trying to catch them out. Five of the learners “strongly disagreed” that the sessions were boring, and five of the learners “disagreed”. This seems to indicate that although half the group found the sessions interesting and exciting, that some of the participants may have felt a little bored and tired at times. Yet, this result could have been influenced by the confusion that the participants may have felt in being asked this question. Two of the learners “strongly agreed” that the exercises were fun and exciting, and eight of the learners “agreed”. Six of the learners “strongly agreed” that they felt that they could apply the knowledge that they learnt to situations where drugs were present, and four of the learners “agreed”. This could be interpreted in two ways. Firstly, the majority of the learners who “strongly agreed” that they could apply the knowledge learnt, indicated that the learners felt confident that they could apply their skills. These comments below support this finding:

*I think they should have this talk in every school! It taught me about my myself and others.*

*That we could be open and learn about drugs and as if I was in that situation.*

*It was great, fun, and useful for us as our life carries on I hope this lesson will be with us through our life, thanx.*

*It will help me to make the best decision in life.*

Yet, when you look at the pattern in which the learners answered the questions, that is, strongly agreeing to most questions, having four learners just agree is significant and could indicate that these four learners could have hesitated with this question. This hesitation could be linked to the anxiety that some of the learners reflected in their weekly reflection sheets, which pointed to them feeling worried, scared and fearful about why people do drugs despite knowing the consequences. Here are some of their comments which were discussed previously in the theme: *Insightful Sense Making: Curiosity and Questions*:

*I was interested, but also worried.*

*Why do people do drugs, why do people go back to drugs if they know what it does to them?*

*Why would you do this, and what would make you do this (take drugs)?*

Lastly, eight of the learners “strongly agreed” that experimenting with drugs was dangerous and two of the learners “agreed” with this latter statement. One of the learners made this comment about the DWCP:

*It made me realise that it is very hard to stop taking drugs and that drugs are worse than I used to think.*

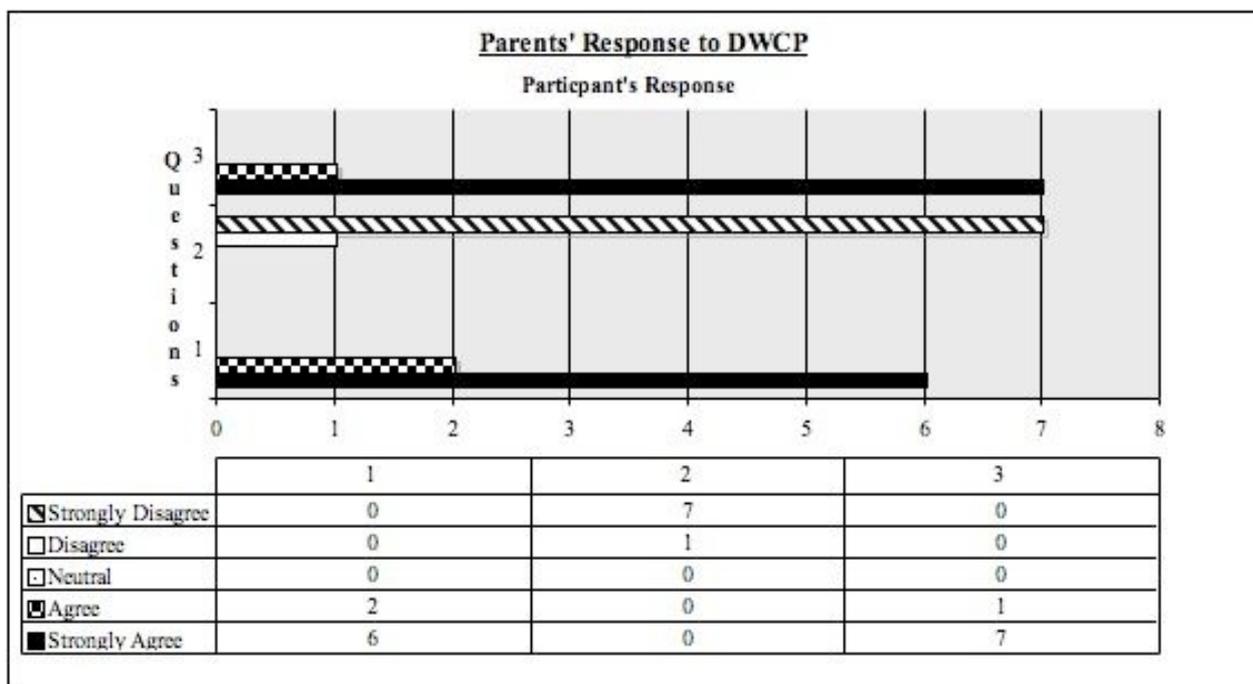
### ***Parents’ Response to DWCP***

Eight out of the ten parents filled in the feedback questionnaire and sent it back to the school, which are illustrated in table format in Table 5.2. Although some of the fathers were present at the feedback session, the mothers generally filled in the feedback questionnaire. Seven out of the eight parents answered that they “strongly agreed” that the DWCP was useful for their child. One parent answered that they “agreed” with the latter statement. Seven out of the eight parents “strongly disagreed” that the DWCP was harmful for their child, and one parent “disagreed”. Six out of the eight parents “strongly agreed” that they would recommend this programme to other parents, and two parents “agreed” to the latter statement. Six out of eight parents rated the DWCP with the remaining two parents leaving this rating unanswered. Out of the six parents the average rating was 8.9 out of 10. The parents’ responses to the DWCP are represented in Table 5.2. below. They were asked to rate the following questions: (1) The DWCP was useful; (2) The DWCP was harmful; and (3) I would recommend this programme to other parents.

The open-ended questions asked the following questions; what role parents play in preparing their child for future drug related situations, what role they think the DWCP has played in preparing their child for future drug related situations, how they found the feedback session, and what they gained personally from participating in the DWCP. Most of the respondents found the DWCP useful for their child, and emphasised communication, love, and attention as being significant in preparing their child for any future drug related incidents. They seemed to find the programme informative and emphasised the acquisition of knowledge as an important protective factor. In general, the parents seemed to find the feedback session useful. This has been discussed previously in the theme *Feedback: Bring Parents and Children Together*. Many of the parents commented that they would like a follow-up programme when their child is a little older and is more likely to encounter drug related situations.

*(The Facilitator) seemed to have good communication skills with the children. Hope to see this kind of programme next year in the high school.*

*I think the programme needs to be repeated every year while they are reaching maturity.*

**Table 5.2.** Parents' Response To DWCP

#### • Parents' Questions

The general feedback from the parents at the end of the DWCP indicated that some of the parents felt the need for more information and input. This is illustrated below by a comment made by one of the parents:

*I would like to know more about what was explained in the course, although not much was forthcoming from my child. I expected to be given a very abridged version of the course in the feedback session. Remember us parents also need to be enlightened.*

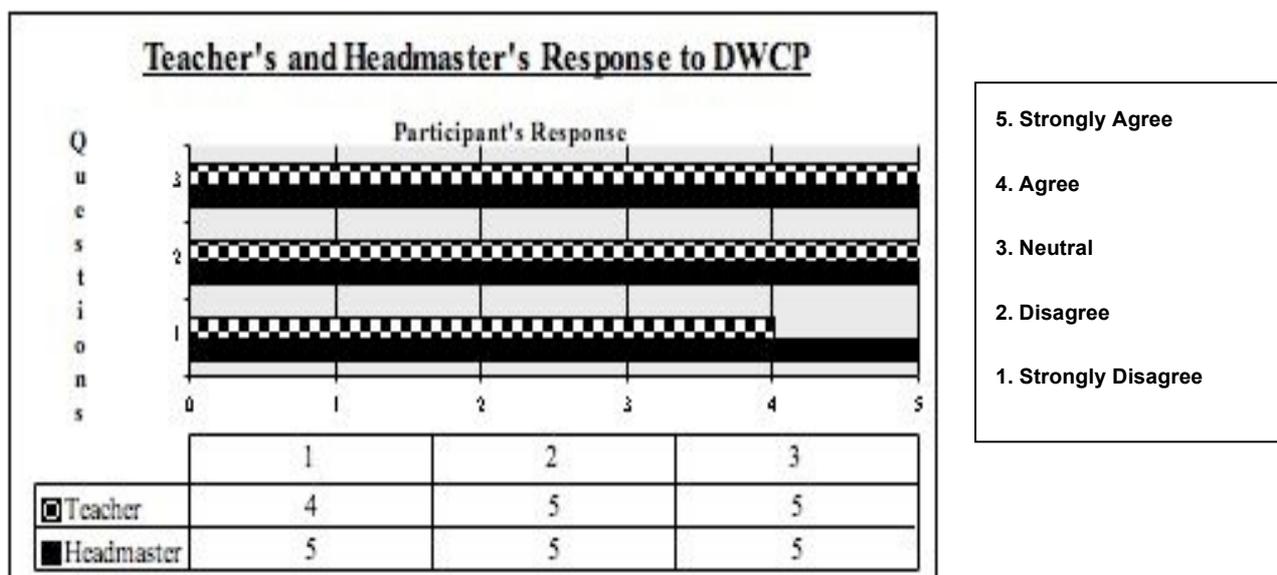
The comment above appears to indicate that the parent concerned appreciated being included in the programme, yet felt that the need for more information about the programme, especially in relation to what was covered in the sessions with the children. It also appears that the parent felt comfortable enough in the feedback session to give this feedback. The life skills teacher also indicated that she had realised during the implementation of the programme that the parents are also in need of a support structure. Although efforts were made to include the parents in the process there was often not enough follow-through on my part as much of my energy went into the sessions conducted with the learners. Therefore, although the DWCP included the parents mainly at the beginning and end of the programme, it seems that this participation could be extended. This is a lesson that could be incorporated into future programmes.

• (1) The DWCP was useful (2) The DWCP was harmful (3) I would recommend this programme to other parents.

### Headmaster's and Teacher's Response to DWCP

Table 5.3. illustrates the headmaster's and life skills teacher's response to the DWCP. They were asked to rate the following questions: (1) The DWCP was beneficial to our learners and their parents; (2) The facilitator managed the programme well; and (3) I would recommend this programme to other parents and schools. The school appeared happy with the DWCP and from the field notes that were taken during the various meetings held with the headmaster and teacher throughout the DWCP it seemed that that the general feedback indicated that the DWCP was effective in the following ways; creating awareness at an age where the learners are still impressionable; a young perspective always reaches young people better than that of parents and teachers; and that the feedback session with the parents seemed to be highly effective and informative.

**Table 5.3.** Headmaster's and Teacher's Response to DWCP



#### Teacher and headmaster's Questions

The school indicated that they were impressed with how supportive the parents were of the DWCP. They also expressed that they would like to bring in more professionals to speak to the parents in a supportive capacity, and that they would like to see the DWCP reaching more Grade 7's. The life skills teacher also suggested that we run the DWCP over a weekend, instead of over a 10-week period, which seems very feasible.

• (1) The DWCP was beneficial to our learners and their parents (2) The facilitator managed the programme well (3) I would recommend this programme to other parents and schools

Here are some of the comments from the school:

*I hope the programme will grow next year as we learn along the way. Thank you for a very professional and well-planned drug awareness programme. Your enthusiasm and passion for the programme surely inspired us all.*

*The direct communication with the headmaster and myself was highly effective.*

*Thanks for immediately following up on concerns or queries from parents.*

*From the parents' feedback, it appears that they are also in need of a support structure.*

*You have a very special way with our young people.*

(Life skills Teacher).

The headmaster did not comment on the DWCP as he felt that he was not present at the sessions. Yet, he did comment on the feedback session he attended. His comments are as follows:

*The session I witnessed provided evidence that: 1) You facilitate well; 2) Parents felt their children benefited and know more; 3) Children related well to you; 4) My presence partially inhibited their responses; 5) The video materials used had a marked effect; 6) In terms of the approach you used, the goals appear to have been achieved. Thanks.*

(Headmaster)

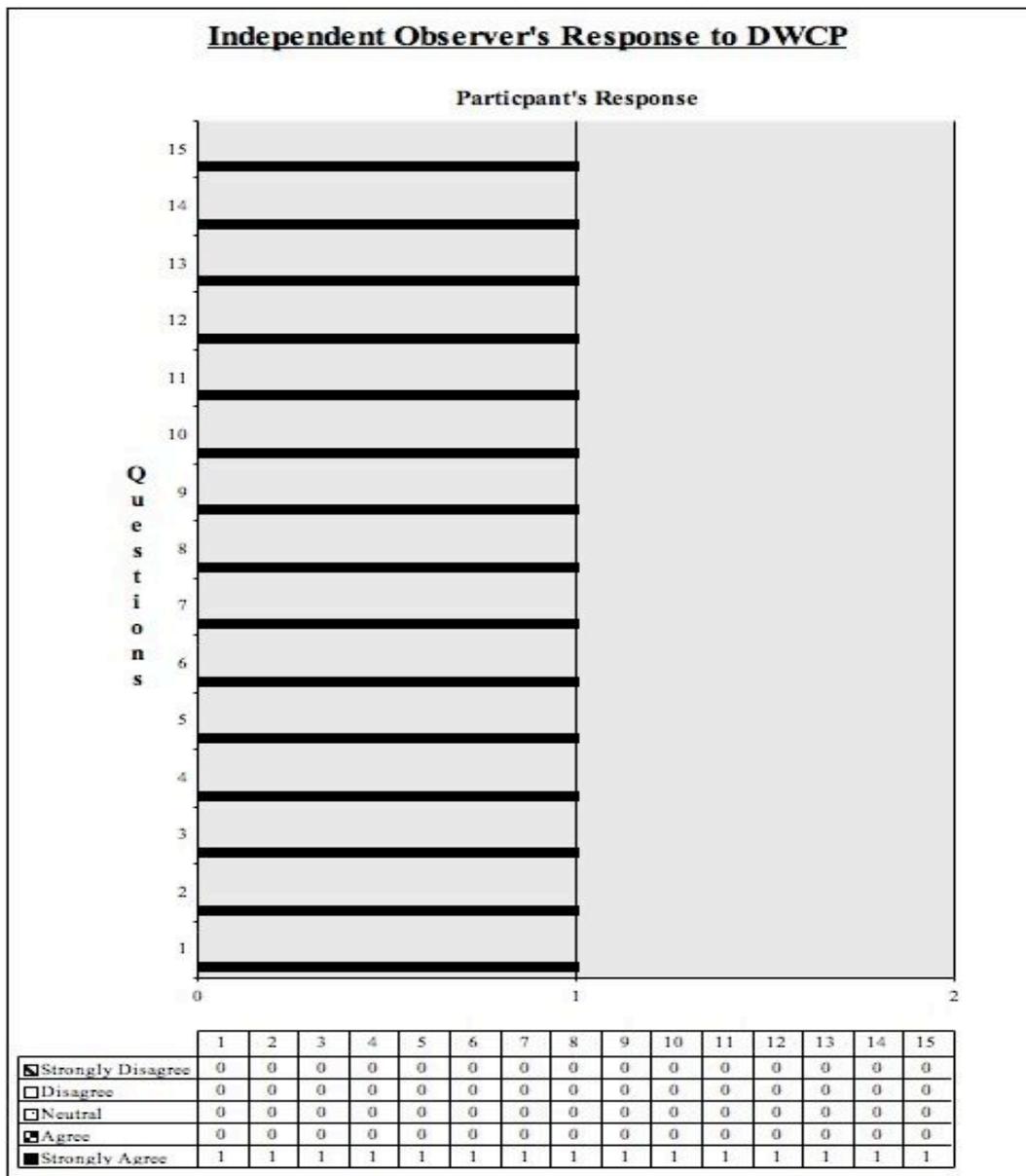
At this stage of the DWCP, I had had many meetings with the headmaster in relation to the progress of the DWCP and the approach I was using. He appeared to adopt a more fear-based moral-legal approach to drug prevention, which seemed in keeping with the role he was expected to play in the school system, which appeared to be characterised by hierarchy, and discipline. Although, the headmaster and I differed in our approach and thinking in many ways, we were able to create a space in which our different ways of approaching the problem of substance abuse could be tackled. We had many very insightful conversations and he played a very significant role in guiding the process and helping me to become aware of and interrogate my own assumptions and beliefs.

### ***Independent Observer's Response to DWCP***

The independent observer, a Psychology Honours student from Monash University, played a vital role in the evaluatory process. She was present at each session, where she recorded her observations and the process as it unfolded. After each session she wrote summary bulletins, which were used to plan the next session. She and I spent a lot of time together discussing, in collaboration with the learners, and the life skills teacher what was working and what was not working. Having an independent observer was very useful, especially when it came to balancing the first-order processes (implementation) with the second-order processes (the

evaluation). Table 5.4. illustrates the independent observer’s response to the DWCP. She completed the evaluation form at the end of the programme.

**Table 5.4.** Independent Observer’s Response to DWCP



☉ Independent Observer’s Questions

☉ (1) The DWCP was useful (2) The sessions were easy to follow (3) I learnt a lot of new information about drug abuse (4) There was enough question and discussion time (5) There was enough group participation (6) The facilitator managed the DWCP well (7) The facilitator encouraged people to participate (8) The facilitator answered questions well (9) The facilitator had a good knowledge of drugs (10) Problems and concerns raised by group members were handled well (11) The sessions were boring (12) The exercises were useful and fun (13) Problems that arose during DCWP were handled well (14) there was a good sense of communication between all participants (15) Would you recommend this programme to other schools and parents.

The independent observer was asked to rate the following questions: (1) The DWCP was useful; (2) The sessions were easy to follow; (3) I learnt a lot of new information about drug abuse; 4) There was enough question and discussion time; (5) There was enough group participation; (6) The facilitator managed the DWCP well; (7) The facilitator encouraged people to participate; (8) The facilitator answered questions well; (9) The facilitator had a good knowledge of drugs; (10) Problems and concerns raised by group members were handled well; (11) The sessions were boring; (12) The exercises were useful and fun; (13) Problems that arose during DCWP were handled well; (14) there was a good sense of communication between all participants; and (15) Would you recommend this programme to other schools and parents. The independent observer “strongly agreed” with all of the above questions. Her comments indicated that she felt that the programme was beneficial to the learners in the following ways; in that both parents and learners could take the discussions home with them, that the sessions were well-structured and understood by the learners, that the learners were constantly involved and eager to participate, that the learners were able to identify with the programme content and express themselves without being judged, that the learners enjoyed the facilitators style of facilitating, that the facilitator had excellent skills and knowledge on the subject of drug abuse, and that concerns and problems were resolved quickly and alternative options given and discussed. The independent observer identified time constraints as a possible area, which could be improved upon, as the hour did not allow for the process to unfold as fully as it could have.

Here are some of her comments:

*The programme was outstanding and well structured. The learners enjoyed the programme and were able to associate with the way the information was brought across in a fun and comfortable environment.*

*Communication was clear and hassle free. All parties were well informed and any queries or questions were addressed professionally.*

This was the independent observer’s self-reflection after the programme:

*I had the honour of being part of the DWCP conducted at [the School] in 2004 by Deborah Ashdown. The programme had a remarkable influence on the teenagers that attended the programme, not to mention on myself. I found that the programme helped me gain insight into the life of a 13 year old today. It helped the teenagers understand what they are going through or could go through if faced with drugs and substance abuse. Both parties learnt and grew during the course of the year and I know we made a meaningful contribution to their lives at an age where teenagers are very vulnerable when it comes to peer pressure and the use of drugs. I am happy to have been a part of the process and hope that this programme will be run again in the future.*

## *Discussion*

It is useful at this point to recap on the goals of the DWCP and the goals of the ecosystemic evaluation. Being sensitive to the long-term nature of changing ecosystems and encouraging human adaptation, seemed to require an ongoing approach which also adapted to its fluid and changing environment. Although ecosystemically informed interventions do not focus exclusively on the attainment of outcome goals for participants, there were certain goals that were co-defined by all the participants, which contributed to the implementation of an ethically sound programme. The goals below capture the value system underpinned by both social constructionist and action research paradigms where as the researcher; I am involved with the participants, and am committed to a process of self-reflection as I conduct the research. I also encouraged feedback and self-reflection on the part of the participants and used experiential learning (Johnson & Johnson, 1994), the development of emotional intelligence (Goleman, 2004) and empowerment (Rapmund, 2000) as vehicles, which facilitated the learning process through which these goals were achieved. The main objective of the DWCP was to increase the participants' capacity for action and change, through which more positively framed behaviours, are practiced and developed.

One of the main evaluation goals was *to evaluate what the DWCP meant to the participants, whether the participants found the DWCP useful and meaningful, and what suggestions were made for improvement?* This was done by administering a quantitative post-programme questionnaire, which included both closed questions and open questions, such as; "In what ways do you think the programme was successful in achieving its goals?"; "In what ways can the programme be improved?"; "What role do you think parents play in preparing their child for future drug related situations?"; "What role do you think the DWCP played in your life/your child's life?"; "Was the feedback session useful?"; "Where there any particular insights you gained while you/your child participated in the DWCP?"; "What did you like most about the programme?"; and "What did you like least about the programme?". The main focus of the data analysis was qualitative, where hermeneutics was used to identify the themes and processes that characterised the DWCP. This was complimented by quantitatively analysing the evaluation questionnaires that were filled out by the various stakeholders. Although forming a small part of the analysis the tables provided valuable information about the programme in capturing the opinions of the participants from various vantage points. Various themes and trends emerged from the quantitative data, which corroborated the qualitative findings.

Both the qualitative and quantitative findings indicate that the DWCP achieved the goals that it set out to achieve, which were *to increase awareness and knowledge, to increase connection and communication, to increase the participants capacity for appropriate decision making and problem solving, and to increase the participants interpersonal competence and sense of empowerment.* These goals were assessed holistically in terms of how all the goals work together to develop resilience and bring about positive attitude and behaviour change. These goals are discussed more succinctly later on in this discussion. The research findings indicate that the participants found the programme very meaningful on both a cognitive and an emotional level, pointing the possibility that the DWCP may have provided an opportunity for the participants to grow and recreate themselves in new ways. The comments from the learners indicated that the

DWCP taught them a lot about themselves and others, opened up their eyes to the many realities of life, taught them how to live and not to live, helped to prepare them for future drug related situations, and most of all they seemed to find the DWCP fun, yet also worthwhile. These comments reflect and emphasise the ecosystemic premise that programmes should be based on lived experience, rather than expert knowledge.

The majority of the parents strongly agreed that they would recommend the programme to other parents. The parent's feedback indicated that they found the feedback session useful. The parents found that it was useful for them to be included in the process and also that they would have liked to be more involved. They seemed to find the programme informative and emphasised the acquisition of knowledge as important in helping them prepare their child for the years ahead. They also seemed to require more of an emotional support system, indicating that it was helpful to hear other parents struggling with similar issues to their own. The parents feedback also indicated that the DWCP made them more aware of their role as parents regarding open communication, supporting their children, modelling values and decision making skills, and also how little control they actually have as parents over the decisions that their children make.

NIDA (2005) emphasises how parental monitoring and supervision are critical for substance abuse prevention and suggests that these skills can be enhanced with training on rule setting; techniques for monitoring activities; praise for appropriate behaviour; and moderate, and consistent discipline that enforces defined family rules. On a whole, NIDA appears to postulate that brief, family-focused interventions for the general population can positively change specific parenting behaviour that can reduce later risks of substance abuse. In this study, the feedback session provided a space where the parents and the learners discussed issues, such as family bonding activities, the setting of clear boundaries, and ways to keep the communication pathways open. The feedback session appeared to strengthen the "anti-drug" message and reinforce the aims of the programme. It also served as a continuation of the process, where responsibility was handed back to the parents, and where opportunities were opened for family discussions to continue at home. Parent-focussed programmes are supported by research demonstrating that adolescents who have close emotional ties to their parents are less likely to use cigarettes, alcohol, and other drugs. In their research, Rogerio and Queely (2003) demonstrate how through group processes, parents and adolescents together develop protective factors, such as healthy beliefs, clear standards, joint decision making, drug refusal skills, conflict and anger management skills, and open communication.

The headmaster and teacher both strongly agreed that the facilitator managed the programme well, and therefore would recommend the DWCP to other schools and parents. The headmaster clearly indicated that he felt that in terms of the approach that I used, that the goals appear to have been achieved. He also reflected that his presence could have inhibited the process, which seemed linked to his hierarchical role as the headmaster of the school. The teacher involved indicated that she hoped that the programme would grow and that it had been a collaborative learning process for her. The teacher indicated that she was surprised by how supportive the parents were of the DWCP and that including the parents in the programme was very useful. She suggested that more of a support structure be created for the parents in future programmes. The life skills teacher found the open communication and the way conflict and problems were handled particularly useful.

The headmaster's feedback indicated that he felt that the programme was facilitated well, that the parents felt that their children had benefited, and that the use of various learning techniques, such as the video used, was particularly useful. NIDA also emphasises the importance of teacher training and involvement in prevention, which is attributed to the strengthening of the "anti drug" message.

The learners' and the independent observer's quantitative feedback was more detailed and focussed more on my skills as a facilitator. The learners' responses seem to indicate that the majority of the learners found that they learnt a lot of new knowledge about drugs, yet there appeared to be a general anxiety around applying this knowledge, which was illustrated by six learners "strongly agreeing" they could apply this knowledge, and four learners "agreeing". The importance of the facilitatory relationship with the learners was highlighted by all the participants as and appears to be an important variable contributing the success of the programme. The majority of the learners indicated that I facilitated the programme well, which included allowing time for questions, having a good knowledge of drugs, handling problems that arose, and encouraging participation. From the learners' comments it appears that they experienced me as "cool", "fun", and that I was helpful in that I answered their questions well.

The independent observer indicated that the DWCP had a remarkable effect on her and that she was amazed at the amount of information that she learnt during the process. She felt that the programme was beneficial to the learners in the following ways; in that both parents and learners could take the discussions home with them, that the sessions were well-structured and understood by the learners, that the learners were constantly involved and eager to participate, that the learners were able to identify with the programme content and express themselves without being judged, that the learners enjoyed the facilitators style of facilitating, that the facilitator had excellent skills and knowledge on the subject of drug abuse, and that concerns and problems were resolved quickly and alternative options given and discussed. The independent observer identified time constraints as a possible area, which could be improved upon, as the hour did not allow for the process to unfold as fully as it could have.

Therefore, from the above feedback from the participants, it appears that the DWCP was meaningful and useful. This result seems intricately linked to the approach that one takes. In this study, I was constantly involved with the participants in a process that emphasised self-reflection and feedback. Using an experiential learning approach (Johnson & Johnson, 1994) seemed to create an environment where the participants were encouraged to act in their world, try things out, and decide for themselves what fitted with them and what did not. This included using techniques, like role-plays and feedback sessions, which allowed for group members to practice new ways of communication, and to start individual and group problem solving via self exploration and exploration of how others would handle the problem. For example, the learners discovered how other learners would react to being offered drugs, and also the parents discovered how other parents would handle parenting issues, like for example boundary setting. From this it seems appropriate to conclude that the participants believed more in knowledge that was created by them, than knowledge that was imposed upon them.

This study also focussed on the development of emotional intelligence (Goleman, 2004) as a vehicle through which the goals were attained. This included assisting the participants to develop a greater sense of connection to self and others (Goleman, 2004), by focussing on the development of self-awareness, the ability to recognise and understand your own moods, emotions, drives, as well as their affect on others; self-regulation, the ability to control or redirect disruptive moods and think before acting; motivation, the ability to pursue future goals with energy and persistence which includes being self-assertive and having a clear value system; and social skills, the ability to understand the emotional make-up of other people which aids in managing relationships, building rapport, managing peer pressure. The term “empowerment” (Rapmund, 2000) also played a major role in defining and guiding the goals setting in this study. This included increasing the participants’ personal, interpersonal, and political power as to increase the participants’ capacity for action and change, through which more positively framed behaviours, can be practiced and developed. In this study, empowerment appeared to take place at various levels of the system, where it was apparent that there was clearly a development of group consciousness or what Senge et al. (2005) refers to as “collective presence”; a reduction in blaming others for the problems we face, a sense that the participants were beginning to take on a personal responsibility for change.

It was through the above-discussed processes that the goals of the DWCP were attained. The first goal was to *increase awareness and knowledge* in relation to drug abuse. This goal appears to have been achieved at both an ecosystemic and didactic level, as evidenced in the photographs, posters, and the comments made by the learners and their parents. On a didactic level, knowledge regarding substance abuse, that is the different types of drugs, stages of addiction, drug refusal skills, and so on was evident in the discussions that ensued around the posters. This was also supported by the comments from the learners, which indicated that they learnt a lot from other learners’ questions, and comments. This was also evident in the feedback session, where the parents indicated that they learnt a lot from their children and from hearing how other parents view and handle the problem of substance abuse. For example, from the role-plays and presentation of the posters the learners learnt how their peers would react to being offered drugs. This provided an opportunity for the learners to “experience” the knowledge and personalise their learning process. The feedback session also appeared to be useful in that it provided an opportunity for parents to learn from each other and develop their parenting skills, such as boundary setting, and ways for deepening the bond between parent and child. The participants appeared to believe more in knowledge that was created by them, than knowledge that was imposed upon them. This finding was in keeping with an ecosystemic approach which supports programmes which blend theoretical and experiential knowledge, and emphasises that learning is active, self-reflective, creative, and based on experience and feedback.

Ecosystemically, knowledge and awareness were expanded beyond positivist notions of knowing. The spiritual, the ineffable, as well as the practical, the ordinary, the everyday, were all considered jointly and severally as aspects of, and evidence for human flourishing. The posters and photographs appear to capture how knowledge can be experienced at various levels by the participants; at a practical level of knowing how to exercise a skill (role-playing), at a presentational level which was demonstrated by how the learners intuitively grasped the concepts and personalised their learning process (this was particularly evident in the

discussion around the posters and in the posters as “verbal-art” forms), and at an experiential level where the presence of the energy created by the participants coming together is clearly visible in the photographs.

The participants appeared to value the opportunities for self-reflection, where from their comments, it appeared that the DWCP had touched them on deeper levels of knowing and being. Encouraging feedback throughout the process allowed for the participants to negotiate the programme content and method to ensure the programme met their needs and expectations. It also provided an opportunity to tap into the “here and now” of what the participants found meaningful and important. In this way, in keeping with an ecosystemic approach, the participants in the DWCP appeared to “self-organise”, “self-evolve”, and “self-govern” themselves. As the facilitator, I was humbled to watch and become part of this unfolding process, which was far more important than the content or outcomes.

*Increasing connection and open communication* was the second goal, which referred to the creation of a safe space, which facilitates dialogue and connection between the different systems, namely the teacher, the headmaster, the parents, and the learners. This goal appeared to have been met by setting up communication structures, such as the reflection sheets that were given to learners after each session, the feedback session with the learners and their parents, and setting up meetings with the life skills teacher and headmaster before, during, and after the programme. These structures appeared to foster open communication between all the stakeholders, where participants felt safe enough to discuss their feelings, ideas, opinions, and difficult to broach topics. A limitation here, appeared to be the practicality of getting all the members of the external reference team together at the same time. As a result, I often had to meet with the members separately.

Yet, connection as a general theme seemed to characterise much of what this research created and fostered and was like an invisible silver thread that pulled the programme together. Building connection is a factor that appeared in most of the reviewed literature. The notion of building connection is captured in multi-dimensional notions of building resilience (Alvord-Wright et al., 2005; O’ Dougherty et al., 2005; Tedeschi et al., 2005), in building emotional intelligence (Goleman, 2004), which is closely linked to taking a multi-systemic life skills approaches (Ebersohn & Eloff, 2003) that is strengths based as opposed to deficits based. Connectedness is also linked to notions of empowerment (Rapmund, 2000) which is believed to transcend each of the subsystems and includes; being able to recognise and name one’s own thoughts and feelings, feeling connected to one’s family and significant others, along with being able to express personal thoughts and feelings with them, and discovering that one’s self and family is rooted in an environment and connected to ones peers. Thus, perceiving one’s self to be connected across several subsystems appears to create a protective and empowering shield for youth.

Of these connections, in this study the connection between parent and child, and between family and child appeared to be one of the most prevailing protective factors involved in building resilience to substance abuse among youth. Research (Dishion et al., 1999, 2002; Spoth et al., 2000, 2002; Vakalahi, 2001) seems to support this finding indicating that high parental conflict, the lack of attachment, and the lack of relationship with a caring adult or caregiver are risk factors associated with drug abuse among adolescents. Vakalahi

(2001) emphasises the importance of family structure, in relation to the importance of clarifying roles and boundaries and how a triad usually forms between parents and the drug-abusing child, where it has been found either that the parents do not function as a united team, or the child's drug problem is seen to keep the parents together. Mackenson and Cottone (1992, cited in Isaacson, 1991a) state that chemically dependent families tend to have either a lack of rules or too ridged a rule system. Isaacson (1991a) adds to this by saying that such families tend to engage in behaviours which censor individuation and promote continued use of substances by encouraging oppression or enabling drug using behaviours.

Opening communication barriers between parents and children, especially in relation to drug abuse and the emotions associated with drug use and abuse, was one of the goals in this study, which was in keeping with the ecosystemic approach which is based on the premise that ideas, attitudes and beliefs, and hence behaviour can only change when the ideas, attitudes, and beliefs of the people close to that persons changes as well. Opening communication between parents and children appears to be a family behaviour that needs to be ongoing and consistent. The DWCP appeared to start the conversation between the parents and their children, yet the continuation of this conversation is something that needs to be taken home and nurtured throughout the adolescent years. Including the parents in the programme seemed to strengthen the "anti drug" message, aid in encouraging the connection between parent and child, and most of all build on opening up the communication pathways between parents and their children.

The third goal was *to increase the participants' capacity for appropriate decision making and problem solving*, which referred to the development of age appropriate decision making and problem solving skills. This was clearly evident in the creation of and presentation of the posters, where the learners developed the ability to solve problems together and in the feedback session, where the parents and their children were able to meaningfully think "together" about the problems they face. The posters reflected that the learners developed an awareness of both the positive and negative consequences of drug use and abuse and how this awareness helps them to make age-appropriate decisions, in accordance with their value systems. The experiential learning process was useful here as it provided an opportunity for participants to reflect on the learning process and give feedback as to what makes sense to them, which brought both the decision making and problem solving process to life.

The last goal was *to increase the participants' interpersonal competence and sense of empowerment*, which draws on the concept of "empowerment" and "emotional intelligence" as discussed above. Achieving this goal also involved encouraging participants to share responsibility for the implementation and evaluation of the programme. This was linked to encouraging the participants to claim "ownership" of the programme. In this study, this involved mobilising participants to promote action and change (Nelson & Prilleltensky, 2005). This was achieved by setting up meetings, in which the participants' expectations were clarified before the programme began. This stage of the process seemed to be the most challenging with participants expecting me to take on an "expert" role, yet with perseverance, and the encouragement of joint decision and conflict resolution, the participants appeared to take ownership of the programme. This is illustrated well in

the example where one of the mothers phoned me, and the initial meeting with the parents where the research aspect of the DWCP came under scrutiny.

It seems that if the participants are involved in the decision making process where power is shared, that it is more likely that the programme will succeed, and that the participants will begin empowering themselves. This was well illustrated in how the parents and the teacher involved started identifying areas where they could improve their own lives, for example, the establishment of more of a support system for the parents, and also in the brainstorming that took place in the feedback session between children and parents concerning the different activities that the family can take part in together. The learners seemed to respond very well to their parents including them in the decision making process. This finding, is also in keeping with an ecosystemic approach to intervention, in that we cannot prevent or control social problems, nor can we “fix” people or families, yet we can facilitate a process in which the systems can begin to repair themselves in ways that are healing and helpful, as defined by them. Increasing the participants interpersonal competence and sense of empowerment captures the spirit of intervening ecosystemically, where the main aim of any intervention is “to contribute to the resourcefulness of the host environment by building on locally identified concerns to create processes which aid in empowering the environment to solve its own problems and plan its own development”(Nelson & Prilleltensky, 2005, p. 190).

Another of the study's evaluation goals was *to reassess the best practice literature in light of the research findings*, which included looking at what worked and what did not work in the field. This was done according to what I found useful in the field of prevention, that is, which best practice principles were effective or not effective in application. This is briefly summarised here and also is illustrated in my findings, lessons learnt and self-reflection. In this study, the importance of the facilitatory relationship is highlighted throughout the process. This reflects ecosystemic, social constructionist, and action research paradigms, which views the researcher or facilitator as the “instrument”, playing a vital part in the programme. This is an area which mainstream best practice research seems to ignore, assuming homogeneity when it comes to intervention approach, implementation and design.

This appears to highlight that there are many ways of viewing adolescent substance abuse in that the problem is based on a complex interaction of influences comprised of personal, family, peer, school, and community variables. Current research seems to touch on the significance of the facilitatory relationship by emphasising that interactive programmes tend to be more effective than those mainly intended to increase factual knowledge about tobacco, alcohol, and illegal drugs, but also those initiatives aimed at influencing adolescents' attitudes toward those substances (Lilja et al., 2003). NIDA also alludes to this by stating that prevention programmes are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing that allow for active involvement in learning about substance abuse and reinforcing skills, yet does not take into account more qualitative aspects applying “interactive” techniques in practice.

The ecosystemic approach to intervention places a lot of emphasis on the role and qualities of the interventionist or facilitator. Since ecosystemic interventions are flexible and improvisational in nature, Nelson and Prilleltensky (2005) state that facilitators must be able to form constructive working relationships with different partners from the host setting, problem-solve and think on their feet, be patient and take the time to get to know the setting and the people within it, not jump into offering solutions, tolerate the ambiguities and frustrations that inevitably occur in any intervention, help the setting to mobilise resources from within or to identify external resources, be creative, and attend to issues of entry and exit from the setting. This is linked to what Garrahan (2001) refers to “differentiated processing”, which he uses to suggest that there is an ongoing interactive relationship, unplanned and unintended, between building population and implementation of an intervention programme, where if handled inappropriately can lead to programme failure. This further highlights that the prevention of drug abuse among adolescents is a complex process, complicated by various extraneous variables, and not very easy to pin down with a linear, cause-effect approach. In this study, it was found that the process of creating a facilitatory interactive context, which started before the programme actually began, contributed significantly to the building of the container, in which further learning could take place.

It was also found that intervening at significant transitions points, such as the transition between primary school and high school was very useful. This is one of the guidelines suggested by mainstream best practice research (NIDA, 2005), where early detection and intervention is underlined. According to Rogerio and Queely (2003) the literature recommends that drug abuse programmes should target adolescents, preferably before they become exposed to drugs. NIDA places a significant amount of emphasis on designing programmes to intervene as early as preschool to address risk factors for substance abuse, such as aggressive behaviour, poor social skills, and academic difficulties (Webster-Stratton, 1998, cited in NIDA, 2005). In this study, intervening at the Grade 7 level seemed particularly useful as it was found that the learners seemed to still identify very strongly with their parental sub-system, what Marcia (1980, cited in Weiten) refers to as “foreclosure”, a premature commitment to visions, values, and roles prescribed by one’s parents, where difficulties here may result in identity confusion later on. This, according to Marcia is followed by a “moratorium” which involves delaying commitment for a while to experiment with alternative ideologies and careers, which can become valuable. In the course of this process young people often start experimenting with drugs as part of their search for an identity. They may use substances in order to define their belonging to a particular group or to relieve feelings of anxiety or stress in this search for the self. However, while in the transition, instability and change, which characterise adolescence, may well make the adolescent vulnerable to some degree.

It was also found that interventions with adolescents seem to require that clear boundaries and rules are set, which make the space safe and manageable, yet open and trusting. This also means that the facilitator should be perceived by the participants as able to maintain their position as facilitator, yet at the same time connect with the learners on a level in which the co-creation and meaning and experience can take place. Lilja et al. (2003) highlight the importance of working with self-esteem in prevention programmes, as self-esteem influences how one copes in drugging situations where adolescents are interacting and socialising with their

peer group. Adolescents, with low self-esteem might, after a serious negative life event, run a higher risk than others of coming into contact with substance-abuse groups and may be more susceptible to peer pressure. According to Lilja et al. self-esteem may also make it easier to learn new behaviours, adopt new roles, and make it easier to switch between a more optional groups of friends.

Taking a strengths-based approach, as opposed to a deficit-based approach also appeared to be effective in this study. This is supported by research (Ebersohn & Eloff, 2003) indicating the positive effects of increasing resiliency factors, which may enhance other resiliency factors, strengthening the overall effects. In other words, in the field of prevention, current research shows that an assets-based approach (Ebersohn & Eloff, 2003) has shown to be more effective, as opposed to a deficit, or needs-based approach, which has a strong focus on risks, problems, deficiencies and needs. The concept of resilience, the ability to withstand and rebound from crises and adversity (Walsh, 1996), has valuable potential for intervention and prevention approaches aiming to strengthen resilience among youth to substance abuse.

The common denominator that appears to underpin much of the best practice research referring to successful programmes are programmes that have utilised several treatment modalities (Guinan, 1990; NIDA, 2005) and that have intervened at various levels of the ecological model. This in is keeping with the ecosystemic approach taken in this study, which is based on the assumption that human beings consist of interdependent and interrelated components so that if one component changes it affects the entire system. Best practice seems to point to programmes that involve multi-modal educational approaches, including parental, family, school, community and social influences and those approaches which locate the programme within a context such as the family, community, school, and so on. Garrahan's (2001) study is a good example of how useful a "systems approach" can be when attempting to intervene and prevent adolescent substance abuse.

Evaluating what was effective in terms of best practice included appraising the mainstream prevention approaches in comparison and as a supplement to an ecosystemic approach. The main approaches to prevention in the past seem to have paved the way for what has been learnt in this study. The biomedical "disease" approach, although useful in facilitating an understanding of addiction as a disease is associated with a loss of control and hence responsibility for one's behaviour, which was contradictory to this study's focus on empowerment and strengths. It also seems that although research has pointed to the ineffectiveness of the "moral-legal" and fear-based authoritarian approach, it still seems intricately linked with mainstream society's understanding of how to combat the drug problem. This needs to be acknowledged and worked with not against, like it was in this study, in relation to the headmaster and the parents. This is in line with the values of action research and social constructionism which are to honour and respect the community of voices inherent in each individual, to observe how these accounts can be respected within a particular system, to identify "stories which are in collision" (Doan, 1997, cited in Rapmund, 2000), to recognise links between stories, and that one story cannot go ahead at the expense of others without affecting relationships negatively, and to deconstruct stories that dominate others. According to Dickerson and Zimmerman (1996) when these discourses are examined, alternative choices become available.

The information-based awareness approach was particularly useful, yet it required extra input in terms of how this information was taught, and learnt, and applied. Johnson and Johnson's (1994) experiential learning techniques were extremely useful here. The "alternatives-orientated" approach also seemed to make sense to the learners who appeared to identify with this approach and as a result it was evident in the posters that alternatives were incorporated into their learning. The life skills approaches was probably the most useful approach which provided guidance in relation to the development a range of social skills (social coping strategies, decision making skills, self esteem, peer pressure resistance skills, and so on). The development of life skills can be linked to the asset based approach, emotional intelligence and the resilience based approach.

The "usefulness" of the ecosystemic approach is captured in the processes, themes, lessons learnt, self-reflection, feedback from the participants, and in its theoretical and pragmatic use to the reader or prospective facilitator. These processes and themes that emerged in the DWCP illustrate the effectiveness of working from a ecosystemic approach, highlighting how, through its commitment to methodological complementarity the lessons learnt and successes in the field of mainstream prevention can be incorporated into your approach, where an alternative approach to intervention and evaluation emerges which is more able to change with changing society. The ecosystemic approach encompasses the dynamic, interrelated nature of relationships, acknowledges the importance of context, views problems of living as emergent within social systems rather than located in individuals, views programmes as self-organising, self-governing, and self-evolving, and the evaluation process as a reciprocal process that emphasises the "voices" of the participants.

The key overall findings indicate that utilising an ecosystemic approach to both intervention and evaluation has timely relevance for weathering the rapid social changes and uncertainties facing youth and their families today. Also, that when programmes target the deeper underlying attitudes of the participants there is a higher likelihood of positive attitudinal and behavioural change. The DWCP appeared to have achieved its goals as defined by the participants. The results indicate that the participants valued the reciprocal learning environment characterised by support and interaction; constant feedback and opportunities for self-reflection; the emphasis on connection building and open group discussions of a taboo subject; a personalised experiential learning process; the sharing of power, decision-making, and problem solving; and the encouragement of creativity and action. It was in this environment that the participants were able to build on and develop their interpersonal competence, which involved assertiveness skills, presentation skills, teamwork skills, decision-making skills, conflict resolution skills, self-esteem skills, appropriate self-disclosure skills, and emotional management skills. As a whole, the findings seem to emphasise how implementing an intervention programme is an adventure shared by all the participants. Although not generalisable, the DWCP may serve as a guide for those working the field of adolescent substance abuse that synthesises best practices and lessons learnt in the field.

### *Summary*

As a whole the DWCP seemed to create a space in which the various participants could grow and develop, and form meaningful connections with one another. Chapter 5 seemed to capture the relationship between us

as observers and as actors in the world in which we operate; where we act *in* the world and not *on* the world. Chapter 5 captures the results and reflections of this study, which were given birth to via the process of co-creation where the learners and their parents, the life skills teacher and headmaster, the independent observer, and the researcher recreated themselves in new ways. The self does not react to a reality outside, nor does it create something new in isolation, rather like the seed of a tree, it becomes the gateway for the coming into the being of something new.

In this chapter, my intentionality was as follows. Firstly, I wanted to elucidate the processes that were involved in the DWCP. Secondly, I wanted to tell a story around the meaningful memories associated with photographs and posters that I collected. Thirdly, I wanted to discover the meaning and “usefulness” that participation in the programme had for the learners and their parents, as well as for the independent observer and the representatives from the school system. Lastly, I wanted to evaluate what was effective in terms of best practice which included drawing on the lessons learnt from mainstream prevention approaches and proposing a more alternative approach to intervention; the ecosystemic approach. Looking at the photographs and posters created by the learners and reading the feedback from the parents, learners, and the school re-awakened in me, the excitement of not only being a part of the programme, but also the privilege of being part of the life-changing process in the lives of the learners and their parents, and the school. Nurturing a belief in the beneficial effects of the programme as well as in the resources of the learners and their parents seems to have been a guiding light for me as well as a catalyst for change.

Studying and interpreting the visual texts or discourses that emanated from the participants accounts of their experiences of the DWCP has been the theme of Chapter 5 of this study. The words of the learners, their parents, the life skills teacher, and headmaster of the school, as well as the photographs and posters are visual representations that persuade and enculturate the reader. In this study, the impact of “hearing” what the participants had to say and “seeing” learners work in groups, interact, and become more fully engaged actors in their lives and worlds cannot but persuade the reader of the impact of this programme and the benefit of replacing traditional methods of implementing and evaluating programmes with more egalitarian, participatory and reciprocal methods. The below quotation captures this notion;

*This should be the gift of education, research, living:  
to educe, to allow to grow, to facilitate,  
to meaningfully connect, to conscientize,  
via processes of “participatory inquiry”  
and meaning making.*

(Kruger, 2003)

## CHAPTER 6

### Self Reflection: Lessons Learnt and Future Considerations

#### *Introduction*

In Chapter 6, the results are brought together in the form of self-reflections and lessons learnt. The lessons learnt and self-reflections are presented in the form of emerging patterns, insights, and futures, which have the potential to benefit the relevant future facilitators on a personal, relational and community level. The study is also evaluated in terms of its strengths and limitations, as well as its trustworthiness. Recommendations for further research are proposed.

#### *Emerging Patterns*

##### *Best Practice: What was Effective?*

Evaluating what was effective in terms of best practice was an evaluation goal. The following excerpts are insights that were captured in my process notes, which reflect what I found useful in terms of best practice as discussed in Chapter 2.

- Early Intervention: intervening at transition points.
- Feedback: utilising the feedback from the participants to plan sessions.
- Involvement: of various systems, parents, peers, and teachers.
- Communication: especially between parent and child.
- Encouragement: of sharing and exchange of information and ideas.
- Strengths: building on strengths, instead of focussing deficits.
- Discovery: of similarities and differences among participants that worked together to form a cohesive group.
- Awareness: of relevant knowledge and the importance of self-reflection in learning process and deepening participation.
- Experiential: learning and knowledge via interactive techniques, such role-playing, mindmapping, and so on.
- Shared Accountability: participants hold one another, make decisions together, and “own” programme. The facilitator does not attempt to anticipate and solve all the problems and conflicts for the participants.
- Follow-up: results should be used to mobilise participants into action.

### ***Transformation: Creating and Adjusting***

People often believe that you need to know how to do something before you can do it. If this were literally true, there would be little genuine innovation. An alternative view, presented in this study, is that the creative process is actually the learning process, and the best we can possibly have at the outset is a hypothesis or tentative idea about what will be required to succeed. It seems, that we learn to do something truly new only through doing it, then adjusting our approach.

Effective transformation in communities and community empowerment appears to be facilitated when individuals who participate in the change process become transformed (Wallerstein & Berstein, 1994, cited in Rapmund, 2000). By acknowledging that the participants are *change agents*, the facilitator can only provide a container or vessel in which this transformation takes place. The rest of the process unfolds according to how the energy is channelled. As I was implementing the DWCP I realised that there were certain factors that fostered the process, and certain factors that impeded the process. These process factors have been positioned in point form, as they were my thoughts, insights, and reflections that were jotted down as the process unfolded. Many of these insights were realised after meetings with participants, and others developed as I read about and researched prevention, intervention, and evaluation, and the application of systems thinking to these practices.

#### ***Process issues that contributed to the success of the DWCP:***

- Strong sense of need (or crisis or opportunity).
- Balance between leadership and shared ownership.
- Dedicated team (learners, parents, headmaster, life skills teacher, independent observer, and researcher).
- Broad communication and engagement.
- Commitment of resources - money, time, attention.
- A general sense of an openness, curiosity, imagination.
- Collective will to succeed, grace to compromise.
- Your approach must make sense to you in practice and resonate with who you are.
- Faith in the programme, and attainability of outcomes.
- A sense of the whole that is equally true for each of its parts.
- The dynamics of self-organisation: A starting point from which the whole can grow.
- Requires the greatest amount of unlearning and the greatest leaps of imagination.
- Address issues one at a time - and be prepared to track back and forth among them continually.

- Liberal use of images and metaphors from nature.
- You (the facilitator) always think you're farther out-of-the-box than you are. This entailed sometimes having a sense that I was out on a limb, more vulnerable, which required that I find a balance between creating a structure or container and trusting the process.
- Allowing the participants to develop programme in their own idiosyncratic way.
- Refining a new vision of relationships among participants, for example, parent-child relationship.
- Identifying and letting go of conventional assumptions about programme implementation and evaluation. For example, "unbundling" concepts of cost-effectiveness, outcomes, participation and value.
- Deepening the inquiry into the context and ways the participants view their world.
- Seeking higher-level solutions to the creative tensions that will inevitably arise.
- Always stopping to reflect, and asking yourself and participants:
  - What are we currently doing that we want to do better, more effectively or more efficiently?
  - What kinds of innovative practices or activities are required by current or emerging trends in our community, field or society?
  - What critical functions are necessary to ensure programme coherence while fostering self-organisation on the part of all participants?

Although these success and inhibitory factors may be useful, the success of the programme is ultimately declared by those who participate in the programme. From an ecosystemic perspective, for transformation to occur a perturbation has to take place which motivates the participants into some sort of action of their own, which is jointly co-defined and “owned” by the group as a collective. Also, programmes may look like they are successful at a level of first order cybernetics, yet at a higher level they may be promoting the status quo of society. In other words they may be symptomatic solutions to problems that require more fundamental solutions.

### ***Emerging Insights***

#### ***A Personal Journey - “Dancing with Change”***

The themes, processes, insights, and patterns reflected in this study are my subjective experiences and interpretations as a participant in the programme, as a researcher, and as a therapist in training. Yet, these interpretations grew and were nourished in a particular context in interaction with the participants in the programme, of which I became an integral part of. It is therefore important to emphasise the powerful impact that facilitating the process has had on my journey, where the DWCP evolved into a journey and an adventure for me. When our work is informed by a larger intention, it's infused with who we are; our values, our hopes, our ideas, and our dreams. And so, the journey of facilitating the “dancing with change” process, in which the learners, and their parents were encouraged to find their voices, also became my journey of

finding my voice as a therapist, a facilitator, a woman, and as a researcher. Finding my voice as a therapist and developing an approach, which resonated with who I am as a person, appeared central to this process.

The DWCP therefore became a reciprocal learning process of continuous feedback that emphasised the “voices” of all the participants, including my own. In telling the research “story”, I was able to make sense of my experiences in relation to the help and guidance of all the participants involved. Allowing the “story” to unfold, without giving into my need to be the “expert” and impose my values and ideas on the participants, was a challenge as society often tends to dichotomise the world into the “knower” and the “recipient of knowledge”, instead of viewing ourselves as participants in our own lives, all in search for and involved in defining problems and potential solutions. As a therapist, and as a person, I have always been a forward thinker, trying to plan ahead to prevent any misfortunes from happening. Facilitating the DCWP taught me that this is only possible to the extent to which we believe we can control our world. This does not mean that we are slaves to fate or unthinking tools, therefore lacking autonomy and freedom of choice. Yet, it seems that there is a need for a greater awareness of the broader patterns of feedback, which define our living world. With this awareness, it seems that we as human beings participate in the process of laying down our path to greater degree than we think. The environmental crises we face today is a good example of feedback, and how if our species continues to disturb the wonderful order of our natural world, it is us who will cease to survive.

In ecological terms, the succession of a species happens all the time. If this species becomes dominant it can stay that way as long as it is aligned with the rest of the system. In relation to substance abuse, this can be understood in relation to how as long as there is a demand in society for drugs; there will always be drug dealers and manufactures. Why there is a demand for recreational drugs and prescription drugs, such as pain killers, is related to the deeper psychological aspects of our being, which seems linked to growing up in a society where there is little connection and meaning. This meaninglessness seems linked to our vital need as a society to “know” something and measure it, leaving the “invisible threads” that connect us as human beings unnoticed and unimportant, as they cannot be easily seen, measured, or objectively observed. It is possible for a species to transform its environment and change the conditions that make one species dominant over another. Substance abuse intervention programmes are about introducing “new input” in the system, which encourages the system to run in a different way, which is more open to change and growth. And where all the participants “dance with change”, instead of protecting and closing themselves up from the world, and other human beings. In an interview with Frederic Vester, a biophysicist and systems thinker, he was asked if nature has anything to tell us about how to be more adaptable to change. His answer was as follows:

*Yes: open yourself up. The moment you close up to protect yourself, it will be harder and harder to change. Right from the beginning you should welcome disturbance. This is not easy; we tend to feel that disturbance should be avoided. In cybernetics, we are happy when a disturbance in a feedback cycle is taken in and equalized by some reaction in the system. So it is in nature; an external disturbance is integrated through self-regulation, and makes the system change-in other words, it*

*helps it to adapt to the conditions outside. For this reason, disturbance is important and creative* (Guntram, 1993, p. 167).

Fear and the need to protect oneself from outside danger was a dominant theme characterising the parents', the headmaster's and some of the learners' responses to the topic of drugs. It also seemed that it was this fear that stifled and constricted communication between the various systems. According to Frederic Vester what you see in a cell is also present in the whole organism. The same applies to bigger organisms too, like towns and countries. If such an organism is not working, the first priority is to establish a good communications system. He links this to cancer cells: they do not obey signals from the organism, but if you can re-establish the connections through immunology, everything works again.

This systemic view of living systems has been lost to the firm establishment of Western thinking, which is formed by education, which divides our world into special disciplines. It seems that we have lost our connection with indigenous knowledge systems, such as those expressed by the Aborigines, African healers, such as Credo Mutwa, and Eastern Buddhist or Tao philosophy, which appear more receptive to systemic ideas. Children are born thinking systemically. At four or five years old, if you ask a child, "What is a chair"?, they will never reply, "A piece of furniture". Children do not classify things. A child will say something like "A chair is something I sit on", which brings the chair in contact with its environment. The chair does something, the child does something; each plays a vital role for the other. All this has to do with what Frederick Vester calls the "universe of relations, not classifications" (Guntram, 1991, p. 167). When a child goes to school they are taught chairs are furniture and a house is a building. Before formal education, a child would say "A house is where I sleep and where my mommy is!" Yet, this way of thinking in networks fades with every year of education.

In the same way, programmes need to include the various systems in the adolescent's life, where the spiders web of invisible threads that join the participants are made visible, and where deeper fixes are sought through establishing a good communication system. Programmes, like the one suggested in this study, may take years to execute. As a society it seems we are used to measurement based "quick fix", "packaged" programmes, where there is a one-way relationship between facilitator and recipients. Part of the work of the DWCP was to make the participants aware that they are members of an ecosystem, and therefore participants in finding solutions to the problems we face. Programmes, such as the DWCP may seem like a foreign body in their environment. This was clearly visible in the parents' initial reactions to be included in the programme, and being asked for their input and assistance, where initially they thought that they would just drop their children off the programme and pick them up. For me, the DWCP has been about bringing living and working together, where our work becomes informed with who we are and resonates with our beliefs about what is it to meaningfully connect with those we work with.

The research "story" included my stories elucidating the processes of the DWCP, the stories told around the meaningful memories captured in the photographs and posters, and the stories about the meaning that participation in the DWCP had for all the participants, including myself. The aim of the study was to

describe and interpret to the reader the processes and themes that would assist facilitators, currently working with or wishing to work with groups in an educational context. The findings in this study were based on experience of all the participants involved in the DWCP. Although the voice is mine, it nonetheless includes multiple voices from the headmaster of the school, the teacher involved, the learners, and their parents, the independent observer, the psychologist involved, and the world in which I am embedded presently. The comments made by participants are testimonial, in that they were obtained from the participants themselves. From the participants comments and reflections, it seemed that the DWCP touched them on both a cognitive and emotional level and that the DWCP had facilitated to some extent their own journeys' toward personal growth and well-being.

Accompanying the participants on their journey, this study also represents my own reciprocal journey to self; to discovering my own deeper dimensions of creating; my own future potential, which wants to become present. For me, this study has been about being an instrument of life itself, to accomplish, my greater sense of purpose. After presenting this research at various conferences and meetings, the notion of intentionality and synchronicity became very clear as I was approached by various other professionals in field of adolescent substance abuse who were also struggling with similar issues and wanted to connect with my way of "working". Putting what I was doing into words, with the aid of images, and quotations in the form of a presentation and sharing this knowledge with other professionals appears to have a remarkable resonating effect on the world around you. After, much deliberation and self-doubt, what I was "doing" felt right and confirmed by the world around me. This interaction seems to capture how when our work is infused with who we are and our greater purpose, "the universe conspires to help you realise your reality" (Paulo Coelho).

### ***The Facilitator as a Self Reflective Human Being: Cultivating an Approach and Nurturing Transformation***

With myself as the primary method or instrument, and the research relationship mirroring the values of the broader study it was imperative that careful thought was given to the approach that I took. When it comes to developing an approach, there is simultaneously an act of commitment that creates the capacity to be an "instrument", or, as Senge et al. (2005, p. 222) put it a "dancer with life". In programme facilitation, the approach one takes is intimately linked to the challenges of creating a container to foster connection, collective meaning making and purpose among programme participants. Difficulties in establishing a successful container are often linked to the approach that the facilitator takes. Moral legal, fear-based approaches to problem solving usually create an environment of low trust. Also, efforts to get people to trust each other often produce the opposite effect by drawing attention to the lack of trust that currently exists. In the DWCP it was clear that all the participants generate both positive and negative energy that can either propel the programme or impede the programme. The question here, is whether we can as facilitators of the process hold these energies and in turn encourage the participants to hold each other, or will these energies be allowed to impede the process. Just as a cauldron contains the energies of molten steel, dialogue involves creating a container that can hold human energy, so that it can be transformative rather than destructive.

When thinking about transformation in programmes, it is useful to refer to back to some of the oldest theories of transformation that point us in the direction of the alchemists, who in their attempts to transform base metals into gold, created a large body of literature on container building, ideas that the Swiss psychoanalyst C.J. Jung claimed were as much about psychological as material transformation (Senge et al., 2005). For the alchemists, transformation was a process involving the interaction of elements within a closed, transparent container in relation to a carefully tended fire. Therefore, a programme could be seen as a specialised “container”, and the facilitator as the alchemist who attempts to “turn base metals to gold”.

Becoming an “alchemist” requires that the facilitator must have moved through the various levels of cultivating their approach. This is usually done through studying, meditation, and other forms of individual cultivation. Again, this takes one back to ancient wisdom, where the core of Confucian, Buddhist, and Taoist thought taught that “if you want to be a leader, you have to be a real human being” (The Great Learning, a Confucian classic, cited in Senge et al., 2005, p.180). In other words, you must recognise the true meaning of life before you become a great leader. More importantly, you must understand yourself first, as it appears that intervening is as much about the intervener as it is about the intervention and the participants. Therefore, the success of any intervention depends on the inner condition of the intervener, which seems far more important than techniques, outcomes, or strategies for change. Ghandi captures this notion succinctly in his dictum stating, that we all “need to be the change we wish to create”.

This idea is the corner stone of traditional thinking about leadership in indigenous cultures, as it was and still is to some extent in China and India. Carl Rogers (1961), in his book *A therapist's view of psychotherapy: On becoming a person*, captures this notion of how becoming a therapist is about becoming a person, where he states as an introduction to part one of his book that “I speak as a person, from a context of personal experience and personal learning's” (p.2). This view of a leader as a self-reflective human being appears to have been discarded in exchange for technical expertise. This loss of the valuing of the “old” is expressed well by Debashish Chatterjee; “I've been guided in my work by the notion that the older is often better. If an idea has been around for a thousand years, it's been submitted to many tests, which is a good indicator that it might have some real merit. We are fixated with newness, which often misleads us into elevating novelty over substance” (cited in Senge et al., 2005, p.179).

In my becoming an ecosystemic therapist, my training has emphasised the development of finding an approach, which resonates with who I am. Central to finding this approach has been constant self-reflection, which not only appears to be an integral part of running an ethically sound programme, but also integral to bringing our living and working lives together in a synergetic way. It seems that reflective practice has enabled me to reflect on my experiences and learn from them, and more specifically, to recognise how they work in relation to group process and the development of facilitation skills. According to Stiles (1993, p. 603) the description of the “internal processes of the investigation” are important factors, which increase the trustworthiness of a qualitative study. This refers to the investigator's internal processes, or the impact that the research had on the researcher. In this study, these are indicated in the reflections and self-reflection made throughout. This also builds what Stiles (1993) refers to as “reflexive validity” which was achieved as

I moved between being in context (first order cybernetics), which involves empathy, and being in a distanced perspective (second-order cybernetics) using interpretation to make sense of my experience.

With my constant reflection came the uncertainty of being unable to predict change in a certain direction, which required that I remain open to the process that occurred throughout the duration of the programme, as well as to the multiple accounts, descriptions, explanations, meanings, that emerged as a result of the interaction between the participants and myself. This was particularly challenging at times, given the cross-generational boundaries, the diverse values, and power dynamics that characterised the DWCP. Yet, it was in staying with this confusion and discomfort that the programme evoked that allowed the interpersonal processes to evolve. In this way, a successful programme is a continuously co-created set of relationships in which sufficient trust forms between its participants to deal with issues of mistrust. Neatly packaged community programmes and time-limited research projects are too often executed without regard for bigger and subtler impact on the ecology of the people involved (Lifschitz & Oosthuizen, 2001). They can provoke and escalate processes such as the forming of an even stronger sense of helplessness in their re-confrontation of the need for external input, which appears to reinforce dependency, and tends to build mistrust and anger around unfulfilled expectations raised by interventions.

The feedback process from the learners, their parents, the headmaster, the life skills teacher, and the independent observer formed a vital part of my self-reflection in this study, which was wholly about acknowledging the co-creation process. The feedback process appears to mirror the context in which you are working. If you are open, your larger environment will continually tell you what you need to learn. While implementing the DWCP, I was constantly aware of the bigger picture; the larger field that was wanting to manifest itself. According to Senge et al. (2005, p. 148) this is the principle of “creating living microcosms of an emerging whole”. The feedback you get about your programme will give you helpful clues about how to shape, mould, and concretize what is beginning to form. Yet, this only happens if you are willing to stay with the anxiety of uncertainty, learn to listen, share responsibility with your participants and set aside your negative reactions to “not getting things right” from the outset.

In facilitating the DWCP there were many moments when the learners and their parents would ask questions, which would leave me searching for the correct answer or example to communicate some of the difficult concepts, themes and processes that were introduced in the DWCP. It was in those moments where my intuition was at its strongest. It was almost as if there was a pause in the flow of my mind, where a part of me would open up to a greater “knowing”, where the walls of separateness came down and the participants seemed to tap into their own creativity. At these moments, I was very grateful that the independent observer was capturing these moments in the form of note taking, having caught glimpses of a deeper learning taking place as the participants personalised their learning and the concepts took on a life of their own. It often felt safer for me to give the normal answer, yet when I was willing to risk and use this gift that was always omnipresent and available, something magic would happen, that was beyond my control. As the facilitator of the process, I often observed myself slow down when entering into that place of deeper knowing or “collective presence” (Senge et al., 2005). Patton (2002) describes this shift rather well by acknowledging

the reciprocal relationship between the creative mind, which has the ability to generate new possibilities, and come up with innovative linkages or new insights, and the critical mind, which analyses those possibilities looking for inadequacies and imperfections. A good facilitator requires both of these mind sets, and the ability to discern when each is required.

It was in finding a balance between my professional identity as a psychologist in training where I functioned as an “expert” within the programme framework and my facilitatory role within a psychological framework, where forming supportive relationships with the participants based on mutual respect, the sharing of ideas, and shared responsibility was central. In this way, the participants were introduced to a “different” way of interacting with figures that were paradoxically both “authority” figures as well as partners in the co-construction and co-creation of the programme.

Therefore, it seems that facilitating programmes requires that we find a balance between our critical mind and creative mind. Being immersed in an educational context, which emphasises the development of the critical mind, makes accessing our creative mind that much harder. My experience in facilitating the DWCP put me more in touch with my ability to generate new possibilities and insights and highlighted my stuckness when I relied on my critical mind to problem solve and encourage the participants to do the same. Making this shift seems to require that we hand ourselves over to the process and “dance with changing environment”. This resonates with Senge et al.’s (2005) description of moving down the U of “letting go” and “letting come”. This is also captured by what Margaret Wheatley (1993) refers as to the shift between linear thinking and systems thinking, which she refers to as the shift from seeing things as structures to seeing them as processes. Seeing things as structures implies some sort of control, seeing things as processes implies flow, growth, and progression. For example, a tree is not an object, but an expression of processes, such as photosynthesis, which connect the sun and the earth (Senge et al., 1994). “Every individual is a unique manifestation of the whole, as every branch is a particular outreaching of the tree. To manifest individually, every branch must have a sensitive connection with the tree, just as our independently moving fingers must have a sensitive connection with the body” (Becvar & Becvar, 2000, p. 72). The same is true of the problems we face, how we attempt to solve these problems, and how new learning and behaviour change take place.

An empowering awareness of the whole requires a fundamental shift in the relationship between “seer” and “seen” (Senge et al., 2005). When the subject-object duality that is basic to our habitual awareness begins to dissolve, we shift from looking “out at the world” from the viewpoint of a detached observer to looking from “inside” what is being observed. According to Senge et al. (2005) learning to “see” begins when we stop projecting our habitual assumptions and start to see reality freshly, which the authors refer to as “presencing”. Eckhart Tolle (2003) describes this process as finding your “stillness” which he equates with becoming aware of our connection to the larger forces of nature and the “here and now”. He states that “True intelligence operates silently. Stillness is where creativity and solutions to problems are found” (p.7). Martin Buber (Buber-Agassi, 1999) evocatively described this movement from an “I-it” to an “I-thou” relationship. From the former, everything we see appears to us an “it”, an external object separate from us. A good

example of this is the problem of substance abuse, which is still viewed by many parents, teachers, and learners as a problem “out there”, a situation separate from themselves.

From this perspective programmes seem more like multi-dimensional living systems characterised by a network of interlinking relationships, and processes, as opposed to outcomes and predefined goals. The ecosystemic processes that occurred in the DWCP could be referred to as “chaordic” (Hock, 2000) where out of the chaos; order arose in the form of new perspectives, questions, insights and processes. As these processes arose in the DWCP and took on an idiosyncratic form of their own, as the facilitator, I became aware of how programmes are self-organising and self-governing in whole and in part.

### *Becoming a Representative of a Healthy Ecosystem*

As has been discussed above, the belief in studying isolated things has largely persisted in the social sciences and still appears to dominate everyday affairs. For example, this fragmentation is reflected in the rigid academic divisions between among scientific subjects-chemistry, physics, biology, ecology, psychology, astronomy, geology, zoology, physiology, economics, sociology, and so on- that thwart systemic understanding across boundaries. This dichotomy played itself out in an interesting way in a weeklong trip that I took while in the final stages of putting this study together, where I escaped to a nature reserve in Rustenburg with my brother who was studying to become an ecologist. He had indicated that he needed help in the evenings with his research, which entailed observing freckled nightjars in their natural habitat, and that my days would be free to complete my research. The trip away came to have great significance as the parallels between my brother’s work and my work became painstakingly clear. On our many nights out in the nature reserve, we listened carefully for the distinct call of the freckled nightjar. During these moments of deep listening, interchanges took place between my brother and I in which the “presencing of whole” was deeply felt by both of us.

While walking around and driving around the nature reserve at least three to four dung beetles crossed our paths, happily rolling their ball of dung along with much purpose and ardour. As they fell off, they quickly repositioned themselves back on top of the ball to re-orientate themselves, and then continued to roll the ball in the same direction, which according to my brother is connected to polarised light which is in turn connected to the phases of the moon. Image 6.1. below is a picture of one of the dung beetles taken on my week away. I could not remember the last time I had seen a dung beetle, let alone one rolling it’s dung ball. For me, these dung beetles were nature’s way of telling me something about healthy living ecosystems. These dung beetles represented an ecosystem that was working well. This made me think about social programmes, which aim at “fixing” something in a system, which is unbalanced. Hence, it became apparent that implementing a programme, without taking into consideration the larger context, is almost like trying to grow a tree (programme) for the animals (participants) to provide nourishment and shelter, where the soil (society) has been leached and eroded. My experience in the nature reserve was what made the “invisible threads”, visible; it was like learning a new language while living in a different culture and gradually you come to “see” that culture in a new way.

**Image 6.1.** Dung Beetles as a Representation of a Healthy Ecosystem

(© 2005, the author)

Spending time in a well functioning ecosystem in conversation with my brother who shared his innate knowledge about the ecological workings of the world around him in a generous way highlighted the distinct difference between a top-down approach and a bottom-up approach to intervening in an ecosystem. According to ecologists, a top-down approach entails managing your animals, but ignoring all of your other indicators, like your soils and vegetation. A bottom-up approach entails managing your soils and vegetation according to the type of animal species and their palatability. Current prevention programmes, whether related to HIV and AIDS or substance abuse, seem to be working from the top down, instead of from the bottom up, attempting to manage people without taking the larger environment into consideration. Programmes need to incorporate all the elements of the system, including the intervener, where the real governing ideas of the intervention are married to processes and norms that enable the participants to live the intervention's values and purpose.

My struggle around becoming a therapist has always been about what role psychologists play in society; whether we are helping people "fit" into society's ideals and norms, or whether there is something more to the profession I found myself attracted to. Listening to my brother talk about how ecologists support the reestablishment of a healthy ecosystem, made me realise that there is a place for intervening in people's lives, yet not to make them "fit" in, but to put support structures in place, to help the ecosystem sustain itself eventually. Ecologists are usually called in to do an environmental impact assessments, in which they assess the environment for areas prone to erosion. When intervening, the ecologists, together with engineers construct preventative support structures for the environment. Examples of a preventative support structures are Gabien structures (that is, structures made up of small stones secured in place by wiring, which are attached to the side of mountain faces and "dongas" to prevent further soil erosion and rocks falling), and Geofabrics, which hold the soil together, in order for the plants to re-establish themselves. Just like any ecosystem is prone to erosion, any society is prone to social problems, like substance abuse, divorce, and so

on. Programmes can never reverse the erosion process, but can create a space in which connections can be nurtured, through which the system ultimately repairs itself.

It seems that the further one advances in any scientific discipline, the more narrow it tends to become. This also seems to carry over into all fields in modern society, to the extent that what it means to be “an expert” today, is knowing a lot about a little. Becoming “a force of nature” (George Bernard Shaw) does not mean that our aspirations must be “grand”. Like the DWCP presented in this study, first steps are often small, and initial visions that focus energy effectively often address immediate problems. What matters is engagement in the service of a larger purpose rather than lofty aspirations that paralyse action. According to Robert Fritz, an accomplished composer and writer on the creative process, “It’s not what the vision is but what the vision does” (cited in Senge et al., 2005). In other words, the only meaningful criteria for judging vision are the actions and changes that ensue. Martin Buber (cited in Senge et al., 2005, p.144) captures the process of intervening from an ecosystemic perspective:

*Then he intervenes no more, but at the same time he does not let things merely happen. He listens to what is emerging from himself, to the course of being in the world; not in order to be supported by it, but in order to bring it to reality as it desires.*

## ***Emerging Futures***

### ***Communication, Dissemination and Action***

According to Nelson and Prilleltensky (2005) the research relationship should mirror the larger values of the research project. Communication, especially around the dissemination of information formed an integral part of this study. Additionally, the learners (as well as the other participants) right not to be harmed physically or psychologically (stress, anxiety, strain) was also taken into account when thinking about the values of the research and the supportive nature of the relationship between the researcher and the stakeholders.

Mobilising support and creating pressure for change are important aspects of the dissemination process in action research. According to Nelson and Prilleltensky (2005) research data should be used to promote action and change. In this study, the feedback session at the end of the programme proved to be very good method of communication, and hence mobilisation and action. Thus, an important part of this study was dedicated to focussing on follow-up. All the information that has gone into this study has gone through the external reference team in the form of having various meetings with the stakeholders involved. Field notes, and summary bulletins (done by independent observer) were written up in an accessible language that was free of research jargon and used a way of getting constant feedback on the process from the stakeholders. The school played a very significant part in this process. A summary of the research findings was also sent to the school, which was made available to those who participated in the programme. This seemed to foster follow-up and professionalism and was also an innovative way of sharing the findings of the research with those

involved. Many useful ideas, such as parent support groups, and weekend programme, have been suggested by the participants are in the process of being put into action.

Also, as part of the reciprocal learning process, as well as a way of increasing the trustworthiness of interpretations and conclusions made in this study, this research was presented at various conferences in the form of a presentation. I first presented (See Appendix H for a copy of slide show) this study at the *Third African Evaluation Conference: Africa Matters, Evaluation Matters: Joining Forces for Democracy, Governance and Development*, which took place from the 1-4 December 2004 in Cape Town. More recently, I presented in April 2005 at the *Regional Report Back Meeting (Gauteng and Mapumalanga): SACENDU (South African Community Epidemiology Network on Drug Use) PHASE 17 (July-December 2004)*, in which a short article compiled by myself and my supervisor was published in a report format. I also presented this study at the *Annual Psychiatry Research Conference* hosted by the University of the Witwatersrand on the 8th of June 2005. All three occasions provided an opportunity for the information to go beyond the core research committee so the information could be shared more widely and so that feedback and new information could be constantly added to the existing research. The information presented seemed to have pragmatic and theoretical use, which refers to its usefulness among the community of practitioners. Presenting my research seemed to build the communicative validity, and confirmability of this study, which involved testing the truthfulness of knowledge claims in dialogue with the respondents, the general public or the scientific community of scholars possessing the requisite theoretical and methodological competence to evaluate research (Kelly, 1999c, p.432).

In this study, triangulation was achieved through multiple data sources (myself, the independent observer, my supervisor, my fellow colleagues, the learners, their parents, the life skills teacher, and the headmaster), multiple data methods (field notes, feedback, photographs, and posters) and multiple methods of data analysis (hermeneutics/thematic analysis), and or multiple investigators (researcher, independent observer, learners, parents, representatives of school system) (Kelly, 1999c). In this study, communicative validity has been taken into careful consideration firstly by presenting this study to my peers and colleagues at various conferences and meetings, and secondly by developing an external reference team, made up of different stakeholders and professionals. Nelson and Prilleltensky (2005) indicate that the structures of a research steering committee and a research team (in this study an external reference team), which meet regularly to share information, are important vehicles for fostering good communication.

Also, the pragmatic use of the study was accomplished by detailing the process and making raw material, such as the feedback questionnaires, consent forms, certificates, posters, role-play scenarios, and other artefacts available. "Raw" field notes in personal shorthand were not provided due to the fact that they would be incompressible to anyone but myself and or the independent observer. The notes and summary bulletins compiled by the independent observer have also not been made available as they have been summarised and further synthesised into the study. Therefore, this research appears have achieved what it set out to accomplish, which refers to its pragmatic proof (Kelly, 1999c, p.434). It seems that the accounts met the requirement of persuasiveness, which refers to a persuasive and "compelling" presentation, that according to

Gadamer, cited in Kelly (1999, p.434) has “a binding quality that imposes itself on the reader in an immediate way”.

In line with the values of action research and social constructionism, facilitating enduring positive growth and change formed the main focus of the research. The ecosystemic approach that I adopted was preventative in the way the information was disseminated and discussed which had the potential to improve learners’ personal and family relationships. Yet, it was also healing in the sense that a domain was created for voicing previously silenced questions, concerns and fears, for both parents and their children. Nelson and Prilleltensky (2005) emphasise the importance of research results and how they can be used by the researcher to promote action in the community in which the research was conducted.

Reflection formed a substantial part of tapping into the “here and now” of the DWCP, where the learners, their parents and the school system were constantly encouraged to reflect on the process and what was emerging. This seemed to involve the participants and encourage a deeper level of participation and hence responsibility and ownership. Involvement and participation on part of the participants enhances chances of high construct validity, low refusal rates and “ownership of findings” (Terre Blanche & Durrheim, 1999). This is linked to catalytic validity, which refers to the degree to which the research process makes sense to the participants and leads to their growth and change.

Reflection was also an important aspect of the evaluation process. The experiential education learning cycle, which characterised my learning and the participants learning consisted of preparation, activity and experience (in the field), reflection (on the experience through writing and thinking), analysis (of questions posed by the experience with other people in discussion), integration (with other materials, such as the “facts” about drugs and real life stories), and ongoing evaluation (Kincheloe & McLaren, 2005). This learning climate emphasised self-knowledge through interaction, introspection and risk-taking (Kincheloe & McLaren, 2005).

Thus the research was also a form of action with me involved in facilitating group processes, in addition to being researcher. The practical use of knowledge was “performative”, in that it led to further action and the creation of new social realities. Being rooted in a social constructionist framework, this study used connection and dialogue to provide a context for experience, participation, and action, where the co-creation of meaning was made possible. Also in keeping with action research, this study placed an emphasis on establishing supportive relationships between different stakeholders. This is linked to what Stiles (1993, p. 604) refers to as “engagement with material” which refers to the researcher’s relationship with the participants in the study, as well as with material (for example field notes, feedback reports, summary bulletins). This was another way in which reliability or trustworthiness was achieved in this study.

This study was also guided by what is adeptly referred to as “communitarianism” by Peter Senge and Otto Sharma in reference to the researcher’s relationship with the participants (Lincoln, 2001, p. 126) which expresses itself as a form of ethics, the first principle of which is the interconnectedness of human life,

respect for others, dignity, concern for the welfare of others and solidarity, as well as an abiding concern for ecological matters. These ethical guidelines guided this study, which was highly personal and interpersonal, give that naturalistic inquiry takes the researcher into the real world where people live and work, and because in-depth facilitation skills often open up what is inside people. It was also for this reason that the contracting and dissemination process were very important ethical negotiation points.

### *Limitations and Future Considerations*

Recognising the areas for improvement in any research study is an important part of the process as it provides a space for reflection and an opportunity to think about how the programme can be improved. Diverse interpretations or meanings have been articulated by me, as the researcher and facilitator in this study, but they are not the only interpretations or meanings that could have been made. There may well be other interpretations or meanings that have not been articulated in this study and other readers could still add to the interpretations already made.

One of the first limitations that comes to mind is thinking about this study, could be the usefulness to the South African context. “Explication of social and cultural context” (Stiles, 1993, p. 603) which refers to the study’s context as an important consideration when thinking about the study’s trustworthiness. In this study, this refers to how the DWCP was conducted in a middle-class setting with learners from advantaged backgrounds, where parents seem invested in their children’s futures and willing to set aside time and resources for such a programme.

When I was implementing the programme she was working in Mamelodi East, and had recently finished a rotation at Alexandra Clinic. It was in these underprivileged community settings that there appears to be a desperate need for interventions such as the one proposed in this study, where many of the young learners that I worked with presented with high risk factors and very few protective factors. From this experience, it became apparent that what I was doing had far reaching implications and applications for working with South African youth. Yet, with this came thoughts of whether this DWCP would be applicable in another setting.

Statistically speaking, the fact that the learners came from a middle-class background, not necessarily representing a defined risk-group in South Africa limits the findings to this population group. Yet, it may be short-sighted to think that substance abuse does not pose a threat to individuals and families from middle-class backgrounds. Prevention is not as simple as distinguishing between privileged and underprivileged sectors of the population, as substance abuse is known to affect all individuals, regardless of race, or socio-economic group. Therefore, it is hoped that what is learnt from this study could possibly contribute to future research that could target specific risk groups in South Africa.

In terms of future considerations, the possibility of taking this programme into more underprivileged contexts in South Africa could make for interesting further research. Yet, this shift in the population sector could also present new challenges related to cultural difficulties linked to interpretation of the process

through the eyes of a middle class researcher. As the “new” South Africa gains its own identity, different processes and themes from those referred to in this study, might emerge as more important for the facilitation of groups in a context that is different to the one that formed the backdrop of this study.

Future research could also investigate whether facilitators from a different gender or cultural group to myself, would highlight different processes and themes from the ones mentioned in this study. The challenge here is still for facilitators who wish to implement substance abuse intervention programmes to develop programmes that will be contextually relevant to their participants. In this case, the recommendations and guidelines from this research could be useful. In addition, it also seems important to determine whether the processes and themes elucidated in this study will apply to contexts other than educational, or to populations that differ from the learner population used in this study. Other future research could also involve doing follow-up booster programmes with the learners involved in this programme at a later stage, say Grade 10, 11, or 12. It would be interesting to see what the long-term impact of the DWCP has had.

Yet, with this in mind, the aim of this study was not to generalise the findings to other contexts, as each context is unique and will ultimately produce different perceptions. For me, it was more important to become creative in a small group-putting energy into changing and influencing people- than it is to create something that is generalisable and representative of the population. With this in mind, it is possible to pass on know-how to other people and stimulate them to build up similar groups or programmes through this kind of “cell division” or work. In qualitative studies transferability, is an alternative term for external validity in which the burden of demonstrating the applicability to another setting rests more with the prospective investigator (those who read the research, and design studies within similar parameters) who would make the transfer, than with the original investigator or researcher.

In terms of attempting to address these methodological limitations, an external reference team was constituted, and an independent observer was used to increase the trustworthiness and transferability of the study to other school settings. The reflections and meta-considerations outlined in this study can be transferred to new contexts in order to provide a framework with which to reflect on the arrangement of meaning and action that occurs in the new context. Yet, these meta-considerations are merely a guideline for thinking about future programmes and not a blueprint or step-by-step instructions on how to implement a substance abuse intervention programme. This study provides *a* view or an approach to drug prevention, intervention and programme evaluation. It makes no clear claim to providing the way of knowing. The notion of “truth” implied by the latter statement is in keeping with postmodernism, in which this study is located, where it seems that we should be wary of any account that claims to offer the sole explanation or interpretation, as many alternative accounts, descriptions, or meanings, may be possible.

Although the ethical considerations are outlined in Chapter 4, it useful to go through them again in terms of a meta-reflection on the limitations and future considerations of this study. As stated, constant reflection and using the feedback from those involved in the programme seem to be integral to implementing an ethically sound programme. Other ethical considerations in this study included getting consent from the school

(headmaster) and the parents of the participating learners. This included being honest and up front about what the research would involve, the implementation approach, how the information would be used, and who would have access to what information, that is, confidentiality issues. The parents gave consent for their children to participate in the programme by signing a reply slip and were also informed that they may also withdraw them from the programme at any time. This created a situation where parents signed up their children for the programme, which resulted in some of the children in the programme not having the freedom to decide whether they wanted to attend the DWCP or not. This limitation, was taken into consideration and was introduced and discussed in the beginning of the DWCP.

Ensuring the children's confidentiality was an important aspect of creating a safe, open, and honest environment where the learners could start asking questions and experiment with the new behaviours, attitudes, and actions theories. This aspect of confidentiality was managed carefully and maintained throughout the programme. Yet, this was challenging as I had meetings with the external reference team where the parents, teacher, and headmaster wanted information on the progress of the programme. This was managed by giving the learners' the opportunity to choose what they wanted to share with their parents, and teachers in the external reference team meetings. Limitations to this confidentiality included instances of necessity where I perceived that the information shared could indicate that the child or another person is being harmed and that there is a need for further intervention or debriefing. The learners' were informed of these limitations before the programme started. Although a situation like this did not arise in this study, it could very well arise in future substance abuse intervention programmes

### *A Dialectic between Several Mindsets*

As has been shown, some major change, shift, or transformation can happen by holding the other, and from listening to feedback. But it seems to depend on the quality of that holding, the quality of the atmosphere that is co-created and held, and thus the passion and commitment of the people involved. It can be done with one person, yet working with a small group one is more likely to achieve that "collective presence" that was captured in this study. Discussion in the DWCP in small groups as well as in the larger group appeared to create a dialectic between several mindsets. This dialectic in turn created an environment where dialogue and consensual validation could take place thereby providing a joint purpose for change that is not as easily present when only one person is being changed. Therefore, in keeping with ecosystemic thinking, it seems that it is easier to change a person's action theories, attitudes, and behavioural patterns in a group context than in an individual context. Also, change processes are more likely to occur if they are negotiated and agreed upon and not forced upon participants.

In deciding to implement the DWCP, all the participants (the headmaster, the parents, the learners, the independent observer, and the researcher) were co-responsible for that which took place. The DWCP became a holding space for the emergence of a "new impulse". In the DWCP, this new impulse seemed to be driven by the pursuit of a common purpose, both collectively and individually. After the many meetings with the headmaster, teacher, parents, and learners I was often struck by the powerful impact of the dialectic that was

created by several different mindsets coming together with a similar purpose in mind. Senge et al. (2005) calls this synergy “collective presence”.

One of the most important aspects of implementing a programme is the “collective presence” of those involved and the passion that usually accompanies this “presencing of the whole”. In this research, I formed a close and respectful relationship with the learners and their parents, and the school. From the aforementioned it is clear that qualitative research cannot be value free, that is, the researcher cannot assume an uninvolved and objective stance; the researcher is subjectively involved with the participants. Liddle (1995) refers to the “engagement” process of an intervention as difficult and ongoing and how hard facilitators have to work in order to engage people differentially, where they are challenged to use all their personal strength and flexibility in this endeavour. Also, failure to engage one subsystem may result in a perceived failure on part of the participants in the programme. Yet, Liddle warns us not to give up and let the inevitable intervention “failures” deter us from our work, as it is important to realise that some failures are related to broader contextual factors, beyond our control.

While theories, research methodologies, policies, guidelines all have instructive value by giving expression to the ways of thinking and being accountable, they are all meta-considerations, that is, considerations about the practice of implementing a programme rather than the activity itself. They might enhance or limit the dance of the facilitator in forming relationships within the communities or in achieving goals, but they always remain one step removed from the practical situations and circumstances in which the programme facilitator works.

No theory, paradigm, methodology, or policy can itself bring about the commitment and involvement called for in the practice of implementing a substance abuse intervention programme. Without the often-presumed preparedness of the facilitator to be dedicated to become an integral member of the community in which he or she works, even the best of meta-considerations will do no more than sound good. In this vain, in a comprehensive study to try and pin point the essential characteristics of effective community programmes or projects, the World Health Organisation (WHO) could only identify one common denominator; the passion of people involved (WHO Study Group, 1984, cited in Lifschitz & Oosthuizen, 2001).

Programme facilitators need to be accountable not only to their employers, funders, or scientific collectives, but also to the community of people who are touched by, and form around the issues that emerge in the process of doing this work. It is in staying in the process, in ongoing face-to-face encounters, that accountability emerges that ensures an ethic of practice no theory or paradigm can generate. Whether a theory, a policy, or an intervention is healing or hurtful is ultimately declared and demonstrated by those involved. No *a priori* theory or paradigm can predict this or substitute for the experiences of those involved. In this study, the participants’ feedback and comments seem to support the value of this programme as promulgated by the researcher, thereby increasing the testimonial validity of the study, which refers to the validity obtained from the participants in the study.

## *General Conclusion*

Nature and evolution appear to be better models for our dynamic and unpredictable world than programmes based on the efficiency, inflexibility, and outputs of machines that shaped institutions throughout the Industrial Age. Seen in this light, centralized control is archaic and self-limiting. Diversity and innovation thrive where power and information are shared and highly distributed, thus enabling participants, instead of disabling them. Competition and collaboration, freedom and governance, individuality and community are not irreconcilable opposites. The greatest benefit comes when they are harmoniously blended without losing the distinctive strength of each. True communities are held together by ethics—not force—and by the power of their shared beliefs, purposes, and identity (Senge et al., 2005).

Inasmuch as this programme was instigated for the benefit of the learners, their parents, and the school, I gained from listening to the “voices” of the participants, and learning about their fears, courage and perseverance in spite of the many challenges and hindrances that face us as a individual, a family, a community, and a society. As the researcher, I feel privileged to have witnessed and experienced the participants’ provocative spirits in working toward a better future for themselves, their families, and their communities.

The DWCP seemed to help the participants and I to recreate ourselves in new ways. The promotion of healing, the provision of support or education, the creation of a domain for dialogue that facilitated connection between different systems, namely the school, parents, learners and their community, were all goals that seemed to have been achieved. Learners and their parents were able to “perform” new realities and hence co-create new meaning. The study was assessed in terms of its strengths and limitations, which were integrated into the guidelines. Suggestions and guidelines were provided for facilitators, which could be valuable to those working with groups in an educational context in South Africa. Additionally, further recommendations for future research were proposed and explored.

As this research process is still in progress.... so is the learning and the development of the methodology or approach. The creative process never ends; it is a “never ending story” (Kruger, 2003). The research process has become a personal journey to find my vulnerability, authenticity and expression as a therapist, facilitator, researcher, and an individual in distress in a world that has the potential to stigmatize, ignore, reject yet also be inspired and surprised. Linking theory and practice has involved drawing on performance texts, poetry, Zen philosophy, journaling, process notes, continuous reflective practice, 1st and 2nd person action research, learning to question (Freire & Faundez, 1989) and learning to listen (Kruger, 2003; Senge et al., 2005).

Senge et al. (2005, p. 211) summarise what this study has been about in referring to the development of three integral capacities; a new capacity for observing that no longer fragments the observer from what’s observed; a new capacity for stillness that no longer fragments who we really are from what’s emerging; and a new capacity for creating alternative realities that no longer fragments the wisdom of the head, heart, and hand. For me, participating in the development of this study, has been about integrating and finding a delicate

balance between holistic intuition feeling (“right brain”) ways of being and thinking and rational orderly (“left brain”) ways of being and thinking (Kruger, 2003). This study in no way rejects modernistic thinking and measurement evaluation but uses a “both/and” approach to emphasise that the process is the outcome, the researcher is the methodology and that “Real Practice has orientation or direction, but it has no purpose or gaining idea, so it can include everything that comes” (Shunryu Suzuki).

### ***Last words... Trust the Process***

*Be soft in your practice. Think of the method as a fine silvery stream, not a raging waterfall. Follow the silvery stream, have faith in its course. It will go its own way, meandering here, trickling there. It will find the grooves, the cracks, and the crevices. Just follow it. Never let it out of your sight. It will take you.*

*Sheng-yen*

*And like a river’s path from its source to sea, it is anything but a straight line. Instead creating is a sort of dance between inspiration and experimentation.*

*Senge et al. (2005, p. 145)*

## Reference List

- Addison, R.B. (1992). Grounded hermeneutic research. In B.F. Crabtree & W.L. Miller (Eds.) *Doing qualitative research* (pp. 110-124). Newbury Park: Sage.
- Alvord, M.K., & Grados, J.J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology, Research and Practice*, 36 (3), 238-245.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4<sup>th</sup> ed.)*, text revision. Washington, DC: American Psychiatric Association.
- Anderson, H., & Goolishian, H. (1991). Thinking about multi-agency work with substance abusers and their families: A language systems approach. *Journal of Strategic and Systemic Therapies*, 10(1), 20-35.
- Ashery, R.S., Robertson, E.B., & Kumpfer, K.L. (Eds.), (1998) *Substance abuse prevention through family interventions*. NIDA Research Monograph No. 177. Washington, DC: U.S. Government Printing Office.
- Auerswald, E.H (1987). Epistemological confusion in family therapy and research. *Family Process*, 26, 317-330.
- Babbie, E., & Mouton, J. (2001). *The practice of social research*. (South African ed.) Cape Town: Oxford University Press Southern Africa.
- Bateson, G. (1979) *Mind in nature: A necessary unity*. London: Wildwood House Limited.
- Bauman, K.E., Foshee, V.A.; Ennett, S.T., Pemberton, M., Hicks, K.A., King, T.S., & Koch, G.G. (2001). The influence of a family programme on adolescent tobacco and alcohol. *American Journal of Public Health*, 4,604-610.
- Beck, A.T. (1993). *Cognitive therapy of substance abuse*. New York: Guildford Press.
- Becvar, D.S., & Becvar, R.J. (2000). *Family therapy: a systemic integration*. Boston: Allyn & Bacon.
- Bohm, D. & Peat, D. (2000). *Science, order, and creativity* (2<sup>nd</sup> ed.). London: Routledge.
- Botvin, G., Baker, E., Dusenbury, L., Botvin, E., & Diaz, T. (1995). Long-term follow-up results of a randomized drug-abuse prevention trial in a white middle class population. *Journal of the American Medical Association*, 273,1106-1112.
- Buber Agassi, J. (Ed.). (1999). *Martin Buber on psychology and psychotherapy: essays, letters, and dialogue*. New York: Syracuse University Press.

- Buzan, T. & Buzan, B. (2000). *The mind map book*. London: BBC World Wide Limited.
- Capra, F. (1975). *The Tao of physics: An exploration of the parallels between modern physics and eastern mysticism*. London: Wildwood House.
- Capra, F., Steindl-Rast, D., & Madison, T. (1991). *Belonging to the universe*. San Francisco: Harper.
- Centre for Substance Abuse Prevention (CSAP). (2003). *Alternatives: A strategy for prevention practitioners*. Developed by CSAP's Northwest Centre for Application of Prevention Strategies. Philadelphia: U.S. Department of Health & Social Sciences. ([www.preventiondss.org](http://www.preventiondss.org)).
- Clandinin, D. J. & Connelly, F.M. (1994). Personal experience methods. In N.K. Denzin & Y.S. Lincoln. (Eds.), *Handbook of qualitative research* (pp. 413-427). Thousand Oaks: Sage.
- Crnkovic, A.E. & Del Campo, R.L. (1998). A systems approach to treatment of chemical addiction. *Contemporary Family Therapy: An International Journal*, 20 (1), 25-36.
- Dawes, A., Robertson, B., Duncan, N., Ensink, K., Jackson, A., Reynolds, P., Pillay, A., & Richter, L. (1997). Child and Adolescent Mental Health Policy. In D. Foster, D. Freeman, & M. Y. Pillay (Eds.), *Mental health policy issues for South Africa* (Chapter 13, pp. 193-216). Pinelands: Medical Association of South Africa Multimedia Publications.
- De Vos. A. S. (2002). *Research at grass roots* (2<sup>nd</sup> ed.) Pretoria: Van Schaik.
- Department of Education (DOE) (2005). CURRICULUM 2005- Lifelong learning for the 21st Century: A user's guide (<http://www.polity.org.za/html/govdocs/misc/curr2005.html>), Department of Education, Pretoria.
- Dickerson, V.C. & Zimmerman, J.L. (1996). Myths, misconceptions, and a word or two about politics. *Journal of Systemic Therapies*, 15 (1), 79-88.
- Dishion, T., Kavanagh, K., Schneiger, A.K.J., Nelson, S., & Kaufman, N. (2002). Preventing early adolescent substance use: A family centered strategy for the public middle school. *Prevention Science* 3(3): 1.
- Dishion, T.J., McCord, J., & Poulin, F. (1999). When Interventions harm: Peer groups and problem behaviour. *American Psychologist*, 54 (9), 755-764.
- Drug Awareness Programme- Project of Catholic Services Agency, CROSSCARE, Ireland. [www.dap.ie/index.htm](http://www.dap.ie/index.htm).

- Durkin, J.E. (1981). *Living groups: group psychotherapy and general system theory*. New York: Brunner/Mazel.
- Ebersohn, L., & Eloff, I. (2003). *Life skills and assets*. Pretoria: Van Schaik Publishers.
- Edmonds, L., & Wilcocks, L. (2000). *Teen drug scene South Africa: A guide for parents and schools*. Johannesburg: Little Oak Publications.
- Efran, J.A., & Lukens, M.D. (1985). The world according to Humberto Maturana. *The Family Therapy Networker*, 9 (3), 23-28, 72-75.
- Epstein, E.K. (1996). Socially constructing substance use and abuse: toward a greater diversity and humanity in the theories and practices of drug treatment. *Journal of Systemic Therapies*, 15(2), 1-11.
- Fisher, S. (2002) "Bridges Primary and High School Survey in Cape Town", unpublished, October.
- Flisher, A., Parry, C., Evans, J., Lombard, C., & Muller, M. Prevalence rates of alcohol, tobacco and other drug (ATOD) use among Cape Town students in Grades 8 and 11." Paper presented at the 4th Annual Congress of the Psychological Society of South Africa - Cape Town, September 1998.
- Flood, R.L. (2001). The relationship of 'systems thinking' to action research. In P. Reason, & H. Bradbury, *Handbook of Action Research* (Chapter 12, pp.133-144). London: Sage Publications. Pp. 133-218.
- Fourie, D. (1998). *Hypnosis treatment: an ecosystemic approach*. UNISA: Pretoria.
- Freeman, E.M. (1993). *Substance abuse treatment: A family systems perspective*. London: Sage.
- Freire, P. & Faundez, A. (1989). *Learning to question: Pedagogy of liberation*. Geneva: WCC Publications.
- Fuks, S.I. (1998). Systems theory perspective and community psychology. *Journal of Community Psychology*, 26 (3), 243-252.
- Garrahan, D.P. (2001). The application of a systems approach to substance use prevention: linking intervention to infrastructure. *Journal of Alcohol and Drug Education*, 40, 74-83.
- Gergen, M. & Gergen, K.J. (1996). Addiction in a polyvocal world. *Journal of Systemic Therapies*, 15 (2), 77-81.
- Gergen, M., & Gergen, K.J. (Eds.) (2003). *Social constructionism: A reader*. London: Sage.
- Goldenberg, I., & Goldenberg, H. (2000). *Family therapy: An overview*. Belmont: Wadsworth Publishing.
- Goleman, D. (2004). *Working with Emotional Intelligence*. UK: Bloomsbury.

- Greene, J.C. (2000). Understanding social programmes through evaluation. In K. Denzin, & Y.S. Lincoln, (Eds.), *Handbook of qualitative research* (Chapter 38, pp.981-1001) (2<sup>nd</sup> ed.). Thousand Oaks: Sage.
- Griffin, K.W., Scheier, L.M., Botvin, G.J., Diaz, T. (2001). Protective role of personal competence skills in adolescent substance use: Psychological well-being as a mediating factor. *Psychology of Addictive Behaviors, 15* (3), 194-203.
- Guba, E.G., & Lincoln, Y.S. (1989). *Fourth generation evaluation*. Thousand Oaks, CA: Sage Publications.
- Guinan, J.F. (1990). Extending the system for the treatment of chemical dependence. *Journal of Strategic and Systemic Therapies, 9* (1), 11-20.
- Guntram, U. (1993). Systems thinking and the environment: An interview with Frederic Vester: Novel insights from a biologist, business professor, and systems thinker. *The McKinsey Quarterly, 2*, 153-169.
- Haley, J. (1971). Family therapy: A radical change. In J. Haley (Ed.), *Changing families: A family therapy reader*. New York: Grune & Stratton.
- Harper, D. (2000). Reimagining visual methods: Galileo to Neuromancer. In K. Denzin, & Y.S. Lincoln, (Eds.), *Handbook of qualitative research* (Chapter 27, pp. 717-733) (2<sup>nd</sup> ed.). Thousand Oaks: Sage.
- Hawkins, J.D., Catalano, R.F., & Arthur, M. (2002). Promoting science-based prevention in communities. *Addictive Behaviors, 90*(5), 1-26.
- Henggeler, S.W. (2004). *Assessing the impact of childhood interventions on subsequent drug use*. NIDA (www.drugabuse.gov).
- Heron, J.C., & Reason, P. (1997). A participatory enquiry paradigm. *Qualitative Inquiry, 3* (3), 274-294.
- Herwig-Lempp, J. (1996). Drug Addiction, the systemic approach, and the concept of “acceptance”. *Journal of Systemic Therapies, 15*(2), 25-35.
- Hock, D. (2000). The art of chaordic leadership. *Leader to Leader*, No 15, Winter. (www.chaordic.org.)
- Hoffman, L. (1981). *Foundations of family therapy: A conceptual framework for systems change*. New York: Basic Books.
- Hoffman, L. (1990). Constructing realities: An art of lenses. *Family Process, 29*, 1-12.
- Holder, H.D. (2000). Prevention of alcohol problems in 21st century: Challenges and opportunities. *American Journal of Addictions, 10*, 1-15.
- In Denzin, N.K. & Lincoln, Y.S. (Eds.) (2000). *Handbook of qualitative research*. Thousand Oaks: Sage.

- Isaacson, E. B. (1991a). Chemical addiction: Individuals and family systems. *Journal of Chemical Dependency Treatment*, 4, 7-27.
- Issacson, E.B. (1991b). Psychodynamics and family systems: A model for chemical addiction counselling. *Journal of Chemical Dependency Treatment*, 4, 41-60.
- Joanning, H., Quinn, W., Thomas, F., & Mullen, R. (1992). Treating adolescent substance abuse: A comparison of family systems therapy, group therapy, and family drug education. *Journal of Marital and Family Therapy*, 18 (4), 345-356.
- Johnson, D.W., & Johnson, F.P. (1994). *Joining together: group theory and group skills* (5<sup>th</sup> ed.). Boston: Allyn and Bacon.
- Keeney, B. P., & Ross, M. (1992). *Mind in therapy: constructing systemic family therapies*. Pretoria: UNISA.
- Keeney, B.P. (1982). What is an epistemology of family therapy? *Family Process*, 21, 153-168.
- Keeney, B.P. (1983). *Aesthetics of change*. New York: Guilford Press.
- Kelly, K. (1999a). From encounters to text: collecting qualitative data for interpretative research. In M. Terre Blanche & K. Durheim (Eds.), *Research in practice* (Chapter 20, pp. 379-398). Cape Town: UCT Press.
- Kelly, K. (1999b). Hermeneutics in action: empathy and interpretation in qualitative research. In M. Terre Blanche & K. Durheim (Eds.), *Research in practice* (Chapter 21, pp.398-421). Cape Town: UCT Press.
- Kelly, K. (1999c). Calling it a day: reaching conclusions in qualitative research. In M. Terre Blanche & K. Durheim (Eds.), *Research in practice* (Chapter 22, pp. 421-438). Cape Town: UCT Press.
- Kemmis, S., & McTaggart, R. (2000). Participatory action research. In K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (Chapter 22, pp. 567-607) (2<sup>nd</sup> ed.). Thousand Oaks: Sage.
- Kincheloe, J.L., & McLaren, P. (2005). Rethinking critical theory and qualitative research. In K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (Chapter 10, pp.279-315) (2<sup>nd</sup> ed.). Thousand Oaks: Sage.
- Kopp, S. (1994). *If you meet a Buddha on the road, kill him! A modern pilgrimage through myth, legend, Zen, and psychotherapy*. London: Sheldon Press.
- Kruger, D.J. (2002). Programme Evaluation Workshop. Unpublished Slide Show. UNISA.

- Kruger, D.J. (2003). "No Content". Presentation to the 6th ALARM (International association for action learning, action research, and process management) and the 10th PAR (Participatory Action Research) World Congress, 21-24 September at UNISA.
- Kuhn, T.S. (1962). *The structure of scientific revolutions*. Chicago: University of Chicago Press.
- Kushner, S. (2000). *Personalizing evaluation*. London: Sage.
- Lambie, G. W. & Rokutani, L.J. (2002). A systems approach to substance abuse identification and intervention for school counsellors. *Professional School Counselling*, 5 (5), 353-365.
- Le Roux, R., & de Klerk, R. (2001). *Emotional intelligence workbook: The All-in-one guide for personal growth*. Cape Town: Human and Rousseau.
- Leggett, T. (2002). Drugs and crime in South Africa - A study in three cities. Institute for Security Studies Monograph Series No. 69, Pretoria. [www.iss.co.za/PUBS/MONOGRAPHS/NO69/Content.html](http://www.iss.co.za/PUBS/MONOGRAPHS/NO69/Content.html).
- Liddle, H. A. (1995). Conceptual and clinical dimensions of a multidimensional engagement strategy in family-based adolescent treatment. *Psychotherapy, Theory, Research, Practice, Training*, 32 (1), 39-58.
- Lifschitz, S., & Oosthuizen, C.J. (2001). Discovering Agape: Forming and reforming a healing community. In M. Seedat (Ed.), N. Duncan, S. Lazarus (Cons. Eds.), *Community psychology: theory, method and practice: South Africa and other perspectives* (Chapter 7, pp. 107-133). Cape Town: Oxford University Press.
- Lilja, J., Wihelmsen, B. U., Larsson, S., & Hamilton, D. (2003). Evaluation of drug use prevention programs directed at adolescents. *Substance Use and Misuse*, 38, (11-13), 1831-1863.
- Lincoln, Y.S. (2001). Engaging sympathies: Relationship between action research and social constructivism. In P. Reason, & H. Bradbury, *Handbook of Action Research* (Chapter 11, pp. 124-132). London: Sage Publications.
- Lynch, G. (1997). The role of community and narrative in the work of the therapist: A post-modern theory of the therapist's engagement in the therapeutic process. *Counselling Psychology Quarterly*, 10(4), 353-363.
- Maslow, A. (1971). *The far reaches of human nature*. New York: Viking Press.
- Maturana, H. R. (1978). Biology of language: The epistemology of reality. In G. A. Miller & E. Lennenberg (Eds.), *Psychology and Biology of language and thought*. New York: Academic Press.
- Mc Namee, S. & Gergen, K.J. (1992). *Therapy as a social construction* (1<sup>st</sup> ed.) London: Sage.

- Minuchin, S.M. (1974). *Families and family therapy*. London: Tavistock.
- Morgon, M. (2001). Drug Use Prevention, Overview of Research. National Advisory Committee on Drugs, cited in [www.dap.ie/index/htm](http://www.dap.ie/index/htm).
- Morojele, N.K. (1997). Adolescent alcohol misuse. In C. De la Rey, N. Duncan, N.T. Shefer, & A. Van Niekerk, *Contemporary issues in human development: A South African focus* (Chapter 7, pp. 110-150) Johannesburg: International Thomson.
- Morojele, N.K., Brook, J., & Moshia, M. *Adolescent Risk Behaviour Study: Update* in SACENDU Proceedings of Report Back Meetings, April 2003, published by the Medical Research Council - Alcohol and Substance abuse Research Group, Cape Town, 2003.
- Morojele, N.K., Flisher, A.J., Muller, M., Ziervogel, C.F., Reddy, P., & Lombard, C.J. (2002). Measurement of risk and protective factors for drug use and anti-social behaviour among high school students in South Africa. *Journal of Drug Education*, 32(1), 25-39.
- Mouton. J. (2000). *How to succeed in your Masters and Doctoral studies*. Pretoria: Van Schaik.
- Musto, D. F. (1987). *The American disease: Origins of narcotic control*. New York: Oxford University Press.
- Myers, B., Parry, C.D.H., & Plüddemann, A. (2001). *Trends in Adolescent Alcohol and other Drug Use: From Gauteng Province (1998-2001)*. Report Compiled by Alcohol and Drug Research Group (ADARG). Medical Research Council.
- Nelson Jones, R. (2004). *Practical counselling and helping skills: text and exercises for the life skills counselling model*. London: Sage Publications.
- Nelson, G., & Prilleltensky, I. (2005). *Community Psychology: In pursuit of well-being and liberation*. New York: Palgrave MacMillan.
- Neser J.J. (2001). Views of learners on drugs and related matters: Preliminary findings, crime research in South Africa. ([www.crisa.org.za](http://www.crisa.org.za)) - Volume 3 Number 3, June.
- Neuman, W.L. (1994). *Social research methods: Qualitative and quantitative approaches* (2<sup>nd</sup> ed.). Boston: Allyn & Bacon.
- Newcomb, M.D. (1995). Identifying high-risk youth: Prevalence and patterns of adolescent substance abuse. In E. Radert & D. Czechowicz (Eds.), *Adolescent substance abuse: Clinical assessment and therapeutic interventions*. National Institute on Substance abuse. ([www.nida.nih.gov](http://www.nida.nih.gov))

- NIDA (National Institute on Substance abuse). (2005). *Preventing substance abuse among children and adolescents: A research-based guide: for parents, educators, and community leaders* (2<sup>nd</sup> ed.). U.S. Department of Health and Human Services: National Institute of Health.
- O' Dougherty Wright, M., Fopma-Loy, J., & Fischer, S. (2005). Multidimensional assessment of resilience in mothers who are child sexual abuse survivors. *Child Abuse and Neglect*, 29, (10), 1173-1193.
- Owen, J.M., & Rogers, P.J. (1999). *Programme evaluation: Forms and approaches* (International ed.) London: Sage Publications.
- Parry, C. (1997). Alcohol, substance abuse and public health. In D. Foster, M. Freeman, & M.Y. Pillay, (Eds.), *Mental health policy issues for South Africa* (Chapter 18, pp. 290-316). Pinelands: Medical Association of South Africa Multimedia Publications
- Parry, C., Plüddemann, A., Bhana, A., Harker, N., Potgieter, H., Gerber, W., Johnson, C. (2005). *Alcohol and Substance abuse Trends: July-December 2004 (Phase 17)*. South African Community Epidemiology Network on Drug Use (SACENDU). Alcohol and Substance abuse Research Unit Medical Research Council (Cape Town). [www.sahealthinfo.org](http://www.sahealthinfo.org).
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> ed.). Thousand Oaks: Sage Publications.
- Potter, C., & Kruger, D.J. (2001). Social programme evaluation. In M. Seedat, N. Duncan & S. Lazarus (Eds.), *Community psychology: theory, method and practice: South Africa and other perspectives* (Chapter 10, pp. 189-213). Johannesburg: Oxford University Press Southern Africa.
- Rapmund, V.J. (2000). *Enhancing student's personal resources through narrative*. Thesis (D Litt et Phil). University of South Africa.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15, 121-148.
- Rappaport, R.A. (1999). *Ritual and religion in the making of humanity*. Cambridge: Cambridge University Press.
- Reason, P., & Bradbury, H. (Eds.) (2001). *Handbook of action research: participative inquiry and practice*. London: Sage Publications.
- Robertson, E.B, David, S.L & Rao, S.A. (2004). *Preventing substance abuse among children and adolescents: A research-based guide for parents, educators, and community leaders* (2<sup>nd</sup> Edition). National Institute on Substance abuse (NIDA), National Institute of Health: Maryland.

- Rocha-Silva, I., de Miranda, S., & Erasmus, R. (1996). *Alcohol, tobacco and other drug use among black youth*. Pretoria: HSRC Publishers.
- Rogerio, M.P., & Queely, T. Parents and children come together to prevent drug abuse: A mutual aid approach. *Social Work with Groups*, 26 (3), 77-92.
- Rogers, C.R. (1961). *A therapist's view of psychotherapy: On becoming a Person*. London: Constable & Co.
- Selekman, M. (1991). Post-Milan and constructivist perspectives on substance abuse. *Journal of Strategic and Systemic Therapies*, 10(1), 1-2.
- Senge, P., Kleiner, A., Roberts, C., Ross, R.B., & Smith, B.J. (1994). *The fifth discipline field book: Strategies and tools for building a learning organization*. Broadway: Doubleday Dell Publishing.
- Senge, P., Scharmer, O.C., Jaworski, J., & Flowers, B. S. (2005). *Presence: Exploring profound change in people, organizations and society*. London: Nicholas Brealey Publishing.
- Shunryu, S. Quotations Book. [www.quotationsbook.com/7072/authors/shunryu.S](http://www.quotationsbook.com/7072/authors/shunryu.S).
- Silverman, D. (2000) Analyzing talk and text. In K. Denzin, & Y.S. Lincoln, (Eds.), *Handbook of qualitative research* (Chapter 31, pp. 821-835) (2<sup>nd</sup> ed.). Thousand Oaks: Sage.
- Sinisi, E. (2005). *Discursive analysis of addicted users' accounts of opiate addiction*. A dissertation submitted to Faculty of Arts, University of Witwatersrand, Johannesburg, Degree of Master of Art in Clinical Psychology.
- South African Community Epidemiology Network on Drug Use (SACENDU) Update: Alcohol and Substance abuse trends July - December 2002, Phase 13, May 2003.
- Speed, B. (1991). Reality exists ok? An argument against social constructionism and constructivism. *Family Therapy*, 13 (1), 395-409.
- Spooner, C. H., & Hall, W. (2002). Preventing drug misuse by young people: we need to do more than "just say no". *Addiction*, 97, 478-481.
- Spoth, R.; Guyull, M.; and Day, S. (2002). Universal family-focused interventions in alcohol-use disorder prevention: Cost effectiveness and cost-benefit analyses of two interventions. *Journal of Studies on Alcohol* 63, 219-228.
- Spoth, R.L., Redmond, D., Trudeau, L., & Shin, C. (2000). Longitudinal substance initiation outcomes for universal preventive intervention combining family and school programmes. *Psychology of Addictive Behaviours* 16(2): 129-134.

- Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13 (6), 593-618.
- Strader, T.N., Collins, D.A., & Noe, T.D. (2000). *Building healthy individuals, families, and communities: creating lasting connections*. New York: Kluwer Academic Publishers.
- Tedeschi, R.G., & Kilmer. R.P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology and Practice*, 36, (3), 230-237.
- Terre Blanche M. & Durrheim. K. (1999). *Research in practice*. Cape Town: UCT Press.
- Tesch, R. (1990). *Qualitative research; analysis types and software tools*. New York: The Falmer Press.
- Todd, T.C. (1988). Behavioural and systemic family therapy. In I.R.H. Falloon (Ed.), *Handbook of behavioural and family therapy*. New York: Guildford Press.
- Tolle, E. (2003). *Stillness speaks*. London: Hodder and Stoughton.
- United Nations Office on Drugs and Crime / Regional Office for Southern Africa (UNODC), South Africa: Country Profile on Drugs and Crime 2002, Pretoria, South Africa, 2002.
- United Nations Office on Drugs and Crime / Regional Office for Southern Africa (UNODC) & The Cape Town Drug Counselling Centre (CTDCC), *Conducting Effective Substance Abuse Prevention Work Among the Youth in South Africa*, Pretoria, South Africa, 2004.
- Vakalahi, H.F. (2001). Adolescent substance use and family based risk and protective factors: A literature review. *Journal of Drug Education*, 31(1), 29-46
- Van Niekerk, E., Prins, A. (2001). *Counselling in Southern Africa: A youth perspective*. Chapter 10, Johannesburg: Heinemann Publishers.
- Varela, F.J. (1979). *Principles of biological autonomy*. New York: Elsevier Holland.
- Varela, F.J. (1999). *Ethical know-how: action, wisdom, and cognition*. California, Stanford: Stanford University Press.
- Varela, F.J., & Depraz, N. (2003). Imagining: embodiment, phenomenology, and transformation. In B.A. Wallace (Ed.), *Buddhism and science: breaking new ground*. New York: Columbia University Press.
- Vermeulen, S. (1999). *EQ: Emotional intelligence for everyone*. Johannesburg: Zebra Press.
- Wallerstein, I. (1996). Dependence in an interdependent world. In C.R. Goddard, J.T. Passe-Smith, & J.C. Conklin. *International political economy: State market relations in the changing global order*. Boulder: Lynn Rienner Publishing.

- Walsh, F. (1996). The concept of family resilience. Crisis and challenge. *Family Process*, 35 (3), 261-281.
- Watzlawick, P., Weakland, J.H. & Fisch, R. (1974). *Change: principles of problem formation and problem resolution*. New York: Norton.
- Webster-Stratton, C. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology*, 30:282-302.
- Weiten, W. (1995). *Psychology: Themes and variations* (3<sup>rd</sup> ed.). Pacific Grove: Brooks/Cole Publishing Company.
- Wheatly, M. (1993). *Leadership and new science*. San Francisco: Berrett-Koehler.
- White, M. (1995). *Reauthoring lives: Interviews and essays*. Adelaide: Dulwich Publications.
- Williams, J.S. (2003). *Grouping high-risk youths for prevention may harm more than help*. NIDA (National Institute on Drug Abuse) Notes, Vol.13, No 5. ([www. nida.hih.gov](http://www.nida.nih.gov))
- Wilson, H.S., & Hutchinson, S.A. (1991) Triangulation of qualitative methods: Heideggerian hermeneutics and grounded theory. *Qualitative Health Research*, 1(2), 263-276.
- World Health Report On Violence and Health (2002)([www. who.int](http://www.who.int))
- Yalom, I.D. (1995). *The theory and practice of group psychotherapy* (4<sup>th</sup> ed.). New York: Basic Books.

## Appendix A: Needs Assessment and Response/Consent Form

Grade 7 Parents

20 April 2004

### NEEDS ASSESSMENT- DRUG ABUSE AWARENESS PROGRAMME

On Wednesday evening (24th March) Deborah Ashdown presented a Drug Abuse Awareness Programme which aims to equip our pupils with knowledge and skills concerning Drug Abuse. The main aims of this programme are:

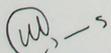
- o to equip your child with facts about drugs;
- o present them with situations in which they can think about how they would handle the problem situation;
- o and to help your child develop a personal action plan or "a moral code of ethics", a tool which they can use throughout their lives; and
- o to empower and prepare your child for the decision that he or she has to make concerning drug use.

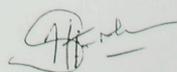
An outline of the programme was sent out after the Easter break. For more information about the programme please do not hesitate to contact Deborah Ashdown on 083 320 1500 or [deborahashdown@telkomsa.net](mailto:deborahashdown@telkomsa.net)

Deborah has worked with Trinity over the last 5 years developing and facilitating Life skills Programmes and Leadership Programmes. In the past, we have found that parent involvement is of paramount importance in carrying out a programme of this nature. Before the Drug Abuse Awareness Programme begins Deborah has requested a needs assessment from the parents, which entails finding out what the specific interests, concerns, needs and expectations are of all those involved in the programme. This feedback will help in guiding the implementation of our programme.

Please complete the reply slip in which a space has been left for you as a parent to voice your interests, needs, concerns and expectations in relation to the Drug Awareness Programme.

Please return the reply slip to Miss Carstens by no later than Thursday the 22<sup>nd</sup> of April.

  
M. CARSTENS  
PUPIL WELFARE

  
DR H.E. STAPLES  
HEADMASTER

**Reply Slip**

Name of Parent: \_\_\_\_\_

**Anticipated needs/expectations that can help contribute to the planning of the  
“Dancing with Change” Substance Abuse Intervention Programme.**

---



---



---

**Appendix B: Opened Reflection Questionnaire**

Name:

Session:

Date:

**Reflection Questions:**

- What feelings did you have during this activity?
- What are your feelings at the moment?
- What thoughts occurred as you did this activity
- What behaviour did you notice in yourself
- How are you getting on with other group members?
- Are you learning anything from other group members?
- What did you find useful today?
- Any changes you might make?

## Appendix C: Evaluation Questionnaires

### “Dancing with Change” Programme Evaluation Questionnaire- Learners

Please make a big cross on your choice and add comments in the right column:

This evaluation is to help us determine your feelings about the DWCP so that we can improve our Programme.

☹ = Strongly Disagree    ☹ = Disagree    😐 = Neutral    😊 = Agree    😄 = Strongly Agree

Questions	Ratings	Comments
The DWCP was useful...	☹ ☹ 😐 😊 😄	
The sessions were easy to follow...	☹ ☹ 😐 😊 😄	
I learned a great deal of new information about drugs and drug abuse...	☹ ☹ 😐 😊 😄	
There was enough question and discussion time...	☹ ☹ 😐 😊 😄	
There was sufficient group participation and involvement...	☹ ☹ 😐 😊 😄	
The facilitator managed the programme well...	☹ ☹ 😐 😊 😄	
The facilitator achieved a high level of participation from group members...	☹ ☹ 😐 😊 😄	
The facilitator answered questions well...	☹ ☹ 😐 😊 😄	
The facilitator had sufficient knowledge and skills on the subject of drug awareness...	☹ ☹ 😐 😊 😄	

Problems and concerns raised by the group were handled adequately...		
The sessions were boring...		
I found the different learning materials e.g. the movie, the video and the exercises useful and fun.		
I will be able to apply the knowledge and attitudes that I acquired during the programme to situations where drugs, like alcohol, cigarettes and dagga may be present...		
I learnt that experimenting with drugs, like dagga, alcohol, cigarettes, ecstasy, speed, and cocaine can be dangerous...		

(1) On a scale of 1-10, how would you rate the DWCP:

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

(2) What did you like most about the Programme?

(3) What did you like least about the Programme?

(4) Any other comments?

## “Dancing with Change” Programme Evaluation Questionnaire- School

**Please make a big cross on your choice and add comments in the right column:**

This evaluation is to help us determine the schools feelings about the DWCP so that we can improve our Programme.

= Strongly Disagree   = Disagree   = Neutral   = Agree   = Strongly Agree

Questions	Ratings	Comments
The DWCP was beneficial to our pupils and their parents.		
The facilitators managed the programme well.		

Problems and concerns that arose during the programme were handled adequately.	    	
There was a good sense of communication during the programme implementation.	    	
Would you recommend this programme to other schools?	    	

(1) On a scale of 1-10, how would you rate the DWCP:

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

(2) In what ways do you think the programme was successful in achieving its aims and objectives?

(3) In what ways can the programme be improved?

(4) Any other comments?

## “Dancing with Change” Programme Evaluation Questionnaire- Parents

**Please make a big cross on your choice and add comments in the right column:**

This evaluation is to help us determine your feelings as parents about the DWCP so that we can improve our Programme. We are aware that you did not take part in the programme, yet hope that you have gained particular insights through interaction with your child during the programme. You may remain anonymous if you wish.

 = Strongly Disagree  = Disagree  = Neutral  = Agree  = Strongly Agree

Questions	Ratings	Comments
The DWCP was useful for my child.	    	
The DWCP was harmful for my child.	    	
I would recommend this programme to other parents.	    	

(1) On a scale of 1-10, how would you rate the DWCP:

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

(2) What role do you think parents play in preparing their child for future drug related situations?

(3) What role do you think this Programme played in preparing your child for future drug related situations?

(4) Was the feedback session useful? In what ways?

(5) Were there any particular insights that you gained while your child participated in the programme?

(6) Any other comments?

## Appendix D: Outline of Programme

<p>“Dancing with Change” Programme</p> <p>Programme Facilitator: Deborah Ashdown</p>	
Session 1	<b>Introduction to the Topic: Drugs</b>
Session 2	<p><b>The facts about drugs</b></p> <ul style="list-style-type: none"> <li>• Gateway Drugs</li> <li>• Addiction</li> </ul>
Session 3	<p><b>Situations -Creative participatory enquiry</b></p> <p>- Role-plays, Situations, Actions and Consequences</p>
Session 4	<p><b>Introduction to Developing a Personal Action Plan:</b></p> <ul style="list-style-type: none"> <li>• Personal problem areas</li> <li>• Changes you want</li> <li>• Potential sources of personal power</li> <li>• Application</li> </ul>
Session 5	<p><b>Preparing for Change</b></p> <ul style="list-style-type: none"> <li>• Adolescence</li> </ul>
Session 6	<b>A Personal Commitment to a Drug Free Lifestyle</b>
Session 7	<b>The Importance of Communication</b>
Session 8	<b>Becoming Active Participants instead of Recipients</b>
Session 9	<b>Personal Reflection on the Programme</b>
Session 10	<b>Feedback Session Parents (psychodrama)</b>

**Appendix E: Poems****Letter to my child**

**I can teach you things,  
but I cannot make you learn.**

**I can allow you freedom,  
but I cannot be responsible for it.**

**I can offer you advice,  
but I cannot decide for you.**

**I can teach you to share,  
but I cannot make you unselfish.**

**I can tell you about drink and drugs,  
but I cannot say no for you.**

**I can teach you about kindness,  
but I cannot make you gracious.**

**I can model values for you,  
but I cannot make you moral.**

**I can teach you respect,  
but I cannot make you honourable.**

**I can give you love,  
but I cannot make you beautiful inside.**

**I can give you life,  
but I cannot live it for you.**

**Source unknown, adapted by Lee Wilcocks (Teen Drug Scene-South Africa)**

**The Art of Listening**

**Could you just listen...**

**When I ask you to listen to me and you start to give me advice, you have not done what I have asked.**

**When I ask you to listen to me and you begin to tell me why I should not feel that way, you are trampling on my feelings.**

**When I ask you to listen to me and you feel you have to do something to solve my problem, you have failed me, strange as it may seem.**

**Listen. All I ask is that you listen, not talk or do, just hear me.**

**I can do for myself. I am not helpless. I may be discouraged and faltering, but not helpless.**

**When you do something for me that I can do for myself, you contribute to my fear of inadequacy.**

**But will you accept as a simple fact that I do feel what I feel, no matter how irrational, then I can quit trying to convince you and get about the business of understanding what is behind this irrational feeling.**

**When that is clear, the answers are obvious and I do not need advice.**

**Irrational feelings make sense when we understand what is behind them.**

**Perhaps that is why prayer works, sometimes, for some people, because God is mute and does not give advice or try to fix things. God just listens and lets you work it out for yourself.**

**So listen and just hear me.**

**And if you want to talk, wait a minute for your turn, and I will listen to you.**

**Source unknown**



**Appendix G: Certificate Awarded to Learners**

*CERTIFICATE OF MERIT*  
*for successfully completing the*

**"dancing with change"**

**Drug Awareness Programme**

*Awarded to:* \_\_\_\_\_

*Presented by:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## Appendix H: Disseminating the Findings

Presented at:

*Third African Evaluation Conference: Africa Matters, Evaluation Matters: Joining Forces for Democracy, Governance and Development*, 1-4 Dec, 2004 in Cape Town.

*Regional Report Back Meeting (Gauteng and Mapumalanga): SACENDU (South African Community Epidemiology Network on Drug Use) PHASE 17 (July-December 2004)*, April 2005.

Annual Psychiatry Research Conference hosted by the University of the Witwatersrand on the 8th of June 2005.

**PREVENTING SUBSTANCE ABUSE AMONG YOUTH IN SOUTH AFRICA: EVALUATION OF AN ECOSYSTEMIC INTERVENTION PROGRAMME**

Presented by **Deborah Ashdown**  
deborahashdown@telkomsa.net

Masters' student, Psychology Department, University of South Africa  
Supervisor: Mr D Johan Kruger



*We don't need no education! We don't need no thought control!*

**intro**



**ecosystemic approach:**

- action research
- AOD prevention
- evaluation/intervention
  - best practice
- lessons learnt/practical guidelines
- meaning is created in context

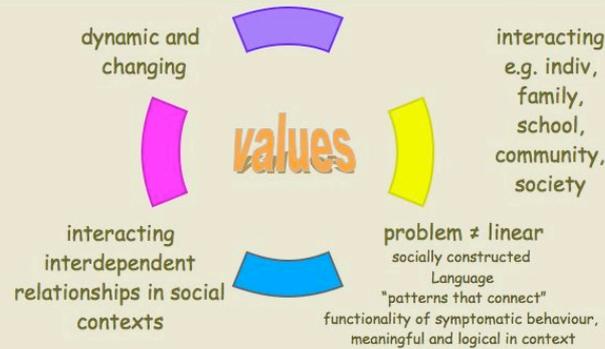
## action research

naturalistic settings  
 knowledge and action are inseparable (Nelson & Prilleltensky, in press)  
 contextual analysis  
 with ppts, **not** on ppts  
 about connections, relationships, meaning  
 science progresses through development of new discourses and paradigms (Thomas Kuhn) as opposed to FACTS  
 Researcher-part of process is more important than content

"taint what you do, it's the way that you do it"

## ecological thinking

alternative/not blue print  
 original/no carbon copies



## metaphor which can be applied to indiv/family/school/community/society



- Cosmos, planet, river, earth, trees, animals, insects, micro-organisms are all interdependent
- chemical dumping (substance abuse)
- affects the whole system/family/community/society (*ecosystems*)

# Symptom or Holon?



# FINDING VOICE

**feedback loops**

**re-vision**  
**re-invent**  
**re-flect**  
**re-member**

co-create  
co-construct

**meaning ma[t](k)ing**

**i am the methodology**

# measurement based evaluation/intervention

(Potter & Kruger, 2001)

individualistic

mono-realities

homogeneity

certainty Predict obectivity

LINEAR

reductionism

$y = Hu$

causality

input-output

## why/not?

### reactive problem solving

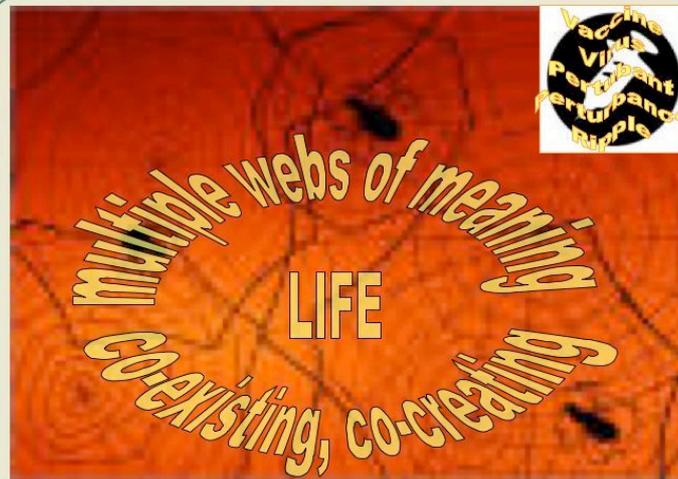
#### FEAR

- crisis
- low trust, low participation
- "quick fix"
- linear problem solving
- context stripping
- dehumanising
- grand theories
- exclusion of meaning and purpose

### systemic problem solving

#### TRUST

- intervention/journey/adventure
- "deep fixes" (Peter Senge, et al., 1994)
- use stories, loops, circles
- strengths based, empowerment
- creative problem solving
- collective meaning making
- shared accountability



## best practice

- protective factors vs. risk factors
- culture, age, gender, and ethnicity
- family bonding
- parenting skills
- intervene early/transition points
- long-term with repeated interventions
- IQ & EQ
- combine e.g. family-based and school-based
- include teacher training
- interactive, experiential
- research shows investing in prevention saves in treatment



## practical guidelines

- Needs and Resources Assessment (by stakeholders)
- Clarification of Representation, Roles, and Responsibilities (emergent, continuous)
- Decision Making Power
- Conflict Resolution
- Community and Support
- Communication, Dissemination, and Action

## lessons learnt: my learning



## guiding principles...

- facts that are transmitted are merely dead information
- information that is experienced becomes knowledge
- knowledge that is lived and acted upon becomes wisdom

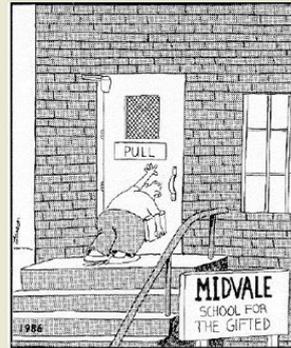


## ....pull or push?

When you expect something,  
when you aim at something,  
right there

you dilute your energy;  
you split your energy,  
you split your attention  
and it becomes more than  
the place of yin and yang.  
You do not only divide,  
but you create the problem.

*Taizan Maezumi*



## ....trust the process

- Be soft in your practice. Think of the method as a fine silvery stream, not a raging waterfall. Follow the stream, have faith in its course. It will go its own way, meandering here, trickling there. It will find the grooves, the cracks, the crevices. Just follow it. Never let it out of your sight. It will take you .... *Shena-yen.*



## creating meaning in context



**'performing' new realities,  
"I" and "we" become more fully engaged  
creators and actors in our lives and worlds**

**group work, action-oriented,  
connection, images,  
knowledge, created spaces ...**

---



**feedback session: closure  
- bringing parents, teachers and  
children together...**

---



**last words...**

---

This should be the gift of education,  
research, living:  
to educe, to allow to grow, to facilitate,  
to meaningfully connect,  
to conscientize,  
via processes of "participatory inquiry"  
and meaning making

(Kruger, 2003)

## references

- Ashdown, D (under construction) Conducting Effective Substance Awareness Programmes with Youth in South Africa: An Ecosystemic Approach. University of South Africa.
- Becvar, D.S., & Becvar, R.J. (2000). Family Therapy: A Systemic Integration. Allyn & Bacon: Boston.
- Department for International Development (2002) Tools for Development A handbook for those engaged in development activity. (Version 15, Sept 2002). Online PDF document: <http://www.dfid.gov.uk/foi/tools/>
- Kruger, DJ (2003) "No Content." Presentation to the 6th ALARPM (International association for action learning, action research and process management) and the 10th PAR (participatory action research) world congress, 21-24 Sept 2004 at the University of Pretoria.
- Kruger, DJ (2002) Programme evaluation workshop slideshow.
- Nelson, G and Prilleltensky, I (in press) Community Psychology: In Pursuit of Well-Being and Liberation (in press, New York: Palgrave Macmillan)  
<http://people.vanderbilt.edu/~isaac.prilleltensky/teaching.html>
- Potter, C & Kruger, DJ (2001) Social programme evaluation. In Seedat, M., Duncan, N. & Lazarus, S. (eds.) Community psychology: Theory, method and practice. South African and other perspectives. Johannesburg: Oxford University Press Southern Africa.
- Senge, P, Kleiner, A, Roberts, C, Ross, R & Smith, B (1994) The Fifth Discipline Fieldbook: Strategies and Tools for Building A Learning Organization