A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)

by

FAITH MATHIBELA

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DECLARATION

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I declare that the above thesis is my own work and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

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DEDICATION

If God hadn't given me the ability, wisdom, and patience I required, I would never have undertaken and completed this study. All glory and honour belong to Him.

I am deeply indebted to my esteemed supervisor, Professor Petro Botha, for her invaluable guidance and unwavering support throughout the entire research process. Her expertise and profound knowledge in the field have been instrumental in shaping my research project, and her insightful feedback and constructive criticism have helped me stay focused and motivated. I would also like to thank the Department of Social Work staff at the University of South Africa for the support they have given me over the years.

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ABSTRACT

Substance use disorders (SUDs) present a significant challenge for adolescents across the globe. The impact on the relationship between parents and their adolescents is profound, yet research-based knowledge is scarce on how parents with adolescents recovering from a SUD can be supported to cope. How the adolescents' recovery affects parents and family dynamics is mostly ignored. Moreover, the impact of adolescent SUDs on parents is dictated by the intensity of the difficulties within the family and their inability to manage the conduct of the recovering adolescent. The research study addressed this knowledge gap by developing a social work support intervention for parents of adolescents recovering from a SUD.

The qualitative research approach was employed to explore, describe, and contextualise the support needs of parents of adolescents recovering from a SUD. The researcher utilised the Intervention Design and Development (IDD) model to guide the research methodology, supported by the family systems theory and ecological systems theory as theoretical points of departure. The IDD model comprises six phases; however, this study implemented only the first four phases.

In Phase 1 of the IDD model, the researcher identified and analysed the research problem and formulated the study's research questions, aims, and objectives. In Phase 2 of the IDD model, relevant literature was used to contextualise the study. Purposive sampling was utilised to select suitable research participants. Data was collected through semi-structured interviews to gather information from parents living with adolescents recovering from a SUD and social workers working with the parents of these adolescents. Data was analysed and verified using Guba's model (in Guba & Lincoln, 1989), ensuring that all ethical considerations were followed.

In Phase 3 of the IDD model, the themes that emerged from the analysed data were used to design the social work intervention to support parents of adolescents recovering from a SUD. During Phase 4 of the IDD model, the preliminary social work support intervention for parents was presented to the experts in the field of

substance dependency to get their review of the intervention. Support group sessions with parents of adolescents recovering from a SUD were used to pilot test the intervention. After conducting the support group sessions with these parents, their feedback was incorporated into the social work support intervention. This social work intervention will be used to support parents of adolescents recovering from a SUD to enhance their knowledge and skills in coping.

It is evident that social workers are not well-equipped with intervention strategies to support parents of adolescents recovering from a SUD. This study will also provide social workers' insights into the support needs of these parents. and how to assist them in coping. Potential benefits of the intervention include bettering the welfare of the parents of adolescents recovering from a SUD, helping social workers with a programme to support these parents, and providing better services to clients. In addition, this study aims to enhance the self-care practices of parents and foster better relationships between parents and their children. The suggestions proposed in this study are expected to aid in the development of policies that cater to the support needs of parents who are living with adolescents recovering from a SUD. Ultimately, the social work support intervention aims to benefit the entire family unit.

KEY TERMS:
Substance use; Substance Use Disorder; Parents; Adolescents; Recovering; Social work; Social Work Intervention; Programme; Support; Substance dependency treatment centre; Intervention design and development

KAKARETŠO

Bolwetši bja Tšhomišo ya Dihlare-tagi bo tšweletša tlhohlo e kgolo go bafsa bao ba lego mahlalagading lefaseng ka bophara. Kgahlamelo tswalanong magareng ga batswadi le bafsa ba bona ba mahlalagading ke e kgolo, lega go le bjalo go na le tlhaelelo ya tsebo yeo e theilwego nyakišišong mabapi le kamoo batswadi bao ba nago le bafsa bao ba fola go bolwetši bja tšhomišo ya dihlare-tagi ba ka thekgwago ka gona go lebeletšana le boemo. Bothata bja kamoo bolwetši bja tšhomišo ya dihlare-tagi ya bafsa ba lego mahlalagading e kgomago batswadi le mafolofolo a lapa bo hlokomologwa kudu, gomme batswadi ba bafsa bao ba fola go bolwetši bja tšhomišo ya dihlare-tagi ba hwetša go le thata go šoma. Kgopolo ya morwalo wa lapa e ka dirišetšwa go kwešiša kamoo bolwetši bja tšhomišo ya dihlare-tagi ya bafsa ba lego mahlalagading e kgomago batswadi ka gona. Go feta moo, mafelelo a bolwetši bja tšhomišo ya dihlare-tagi ya mofsa yo a lego mahlalagading go batswadi a laolwa ke go ba thata ga mathata ka gare ga lapa le go se kgone ga bona go laola boitshwaro bja mofsa yo a lego mahlalagading yo a fola. Thuto ya nyakišišo e ile ya rarolla sekgoba se sa tsebo ka go hlama lenaneo la tsenogare ya mošomo wa leago bakeng sa batswadi ba bafsa bao ba fola go tšwa go bolwetši bja tšhomišo ya dihlare-tagi.

Mokgwa wa nyakišišo ya boleng o šomišitšwe go hlahloba, go hlaloša, le go beakanya dinyakwa tša thekgo tša batswadi ba bafsa bao ba fola go tšwa go bolwetši bja tšhomišo ya dihlare-tagi. Monyakišiši o šomišitše gape Mohlala wa Moralo le Tlhabollo ya Tsenogare (IDD) go hlahla mokgwa wa nyakišišo, wo o thekgwago ke ditshepedišo tša Malapa le teori ya ditshepedišo tša tikologo bjalo ka dintlha tša teori tša go thoma. Go tla šomišwa go tšea mehlala ka morero le ka kgwele ya lehlwa go kgetha batšwasehlabelo ba maleba ba nyakišišo. Mohlala wa IDD o akaretša dikgato tše tshela; le ge go le bjalo, nyakišišo ye e phethagaditše fela dikgato tše nne tša mathomo.

Mo Kgatong ya 1 ya mohlala wa IDD, monyakišiši o lemogile le go sekaseka bothata bja nyakišišo gomme a hlama dipotšišo tša nyakišišo ya nyakišišo, maikemišetšo, le maikemišetšo. Mo Kgatong ya 2 ya mohlala wa IDD, dingwalo tša maleba di šomišitšwe go beakanya nyakišišo ye ka diteng. Go šomišitšwe go tšea mehlala ka

morero le ka kgwele ya lehlwa go kgetha batšwasehlabelo ba maleba ba nyakišišo. Datha e kgobokeditšwe ka dipoledišano tšeo di sego tša rulaganywa gabotse go kgoboketša tshedimošo go tšwa go batswadi bao ba dulago le bafsa bao ba fola go tšwa go bolwetši bja tšhomišo ya dihlare-tagi le badirelaleago bao ba šomago le batswadi ba bafsa bao ba fola go tšwa go SUD. Datha e ile ya sekaseka le go netefatšwa ka go šomiša mohlala wa Guba (1989), go netefatša gore dikelohloko ka moka tša boitshwaro di latetšwe nyakišišong ka moka.

Mo Kgatong ya 3, ya IDD dihlohlo tšeo di tšweletšego go tšwa go datha yeo e sekasekilwego di šomišitšwe go hlama lenaneo la tsenogare ya mošomo wa leago go thekga batswadi ba bafsa bao ba lego mahlalagading bao ba fola go tšwa go bolwetši bja tšhomišo ya dihlare-tagi. Nakong ya Kgato ya 4, ya IDD tsenogare ya mathomo ya thekgo ya mošomo wa leago go batswadi ba bafsa bao ba fola go tšwa go bolwetši bja tšhomišo ya dihlare-tagi e ile ya tšweletšwa go ditsebi tša lefapha la go ithekga ka diokobatši go hwetša tshekatsheko ya bona ka lenaneo. Dithulaganyo tša sehlopha sa thekgo le batswadi ba bafsa ba mahlalagading di šomišitšwe go leka lenaneo la tlwaetšo. Ka morago ga dithulaganyo tša sehlopha sa thekgo le batswadi, ditshwaotshwao go tšwa go batswadi di ile tša šomišwa go hlwekišwa ga lenaneo la tsenogare bakeng sa batswadi ba bafsa bao ba fola go tšwa go bolwetši bja tšhomišo ya dihlare-tagi. Lenaneo le la tlhahlo le tla tšweletšwa go godiša tsebo le mabokgoni a baokamedi ba mošomo wa leago bao ba šomago ka gare ga maemo a tlhabollo ya leago.

Go molaleng gore badirelaleago ga ba hlometšwe gabotse ka maano a tsenogare go thekga batswadi ba bafsa bao ba fola go tšwa go SUD. Thuto ye e be e ikemišeditše go fa batswadithekgo go lebeletšana le maemo ban aba bona. Mehola yeo e ka bago gona ya lenaneo la tsenogare e akaretša go kaonefatša tshepedišo ya boiketlo, go thuša badirelaleago ka lenaneo la go thekga batswadi ba bafsa bao ba fola go tšwa go bolwetši bja tšhomišo ya dihlare-tagi, le go nea bareki ditirelo tše kaone. Go tlaleletša, nyakišišo ye e ikemišeditše go godiša mekgwa ya go itlhokomela ya batswadi le go godiša dikamano tše kaone magareng ga batswadi le bana ba bona. Ditšhišinyo tšeo di šišintšwego mo nyakišišong ye di letetšwe go thuša ka tlhabollong ya melawana yeo e hlokomelago dinyakwa tša thekgo tša batswadi bao ba šomanago le bolwetši bja tšhomišo ya dihlare-tagi ya bana ba bona

bao ba lego mahlalagading. Mafelelong, lenaneo le le ikemišeditše go hola maloko a lelapa kamoka.

Mantšu a bohlokwa:

Bolwetši bja tšhomišo ya dihlare-tagi; Tšhomišo ya dihlare-tagi Batswadi, Bafsa bao ba lego mahlalagading Go fola bolwetši bja tšhomišo ya dihlare-tagi, Thekgo; Lenaneo; Mošomo wa leago; Tsenogare ya mošomo wa leago; Mohlala wa Moralo le Tlhabollo ya Tsenogare

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AA	Alcoholics Anonymous
ASPIRE	Assessment, planning, intervening, reviewing, and evaluation
BSFT	Brief Strategic Family Therapy
BSW	Bachelor of Social Work
COVID-19	Coronavirus disease 2019
CRAFT	Community Reinforcement and Family Training
CREC	College Research and Ethical Committee
DSD	Department of Social Development
EST	Ecological systems theory
FBT	Family-Based Therapy
FFT	Functional Family Therapy
FSMAR	Family Support Model for Addiction Recovery
FST	Family systems theory
IDD	Intervention Design and Development
MDFT	Multidimensional Family Therapy
MST	Multisystemic Therapy
MSW	Master of Social Work
NASW	National Association of Social Workers
NDMP	National Drug Master Plan
NGO	Non-Governmental Organisations
SACENDU	South African Community Epidemiology Network on Drug Use
SAMHSA	Substance Abuse and Mental Health Services Administration
SANCA	South African National Council on Alcoholism and Drug Dependence
SRC	Scientific Research Committee
SUD	Substance use disorder
UNISA	University of South Africa
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
WHO	World Health Organization

CHAPTER 1:

INTRODUCTION AND BACKGROUND TO THE STUDY

This section introduces the study, "A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)". The first part provides background information on the topic, discussing the challenges faced by parents of adolescents recovering from a SUD. This chapter furthermore discusses the existing interventions for parents of adolescents recovering from a SUD. The researcher discusses the study's problem statement and rationale, as well as the theoretical framework guiding this study. Additionally covered in this chapter are the study's methodology and research paradigm. Key concepts of this study are clarified and defined.

1.1   GENERAL INTRODUCTION

The occurrence of SUDs is a widespread issue that has made it difficult for families to maintain their well-being, especially for the parents of adolescents who misuse substances (Hennessy, Cristello & Kelly, 2019:429). Substance use refers to individuals using alcohol, legal and illegal drugs, and prescribed medications in a manner that causes harm to themselves and the people around them (McLellan, 2017:112). Substance abuse is the destructive or dangerous use of chemicals, illegal drugs, alcohol, and prescription or over-the-counter medications (Substance Abuse and Mental Health Services Administration, 2024a:3). A SUD is a medical condition that is typified by notable deficits in health, social functioning, and voluntary control over substance abuse. It can result in health difficulties or challenges at work, school, or home (Danovitch & Mooney, 2018:168). In addition, Furlanetto *et al.* (2022:1) state that a SUD is characterised by the inability to stop using the substance, consistent withdrawal, and loss of inhibitory control of the desire for substance abuse, causing impairment in behaviour, decreased ability to recognise significant problems due to the pathological behaviour itself, deficits in interpersonal relationships, and dysfunctional emotional responses.

According to recent statistics, the global population of substance users has grown by 23% in the past decade, with over 296 million individuals reported to have used drugs in 2021 (United Nations Office on Drugs and Crime, 2023:1). Additionally, the number of individuals who suffer from SUDs has risen significantly, with a 45% increase over the past 10 years, bringing the total number to 39.5 million (United Nations Office on Drugs and Crime, 2023:1). About 2.2% of people worldwide suffer from SUDs, with alcohol use disorders being more common (1.5%) than other SUDs, such as amphetamine (0.10%), opioids (0.29%), cannabis (0.32%), and cocaine (0.06%), as indicated by Castaldelli-Maia and Bhugra (2022:6). In the United States of America (USA), 61.2 million individuals, or 21.9% of the population, who were 12 years of age or older in 2021 used illicit substances in the previous 12 months (Substance Abuse and Mental Health Services Administration, 2024b:1). The prevalence of substance misuse among adolescents is on the rise in sub-Saharan Africa, as approximately 41.6% of adolescents are misusing substances, with Central Africa being the highest at 55.5% (Fentaw, Fenta & Biresaw, 2022:1; Olawole-Isaac, Ogundipe, Amoo & Adeloye, 2018: 79).

The phenomenon of SUDs amongst adolescents in South Africa has turned out to be a significant problem (Mokwena & Setshego 2021:1; Walton, Avenant & Van Schalkwyk, 2016:1). For the year 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) (2019b:16) reported that an estimated 376 000 adolescents in South Africa aged between 12 and 17 were using hallucinogens and heroin. The report also states that about 3 172 adolescents were admitted to 15 rehabilitation treatment centres in Gauteng for substance misuse during 2019 (South African Community Epidemiology Network on Drug Use, 2019:2). According to the South African Community Epidemiology Network on Drug Use (SACENDU) report published in July 2019, it showed the primary substance misused in Gauteng from January to June 2018 was marijuana (33%), then heroin (22%), followed by alcohol (16%). Based on the above statistics, this time frame saw a 5% increase in the number of individuals admitted for *nyaope* (a local street drug made up of a lethal mixture of substances) use and an 8% increase in heroin use (SACENDU, 2019:2). The report states that from June to December 2018, community health workers visited around 31 646 households in the six regions of the City of Tshwane (SACENDU, 2019:2). As part of ordinary household health and social screening

assessments, 208 families were identified for health and screening, and it was determined that at least one person in each household had a SUD. Access to SUD treatment is still restricted despite recent funding to non-governmental organisations (NGOs) and attempts to increase workforce development programmes (Myers, Koch, Johnson & Harker, 2022:2).

The family is always seen as the primary source of development and guidance for individuals in the society in which we live. Hence, the effects of SUDs on family members, especially parents, need more attention (Lander, Howsare & Byrne, 2013:195). Families have an essential role in supporting adolescents with SUDs; however, this is very challenging for families (McCann, Lubman, Boardman & Flood, 2017:2). Families often carry the primary responsibility of supporting the person with a SUD; they also have to deal with issues of stigma, isolation from society, and disagreements within the family (Smokowski *et al.*, 2018:2925; Orford, Velleman, Natera, Templeton & Copello, 2013:70; Tambling, D'Anniello & Russell, 2021:79). Support giving seems challenging and negatively affects the parents' well-being (Thomas, Liu & Umberson, 2017:2).

According to the Children's Act 38 of 2005 (South Africa, 2006: section 18), any person who is a child's biological relative is considered a parent, including people who have legally adopted a child. However, it has also been noted that a parent is defined as the caregiver of a child, and parents are not limited to the biological parents, but also include foster and adoptive parents (Koch & Jones, 2018:2). For this study, the term 'parents' include biological parents, parents who are married or single, divorced or separated parents, foster parents, legal and non-legal guardians, and caregivers of adolescents recovering from a SUD.

An adolescent is a young person aged between 10 and 19. Adolescence is a critical development stage for parents and adolescents in building healthy relationships. It is also a critical phase of transition in a child's development; during this period, they experience many challenges simultaneously, including physical growth, the drive to be independent, the need for social and peer interactions, and brain development (Case & Paxson, 2013:433; Csikszentmihalyi, 2024:433). Adding on, Higginbottom and Liamputtong (2017:111) state that an adolescent is a young person in the

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process of development, moving between the stages of childhood and adulthood. Considering the definitions mentioned above, the researcher's emphasis for this study was on parents of adolescents aged between 10 and 19 who are recovering from a SUD.

1.1.1 Difficulties faced by parents of adolescents recovering from a SUD

SUDs in adolescents bring about challenges and health issues to their parents (D'Aniello *et al.*, 2020:14). Parents of adolescents with a SUD are challenged by the high levels of stress and conflict among family members, which result in the weakening of their psycho-social well-being (Bisetto-Pons, González Barrón & Botella Guijarro, 2016:1). Supporting this, Masombuka and Qalinge (2020:54) note that parents often blame themselves for their adolescent's SUD, feeling they have failed in performing their parental responsibilities. The authors add that parents might feel guilty and even embarrassed by the behaviour of their adolescent with a SUD (Masombuka & Qalinge, 2020:54).

When an adolescent has a SUD, the family may face ongoing conflict and parents of adolescents with a SUD may suffer greatly as a result of the wide range of negative emotions that adolescents with SUDs frequently feel, including perplexity, guilt, worry, and sadness (Hlungwani, Ntshingila, Poggenpoel & Myburgh, 2020:2). Despite the difficulties parents face, they have a crucial part in supporting their adolescents to influence their recovery in a positive manner (McCann, Polacsek & Lubman, 2019:905). At times, parents may feel frustrated by the behaviours of the adolescent recovering from a SUD, thus affecting their capacity and willingness to continue their support. McCann *et al.* (2019:906) contend that supporting an adolescent recovering from a SUD could be emotionally draining and exhausting. An intervention to improve the lives of these parents will positively impact not only their lives, but also the lives of their adolescents (Bisetto-Pons *et al.*, 2016:2).

SUDs disrupt family functioning and affect the whole family system by changing family relations and roles in the family (Choate, 2015:462). Adolescent SUDs have a tremendous impact on the family cycle and change it significantly (Hlahla, Ngoatle & Mothiba, 2023:1). Ngatweni (2018:18) maintains that parents struggle to handle their substance-abusing adolescents while still having to focus on other family

matters, impairing their capacity to cope. The influence of SUDs on families is mentioned several times in the foreword of the National Drug Master Plan (NDMP) (Department of Social Development, 2019:2). Parents are faced with numerous difficulties when parenting adolescents recovering from a SUD. Some of these difficulties may include the adolescents stealing from them, stress, anxiety, and health issues, all of which negatively affect their lives, leaving them struggling to cope (Mathibela, 2017:74).

The impact of SUDs on families is significant, and the effects include costly physical and mental health problems (Olawole-Isaac *et al.*, 2018: 79). The parents themselves may have been subjected to physical and psychological abuse from their substance-using adolescents, leaving them fearful and afraid for their safety (Choate, 2015:468). SUDs also place an additional financial burden on parents due to the cost of treatment and the overall cost of maintaining the adolescent (Groenewald & Bhana, 2017:422). Furthermore, the same authors indicate that the support of an adolescent with a SUD mainly falls on the parents, as they have to attend family meetings, take time off work to attend school meetings, and support the adolescent financially (Groenewald & Bhana, 2017:422).

1.1.2 Intervention for parents of adolescents recovering from a SUD

Support interventions can be in the form of, for example, a home visit, therapy, or support groups that are used to bring behavioural change in people's lives (Okoye, Chukwe & Agwu, 2017:84). Social work interventions are defined as how social workers address social issues and clinical problems on distinct levels, such as the macro, meso, and micro levels. Treatment programmes for adolescents with a SUD should encourage a holistic perspective, emphasising understanding the family (Fadus *et al.,* 2019:1). The are different programmes primarily used in treating an adolescent with a SUD, namely Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT), and Multisystemic Therapy (MST) (Horigian, Anderson & Szapocznik, 2016:608-609). However, according to Wilson, Rodda, Lubman, Manning and Yap (2017:57), support for families of people with SUDs, especially parents and spouses, is seen as an addition to treating people with SUDs.

Family interventions focus on assisting parents to gain more knowledge about addiction and the problems associated with substance misuse (Daley, 2013:75). In supporting this, Schultz (2018:219) asserts that families' engagement has mostly consisted of educating them about SUDs, addiction, communication techniques and skills, and how to continue supporting people with SUDs to maintain sobriety. Even though the NDMP (DSD, 2019:43) outlines several strategies and measures to support the families of people with SUDs, they predominantly suffer in silence with minimal or no support. This is because most of the available support is directed at assisting individuals with SUDs, rather than their families and parents (Groenewald & Bhana, 2017:427). There are several family interventions available to assist parents of adolescents with SUDs to build relationships that will strengthen the family unit and thus contribute to preventing and managing the abuse (Bisetto-Pons *et al.*, 2016:2). However, most treatments are not implemented for several reasons, including funding and lack of manpower, the support for recovering individuals being prioritised over family members, and interventions aimed at the parents of recovering adolescents being lacking (Ngatweni, 2018:18).

To verify the statements made in the literature, the researcher looked more closely at several interventions for families used internationally and in South Africa (Brigham *et al.*, 2014:241; Bisetto-Pons *et al.*, 2016:2; Clarahan & Christenson, 2017:231). These models are outlined as follows:

- Community Reinforcement and Family Training (CRAFT) focuses on encouraging participants to improve patient outcomes to complete the entire treatment programme (Brigham *et al.*, 2014:241). The CRAFT programme, which Smith and Meyers founded, is an operational intervention to support youth and adults. According to Bisetto-Pons *et al.* (2016:2), the CRAFT programme encourages treatment, prevention, lifestyle changes, behaviour changes, problem solving, and communication skills.
- The Strengthening Families Program is also used to support families, however, the focus is more on supporting adolescents and reducing problem behaviours, delinquency, and substance misuse in children, as well as improving social skills. It also focuses on improving parenting skills and family relationships (Kumpfer & Brown, 2019:2).

- Family-Based Therapy (FBT) is vital for youth and adolescents with SUDs based on its effective focus on the system. FBT focuses on including family members to assist in improving the behaviour of the person who is misusing or recovering from a SUD. The programme encourages behavioural change in individuals, especially the ones using substances and recovering from a SUD, with the assistance of the family (Clarahan & Christenson, 2017:231).

- The Systems Model promotes and maintains balance and evaluates the family systems. The model also focuses on having structures, boundaries, and activities that should be done mainly by the person recovering from a SUD. It encourages setting boundaries in relationships, expressing feelings and emotions, and attending support groups (Sherrel & Gutierrez 2014:26).

The above information confirms that the available family-based interventions mainly focus on education and communication skills to bring about positive changes in the lives of adolescents with a SUD and not on supporting their parents with their unique needs (Becker, Hernandez, Spirito & Conrad, 2017:2). Professionals focus their concerns on adolescents recovering from SUDs, which leaves less time for the challenges parents face (Mathibela & Skhosana, 2019:87). The issue of supporting families of adolescents recovering from a SUD is rarely included in policy documents or most studies, even though parents are playing an essential part in the recovery of the adolescents with a SUD (Manthorpe, Morriaty & Cornes, 2015:53). The involvement of parents has mainly entailed providing them with information on SUDs, how to support their adolescents, or communication skills. Not much has been done to examine the support needs of parents of adolescents recovering from a SUD.

According to Minnick (2019:194), social workers are not well prepared or even appropriately trained to provide SUD treatment. The National Association of Social Workers (NASW) (2013:3) of South Africa was among the first to introduce a speciality practice for substance misuse in 1996 to the social work field. However, only 3% of the social workers in the country are trained in the primary care of SUDs (Manganyi, 2015:101). Although the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa 2008) and the White Paper on Families in South Africa (2013:43) stipulate that parents of adolescents who are misusing substances

need to be supported, there are limited practice guidelines or models in existence to guide social workers towards a sustainable intervention when working with parents. There is little literature on social work services rendered to support families, especially parents of adolescents recovering from SUDs. The challenge is seen mainly in how parents struggle to forgive their recovering adolescents and use tough love to improve their adolescents' lives. Parents are also seen struggling with rebuilding trust, reducing their anxiety, dealing with the stigma of an adolescent recovering from a SUD, and minimising self-blame. The issues mentioned above have received little attention in the parent support interventions currently offered by treatment facilities in the City of Tshwane. In the following section, the researcher will discuss the problem statement.

1.2 PROBLEM STATEMENT

A problem statement is what the researcher needs to address or solve coming from literature-related problems, areas of conflict, or real-life situations (Creswell, 2016:88). Asserting this, Schmidt and Brown (2019:76) define the problem statement as the means used to direct the researcher in describing the research problem identified through the literature gaps or informed by practice. According to Kumar (2014:67), when designing a research problem, the researcher aims to focus on the value and significance of what they want to research and uses that as their starting point. According to the researcher, the construction of a research problem focuses on reviewing the current and relevant research and literature, which will assist in identifying the gap and understanding the topic under study.

Adolescents recovering from SUDs face more challenges when compared to adults (Chasek *et al.*, 2019:133). Research conducted by Groenewald and Bhana (2018:148) indicated that SUDs among adolescents are rising at an alarming rate, despite the efforts of various stakeholders in trying to eliminate this social challenge and despite what families and communities are doing. Research has repeatedly indicated that stress and disappointments associated with unhealthy adolescent behaviours like substance misuse and anxiety have an impact on parenting (Groenewald & Bhana, 2017; Kalam & Mthembu, 2018:468; Mathibela & Skhosana, 2019:87; Dykes & Casker, 2021:224).

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It is clearly stated in the NDMP (2019:29) that families should be assisted and supported in dealing with the challenges of having adolescents with a SUD. However, not much has been done to improve and support the families, especially the parents expected to support adolescents recovering from a SUD. Family support is a crucial part of SUD treatment and when parents are adequately informed, they will be able to offer the necessary support for the adolescents recovering from a SUD (Ndou, 2019:59). The author continues to share that the main topics for family support include addiction, the effects of substances and addiction, and how addiction affects relationships with significant others (Ndou, 2019:59). The above statement indicates that less is done to focus on supporting the parents, especially those trying to cope with and understand their adolescents' behaviour and lifestyle changes. Parents are expected to continue providing support when the adolescent recovering from a SUD is released from the treatment centre. However, the responsibility becomes too much for the parents to cope with due to the anxiety and worry caused by the lifestyle of the adolescents recovering from a SUD (Tambling *et al.*, 2021:1663). This is because not much is done to adequately support and equip the parents on how to deal with the behaviour of the adolescents recovering from a SUD. Family support is mainly seen as an essential factor that enhances the aftercare treatment of an adolescent recovering from a SUD (Mahlangu & Geyer, 2018:329). Treatment centres are supposed to involve families throughout the treatment process of the person recovering from a SUD (Mzolo, 2015:2).

As noted earlier, much information has been provided on supporting individuals with SUDs, but very little attention has been given to support programmes that focus on the support needs of parents (Groenewald & Bhana, 2018:153). In other words, interventions have chiefly targeted individuals misusing substances and not the parents, especially concerning how they can be supported (McKeganey, 2014:57). Parents need to be supported to be able to manage their lives and the whole family unit (Maluleke, 2013:106). Secondary to this, Choate (2015:474) highlights that social workers need to look into these needs and develop interventions that will work for the whole family, especially those that will focus on addressing the support needs of parents. This is mainly because social workers are overwhelmed by SUDs and many lack the necessary tools or training to address substance-related issues, leaving them with limited time to focus on families and significant others. This is

confirmed by Freedman (2018:6), who says that most social workers dealing with SUDs have limited knowledge on the subject, as they only receive in-service training. At the same time, SUD treatment needs to be efficient and informed by current information. Although much research has been done on SUDs, not much of the acquired evidence has been used to inform future interventions and programmes to support parents of adolescents recovering from a SUD. Experiences of parents that are undealt with can develop into serious challenges; hence McKeganey (2014:57) states that there is a need for interventions designed to strengthen the coping strategies of parents during the adolescents' recovery from a SUD. The information above shows that there is limited information on how parents of adolescents recovering from a SUD can be supported. A social work intervention is also needed to focus on the support needs of parents of adolescents recovering from a SUD.

1.3   RATIONALE FOR THE STUDY

This section explains the rationale and the researcher's motivations for conducting this study. The study's rationale is mainly about the importance of the study to the researcher, theory, and practice (Fouché, Strydom & Roestenburg, 2021:81). The study's rationale specifies why the researcher desires to conduct a specific study (Creswell & Poth, 2018:131). The study's rationale is derived from the researcher's practical work as a social worker, the above analysis, personal observations, and her previous research. The researcher observed from her own experience working at the South African National Council on Alcoholism and Drug Dependence (SANCA) in Tshwane that most of the parents of adolescents with SUDs are struggling to cope and feel left out, as the focus is on the adolescents and not much is done to support them. In other words, professionals concentrate on assisting adolescents with SUDs and place less emphasis on the difficulties faced by their parents (Shadung, Mbedzi & Skhosana, 2024:6).

Driven by the latter experience, the researcher conducted her master's research on the experiences, challenges, and coping strategies of parents living with teenagers abusing chemical substances. The parents who participated in the study stated that they do not receive any support that is specifically directed at them. The participants

stressed the fact that the support groups they attended provided more information on how to support their adolescents recovering from a SUD and how to assist them in maintaining sobriety. In learning from the conducted interviews with parents, an urgent need for parental support came to the fore. In addition to the above, the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa, 2008) stipulates that programmes need to be available to equip and support parents and empower them to deal with the challenges related to their adolescents recovering from a SUD.

The researcher has several motivations for conducting this study. The first motivation is based on the needs identified by the social workers to assist parents in coping with their daily lives while supporting their recovering adolescents. The second motivation is to design a social work support intervention to support the parents of adolescents recovering from a SUD. The third motivation is to add knowledge to the fraternity of social work, fill the knowledge gap, and formulate valuable recommendations for future research and practice. The final motivation is to use this opportunity to grow and advance professionally and obtain the essential knowledge and skills, or 'know-how', to assist such parents.

1.4   THEORETICAL FRAMEWORK

A theoretical framework is a structure made up of concepts and theories that inform a study (Merriam & Tisdell, 2015:86). Adding on, Collins and Stockton (2018:3) state that a theoretical framework is the views, thoughts, or even theories that inform research. Thomas (2017:99) shares that the theoretical framework guides the researcher in a theory that should be tested in a study. The researcher describes the theoretical framework as the theory or theories that guide the researcher in researching the selected topic.

The researcher used Bowen's **family systems theory** (FST) as a point of departure. The insight into the FST is that a lot of human circumstances are best understood in terms of how people interact with one another as opposed to individuals in isolation (Beckett & Horner, 2016:194). FST shows that when an adolescent has a SUD, that does not only affect their life but affects the whole family

unit. According to FST, it is understood that the experiences of one family member might affect the rest of the family. This theory views a family as a system where each member has a specific role to play within the system (Johnson & Ray, 2016:782). FST seeks to understand how people function in relation to interactions with other people within the family unit, the main focus being on how individuals impact each other's lives in a family (Olson, Waldvogel & Schlieff, 2019:200). Within a family system, the structure of roles is seen as essential to strike a balance within the system. This means that parents will have to find better ways to balance their life, work, and parenting and continue to support the adolescent recovering from a SUD. Social expectations about parenting during adolescence can cause overprotection in some parents and trying to meet these standards can lead to exhaustion and burnout (Zimmermann, Antonietti, Mageau, Mouton & Petegem, 2022:4).

Complex interventions are based on the FST, with multiple components designed to work together (Masten, 2018:13). According to Baharudin and Sumari (2017:101), there is a dire need to find ways to assist families, especially parents, in coping and focusing on their well-being, as families are perceived as the support system for adolescents recovering from SUDs. Even though they are hardly ever mentioned in policy documents or studies, parents are nonetheless expected to support their adolescents recovering from SUDs and be at the forefront of ensuring that they continue to receive treatment (Manthorpe *et al.*, 2015:53). In most cases, social workers do not include these parents in their services, nor pay attention to their needs, even though they are also at risk. Considering all the challenges faced by parents and families of adolescents recovering from a SUD, effective, holistic treatment for SUDs should empower the whole family to cope and support each other (Bisetto-Pons *et al.*, 2016:2).

The challenges are not faced by the individual recovering from a SUD alone, but also by the whole family system (Son, 2019:12). FST's concept of chronic anxiety can be utilised in assisting family members to avoid blaming each other and encourage a way of working together to prevent conflicts and find solutions (Son, 2019:10). To explore social work support for parents of adolescents who are struggling with SUDs, the researcher also investigated other factors in the family

that influence the family unit. FST assisted the researcher in focusing on the family holistically to design a social work support intervention for parents of adolescents recovering from a SUD.

In this study, the researcher also utilised the **ecological systems theory** (EST) to comprehensively understand the support needs of parents of adolescents recovering from a SUD. The EST allowed the researcher to understand the participants and their environment. It also enabled the exploration of the participants' relationships with their environment, how they respond to it, and how their transitioning within the environment affects them. The EST provides a thorough approach that considers all the systems that have an impact on adolescents and their families, with an emphasis on considering the dynamic nature of true family relationships (Hayes, O'Toole & Halpenny, 2017:11). The micro, meso, and macro social work approaches complement one another, and all are required to form and plan social work interventions. These approaches have been demonstrated to complement and strengthen one another in social work practice. Social workers must be familiar with these approaches to provide parents of adolescents suffering from a SUD with a comprehensive intervention.

The foundation of EST is strengthening social support systems, including the family, school, neighbourhood, church, friends, and other service providers. In support of this, Manganyi (2015:23) reiterates that the EST is a holistic, dynamic, and interactional systems approach based on ecology, which generally entails examining how individuals interact with their environment. EST is centred on the fact that an individual is not an island; they are interlinked with various environmental systems, which are the microsystem, mesosystem, and macrosystem (Ettekal & Mahoney, 2017:240). EST assisted the researcher to focus on how individuals function and understand them holistically through looking into all environmental factors that affect them (Zastrow & Kirst-Ashman, 2016:172).

Using both the FST and EST, the researcher managed to understand the holistic support needs of parents of adolescents recovering from a SUD and designed an intervention to support the parents in question. The combination of the two theories assisted the researcher in understanding the interrelationships in different

processes and how that can be used positively to develop an intervention that will support parents of adolescents recovering from a SUD.

1.5   RESEARCH QUESTIONS, GOALS, AND OBJECTIVES

In this part, the study's goals, objectives, and research questions are highlighted.

1.5.1   Research questions

According to Bryman (2016:10), the term research question refers to a declarative statement or inquiry that serves to clarify the goal of the study. A research question is also defined as narrowing the research goals and objectives down to specific focal areas of the study to give a clue about who the participants are (Doody & Bailey, 2016:19). A research question should provide a basis that validates the literature that is used, and it is an essential building block for good research (Lau & Kuziemsky, 2016:146). The researcher describes the research question as a question aimed at guiding what is being researched and should provide a basis that validates the literature that is used. Research questions, goals, and objectives are guided by the research problem identified to ensure flow in the research.

To design a social work support intervention for parents of adolescents recovering from a SUD, the following research questions are formulated:

- What are the experiences of parents of adolescents recovering from a SUD?
- What social work support interventions do parents of adolescents recovering from a SUD need?
- What are the key elements that must be included in a contextually relevant social work support intervention for parents of adolescents recovering from a SUD?
- How could a social work support intervention for parents of adolescents recovering from a SUD be operationalised?

1.5.2   Research goals

Every study's main goal is to progress, hone, and increase understanding of a particular phenomenon in a way that is grounded in empirical evidence (Gray, Grove & Sutherland, 2017:78). Affirming this, Creswell (2016:94) shares that a research

goal is a motive or the purpose stating the motivation behind the researcher's interest in the subject matter and their goals. The goals of the research are conveyed through terms like "analyse, describe, and explore", which also signify the study's overall goal and purpose (Moule & Goodman, 2014:80). The research goal thus assists the researcher in focusing on reaching the purpose of the study. On the other hand, it also helps the reader to be able to follow and understand the process. The research goal lays out the intention of the study. Based on the above definitions, the goals of this study therefore are:

- To develop an in-depth understanding of the support needs of parents of adolescents recovering from a SUD.
- To develop a social work support intervention for parents of adolescents recovering from a SUD.

1.5.3 Research objectives

Research objectives are the plans directly linked to research questions and the order in which the questions are addressed considering the available resources (Doody & Bailey, 2016:23). The research objectives describe what the researcher intends to accomplish through conducting the proposed study, stating when it will be done and providing a specific time frame (Abdulai & Owusu-Ansah, 2014:4; Flick, 2015:4). Research objectives provide the researcher with clear guidance on the type of data to collect and from whom such data should be obtained to derive applicable reactions and responses to the formulated research questions.

Considering the above, the objectives of this study are:

- To explore and describe the perceptions of parents of adolescents recovering from a SUD about their support needs, as well as what social work support interventions they need.
- To describe, as findings, what social work support interventions parents of adolescents recovering from a SUD need and how they should be operationalised.
- To explore and describe the perceptions of social workers working with adolescents recovering from a SUD about the support needs and possible social work support interventions the parents of these adolescents need.

- To describe, as findings, what social work support interventions social workers working with adolescents recovering from a SUD recommend for the parents of these adolescents and how they should be operationalised.

- To review the elements or components that should be included in the planned social work support intervention through a literature review and further information collection from parents and national and international experts.

- To draw conclusions and make recommendations about what a social work support intervention for parents of adolescents recovering from a SUD will consist of.

- To design and develop a social work support intervention using the above findings to support parents of adolescents recovering from a SUD.

- To disseminate the research findings and the developed social work support intervention for parents of adolescents recovering from a SUD.

1.6   RESEARCH PARADIGM

A paradigm is a basic belief system and theoretical framework that includes assumptions regarding ontology, epistemology, methodology, and procedures, according to Rehman and Alharthi (2016:51). It is basically the lens through which we view and study the reality of the world. In this context, we will examine the four constituent parts of a research paradigm (Given, 2008:41). Furthermore, Kivunja and Kuyini (2017:26) explain that a research paradigm is a set of beliefs and agreements shared by academics about how to understand and solve problems. Kivunja and Kuyini (2017:26) claim that the idea of a research paradigm was first presented in 1960. Furthermore, according to Kamal (2019:1388), the word paradigm comes from the Greek word for patterns. Additionally, according to Kamal (2019:1388), a paradigm is a collection of theories explaining the existence of a certain problem, as well as a set of guidelines for investigating it. According to Kivunja and Kuyini (2017:26), the perspective of the researcher is reflected in the research paradigm. Tubey, Rotich and Bengat (2015:224) share that there are four types of research paradigms, namely, positivist, interpretivism, critical theory, and constructivist.

In this study the researcher employed the interpretivism paradigm, which involves understanding the participants' worldview. According to Ryan (2018:18), the interpretivism paradigm recognises that truth and knowledge are determined by cultural and historical contexts, as well as the lived experiences of the participants. Goldkuhl (2012:138) further explains that the interpretivism paradigm involves exploring the participants' experiences of their world, which can be conveyed through language, ideas, values, experiences, and documents. Notably, the interpretivism paradigm makes qualitative research easier, because it uses the experiences of participants to construct and interpret the data (Ryan, 2018:18). In support of this view, the interpretivism paradigm was selected to be used for this research to enable individuals to connect their struggles, experiences, and how they would want to be assisted to cope to the research objectives. Based on this, the researcher comprehended the view of the parents and social workers in line with ways that can be utilised to support parents of adolescents recovering from a SUD. Furthermore, the paradigm allowed the researcher to get close to what is happening in the substance dependency field regarding supporting parents who are struggling to cope with adolescent SUD. To truly comprehend the participants' behaviour and reality, it was vital for the researcher to invest time and effort in gaining a deep understanding.

1.7   RESEARCH METHODOLOGY

Research methodology focuses on the principles that guide the research study (Puri, 2019:118). In a scientifically sound manner, research methodology refers to the processes, strategies, and methods utilised to collect data from samples and analyse and interpret the results (Pandey & Pandey, 2015:8). Research methodology is the channel that allows the researcher to watch while choosing what kind of procedure to utilise for a study, how to interact with participants, and how to gather data (Mills & Birks, 2014:3). Research methodology in this study refers to the procedures used to identify and gain knowledge and analyse and verify the data collected, allowing the researcher to reach conclusions about the events used to identify and collect information.

The researcher used the qualitative research approach, which allowed parents and social workers to share their views and ideas on parents' support needs and how parents can be assisted in coping.

1.7.1   Research approach

The researcher gains further insight into the life experiences, ideas, and opinions of the research participants through the research approach (Farghaly, 2018:6). According to Creswell (2014:185), the research approach focuses on assisting the researcher in obtaining a detailed understanding of the topic. The research approach is an organised method that is used in describing the lived experiences of people and the meanings around them (Grove, Burns & Gray, 2013:705; Leavy, 2023:13). The qualitative research approach will assist the researcher in understanding and learning more about the support needed by the parents of adolescents recovering from a SUD. The research approach helped the researcher develop a social work intervention to support these parents (Malagon-Maldonado, 2014:121).

The characteristics of qualitative research, as outlined by Creswell (2014:185), are discussed below to show how the qualitative approach was applied to gain a thorough understanding of the topic being studied.

- *Qualitative research is conducted in a natural setting.*
  The natural setting allows participants to comfortably share their lived experiences from their own spaces (Irani, 2019:5). Qualitative research permitted the researcher to understand the research participants from their natural environment and how they perceived their lived experiences (Merriam & Grenier, 2019:5). The researcher conducted interviews with the participants and observed them in their natural environment (Creswell, 2014:185), meaning parents were interviewed in their homes and the social workers in their offices. Alternatively, they were allowed to choose a location where they would like the interviews to be conducted. In some instances, the participants (parents) were interviewed at the social workers' offices to ensure that they were comfortable expressing themselves.

- *The researcher is seen as the primary or critical instrument for data collection.*
  The researcher serves as the main tool in the process of data collection using interviews, observations, and the examination of documents (Creswell & Poth, 2018:43). According to Merriam and Grenier (2019:5), by using open-ended questions in data collection, the researcher, as an important instrument of data collection, can quickly adapt and respond. The researcher made sure that she was in charge of recruiting participants, gathering and analysing data, and making all choices pertaining to the research design. The researcher utilised semi-structured interviews with 31 participants, 15 parents and 16 social workers and open-ended questions for data collection to explore the support systems and services that can assist parents of adolescents recovering from a SUD. The parents were given the chance to discuss their support needs and ideas on how social workers could assist them, as well as their experiences of looking after an adolescent recovering from a SUD.

- *Qualitative researchers use inductive data analysis.*
  Qualitative researchers form patterns, themes, and sub-themes through arranging the information into progressively more abstract units of data (Creswell, 2014:45). By using a qualitative approach, a researcher not only conducts interviews with participants, but also makes use of available literature and documents, including audio and visual information (Farghaly, 2018:5). When collecting data, the researcher interviewed the parents and social workers and consulted available literature on the phenomenon under study. In this regard, Tesch's model (in Creswell, 2014:198) was used to analyse the collected data, and the themes and sub-themes identified were outlined.

  The researcher understood that in analysing the data collected, there would be much back-and-forth in the process to ensure that the themes were well established (Creswell, 2014:186). The themes and sub-themes identified were outlined and discussed in Chapter 4 and Chapter 5 of this study.

- *Qualitative research is descriptive and uses the participants' meanings.*
  Qualitative research is focused on determining the who, what, and where of events and gaining an understanding of the meaning participants ascribe to

these events (Kim, Sefcik & Bradway, 2017:23). Social work research is descriptive and the researcher must first observe and explore, and then describe (Rubin & Babbie, 2013:51). The descriptive nature of qualitative research allows the researcher to interpret what the participant is sharing to get a better understanding of what the participant is saying concerning the study (Creswell, 2014:154).

The descriptive accounts of the participants' experiences and views were recorded during the semi-structured interviews. The researcher's interest was in understanding parents' support needs and designing an intervention that would address their needs as parents of adolescents recovering from a SUD.

- *Qualitative research focuses on the process.*
  Through a qualitative research approach the researcher makes an organised analysis, meaning that new knowledge comes from a process involving different phases (Aspers & Corte, 2019:156). Qualitative research looks into the flexible process to reflect on the participants' world (Korstjens & Moser, 2017:275). The process of this study allowed parents to reflect on their support needs and identify what kind of support they require from social workers. The process also allowed social workers to reflect on their work with parents of adolescents recovering from a SUD, what they are doing, what is lacking, and how they believe parents can be supported to cope.

The process followed by the researcher in this study has permitted the research participants to reflect on their support needs and identify what kind of support programme would be most suitable for them. The process also allowed the social workers to reflect on the services currently provided to parents of adolescents recovering from a SUD. In focusing on the process, the researcher also considered available resources, knowledge, and literature to determine whether those processes were working or not.

- *Qualitative research is reflexive and researchers undertake an interpretative inquiry.*

According to Sutton and Austin (2015:226), reflexivity means that researchers need to be aware that their interpretation is not separated from their understanding and background. Birks (in Mills & Birks, 2014:22) states that reflexivity is a way of reflecting on how the researcher is involved and that their decisions influence the research process. Qualitative researchers obtain data by reflecting on their observations and what they hear from the participants' perspectives (Kim *et al.*, 2017:24). The approach to this study permitted the researcher to reflect on the parents' support needs and identify what kind of intervention would be most suitable to support them. The process also allowed the researcher to reflect on what support intervention can be utilised to support these parents to cope. The characteristics of qualitative research assisted the researcher in designing a social work intervention relevant to parents of adolescents recovering from a SUD.

1.7.2 Research design

The following sub-section discusses the research design utilised to achieve the research goals and objectives.

Creswell and Poth (2018:7) define the research design as a logical plan or an outline to the data collection, the interpretation analysis, and the implementation of the study. It is the main method for tying conceptual research questions to pertinent empirical research (Boru, 2018:2). In addition, a research design is defined as a 'blueprint' for the methods that guide the research study and the way to increase control on facets influencing the validity, reliability, and trustworthiness of the research study (Grove *et al.*, 2013:214). Furthermore, the focus is placed on examining the real-life encounters of people and interpreting them using language, considering both their verbal and non-verbal communication (Laforest, Krol & Leblanc, 2017:48). It is thus the methods that the researcher uses as guidance on how the study can be conducted. The researcher utilised the exploratory, descriptive, and contextual designs, but especially the intervention research design to obtain greater insight into the support needed by parents of adolescents recovering from a SUD.

1.7.2.1 Exploratory design

When there is little information available about a phenomenon or an unclear situation, the exploratory design is used (Boru, 2018:3). Equally, Akhtar (2016:73) defines exploratory research as the first phase of a study that aims to provide new insights on a topic. As described by Neuman (2014:38), exploratory studies are conducted when there is primarily little or no information about something. The researcher utilised the exploratory research design to develop an in-depth understanding of the needs of parents of adolescents recovering from a SUD, as well as the opinions of the social workers who are helping parents to design a social work intervention that would support these parents.

1.7.2.2 Descriptive design

A descriptive design is known to identify and describe in detail the phenomenon studied and its variables (Doyle, McCabe, Keogh, Brady & McCann, 2020:444; Grove *et al.*, 2013:692). A descriptive design is the kind of research carried out to gather detailed information on the research topic and permits the researcher to get ideas on the topic under study and be able to describe the phenomenon in detail (Creswell, 2013:18). Furthermore, McCombes (2023) indicates that a descriptive study is appropriate when little is known about a problem and accurate characteristics and categories need to be identified. Bradshaw, Atkinson and Doody (2017:20) highlight that the advantage of the descriptive design is that data analysis is more likely to stay true to the research participants' accounts and ensure that the interpretations of the researchers remain transparent. Using the descriptive design, the researcher facilitated participants' (parents and social workers) responses on their perspectives. The researcher utilised semi-structured interviews according to an interview guide, and she used open-ended questions to allow the research participants to elaborate and share more openly on the topic under study.

1.7.2.3 Contextual design

In utilising a contextual design, a researcher aims to get an understanding of the values, beliefs, and behaviours relating to the perspective in which the research is conducted (Bryman, 2016:136). According to Corbin and Strauss (2015:155), the contextual research design is used by researchers when they want to gain knowledge or understand the social meaning and implication of events from the

context in which they appear. A contextual research design assists researchers in collecting data from the research participants in their natural setting, which is a conducive environment for the research participants (Optimal Workshop, 2015). The researcher conducted interviews in the participants' real world and comfort zone where they are at ease to participate. The researcher also focused on the support needs of parents of adolescents recovering from a SUD. The unique context of the parents was taken into account, as parents were interviewed in the social workers' offices, at home, or at another venue where they felt more comfortable.

1.7.2.4   *Intervention research design*

An organised study that attempts to effect change by designing an intervention is known as intervention research design (Gilgun & Sands, 2012:349). Thomas and Rothman are the founders of the intervention research design (Thomas, 1978a, 1978b, 1984; Rothman, 1980, 1989; Rothman & Thomas, 1994a) that was then modernised by Fraser and his associates (Fraser & Galinsky, 2010; Fraser, Richman, Galinsky & Day, 2009). The intervention research design is based on obtaining insights into a challenging situation to bring about change (Gilgun & Sands, 2012:350; Fouché *et al.*, 2021:461). According to Thomas and Rothman (1994), there are three types of intervention research:

- Knowledge development focuses on social and behavioural research and aims to produce research findings that will assist in learning more about the areas that will benefit from the intervention (Rothman & Thomas, 1994a:18-19; De Vos & Strydom in De Vos, Strydom, Fouché & Delport, 2011:475).
- Knowledge utilisation focuses on changing knowledge into theories that can be used in a specific situation and with particular people (Rothman & Thomas, 1994a:18-19; De Vos & Strydom in De Vos *et al.*, 2011:475).
- Intervention, design, and development focus on designing and developing ways that will bring change in people's lives (Bailey-Dempsey & Reid, 1996:209).

For this study, the researcher decided to utilise the Intervention Design and Development (IDD) model as her goal was to design a social work support intervention for parents of adolescents recovering from a SUD. IDD research focuses on designing, developing, and evaluating creative human solutions that can be applied to real circumstances in the real world. It also involves developing and

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testing practice models (Fouché *et al.*, 2021:462). In addition, Schurink, Fouché and De Vos (2011:422) state that the goal of IDD research is to design new interventions using the analysis of the problem or process; designing, developing, and reviewing the intervention; and then disseminating the results.

The researcher decided to use the four phases of the IDD model by Thomas and Rothman (1994), including 1) analysing the situation and project planning; 2) information gathering and synthesis; 3) designing an intervention; and 4) the early development and review of the intervention.

Figure 1.1 below outlines the six phases of the IDD model and the accompanying steps (Rothman & Thomas, 1994a:29-33; Fouché *et al.*, 2021:466).

PHASE 1: SITUATION ANALYSIS AND PROJECT PLANNING

• Step 1: Identifying and involving clients
• Step 2: Gaining entry to and cooperation from settings
• Step 3: Identifying the concerns of the population
• Step 4: Analysing the identified concerns
• Step 5: Setting goals and objectives

PHASE 2: INFORMATION GATHERING AND SYNTHESIS

• Step 1: Using existing information sources
• Step 2: Studying natural examples
• Step 3: Identifying the functional elements of successful models

PHASE 3: DESIGN

• Step 1: Designing an observational system
• Step 2: Specifying the procedural elements of the intervention

PHASE 4: EARLY DEVELOPMENT AND PILOT TESTING

• Step 1: Developing a preliminary design
• Step 2: Conducting a pilot test
• Step 3: Applying design criteria

PHASE 5: EVALUATION AND ADVANCED DEVELOPMENT

• Step 1: Selecting an experimental design
• Step 2: Collecting and analysing data
• Step 3: Replicating the intervention under field conditions
• Step 4: Refining the intervention

PHASE 6: DISSEMINATION

• Step 1: Preparing the product for dissemination
• Step 2: Identifying potential markets for the intervention
• Step 3: Creating a demand for the intervention
• Step 4: Encouraging appropriate adaptation
• Step 5: Providing technical support for adopters

Figure 1.1: Six phases of the IDD model and the accompanying steps
(Source: Thomas and Rothman, 1994:12)

The researcher only utilised the first four phases for the purposes of this research study as outlined in Thomas and Rothman (1994b:26), which are situation analysis and project planning, information gathering and synthesis, design, and early development and pilot testing. The decision to use only four phases was influenced by time and financial constraints, as it would have taken too long to do all six phases.

The focus was on designing a social work intervention that can be used to assist social workers who are working with parents of adolescents recovering from a SUD. The researcher only implemented the following four of the six phases of the IDD, which are:

- Phase 1: Problem analysis and project planning.
- Phase 2: Information gathering and synthesis of existing knowledge.
- Phase 3: Designing an observational system.
- Phase 4: Early development and field testing.

The next section will explain how the above-mentioned phases and steps were applied to this research study.

Phase 1: Problem analysis and project planning

Phase 1 focuses on problem analysis, which is a preliminary activity that is intended for needs and problems that have been identified before the intervention activity. The collection of data was done using the different methods prior to planning the intervention (Fawcett *et al.*, 2013:45). The steps in Phase 1 are outlined below:

❖ *Phase 1, Step 1: Identifying and involving clients*

In the first step of Phase 1, the aim is to identify the research population (Thomas & Rothman, 1994b:27). Population can be defined as the total number of people with similar qualities and characteristics identified for the research study and who stand a possibility to be included in the study (Pandey & Pandey, 2015:40). According to Adams, Khan and Raeside (2014:82), a population is a specific set of characteristics related to a particular phenomenon that catches the attention of a researcher, leading to further investigation. According to the researcher, a population is a collection of individuals who share similar characteristics related to the studied topic. The

study comprised two sets of populations. The first population for this study comprised all parents living with adolescents recovering from a SUD and living within the municipal boundaries of the City of Tshwane in Gauteng, South Africa. The second population was all the social workers working with families of adolescents recovering from a SUD in all the in-patient treatment centres registered with the Department of Social Development (DSD) in the City of Tshwane. The Gauteng Province was selected because the researcher is staying in this province; therefore, concentrating on this region would be economical and time efficient. Figure 1.2 below is the map for the City of Tshwane.
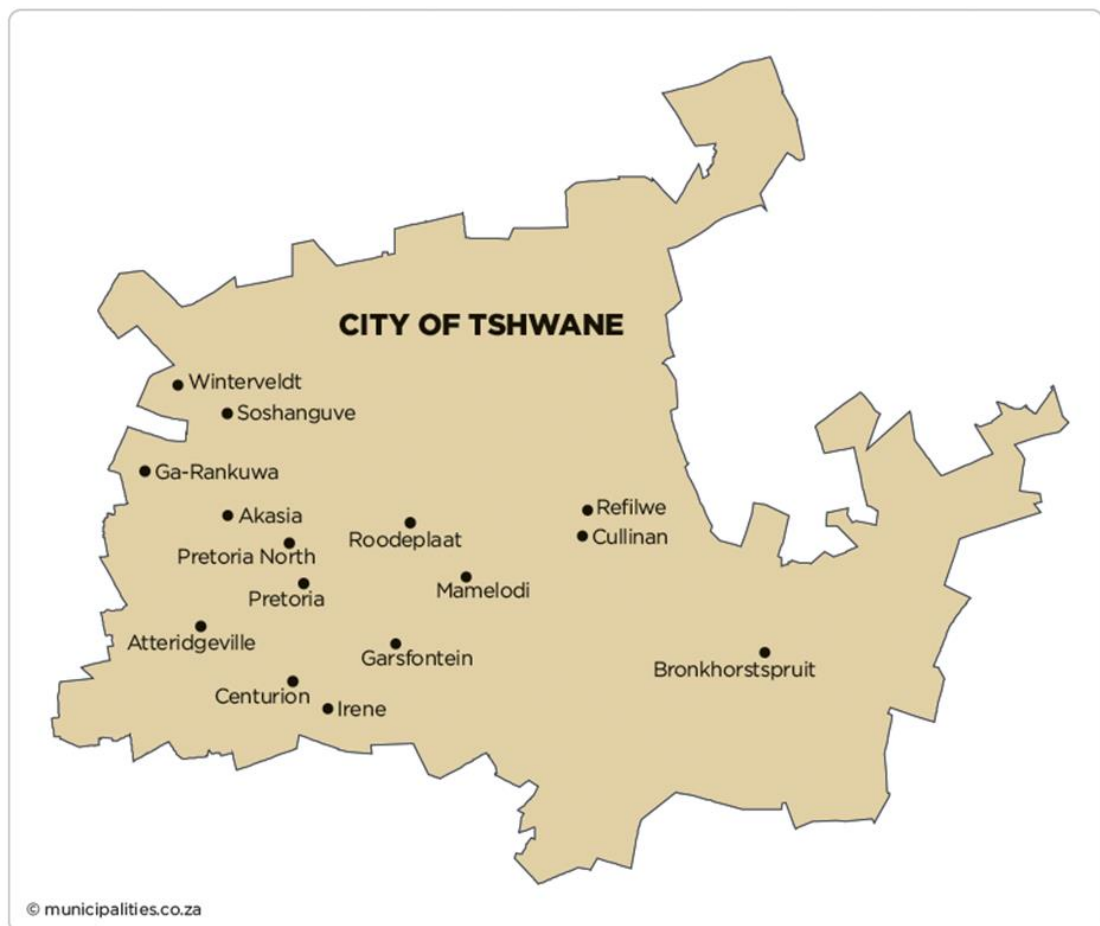
Figure 1.2: Map of the City of Tshwane Metropolitan Municipality (Adapted from: Morifi, 2017:20)

Sampling involves selecting a subset of individuals from the larger population (Pandey & Pandey, 2015:43). The concept of sampling is that by observing a small group of individuals, one can gain insight into what to expect from the entire population being studied (Fouché *et al.*, 2021:379). Probability sampling and non-probability sampling are the two basic methods for sampling. Since the population's size is unknown, non-probability sampling does not require knowledge of the likelihood of choosing a particular individual (Gravetter & Forzano, 2016:150). Non-probability sampling is said to be cost and time effective when conducting research. However, as it only focuses on a small sample, it might be difficult to know how accurately or well the population is being represented (Wiśniowski, Sakshaug, Ruiz & Blom, 2020:122). The researcher used the purposive sampling technique in choosing the participants for this study. Purposive sampling is a non-probability sampling method used to strategically select individuals who possess information pertinent to answering questions about a particular phenomenon of interest (Grinnell & Unrau, 2014:148). The researcher opted for purposive sampling, as it allowed for selecting participants who were best suited for the study (Fouché *et al.*, 2021:393).

To implement purposive sampling, the researcher developed inclusion and exclusion criteria to ensure that suitable research participants were targeted for this study. Only those who expressed a willingness to participate were included in this study. Since the study utilised two different populations, namely parents of adolescents recovering from a SUD and the social workers who work in the substance dependency field, different inclusion and exclusion criteria for each study population were used.

Inclusion criteria for parents:
- Parents of adolescents aged between 10 and 19 years of age who have completed the treatment at an in-patient SUD treatment centre that has registered with the DSD in the City of Tshwane within the past year.
- Parent/s who lived in the City of Tshwane region and were staying in the same household as the adolescent recovering from a SUD.

- Parent/s included married and unmarried biological parents, foster parents, or legal guardians.
- Parent/s who could communicate in English; however, if needed, more clarification could be given to parents in their home languages.
- The parents needed to have been part of the support groups facilitated by the treatment centres in the City of Tshwane region.
- Parents who were willing to participate in the study.

Exclusion criteria for parents:
- Parents of adolescents recovering from a SUD who were not receiving any support from treatment centres in the City of Tshwane.
- Parents of children recovering from a SUD who were under the age of 10 or over the age of 20.
- Parents who were not residing in the City of Tshwane area and who were not living in the same household as the adolescent recovering from a SUD.
- Parents of adolescents who presented with psychiatric problems in addition to a SUD.

Inclusion criteria for social workers:
- Social workers who worked at any of the SUD in-patient treatment centres in the City of Tshwane.
- Social workers who worked with parents of adolescents recovering from a SUD.
- Social workers who had at least one year's experience of working with parents of adolescents recovering from a SUD.
- Social workers who could understand English, as interviews were done in English.

Exclusion criteria for social workers:
- Social workers who did not work at SUD in-patient treatment centres in the City of Tshwane.
- Social workers who had less than one year's experience of working with parents of adolescents recovering from a SUD.

❖ *Phase 1, Step 2: Gaining entry and cooperation*

This step focused on gaining entry into organisations and obtaining cooperation (Fouché *et al.,* 2021:468). To achieve this, the researcher needed to gain knowledge about the treatment centres she was about to work with by reading about the targeted setting, understanding their culture, and identifying whom to liaise with. Researchers need to communicate with gatekeepers to gather more information about the participants and the topic under study, as emphasised by Rothman and Thomas (1994c:29). The researcher requested approval from both the Scientific Research Committee (SRC) of the Social Work Department and ethical clearance (see Addendum H) from the College Research and Ethical Committee (CREC) at the University of South Africa (UNISA). During data collection, the researcher faced challenges related to the coronavirus disease 2019 (COVID-19) and had to adhere to all regulations outlined by the South African Government. She also needed to request permission to conduct the study from the DSD and the managers or supervisors at the SUD treatment centres. In adherence to COVID-19 regulations, the requests were done through emails and telephone communication. The centre managers or supervisors were also requested to invite social workers on behalf of the researcher. The social workers were then requested to identify parents who meet the inclusion criteria.

❖ *Phase 1, Step 3: Identifying concerns of the population*

According to Rothman and Thomas (1994c:69), using qualitative research methods is recommended to explore population concerns, because it allows for informal contact with participants and the collection of unique data. Data collection for research involves gathering information to answer "how and why" questions, often including emotions and perceptions, through methods such as interviews (Taherdoost, 2021:11). The researcher utilised semi-structured interviews with open-ended questions using the interview guide to explore the support needs of parents of adolescents recovering from a SUD. The purpose of data collection was to assist the researcher in appraising the needs of these parents before developing a needs-based intervention to assist them in coping with the challenges they face (Fouché *et al*., 2021:468). Semi-structured

interviews guided the researcher in acquiring reliable, qualitative data from the participants, both from parents and social workers (Kabir, 2016:212).

A semi-structured interview is defined as a list of questions used to guide the researcher in conducting the interview process to gain more relevant information from the research participants (Fouché *et al*., 2021:358). Data collected from the participants was recorded using a voice recorder. However, permission was first obtained from the participants before doing so. Recorded data was transcribed and kept in a safe place to which only the researcher and her supervisor had access (Kabir, 2016:204). During the sessions, the researcher utilised an interview guide to aid in participants' preparation. It is essential to note that this guide was not used as a questionnaire, but as a tool to keep the researcher focused. The aim was to gain a deeper understanding of the topic at hand, specifically regarding the services available for parents of adolescents recovering from a SUD and how to best meet their support needs (Taherdoost, 2021:14).

The interview guide for parents included the following biographical and interview questions:

Biographical information:
- What is your relationship with the adolescent recovering from a SUD?
- Can you please share with me what your family structure looks like (single-parent, extended family, two-parent family, foster family)?
- What substances did the adolescent receive treatment for?
- Which treatment centre was he/she admitted to?
- How many times has he/she been admitted to a SUD treatment centre?

Research interview questions:
- Please share with me how it is for you to be a parent caring for an adolescent recovering from a SUD.
- Please share with me your support needs as a parent with an adolescent recovering from a SUD.

- Can you please describe the services you have received concerning your support needs as parent/s of an adolescent recovering from a SUD?
- Can you please share with me what other support you would have liked to be provided by social workers in coping with an adolescent recovering from a SUD?
- If you were consulted about a support intervention for parents of adolescents recovering from a SUD, what would you suggest should be included?

The interview guide for social workers included the following biographical and interview questions:

Biographical information:
- How old are you?
- What is your highest qualification?
- How many years of experience do you have as a social worker?
- How many years of experience do you have working with recovering adolescents with a SUD?

Interview questions:
- Tell me about your experience of working with parents who have adolescents recovering from a SUD.
- What do you think are the needs of parents of adolescents recovering from a SUD?
- What are the services you provide to parents of adolescents recovering from a SUD?
- Can you share any suggestions on what intervention can be used to support parents of adolescents recovering from a SUD?
- If you were consulted about an intervention for parents of adolescents recovering from a SUD, what would you suggest should be included?

Pilot testing

Pilot testing assists researchers to check the questions and time used to collect data (Yin, 2016:39). Pilot testing is nothing more than a small-scale test of the actual data collection tool which, in this case, entails semi-structured interviews from an interview guide. A pilot test is an instrument which assists in refining the interview guide (Magnusson & Marecek, 2015:70). Furthermore, researchers gain an understanding of the procedures required for the main study by conducting a pilot study, and this assists in choosing the most appropriate research method to answer and address the research question in the main study (In, 2017:601). The researcher selected two participants from each population who met the inclusion criteria for the study and interviewed them as part of the pilot test. The participants that were part of the pilot test were not included in the study. The pilot test was conducted using a semi-structured interview with two parents and two social workers. The aim of using a small sample was to determine participants' reactions to the research questions to check if the research questions were clear and understandable to the research participants. According to Fouché *et al.* (2021:387), the pilot study is used to:

- refine the interview guide;
- establish the feasibility of the data collection procedures; and
- familiarise the researcher with the technique required to capture the interviews.

The pilot test assisted the researcher in assessing whether the questions outlined in the interview guide produced the data required to address the research questions. After the pilot test was conducted, the researcher consulted with her supervisor to verify whether the interview guide answered the research questions. After consultation with her supervisor, the researcher added a question to the interview guide (see Addendum E2) on how technology or social media can be utilised to continue supporting parents. The question was prompted by the response from the parents and social workers that due to COVID-19 regulations, there are limited support systems in place for both parents and their adolescents recovering from a SUD. Adding the aspect of technology also assisted the researcher in looking into other ways of

encouraging support without using face-to-face interactions. The next section will focus on how the collected data was analysed.

❖ *Phase 1, Step 4: Analysing identified concerns*

Data analysis is organising and giving structure to the collected data (Polit & Beck, 2012:295). When analysing data, it is important to conduct a preliminary analysis during the data collection stage and then conduct a more in-depth analysis later (Fouché *et al.,* 2021:401). Data analysis is the process of classifying and analysing linguistic data to make inferences about the material's explicit and implicit meanings and structures (Flick, 2014:5). To analyse and verify data collected, the researcher employed thematic analysis (Fouché *et al.,* 2021:402). Thematic analysis is a process of scrutinising the data collected to the point that themes emerge from the data. The thematic process comprises the following steps (Maguire & Delahunt, 2017:3355-3352):

1. **Step 1 – Familiarisation with the data**: The researcher reviewed the data collected by reading the field notes taken during the interviews, listening to the recordings, and writing down all the information observed among the participants.

2. **Step 2 – Coding**: The researcher carefully listened to the audio recordings multiple times and took notes. Once satisfied with the recordings, she sent them to the transcriber for transcription. Afterwards, she diligently read through all the transcripts to fully comprehend the participants' words.

3. **Step 3 – Searching for themes**: The researcher generated themes from the data collected from the research participants.

4. **Step 4 – Reviewing themes**: The researcher, independent coder, and supervisor collaborated to identify and merge themes that are similar or convey the same message.

5. **Step 5 – Defining and naming themes**: The researcher and coder analysed each theme's uniqueness and reached a consensus with the supervisor on the identified themes.

6. **Step 6 – Writing up**: Finally, the researcher started compiling the information as the research findings in her thesis, integrating the storylines with the available literature.

Data verification pertains to the methods utilised during the research process to progressively enhance the degree of research rigour by ensuring reliability and validity, hence enhancing study credibility (Pool, 2017:282). Moreover, verification of data is also referred to as the process of testing the preliminary results of a study to establish their credibility (Given, 2016:234). Data verification was ensured by utilising strategies related to confirmability, credibility, transferability, and dependability to guarantee the trustworthiness of the research outcomes and they will be discussed in detail in Chapter 2 of this study.

❖ *Phase 1, Step 5: Setting goals and objectives*

Phase 1's final step focuses on developing and designing the intervention's goals and objectives, not the study's overall objectives (Fouché *et al.*, 2021:469-470). In this study, the listed goals and objectives for developing a social work support intervention for parents of adolescents recovering from a SUD are as follows:

Goal:

- To develop a social work support intervention for parents of adolescents recovering from a SUD.

Intervention objectives:

- Support the parents to be empowered to cope with their adolescents recovering from a SUD.
- Provide parents with psychosocial support and encourage them to deal with their problems.
- Empower parents with knowledge of parenting skills, adolescent SUDs, and relapse.
- Encourage parents to take care of themselves (self-care).
- Assist social workers to intervene in supporting parents of adolescents recovering from a SUD to cope.

Phase 2: Information gathering and synthesis of existing knowledge

The second phase of the IDD model is focused on collecting and analysing information as outlined by Fouché *et al.* (2021:471). The steps of Phase 2, which are using existing information, studying natural examples, and identifying functional elements, are explained in more detail below.

❖ *Phase 2, Step 1: Use existing resources and information*

When designing and developing new interventions, it is essential to consult existing literature and reviews from other research studies (Fawcett *et al.* 1994:32). A literature review helps the researcher to gain a deeper understanding of the complexity of the problem (Fouché *et al.*, 2021:471). Additionally, using existing literature and data provides a baseline for researchers to compare available interventions and identify any gaps (Kabir, 2016:206).

❖ *Phase 2, Step 2: Study natural examples*

One way to learn about solutions to a problem is by observing people who have faced similar issues and how they dealt with them (Fawcett *et al.,* 1994:32). An intervention refers to a set of actions aimed at changing or improving a behaviour which can take the form of a programme, policy, or campaign (Smith, Morrow & Ross, 2015:6). Through studying interventions that are effective and ineffective at addressing the research problem, the researcher will be able to identify the elements which might be essential and useful in designing an intervention. Supporting this, Fawcett *et al.* (1994:36) share that studying interventions that have been successful and unsuccessful is valuable in understanding what the challenges were. This step is presented in more detail in Chapters 4 and 5 of this study where the research findings are outlined.

❖ *Phase 2, Step 3: Identify the functional elements of successful models*

In Step 3 of the model, efforts are focused on exploring the efficiency of available interventions, practice guidelines, and services to address the exact problems (Fouché *et al.,* 2021:471). In this study, the researcher explored the

services parents have previously received. While doing so, she paid particular attention to the parents' views of the services they received and ascertained whether they found these useful in supporting them as parents of adolescents recovering from a SUD. She also further explored the services parents felt were beneficial in assisting and supporting them. The researcher also used the data collected from both the parents and the social workers in Phase 2, Step 2 to learn more about the information relevant to the development of said intervention.

In the process of trying to understand effective or non-effective programmes used, the researcher was in a position to identify what was lacking and that assisted her in developing an intervention that can address the needs of parents of adolescents recovering from a SUD. This step will be discussed in more detail in Chapters 3 and 6 of this study.

Phase 3: Designing

Phase 3 "occurs when the prototype of the new or adapted intervention is constructed" (Fouché *et al.*, 2021:474). Furthermore, according to Rothman and Thomas (1994c:70), Phase 3 includes two essential steps: designing an observational system and defining the procedural elements of the intervention. However, for this study, the researcher only implemented step 2, which will be discussed in detail in Chapter 7 of this study.

❖ *Phase 3, Step 2:* **Specifying procedural elements of the intervention**

Researchers can find specific procedural elements that can be incorporated into intervention recommendations by examining natural instances, as explained by Rothman and Thomas (1994c:70-80). As the research's ultimate output, elements of the intervention techniques might be included in the final practice model (De Vos *et al.*, 2011:482). The data analysis revealed the themes that guided the development of a social work support intervention for parents of adolescents recovering from a SUD. To create a prototype of this intervention, the findings from Phases 1 and 2 were reviewed with the supervisor. During the discussions the researcher, with the guidance of her

supervisor, identified the final components necessary to design the social work intervention.

Phase 4: Early development and field testing

This phase of the research focuses on developing a preliminary design that will be tested (Fouché & Schurink, 2011:483). The steps involved in Phase 4 are developing a preliminary intervention, conducting a pilot study to test the preliminary intervention, and revising the designed intervention (Rothman & Thomas, 1994a:34-37).

❖ *Phase 4, Step 1: Developing a preliminary intervention*

The results of this investigation and the literature control helped the researcher create a preliminary or early intervention, which was to develop a social work support intervention for parents of adolescents recovering from a SUD. In this study, there is an overlap between Step 2 of Phase 3 and Step 1 of Phase 4 of the Rothman and Thomas IDD model (1994:68-73) to develop a social work support intervention for parents of adolescents recovering from a SUD. The first draft of the social work intervention was reviewed by experts in the field of substance dependency. More details of Phase 4 will be discussed in Chapters 3 and 8 of this study.

❖ *Phase 4, Step 2: Conducting a pilot test*

The results of the pilot test are used to assess the intervention's efficacy and point out preliminary components that might require modification (Fouché *et al.*, 2021:477). Furthermore, De Vos *et al.* (2011:484) indicate that the IDD model's pilot test serves to determine whether the intervention is effective. Additionally, through pilot testing, the researcher can assess whether there would be difficulties in carrying out the intervention, enabling any potential flaws to be quickly identified (Fouché & Delport, in De Vos *et al.*, 2011:73). This phase entailed putting the support intervention into practice for a shorter period of time on a trial basis to evaluate its sufficiency, quality, and applicability. It is a crucial step in evaluating the intervention's efficacy and determining any potential areas of improvement for the preliminary intervention. The pilot test was conducted with a group of parents of

adolescents recovering from a SUD at a treatment centre in Pretoria. This step is discussed in more detail in Chapters 3 and 7.

1.8 ETHICAL CONSIDERATIONS

Ethics are principles of conduct that are utilised in research to guide the decisions made by people in conducting research (Agwor & Osho, 2017:185). Affirming this, Neuman (2014:78) opines that ethics inform the researcher about what is right and wrong. Ethical considerations are thus the guiding principles that indicate how the researcher should conduct himself/herself when researching participants The researcher sought ethical clearance and acquired permission to carry out the research study from the CREC of UNISA and also obtained permission and consent from the DSD and managers of the SUD treatment centres concerned. The important ethical principles observed in this study are discussed in this section.

1.8.1 Informed consent

Informed consent warrants that all potential research participants are informed about all facets of the research and any issues that might impact their choice to participate in the study (Willig & Rogers, 2017:4). The participants were provided with a letter informing them about the study. They were provided with details on the aim of the study, the anticipated time of their involvement, and the possible benefits and risks of participating in the study (Addendum A 1& 2). According to Vanclay, Baines and Taylor (2013:248), it is of utmost importance to ensure that the research participants understand what they consent to. The study's goal and relevance were explained to the participants, and then they were given a consent form (see Addendum C1) to sign should they agree to participate (McMillan, 2017:34). The details of the consent form were explained to the participants in the language with which they were most comfortable. Consistent with voluntary participation and informed consent, the prospective participants were advised by the researcher that they may opt out of the study at any point if they felt uncomfortable.

1.8.2 Confidentiality and anonymity

The issues of confidentiality and anonymity also require attention. Although similar, they are distinct. Confidentiality means not disclosing participants' shared

information to others (Willig & Rogers, 2017:5). The researcher kept all the information relating to the research safe and confidential. In order to maintain confidentiality and anonymity, data was not shared with anyone besides the supervisor, the transcriber, and the coder. The researcher used pseudonyms to protect the identity of the participants. Confidentiality was maintained and all electronic data collected was stored in a password-protected folder and the researcher ensured that all hard copies were locked in a filing cabinet.

Anonymity is about making sure that the participant's identity is kept secret (Tajir, 2018:4). Confidentiality and anonymity are ways of ensuring that participants are protected (McMillan, 2017:40). The researcher ensured that the participants' right to privacy was protected and she always safeguarded the participants' identities (Vanclay *et al.,* 2013:247). In adhering to anonymity, the researcher made use of code names instead of the real names of the participants (Sarantakos, 2013:20). Participants were made aware that only the researcher and the supervisor had access to recordings and transcripts. Additionally, participants received information stating that their names would not be shared and that the research study would be the only use of the data acquired.

1.8.3 Debriefing and beneficence

Debriefing is focused on ensuring that participants are not struggling with emotions that might have been evoked by the process of research, ensuring they can deal with any unpleasant emotions arising from participating in the study (Picardi & Masick, 2014:35). Debriefing is the process the researcher embarks on immediately after collecting data to obtain reaction and feedback from the participants (Leedy & Ormrod, 2013:105). Following the completion of the research, the debriefing includes reassuring participants of the study's goals and methodology and assessing their responses to the study (Grinnell & Unrau, 2018:148). It is of importance for participants to receive debriefing after the data collection is finalised.

The researcher debriefed participants immediately after each interview to ensure that the emotions that surfaced during the interviews were addressed. However, if the need were to arise, the researcher was also prepared to refer the participants to

a social worker for further counselling and interventions (Addendum J1 & J2). This was done to minimise emotional and psychological harm to participants.

The principle of beneficence refers to the ability to constantly do well (Grove *et al*., 2013:687). By guaranteeing the participants' absolute well-being, that no damage is done to them, and that the study yields the greatest possible benefit, beneficence increases esteem for the participants (McMillan, 2017:38). Beneficence is closely linked to ensuring no harm, and the researcher is thus responsible for ensuring that no harm is done to participants and that participants benefit from the study. The risks and rewards for the near and far future must be evaluated by the researcher, and the study should not be conducted if there is any chance of harm (Marshall & Rossman, 2016:52). According to Vanclay *et al.* (2013:244), the research must benefit those who are involved. This must apply to both the individual participant, as well as society as a whole. The study helped document the support needs for parents of adolescents recovering from a SUD, which is one of its benefits. Participants were able to provide input into the support intervention that will be used in supporting parents of adolescents recovering from a SUD. The above is also linked to the justice principle, indicating that research participants should be guaranteed that their selection is based solely on the needs of the study and not on personal preferences, and the population under study should benefit from the study (Vanclay *et al.,* 2013:244). The risk of the study was evaluated using the College of Human Sciences' risk assessment method (see Addendum F).

1.8.4   Management of information

Researchers also have an ethical duty to report truthful data and refrain from manipulating outcomes for personal gain (Marshall & Rossman, 2016:55). Furthermore, to make sure the data appropriately represents the information the participants gave and that the researcher's interpretations of the data were accurate, the participants were consulted (Yin, 2016:44). Proper systems need to be in place to ensure that the collected data is correct and that the anonymity and confidentiality of the participants are safeguarded (Thomas 2017:46). As noted previously, confidentiality was maintained and all electronic data collected was stored in a password-protected folder, while hard copies were secured and locked away. All data collected through audio recordings was encrypted with passwords. The

researcher will ensure that all audio recordings are erased and all transcripts are destroyed after the study has been completed.

1.9 CLARIFICATION OF KEY CONCEPTS

The key concepts utilised in this research are explained in this section.

1.9.1 Substance use disorder

SUD has been recognised as a chronic, relapsing disorder (Stanojlović & Davidson, 2021:1). According to Morrison (2014:173), a SUD is when an individual uses a substance frequently to the extent that it causes distress and changes behaviour. SUD is a curable mental health disorder that disturbs an individual's brain function and behavioural function, causing them to lose self-control over their use of legal or illegal substances, over-the-counter and prescribed medications, and/or alcohol (National Institute of Mental Health, 2023:1). Waini (2015:3) reiterates that SUDs entail using substances to the level that the person fails to accomplish their duties either at home, school, or even in the workspace because of their excessive use of substances. SUD is the excessive use of substances like nicotine, alcohol, over-the-counter and prescription medications, in addition to illegal substances, including heroin, cocaine, and cannabis (Jahan & Burgess, 2023:1). A SUD is the harmful use of any psychoactive substance or drug that affects one's functioning. In the literature, it is also referred to as substance abuse, but defined within the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, as a SUD (Schultz, 2018:75). For this study, a SUD is defined as the extreme use of any legal or illegal substance by individuals to such an extent where they are struggling to control their behaviour, even when it has a negative emotional impact on their life.

1.9.2 Parent

According to the Children's Act 38 of 2005 (South Africa, 2006: section 18), a parent is an individual biologically related to a child and includes people who have adopted a child. According to Svetaz, Garcia-Huidobro and Allen (2014:490), a parent is an adult who offers primary care to a child, be it the father or the mother. Koch and Jones (2018:2) define parents as the caregivers of a child, and parents are not limited to biological or legal parents, but also include foster and adoptive parents.

For this study, the term parent includes the biological mother or father, parents who are married, parents who are single or unmarried, parents who are divorced or separated, and foster parents of adolescents recovering from a SUD.

1.9.3 Adolescent

An adolescent is a young person aged between 10 and 19 years. During this period, they experience many challenges simultaneously, including physical growth, the drive to be independent, the need for social and peer interactions, and brain development (Backes & Bonnie, 2019:37). Higginbottom and Liamputtong (2017:111) state that an adolescent is a young person in the process of development, moving between the stages of childhood and adulthood. According to Csikszentmihalyi (2024:1), adolescents are defined as individuals in the 10 to 19 years age group. In light of the definitions mentioned above, in this research study the researcher focused on children between the ages of 10 and 19 years who are recovering from a SUD.

1.9.4 Recovering

The *Collins English Dictionary* (2012) defines recovering as returning to health after illness or frailty, such as alcohol or drug addiction. Recovery is a state of complete asceticism from substances, including changing one's lifestyle and behaviour (Schenck, Qalinge, Schultz, Sekudu & Sesoko, 2015:194). Recovery is defined as a process of feeling better or improving after an illness, such as a SUD (Stanojlović & Davidson, 2021:3). Recovery is a level of abstinence from using substances and a change in the lifestyle of an individual who had a SUD (SAMHSA, 2020:1). Thus, for this study, the term 'recovering' refers to adolescents who have started treatment at an in-patient rehabilitation centre for their SUD and are working hard on maintaining good habits and lifestyles.

1.9.5 Social work

Social work is the profession that zooms more into implementing social change, identifying social challenges or problems, and finding appropriate ways to address those challenges (Schenck *et al.*, 2015:46). "Social work is a practice-based profession and an academic discipline that promotes social change and development, and it also promotes social justice, human rights, collective responsibility and respect for diversities" (International Federation of Social

Workers, c2024). Social work emphasises encouraging development, bringing change, and empowering people (Beckett & Horner, 2016:8). For this study, social work is defined as a profession that focuses on promoting and empowering individuals, groups, and communities to change their lives.

1.9.6   Social work intervention

A social work intervention focuses on various therapeutic methods of assisting individuals, groups, and communities (Schenck *et al.*, 2015:46). A social work intervention is defined as how social workers address social issues and clinical problems in different ways using micro, meso, and macro levels (Ebue, Uche & Agha, 2017:84). Social work interventions are scientifically recognised methods and designs that social workers utilise in collaborating with individuals, communities, and groups (Beckett & Horner, 2016:9). For this study, social work intervention means the therapeutic method of supporting parents of adolescents with a SUD.

1.9.7   Support

To support a person means to provide someone with relevant information that will lead them to believe that they are valued and respected, enabling them to cope with major life stressors (Buchwald, 2017:435). Support is being concerned about someone and their problems, especially social issues, and trying to find ways to assist them (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2013:5). Support focuses on individuals, groups, organisations, or institutions where one can seek assistance, especially psycho-social support (White Paper on Families in South Africa, 2013:3). For this study, the researcher focused on ways that can be used to assist parents of adolescents recovering from a SUD to cope with their daily lifestyles, as well as ways to cope with their adolescents.

1.10 ORIGINAL CONTRIBUTION TO SCIENTIFIC KNOWLEDGE

The proposed social work support intervention is designed to promote the well-being of parents who live with adolescents recovering from a SUD. This intervention will make a valuable contribution to parents and families with adolescents recovering from a SUD and to social workers and practitioners working in similar environments and dealing with related issues. Therefore, the intervention will contribute

immensely to the body of social work knowledge, specifically in the field of substance dependency. The programme will also significantly benefit social workers, as there is currently limited information on programmes that directly focus on the parents of adolescents who are recovering from a SUD. The importance and relevance of this study cannot be overstated.

1.11 STRUCTURE OF THE REPORT

The research study is organised into the following chapters:

- Chapter 1: Introduction and background to the study.
- Chapter 2: Application of the research methodology in the designing of a social work support intervention for parents of adolescents recovering from SUD.
- Chapter 3: Context of the study on adolescent SUDs and family support interventions for SUDs.
- Chapter 4: Discussions of research findings - Parents of adolescents recovering from a SUD.
- Chapter 5: Discussions of research findings - Social workers working at treatment centres.
- Chapter 6: Possible functional elements for a social work support intervention for parents of adolescents recovering from a SUD.
- Chapter 7: Design of the social work support intervention for parents of adolescents recovering from a SUD.
- Chapter 8: Early development and pilot testing of a social work support intervention for parents of adolescents recovering from SUD.
- Chapter 9: Summary, conclusions, and recommendations.

1.12 SUMMARY OF THE CHAPTER

The researcher discussed the study's introduction and background in this chapter. A summary of the research problem and the motivations for undertaking the study were presented. The theoretical framework applied in the study was discussed. An outline of the study's goals, objectives, and research questions was provided. The

IDD model of Rothman and Thomas (1994c), which was selected as the research design, was described. Ethical issues were also discussed and key concepts were clarified. The study's unique contribution was validated. An overview of the chapters was given at the end of the chapter. A thorough explanation of the research methodology applied in this study will be provided in Chapter 2.

CHAPTER 2:

APPLICATION OF THE RESEARCH METHODOLOGY IN THE DESIGNING OF A SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

2.1   INTRODUCTION

In the first chapter, the researcher explained the rationale of this study, which emanated from the challenges of parents of adolescents recovering from a SUD. The struggle of parents in parenting and adapting to the behavioural changes of the adolescent recovering from a SUD was described. These changes require the parents to adjust their way of living, balance other aspects of their lives, and continue supporting the adolescent recovering from a SUD. The research aimed to develop an in-depth understanding of the support needs of parents with adolescents recovering from a SUD and to design an intervention to assist these parents in coping.

This chapter describes the application of the research methodology, how the research study was conducted, and how the researcher addressed the research questions (Brink, Van der Walt & Van Rensburg, 2018:187). The qualitative research approach and the IDD research design were outlined in Chapter 1. The study used the first four phases of Thomas and Rothman's IDD model. In this chapter, the researcher provides a detailed explanation of the execution of these phases. The sampling, data-gathering, data-analysis methods, and data verification techniques are explained. Finally, the chapter concludes by discussing the limitations of the study.

2.2   RESEARCH METHODOLOGY

Research methodology is the approach a researcher uses for collecting and analysing data to answer research questions (Mills & Birks, 2014:3). According to Fouché *et al.* (2021:11), research methodology is the systematic study of the methods used to solve research problems. Furthermore, the research methodology

includes the journey undertaken and methods used in the data collection analysis, as well as the strategies used to verify the data. The research methodology comprises methods utilised to conduct the study and the organised, efficient manner in which data were collected and analysed (Singh, Kalsan, Kumar, Saini & Chandra, 2015:133). The research methodology should also consist of methods that can be used to check the reliability and validity of the study conducted. For this study, the researcher utilised qualitative research, focusing on the IDD model, which enabled her to design a support intervention for parents of adolescents recovering from a SUD.

2.3   RESEARCH DESIGN APPLIED

The intervention research design is meant to conceptualise and test innovations, including training programmes, therapeutic interventions, and social science programmes that require such interventions (Fouché *et al.*, 2021:461). The intervention research design was founded by Thomas and Rothman (Thomas 1978a, 1978b, 1984; Rothman 1980, 1989; Rothman & Thomas, 1994a) and was then modernised by Fraser and his associates (De Vos *et al.,* 2011:480; Fraser & Galinsky, 2010:466; Gilgun & Sands, 2012:350). The intervention research design is based on obtaining insights into a challenging situation to bring about change (Gilgun & Sands, 2012:350). As Chapter 1, Section 1.7.2.4 indicates, the researcher used the IDD model. The phases and steps of the IDD model, as proposed by Thomas and Rothman (1994:28), were presented in Chapter 1. The IDD model aims to create new methods or interventions following the steps of the problem or process of analysis, design, development, and review of the intervention, and dissemination of results (Fouché & Schurink, 2011:475).

The IDD was used to create a social work support intervention for parents of adolescents going through SUD recovery. As mentioned in Chapter 1, the researcher chose not to employ all six phases due to time and financial constraints (Fouché *et al.*, 2021:465-466). Fouché *et al.* (2021:465) indicate that in some instances, researchers implement some of the phases and continue with others later as the process might unfold over several years. For this study, the researcher decided to focus on the first four phases of the model. Figure 2.1 below outlines the

IDD phases that were followed in designing a support intervention for parents of adolescents recovering from a SUD, as noted by Thomas and Rothman (1994:12).

PHASE 1 - PROBLEM ANALYSIS AND PROJECT PLANNING

STEP 1: Identifying and involving clients

The researcher, gatekeepers, parents of adolescents recovering from a SUD, and social workers.

STEP 2: Gaining entry and cooperation

The study was submitted to the SRC in the Social Work Department at UNISA. Ethical clearance was applied for and granted by the CREC at UNISA. Permission was requested and granted by the DSD in Gauteng, and permission was also granted by the three treatment centres in Gauteng. The consent forms were signed.

STEP 3: Identifying concerns of the population

Parents of adolescents recovering from a SUD and social workers.

STEP 4: Analysing the identified concerns

Data analysis.

STEP 5: Setting goals and objectives

The researcher formulated the research aims and objectives for the development of the social work support intervention for parents of adolescents recovering from a SUD.

PHASE 2: INFORMATION GATHERING AND SYNTHESIS

STEP 1: Use of existing information

A literature review was conducted focusing on the context of adolescent SUDs, parents of adolescents recovering from a SUD, social work roles in supporting these parents, and policies guiding the prevention and treatment of SUDs (Chapter 3).

STEP 2: Study natural sources

Semi-structured interviews were used to gain an in-depth understanding of the experiences of parents of adolescents recovering from a SUD (Chapter 4). Semi-structured interviews were used to gain an in-depth understanding and explore the challenges and roles of social workers in supporting parents of adolescents recovering from a SUD (Chapter 5). Collected data was analysed and verified using thematic analysis.

STEP 3: Identify functional elements

Chapters 3 and 6 aimed to explore functional elements which were used in the intervention programme.

PHASE 3: THE DESIGN

STEP 2: Specifying procedural elements

The analysed data and functional elements were used to design the preliminary social work support intervention for parents of

PHASE 4: EARLY DEVELOPMENT AND PILOT TESTING

STEP 1: Developing a preliminary intervention

In developing a preliminary intervention, the researcher consulted experts to refine the designed programme. The researcher consulted two academics and four social workers in the substance use field to get their feedback and inputs on the programme developed.

Step 2: Conduct a pilot test

The researcher conducted a pilot test with a group of parents of adolescents recovering from a SUD in Hammanskraal. More information is outlined in Chapter 7.

Figure 2.1: Summary of phases and steps of the IDD model as applied in this study (Source: Rothman & Thomas, 1994a)

2.4 APPLICATION OF THE IDD MODEL PHASES AND THE STEPS FOLLOWED

For this study, the researcher employed the IDD model developed by Thomas and Rothman (1994:3-51). According to Gilgun and Sands (2012:349), the goal of IDD research is "to conceive, design, create, and assess creative human interventions applicable to real-world settings", which includes developing and testing practice models, outlining change processes, and adapting models of practice to new populations and circumstances. The researcher used this model since her goals were to have a thorough understanding of the support needs of parents of adolescents recovering from a SUD and to design a social work intervention to address those needs.

The significant engagement of service users and stakeholders in the development of the intervention is necessary within the IDD model (Fouché *et al.,* 2021:465). Furthermore, interventions must be deliberate, structured, sustained, legitimate, and dependable to produce advantages and outcomes that are easily observable to the programme's participants (De Vos *et al.*, 2011:475). As stated in Chapter 1, the IDD model comprises six phases; however, for this study, the researcher utilised the first four phases to design the social work support intervention: problem analysis and project planning; information gathering and synthesis; design of the intervention; and early development and pilot testing. The study aimed to accomplish the objectives outlined in Chapter 1, section 1.5.3, by utilising the four stages of the IDD model.

2.4.1 Phase 1: Problem analysis and project planning

The problem analysis and project planning phase is broken down into five steps (Fawcett *et al.*, 1994:27; Fouché *et al.,* 2021:468), where each operation requires collaboration between the researcher and participants, namely 1) identifying and involving clients, 2) gaining entry and cooperation, 3) identifying the concerns, 4) analysing the identified problems, and 5) setting goals and objectives. Figure 2.2 below outlines how the above steps were followed.

IDENTIFYING AND INVOLVING CLIENTS

The first population for this study comprises all parents living with adolescents recovering from a SUD and residing within the municipal boundaries of the City of Tshwane, which is in Gauteng, South Africa. The second population was all the social workers working with families of adolescents recovering from a SUD in all the inpatient treatment centres (all registered with the DSD in the City of Tshwane region) as the key participants. Population and sampling were addressed in this step.

GAINING ENTRY AND COOPERATION

Gatekeepers were identified and approached. Meetings were set with the supervisors and social workers in the treatment centres to identify participants for the study (parents and social workers). The researcher received approval from the DSD head office to conduct research in the three in-patient treatment centres identified for this study. After getting the approval, the researcher contacted the centre managers and supervisors to invite social workers on the researcher's behalf.

IDENTIFYING CONCERNS

The researcher used qualitative research to look into the meanings of perceptions and actions of the research participants, thus using exploratory, descriptive, and contextual designs. The researcher listened to the participants to gain an in-depth understanding on their lived experiences using semi-structured interviews.

ANALYSING IDENTIFIED CONCERNS

The researcher analysed the data collected from both parents and social workers (through the verbal and non-verbal communication of the participants) in trying to gain further understanding on their concerns.

SETTING GOALS AND OBJECTIVES

This study aimed to develop a social work support intervention for parents of adolescents recovering from a SUD. The objectives set out were:

1. Support the parents to be empowered to cope with adolescents recovering from a SUD.

2. Provide parents with psychosocial support and encourage them to deal with their problems.

3. Empower parents with knowledge of parenting skills, adolescent SUDs, and relapse.

4. Encourage parents to take care of themselves (self-care).

5. Assist the social workers to intervene in supporting parents of adolescents recovering from a SUD to cope.

Figure 2.2: Summary of steps followed in Phase 1 of the IDD Model

2.4.1.1   Phase 1, Step 1: Identifying and involving clients

During Phase 1, the primary objective is to identify the population for research (Fouché *et al.,* 2021:468). The population refers to the entire group of individuals who share similar qualities and characteristics and are being considered for inclusion in the research study (Flick, 2015:269). Fouché *et al.* (2021:468) state that the **population** chosen is one whose problems are of present or emerging interest to the clients, researchers, and society. The researcher defines a population as a group of individuals with characteristics that are similar to what the researcher intends to study.

According to Fawcett *et al.* (1994:27), the researcher selects a population with which to collaborate in intervention research. The first population for this study comprised all parents living with adolescents recovering from a SUD and residing within the municipal boundaries of the City of Tshwane, which is in Gauteng, South Africa. The goal was to get an in-depth understanding of the support needs of the parents of adolescents recovering from a SUD.

The second population was all the social workers working with families of adolescents recovering from a SUD in all the in-patient treatment centres registered with the DSD in the City of Tshwane. The focus was on social workers currently working at the three in-patient treatment centres in the City of Tshwane which cater for adolescents and are also funded by the DSD. The Gauteng Province, specifically the City of Tshwane, was selected because the researcher is situated in the City of Tshwane; therefore, it was cost-effective and time efficient to focus on this geographical area.

The City of Tshwane is in Pretoria, South Africa, and is one of the four municipalities in the Gauteng region. Several districts surround it. The City of Tshwane has seven areas and 105 wards with 210 ward councillors (Sebidi & Madue, 2018:495). The City of Tshwane is estimated to have a population of 3597 000 (National Treasury, 2022:23). It is also one of the municipalities in the Gauteng region facing vast numbers of adolescents struggling with SUDs (Nene, Mkhonto & Mokwena, 2024:2).

The City of Tshwane has 21 SUD treatment centres registered with the DSD (Scheibe *et al.*, 2020:2). Out of the 21, seven are in-patient centres, and only three cater for young people under the age of 19. Most patients are admitted voluntarily at these centres; however, some patients have been admitted involuntarily, as their schools referred them. The in-patient treatment centres facilitate support groups for parents of adolescents with a SUD, especially after adolescents have voluntarily completed the treatment and have been discharged from the centre. The researcher involved parents and social workers of adolescents recovering from a SUD from the three SUD treatment centres in the City of Tshwane that cater for adolescents. The treatment centres linked to the study are all located in the City of Tshwane, Gauteng Province.

The researcher did not use all the social workers working in the SUD field or all parents of adolescents recovering from a SUD in the City of Tshwane region; a sample of both the parents and social workers were identified.

Sampling is the method of choosing a specific number from the entire population to represent the whole research population (Polit & Beck, 2018:356; Brynard, Hanekom & Brynard, 2014:56). Terrell (2016:69) explains that determining the demographic area the researcher wishes to work with is the first step in creating a good sample. A sample is usually drawn from the research population (Martínez-Mesa, González-Chica, Duquia, Bonamigo & Bastos, 2016:326). To get results that matched the goals and objectives of the study, the researcher had to take certain precautions. The researcher identified and selected a **sample** that met the selection criteria and was willing to share the rich information needed to understand parents' support needs and inform a social work support intervention for parents of adolescents recovering from a SUD.

Sampling consists of two main techniques: non-probability sampling and probability sampling. According to Fouché *et al.* (2021:381), non-probability sampling is a frequently utilised sampling method in qualitative research. Non-probability sampling is defined as a sampling technique whereby not all population members have an equal opportunity of being chosen to participate in the study (Singh, Vadakedath & Kandi, 2023:9). Creswell and Poth (2018:158) state that researchers

mostly use non-probability sampling in exploratory research. Using non-probability sampling is said to be cost-effective when conducting research; however, as it only focuses on a small sample, it might be challenging to know how accurately or well the population is being represented (Wiśniowski *et al.*, 2020:122).

The researcher utilised a **purposive sampling** technique to choose research participants for this study, namely social workers working in the in-patient treatment centres and working directly with parents of adolescents recovering from a SUD. Purposive sampling is one of the non-probability types of sampling which is used to strategically sample those rich with information relevant to the phenomenon of interest (Palinkas *et al.,* 2015:533-544). The researcher utilised purposive sampling to recruit participants, because it enabled her to select suitable participants for this study (Creswell, 2016:109). The researcher also requested the social workers in the in-patient treatment centres to assist her in identifying potential participants, namely parents of adolescents recovering from a SUD.

The researcher has developed inclusion and exclusion criteria to implement purposive sampling to ensure that suitable research participants are targeted for this research study. Furthermore, she identified and included participants complying with the inclusion and exclusion criteria stated in Chapter 1. The participants who were part of this study were the ones who expressed their willingness to be part of the process.

The **sample size** is seen as an indispensable aspect of the research process, because it significantly impacts the data to be collected (Fouché *et al.*, 2021:380). Vasileiou, Barnett, Thorpe and Young (2018:8) posit that the more in-depth the data needed, the smaller the sample. However, in conducting a qualitative study, the sample size is not entirely decided at the start of the research study but is based on the principle of data saturation (Cresswell & Poth, 2018:158).

The saturation point is a stage or point during the data collection process where there is no more new information coming from the research participants (Creswell, 2014:248). Data saturation occurs when the researcher, during data collection, continues to get the same information repeatedly (Ravitch & Carl, 2016:135; Given,

2016:135). The point of data saturation was used to establish the sample size for this study. As a result, the researcher concentrated on gathering information until data saturation was achieved.

2.4.1.2   *Phase 1, Step 2: Gaining entry and cooperation*

In this step, the focus is on gaining entry into organisations, obtaining cooperation and, as mentioned by Peticca-Harris, De Gama and Elias (2016:377), gaining knowledge about the organisations the researcher wants to work with by reading about the targeted setting, understanding the culture of the setting and, finally, getting to know whom to liaise with. Thomas and Rothman (1994:29) state that the researcher must communicate with the gatekeepers to hear and understand more about participants and the topic under study. The researcher received approval from the SRC of the Social Work Department and ethical clearance from the CREC (see Addendum H) at UNISA.

Due to the challenges of COVID-19, approval to carry out this research study was requested from the DSD (see Addendum I) and the centre managers or supervisors in SUD treatment centres by sending emails and communicating telephonically. The researcher received approval from the DSD head offices to conduct research in the three in-patient treatment centres identified for this study. After getting the approval, the researcher contacted the centre managers and supervisors to invite social workers on behalf of the researcher.

In preparing participants for data collection, the researcher then visited the treatment centres after making an appointment to share the information regarding the research study. Due to COVID-19, the social workers were working on different days to comply with the COVID-19 regulations. The next step was to compile a list of all social workers working with parents of adolescents recovering from a SUD who have shown an interest in participating in the study based on information from the centre managers, supervisors, and social workers. After providing them with verbal and written information about the project, the researcher visited or telephonically contacted interested social workers and requested that they sign the content forms. After discussions with the participants, appointments and dates were set with social workers willing to participate in the study.

In providing information about the study, the researcher shared the following:

- purpose and procedure of the study;
- criteria of inclusion and exclusion;
- ethical principles to adhere to;
- interview duration time and type;
- consent form; and
- confidentiality and anonymity.

Table 2.1 provides an overview of the number of social workers participating in the study. Chapter 5 provides a detailed discussion of the social workers who were involved in it.

Table 2.1: Overview of the number of social workers participating in this study

Organisation	Participants/ Social workers
Treatment Centre A	6
Treatment Centre B	3
Treatment Centre C	7

The social workers were then requested to identify parents who met the inclusion criteria (see Chapter 1, Phase 1, step 2. These parents were then offered information pertaining to the study (see Addendum A1). The social workers were requested to support the researcher in establishing contact and arranging a meeting with the parents of adolescents recovering from a SUD. The researcher was invited to attend one meeting in each of the respective treatment centres, whereby identified parents were also invited. She introduced the study in the meetings and was allowed to share the purpose of the study with the parents.

Subsequently, the researcher clarified the visit's aim and the research's reasons to the participants. Furthermore, the researcher then telephonically contacted potential participants to set up appointments. Follow-ups were made telephonically with the parents eager to take part in the research study, followed by appointments. The information about the study was given to potential participants in a written form and verbally explained to the participants; however, the researcher continued to adhere

to COVID-19 regulations (see Addendum A1 & 2). Participation was voluntary and this was presented to participants in detail.

The researcher ensured that she explained the principle of confidentiality to the participants to allow them to freely share their lived experiences on the research topic (Neuman, 2014:152). Subsequently, a set of biographical questions and an interview guide containing the questions covered during the interviews were provided to the willing study participants (see Addendum E1 and Addendum E2). A consent form was given to the participants to sign (see Addendum C1) following their consent to take part in this research. Additionally, the researcher requested permission to record the interviews on audio so that she could give the participants her undivided attention. The appointment date and time were set with the participants to ensure that they were available for the interview.

The researcher also called the participants before the interview date to remind them and check whether the participants were still available for the set appointment. Prior to the interview, the researcher made sure the audio recorder was in working order by testing it. She only used the audio recorder after each participant signed a standardised consent form (see Addendum C1). It was also explained to them that they are free to withdraw their consent should they wish to do so, without any repercussions.

Table 2.2 below indicates the overview of the parents of adolescents recovering from a SUD who participated in this study. However, more details about the parents will be discussed in Chapter 4 of this study.

Table 2.2: Overview of the parents of adolescents recovering from a SUD who participated in this study

Organisation linked to parents of adolescents recovering from a SUD	Participants / Parents
Treatment Centre A	5
Treatment Centre B	4
Treatment Centre C	6

2.4.1.3   Phase 1, Step 3: Identifying concerns of the population

After entry has been obtained, the researcher must make an effort to comprehend the problems that are significant to the target group, and in-depth interviews with participants can accomplish this (Fouché *et al.,* 2021:468). Data collection is described as gathering the necessary information to address the research problem in question (Barrett & Twycross, 2018:63). The researcher used qualitative research to look into the meanings of the perceptions and actions of the research participants, thus using the exploratory, descriptive, and contextual designs. Using an interview guide, the researcher conducted semi-structured interviews with open-ended questions to explore the support needs of parents of adolescents recovering from a SUD. The goal of gathering data was to allow the researcher to appraise the needs of parents of adolescents recovering from a SUD before developing a needs-based intervention to assist them in coping with the challenges they have to face (Fouché *et al.*, 2021:355).

Data collected from the participants was recorded using a voice recorder. Recorded data was transcribed and kept at a secure location that was only accessible by the researcher and her supervisor (Kabir, 2016:204). The **interview guides** (see Addendum E1 & 2 and Chapter 1, Phase 1, step 3), one developed for parents and the other for social workers, were used to assist the researcher in preparing for the sessions. However, it was not used as a questionnaire but merely to guide the researcher to stay on track. The interview guides supported the researcher in obtaining a better understanding of the topic under study, including information on the services offered to parents of adolescents recovering from a SUD and what can be done in addressing their support needs.

Face-to-face interviews were used by the researcher to gather information while observing the verbal and non-verbal communication of the participants (Kabir, 2016:209). The researcher employed several interviewing strategies, including listening, assisting, probing, connecting and, finally, reflecting. She also used summarising skills to have a comprehensive grasp of what the participants were sharing (De Jonckheere & Vaughn, 2019:8). The participants received assurances that confidentiality and **anonymity** would be maintained as per the agreement signed (see Addendum G).

It took about 60 minutes per interview with the social workers. The interviews took place in the social workers' workplaces. However, due to COVID-19 restrictions, some of the social workers were met outside of their offices to comply with the regulations. The interviews with parents were conducted in an environment familiar to the participants, which in this case was the parents' homes, and as such there were no costs incurred to them. The researcher observed and learned that the parents would stop sharing in instances when their adolescent recovering from a SUD walked into the house. In those instances, the researcher had to reschedule and meet the parents at the relevant social worker's office, because they could not open up in front of their adolescent recovering from a SUD. Other parents preferred to meet in the relevant social worker's office to avoid their children's questions about the visit. The interviews with parents took 30 to 45 minutes per interview. The researcher focused on the people who were able to speak and understand English, as it was easier for her to communicate with them, and they were also free to share their lived experiences without any language barriers.

The researcher complied with the UNISA COVID-19 guidelines based on alert levels to ensure participant safety, making sure that participants were wearing masks and social distance was observed. The researcher also followed safety protocols, e.g. providing masks and hand sanitiser to protect her and the participants. Besides this, the researcher adhered to social distancing to ensure her protection and that of the participants.

2.4.1.4   *Phase 1, Step 4: Analysing identified concerns*

Data analysis organises and structures the collected data (Fouché *et al.,* 2021:391). Data analysis occurs during data collection with interviews and observations to

avoid losing valuable information (Merriam & Grenier, 2019:15). Following the steps of data analysis helps the researcher to be comfortable with the research findings (Klenke, 2016:71). The data was analysed and verified by the researcher using theme analysis. The technique of thematic analysis entails examining the gathered data until themes emerge and it comprises the following steps (Fouché *et al.*, 2021:403-412):

1) **Familiarisation with the data**: Firstly, the researcher in any qualitative analysis is required to read and review the transcripts (Maguire & Delahunt, 2017:3355). Fouché *et al.* (2021:404) explain that this involves engaging with the data through reading and re-reading the written data collected and listening to and watching the data collected through video and audio recordings.

   Reading the field notes made during the interviews and hearing the recordings allowed the researcher to become familiar with the information acquired and all the information observed among the participants.

2) **Coding**: The second step focuses on rearranging the data collected into meaningful events (Maguire & Delahunt, 2017:3355). Researchers use coding to divide and classify collected information (Wyse, Selwyn, Smith & Suter, 2017:361). According to Charmaz (2014:1074), coding is the process used by researchers to label and organise the data collected to identify different topics and how they relate to one another. In addition, Corbin and Strauss (2015:57) define coding as assigning labels to words or phrases that represent essential themes from the data collected. The researcher defines coding as compiling and organising the data collected into labels to develop categories and themes. According to O'Connor and Joffe (2020:8), the collected data should be coded by more than one person to ensure reliability. Coding is the building block for analysing collected data (Fouché *et al.,* 2021:406).

   The researcher listened to the audio recordings several times and wrote down some notes. Afterwards she sent the recorded interviews to the transcriber to transcribe. The researcher meticulously went over each recording to ascertain what the participants shared with her word-by-word.

3) **Searching for themes**: The researcher generated themes from the data collected from the research participants (Fouché *et al.,* 2021:407). Although this phase is called 'searching for themes', the researcher only looked at the collected data. From the information coded, the researcher identified themes that came to the fore. Then every topic was grouped with related topics; prominent and distinctive themes may be included in these clusters. In classifying the themes, the approach helped the researcher. For assistance in coding the gathered data, the researcher asked for an outside coder, namely, a social worker with extensive coding experience.

4) **Reviewing themes**: The researcher continually reviewed the developed themes, comparing them to the collected data (Fouché *et al.,* 2021:408). The researcher, the independent coder, and the supervisor looked into collapsing themes to see if some sounded similar or had the same meaning.

5) **Defining themes and sub-themes**: The researcher and the coder looked at the uniqueness of each theme and, together with the supervisor, reached a consensus on naming the identified themes (Fouché *et al.*, 2021:407). The researcher started writing the analysis of the identified themes and incorporating the information from the independent coder.

6) **Data presentation**: Finally, the researcher started compiling the information as the research findings in her thesis, integrating the storylines with the available literature (Fouché *et al.*, 2021:411).

Induction and synthesis that were produced because of the data analysis are discussed in Chapters 4 and 5 of this study. It is worth noting that data got repetitive and data saturation was reached before any analysis was done. The study questions pertaining to the support needs of parents of adolescents recovering from a SUD were addressed through the analysis of written narratives. The transcripts from parents of adolescents recovering from a SUD and the social workers were analysed to better understand their opinions and experiences regarding the support needs of parents and the present social work services rendered in this area.

It is essential to mention that **data verification** was ensured on the data collected. The researcher observed and employed the following methods to make sure the research findings are reliable.

Trustworthiness

There are a few specific research techniques that, when used in qualitative research, foster and ensure trust (Stahl & King, 2020:27). Data verification is a procedure that permits the researcher to assess and verify the correctness and reliability of the information gathered following the completion of the data analysis process (Thomas, 2011:515).

The researcher utilised four pointers to determine trustworthiness in this study: credibility, transferability, dependability, and conformability (Kumar, 2014:219). These are described in more detail below:

- **Credibility** is the confidence in the veracity of the study findings (Anney, 2014:276). Credibility determines whether the study's conclusions support the participants' initial viewpoints and provide believable information based on their original data (Korstjens & Moser, 2018:121). Stahl and King (2020:26) share that credibility inquires "How closely do the results match reality?" Credibility supports the truthfulness of the data and interpretation of the study (Brink *et al.*, 2018:158).

  The credibility of the research study was enriched through the triangulation of the data collection methods. To get confirmation, interpretations were discussed with the supervisor and other colleagues. The researcher engaged more with the research participants to ensure that she gathered comprehensive data about their experiences. Credibility was maintained by conducting in-depth phenomenological interviews until data saturation was reached. Adhering to longer face-to-face interviews (45-60 minutes) with participants assisted the researcher in gaining a deeper comprehension of the support needs of the parents that might affect the data quality, which assisted the participants in achieving more trust in the researcher. Prolonged engagement with participants played a crucial part in helping the researcher

and participants to become more familiar with the research, which ensured the high-quality findings of the study.

- **Transferability** is the point at which a qualitative study's conclusions can be applied to different situations involving different participants (Anney, 2014:272). The degree of adaptability of qualitative research results to other contexts and participant types is known as transferability (Korstjens & Moser, 2018:121). According to Lincoln and Guba (in Krefting, 1991:216), applicability or transferability can be improved by providing sufficient descriptive data for comparison. The researcher gives a comprehensive description of the methods used in the study, the background of the participants, and the research context. Furthermore, Stahl and King (2020:27) indicate that only when a detailed account paints a vivid enough picture of the circumstances to be applied to those of others is transferability possible.

  The researcher provided detailed information about the study on how parents can be supported in dealing with adolescents recovering from a SUD in Chapters 1 and 2. The research methodology and theoretical framework guided the researcher on how to interpret, compare, and verify the research findings, as presented in Chapters 4 and 5.

- **Dependability** entails that one must assess the study's conclusions, participants' interpretations, and recommendations in a way that ensures each is substantiated by the data supplied by the participants (Korstjens & Moser, 2018:121). When research findings are consistent when repeated over time, they are said to be reliable (Anney, 2014:274). Using an audit trail allows the researcher to be held responsible for study decisions and provide information about how data was gathered, which is how reliability is assessed (Marshall & Rossman, 2016:47).

  In this study, reliability was improved by the use of peers, the supervisor, and the transcriber, as well as an independent coder to analyse the data and offer feedback on the researcher's reflexivity and any gaps in the procedures and data collecting. A semi-structured interview guide was used to record the

interviews to collect data. The recording was given to the transcriber to transcribe the raw data collected. The researcher checked the transcriptions to ensure correctness.

- **Confirmability** is the degree to which other researchers can verify the findings of the research study (Anney, 2014:272). Maintaining a reflective notebook that documents all field events and the researcher's own thoughts about the study is another way the researcher may guarantee the outcomes (Marshall & Rossman, 2016:47). Confirmability also focuses on demonstrating that the data and conclusions are clearly derived from the data and not the researcher's imagination (Korstjens & Moser, 2018:121).

The researcher used peers and participants to provide feedback on the findings and kept a reflective log of everything that happened in the field to ensure the findings' confirmability or objectivity. In their article, Stahl and King (2020:28) explain that researchers establish the value of the collected data through an audit report, which ensures conformability. In this regard, the researcher analysed data and the supervisor and the coder of this research kept an audit trail of the verbatim descriptions, categories, and themes to ensure conformability. Confirmability, according to Babbie and Mouton (2012:278), is the extent to which the emphasis of the inquiry rather than the researcher's biases led to the research findings. The capacity to confirm themes in this study was made possible by the availability of raw data from the tape recorder and transcripts. Rebuilding data and synthesising developed concepts were also examined. Extensive and contextualised descriptions of the findings, including quotes, are provided in Chapters 4 and 5 so that the reader can determine whether the findings represent the actual situation. In managing confirmability, the researcher avoided bias and respected the topic's sensitivity.

2.4.1.5 Phase 1, Step 5: Setting goals and objectives

According to the IDD model, step 5 focuses on the goals and objectives of developing and designing the intervention rather than on the objectives of the whole study (Fawcett *et al.*, 2013:162). The goal of the study related to the development

of an intervention was to develop a social work support intervention for parents of adolescents recovering from a SUD. The intervention objectives related to this goal were as stated in Chapter 1, section 1.7.2.4.

2.4.2   Phase 2: Information gathering and synthesis of existing knowledge

The second phase of the IDD model is focused on collecting and analysing information (Fouché *et al.,* 2021:471). According to Rothman and Thomas (1994c:68-69), learning more about what other colleagues or researchers have done to address the problem in planning an intervention research project is essential. This phase focuses on checking available knowledge and resources to avoid repetition. The researcher gathered information and explored existing interventions for SUDs and available services for parents of adolescents recovering from a SUD (Bailey-Dempsey & Reid, 1996:213). In this phase, based on the guidance by Rothman and Thomas (1994c:69), the researcher reviewed literature in relation to supporting parents of adolescents recovering from a SUD. Figure 2.3 below indicates the steps of Phase 2, which are explained in more detail below.

USE EXISTING RESOURCES AND INFORMATION
The researcher conducted a literature review to gain more understanding of the available literature on parents of adolescents recovering from a SUD and the literature on the available programmes to support parents of adolescents recovering from a SUD.

STUDY NATURAL EXAMPLES

The researcher observed the participants' verbal and non-verbal communication while conducting semi-structured interviews. This step was linked to Phase 1, Step 3.

IDENTIFY POSSIBLE FUNCTIONAL ELEMENTS

The researcher studied literature with the aim to check if there are any known interventions that have been successful in addressing the needs of parents of adolescents recovering from a SUD.
If any were found, she would investigate what made those programmes effective or ineffective.
If there are, then checking what could have been done to ensure the success of such programmes.
The researcher also consulted organisations via emails to check what kind of programmes are available to support parents of adolescents recovering from a SUD.

Figure 2.3 Summary of Phase 2 and steps implemented in the study

2.4.2.1   Phase 2, Step 1: Use existing resources and information

During the design and development of new interventions, existing literature and reviews from other studies on the same topic need to be conducted (Fawcett *et al.,* 1994:32). A literature review was conducted to assist the researcher to comprehend more fully how complex the issue is (Fouché *et al.*, 2021:471). Using existing literature and data also assisted the researcher with a baseline to compare what interventions are available and identify existing gaps (Kabir, 2016:206).

In this phase, the researcher gathered information and explored existing substance use interventions and available services for parents of adolescents recovering from a SUD. The researcher did a literature search to check all available resources for this study. She also conducted various internet data searches on international journal database websites, including EBSCOhost and Science Direct, as well as on Google Scholar, the Nexus database, and the South African Bibliographic and Information Network for South African publications, to ascertain the state of the knowledge available on the topic.

The researcher then searched beyond the literature in her field, since the topic of SUDs is not confined to only one field, but she also searched to find links in other related fields or disciplines. The researcher then explored the current information to better understand the topic under study and how these insights can be used to develop a social work support intervention for parents of adolescents recovering from a SUD. The available programmes and resources do not meet the support needs of these parents. Thus, the study guided the designing process of a support intervention that social workers can use to support parents of adolescents recovering from a SUD. The researcher was introduced to models focusing on supporting services for families affected by SUDs through the data obtained from this stage (see Chapter 1, section 1.1 and Chapter 6, section 6.3). Based on the available information, the researcher determined the functional elements of these models that are necessary for Step 3 of Phase 2.

2.4.2.2   Phase 2, Step 2: Study natural examples

Natural examples are studied by observing individuals who have experienced a particular problem, focusing on how they managed to address that problem or how

they overcame the problem (Fawcett *et al.,* 1994:32). According to Fouché *et al.* (2021:471), the researcher must take into account the data that is already available, examine natural resources, and pinpoint the essential elements of effective models or interventions. An intervention combines programme elements designed to bring changes or improve behaviour. Interventions can be in the form of a programme, new policy, or a campaign (Smith *et al.,* 2015:6).

The terms 'intervention' and 'programme' were used interchangeably in this study. By studying effective and ineffective interventions in addressing the research problem, the researcher identified the important and helpful elements in designing an intervention. Supporting this, Fawcett *et al.* (1994:36) share that studying interventions that have been successful and unsuccessful will be valuable in understanding what the challenges of these interventions were.

As indicated above in Phase 1, Step 1, the participants with experience and knowledge about the study topic consisted of two categories: the parents of the adolescents recovering from a SUD and social workers in the three in-patient treatment centres within the City of Tshwane in Gauteng Province. Supporting this, Strydom, Steyn and Strydom (2014:335) share that gaining information on individuals who have encountered challenges can give the researcher insight into the way forward. Phase 2, Step 1, overlapped with Step 3 of Phase 1 presented in this chapter, as it is interrelated with "identifying the population's concerns". In-depth presentations of the data gathered from natural examples and the literature control will be made in Chapters 4 and 5 of this study.

2.4.2.3 *Phase 2, Step 3: Identify the functional elements of successful models*

In Step 3 of Phase 2, the researcher concentrated her efforts on examining the effectiveness of the solutions, best practices, and services available to address the precise issues. The researcher contacted managers at nine treatment centres and explored the services parents can access. The researcher carefully listened to the parents' opinions on the services they received. She wanted to know if the services were helpful in supporting them as parents of adolescents who were recovering from a SUD. Additionally, she asked them about what other services they thought would

be beneficial to support them in this role. The researcher used the data gathered from parents and social workers in the substance dependency field in Step 2 of Phase 2 (Chapters 4 and 5) to learn more about the information relevant to developing the intervention. In addressing Step 3 of Phase 2, the following questions were considered in the process of identifying the functional elements of interventions (Fouché *et al.*, 2021:472):

- Are there any known interventions that have been successful in addressing the needs of the target group?
- What made those programmes effective or ineffective?
- What could have been done to ensure the success of such programmes?
- What specific procedures were used in executing those programmes?

According to Schultz (2018:39), SUDs in families need to be sufficiently accommodated in policies or intervention strategies, and a lot more needs to be done to support families. Family-based interventions can assist in improving the lives and family functioning among parents and adolescents recovering from a SUD. The researcher looked at several models used to support families with individuals dealing with SUDs.

In the process of trying to understand the effective and/or ineffective programmes used, the researcher was able to identify what was lacking, and that assisted her in developing an intervention that could address the support needs of parents of adolescents recovering from a SUD. The above statement is supported by Gitlin (2013:180) and Fawcett *et al.* (1994:36), stating that studying unsuccessful interventions is crucial as it will assist the researcher in understanding the methods that are important for the effectiveness of the new intervention. The process has guided the researcher on how a social work intervention can be designed to support parents of adolescents recovering from a SUD.

The researcher also attended workshops on supporting families affected by SUDs to obtain a comprehensive understanding of available resources to support parents of adolescents recovering from a SUD. In Chapter 1, section 1.1, some of the models and programmes were indicated. Furthermore, Chapter 3 will discuss existing models and programmes.

In Chapter 6 of this study, the functional elements identified from the literature review, workshops attended, research findings in Chapters 4 and 5, and the researcher's own experience are covered. The available resources assisted the researcher in developing a social work support intervention for the parents of adolescents recovering from a SUD. The researcher continued to conduct a literature review to enable and guide her in designing and developing intervention activities. After careful thought, consultations, and experience working in the substance dependency field, the researcher confirmed that, in line with the opinion of Lander *et al.* (2013:195), more needs to be done to support families, especially parents of adolescents recovering from a SUD. The researcher learned that several of the elements identified overlapped, which meant that using any of these models would involve acquiring knowledge and strategies from the other models. By identifying these functional elements, the researcher would be able to design a programme that could be not only effective, but also efficient.

2.4.3   Phase 3: Designing

Phase 3 consists of designing an observational system and then stipulating the intervention procedures (De Vos & Strydom, 2011 in De Vos *et al.*, 2011:482; Rothman & Thomas, 1994c:82). Only step 2 was utilised for this research. In this phase, the researcher focused on designing and developing a social work support intervention for parents of adolescents recovering from a SUD. Figure 2.4 below illustrates step 2 of Phase 3, which is explained in more detail below.

Specifying the procedural elements of the intervention

The researcher specified the procedural elements of the social work support intervention for parents of adolescents recovering from a SUD by using information gained from the literature review of the parents' and social workers' narratives. The researcher also used her practice knowledge and information from the literature review and the identified functional elements to design the social work support intervention for parents of adolescents recovering from a SUD.

Figure 3.4 Summary of Phase 3 and the step implemented in the study

2.4.3.1 *Phase 3, Step 2: Specifying procedural elements of the intervention*

According to Thomas and Rothman (1994:36), this step focuses on deciding on the delivery method of the intervention, which might be through workshops, counselling sessions, and/or support groups. The literature review, functional elements, and data collected were considered in the design of support intervention activities (Rothman & Thomas, 1994a:13).

The social work support intervention's procedural elements for parents of adolescents recovering from a SUD were outlined by the researcher by using information gained from the literature review and the parents' and social workers' narratives. The researcher also used her practice knowledge and the identified functional elements to plan and develop the intervention (Bailey-Dempsey & Reid, 1996:213). The elements of the intervention procedures were also part of a support intervention for parents of adolescents recovering from a SUD (De Vos *et al.*, 2011:482). These elements helped the researcher to decide on the format, topics for inclusion, duration, length of sessions, human capacity structure, and programme protocols.

In Chapter 7 of this research study, the social work support intervention for parents of adolescents recovering from a SUD is described. Furthermore, the strategies or procedures (i.e. procedural elements) for implementing these functional elements are provided in the programme, including knowledge prerequisites about some of the procedural elements.

2.4.4 Phase 4: Early development and field testing

The goal of this phase is to develop a preliminary design that can be tested (Fouché & Schurink, 2011:483). The steps involved in Phase 4 are developing a preliminary intervention, conducting a pilot study to develop preliminary guidelines, and revising the guidelines (Rothman & Thomas, 1994a:34-37). Figure 2.5 below indicates the steps of Phase 4.
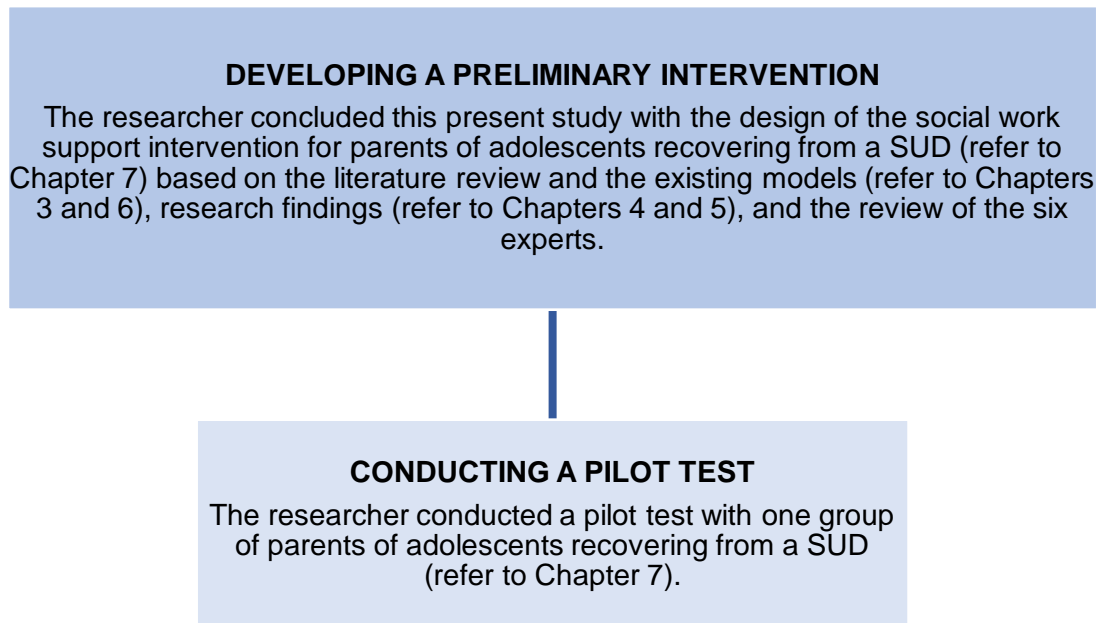
Figure 2.5: Summary of Phase 4 and the steps implemented in the study

2.4.4.1   Phase 4, Step 1: Developing a preliminary intervention

Phase 4, Step 1 concentrates on developing the preliminary intervention by incorporating elements from the literature review, existing interventions, and information obtained from the interviews with the participants (Rothman & Thomas, 1994a:163; Fraser & Galinsky, 2010:464). The researcher based the preliminary support intervention for parents of adolescents recovering from a SUD on the information collected from research participants, the analysis of the literature, and the functional components taken from available programmes. Once the support intervention was developed, a first draft of the social work support intervention was submitted to experts in the SUD field. De Vos *et al.* (2011:482) suggest that those most affected need to be involved in the design of a programme. In this study, the parents are those most affected. However, social workers were identified as experts, as they constantly have to support parents of adolescents recovering from a SUD.

The researcher obtained the contact information of the experts with the help of her supervisor and social workers at the DSD. To refine the proposed intervention, the researcher enlisted the help of social workers in the SUD field who were not included in the main study and sought guidance from academics who have conducted research in the same field. The experts identified were two academics who have done research in the SUD field and were thus able to give their suggestions and

feedback. The draft was also presented to four social workers in the substance dependency field. One of the social workers in the field has designed a Family Support Model for Addiction Recovery (FSMAR) (Swanepoel, 2018) that can be used to support families of substance users and those who are recovering. The other three social workers have been employed in the field of substance dependency for more than 20 years and have mainly interacted with the families of substance users.

The researcher presented the experts with the proposed programme and a feedback form and requested that they provide feedback and suggestions on what needs to be added or omitted. The following questions served as a guide for the review:

- Will the programme be able to empower parents to cope with adolescents recovering from a SUD? Please motivate your answer.
- Will the programme provide parents with psychosocial support and empower them to deal with personal problems? Please motivate your answer.
- Will the programme be able to empower parents with knowledge of parenting skills, adolescent SUDs, and relapse? Please motivate your answer.
- Will the programme be able to encourage parents to take care of themselves (self-care)? Please motivate your answer.
- Will the programme enable social workers to intervene in supporting parents of adolescents recovering from a SUD to cope? Please motivate your answer.
- What are your suggestions for the improvement of the programme? Please be specific and add activities and other resources where possible.
- Do you have any other comments?

The experts were not located in the same area (see Chapter 8, section 8.2.3), so the researcher chose to communicate with them via email due to financial constraints.

2.4.4.2   *Phase 4, Step 2: Conducting a pilot test*
Pilot tests are conducted in settings similar to the eventual intervention context to determine its efficacy (Fouché *et al.,* 2021:477). According to Eldridge *et al.*

(2016:3), pilot testing serves not only to evaluate an intervention's effectiveness, but also to improve the intervention. The researcher piloted the social work intervention at Treatment Centre 1 in Hammanskraal with a group of parents of adolescents recovering from a SUD. However, the researcher realised that more workshops need to be done to refine the programme for implementation, but that will be done as a post-doctoral study.

After all changes had been incorporated, the final programme was then refined based on both the suggestions from the experts and refinements after the pilot study. The feedback on the pilot will be presented in Chapter 8 of this study.

2.5   SUMMARY OF THE CHAPTER

The researcher discussed the research design and techniques that were employed in this study. She explained the application of study design and data collection techniques to fully comprehend the support requirements of parents of adolescents recovering from a SUD. The IDD model developed by Rothman and Thomas (1994c:68), particularly Phases 1 to 4, proved pertinent to the research topic and made it possible for the researcher to achieve the study's goals and objectives. The researcher discussed this study's data collection, analysis, and verification strategies. The literature review, including the background of the study, family support models in SUD, and the theoretical framework applied in this study will be the main topics of the upcoming chapter.

CHAPTER 3:

CONTEXT OF THE STUDY ON ADOLESCENT SUDs AND FAMILY SUPPORT INTERVENTIONS FOR SUDs

3.1 INTRODUCTION

Chapter 1 provided an overview of adolescent SUDs, as well as the rationale, problem statement, and motivation for the research study. Chapter 2 focused on the application of the research methodology. This chapter overviews adolescent SUDs internationally, continentally, and in South Africa. The effects of adolescent SUDs and challenges faced by parents of adolescents recovering from a SUD are discussed. The discussion then moves to parents' resilience in dealing with adolescent SUD. The researcher highlights the treatment models used in working with families affected by adolescent SUD. The role of social workers in SUD treatment and working with parents of adolescents recovering from a SUD is considered. The chapter also focuses on the experiences of social workers working with parents of adolescents recovering from a SUD and policies that guide social work practice concerning SUDs. Finally, the researcher will explain the theoretical framework that was applied in this study.

3.2 INTERNATIONAL OVERVIEW OF ADOLESCENT SUDs

The stage of adolescence is critical for development and involves significant changes in behaviour, emotions, social interactions, and cognitive abilities (Gray & Squeglia, 2018:618). According to Hardy-Johnson *et al.* (2021:5288), it is a time of extremely quick development that signifies the change from childhood to adulthood and is characterised by several developmental changes significantly influenced by social, cultural, and dietary factors. A person who is between the ages of 10 and 19 is considered an adolescent, according to the World Health Organization (WHO) (2022:1). The critical phase for substance use and misuse usually starts during adolescence (Nawi *et al.*, 2021:2). Adolescent SUDs are cause for increasing concern worldwide (WHO, 2014:15). According to Smith and Estefan (2014:415), the prevalence of SUDs is a concerning issue among adolescents and is becoming

increasingly significant on a global scale. According to the United Nations Office on Drugs and Crime (UNODC) (2018:11), in 2016 more than four in every 10 people worldwide were using substances, 26% were in the 0–14-year age group, and 16% were in the 15–24 year age group.

The 2023 World Drug Report from the UNODC (2023), which was released at the end of June of that year, shows that 296 million people used drugs in 2021, revealing a 23% rise over the prior 10 years. During the same time frame, 39.5 million people were suffering from drug-use disorders worldwide, a 45% rise in cases. In 2018, it was estimated that 4.2 million adolescents in the USA between the ages of 12 and 17 have used drugs (SAMHSA, 2019a:9). Furthermore, in 2019, there were 2.6 to 4 million young people in the 31 European countries with a SUD (Castelpietra *et al.*, 2022:8). The 2019 European School Survey Project on Alcohol and Other Drugs found that over 79% of 15- to 16-year-olds had tried alcohol at least once and 17% of them had used illegal drugs (Becker *et al.*, 2022: 2).

According to the World Drug Report by the UNODC, the percentage of individuals with a SUD has increased from approximately 6% to over 11% in Europe between 2002 and 2019, and from 4% to 16% in the USA between 1995 and 2019 (Ritchie & Roser, 2019:1). The global number of substance users rose to 275 million, while over 36 million people were reported to be suffering from SUDs, as indicated in the 2021 World Drug Report released by the UNODC (2021:1). Furthermore, the 2022 report from the UNODC reveals that around 284 million people aged 15-64 used substances worldwide in 2020. These figures indicate a continued upward trend in individuals with SUDs (UNODC, 2022).

In 2021, the number of individuals aged 12 or above who had a SUD in the past year was more significant among Native American Indians or Alaska Natives (27.6%) and multiracial individuals (25.9%), compared to Black (17.2%), White (17.0%), Hispanic (15.7%), or Asian individuals (8.0%) (SAMHSA, 2022b:1). That being said, compared to all other racial or ethnic groupings, the proportion of Asian individuals with a SUD was lower and, while individuals of all ages are affected by SUDs, teenagers are the most susceptible (Nawi *et al.*, 2021:2). The percentage of people using substances internationally is equal to 5.6% of people between the ages

of 15 and 64 and SUD behaviours that form early in an individual's life can have lifetime consequences, primarily because a SUD is a relapsing disease (UNODC, 2021:1). Adolescent SUDs can have long-term effects, leading to poor academic performance, unproductivity, weak prospects for long-term goals, health-related issues, and increased costs in general (David, Wegner & Majee, 2023:1). Family characteristics, such as family structure, parental well-being, and parenting styles, have been the subject of much research attention (Essau & Delfabbro, 2020:1; Yap, Cheong, Zaravinos-Tsakos, Lubman & Jorm, 2017:1142). The issue of adolescent SUDs has resulted in stigma and misconceptions, affected families, and denied them better support, education, and treatment (Hamm, 2022:22).

3.3 CONTINENTAL AND SOUTH AFRICAN OVERVIEW OF ADOLESCENT SUDs

As much as SUDs is a global issue, the African continent is also not immune to the problem. In Africa, recent research highlighted a high prevalence of SUDs amongst adolescents compared to the general population, with associated physical and psychosocial issues, including disrupted relationships with families and friends (Jumbe, Kamninga, Mwalwimba & Kalu, 2021:2; Mokwena & Setshego, 2021:1; Kaggwa *et al.*, 2022:2; Jere *et al.*, 2017:251). The overall prevalence of adolescent SUDs in sub-Saharan Africa was estimated to be 41.6% (Olawole-Isaac *et al.,* 2018:S80).

According to Fentaw *et al.* (2022:1), 10 nations in sub-Saharan Africa rank among the top 22 countries globally regarding per capita alcohol consumption growth, providing further evidence to support this claim. Sub-Saharan Africa has a lengthy history of substance abuse, which was primarily restricted to alcohol, tobacco, cannabis, and khat[1] (Teferra, 2018:66). The highest challenge of SUDs was reported in West and Central Africa, with rates between 5.2% and 13.5% (WHO, 2021). Current estimates show that the number of substance users worldwide will increase by 11% by 2030, with a notable high increase in Africa because of its fast-

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[1] Khat is a recreational herbal drug that is chewed and has been used as a psychostimulant for centuries in Africa (Silva, Soares, Rocha-Pereira, Mladěnka & Remião, 2022:1).

expanding young population, and these projections are based on demographic shifts (UNODC, 2021:3). However, Ngatweni (2018:18) shares that there is evidence showing that the use of substances in South Africa is very high compared to other countries in sub-Saharan Africa. According to a report by Teferra in 2018, there has been an increase in injection substance use in six African countries, including Egypt, Kenya, Mauritius, Nigeria, South Africa, and Tanzania, even though it was previously believed otherwise (Teferra, 2018).

In South Africa, there has been a concerning rise in the use and abuse of substances, particularly among adolescents, and the DSD (2013b:2) indicates that this high level of substance use has negatively impacted both the lives of adolescents and their parents. The report continues to express how bad the situation is and acknowledges that SUDs in South Africa have escalated fast and this necessitates a comprehensive national response (DSD, 2013b:2). In support, Olawole-Isaac *et al.* (2018: S80) assert that SUDs have become more prevalent among adolescents in developing countries, particularly in Southern Africa. Approximately 7.6% of the South African population abuses substances and one in every 14 people are regular users (Masiko & Xinnwa, 2017:2). Adolescents are increasingly reported to be seeking treatment for SUDs as the problem of SUDs spreads around the world, especially in South Africa (Mokwena, Shandukani & Fernandes, 2021:1). According to Tshitangano and Tosin (2016:234), substance use in South Africa is thought to be twice as high as the global average. It is a challenge with deadly effects, including health, economic, and social problems (Flensburg, Johnson, Nordgren, Richert & Svensson, 2021:255). The availability of substances in the streets and other social ills in our communities also fuel the abuse of substances in South Africa. As a result, South Africa has developed a reputation as a growing market and transit hub for illicit substances (Hodza, 2014:34; González, 2017).

Various factors lead to substance use and misuse, including family problems, lack of positive parental engagement, peer pressure, rebelliousness, and more (Flensburg, Richert & Fritz, 2022:564; Mathibela & Skhosana, 2019:87; Muchiri & Dos Santos, 2018:2). According to Scheibe *et al.* (2017:201), the South African Government's attempts to combat illegal drugs have been ineffective due to the

persistence of criminalising substance use through policies and laws. The effects of adolescent SUDs, if not adequately addressed and resolved, grow more extensive and negatively affect families (Flensburg *et al.,* 2021:256).

While working as a premier, the Gauteng Mayor, Mr Panyasa Lesufi, expressed his concerns regarding parents being frustrated by their children abusing drugs. He announced that the DSD will launch a new initiative to rehabilitate youths trapped in SUDs as part of the province's 2030 vision to eradicate drugs from townships and rehabilitate the youth (Nkanjeni, 2022:1). The Premier continued to state that as a province, "we will never surrender our youth to *nyaope*, never" (Nkanjeni, 2022).

Adolescent SUDs are affecting the whole country, and the City of Tshwane is not immune to it. Similar to other cities in the country, it is struggling with adolescent SUD issues, making it challenging to foster stable communities and social cohesion (Motabogi, 2022:1). According to the City of Tshwane Integrated Development Plan for 2017/21, the region is home to around 30% of the total population of Gauteng, which is more than 3 million people (Department of Cooperative Government and Traditional Affairs, 2016:5). Recently, the Local Drug Action Committee of the City of Tshwane launched a project funded for R31.7m to fight substance abuse (Mahlokwane, 2022:1). The former City Mayor, Randall Williams, emphasised the city's commitment to addressing this issue (Mahlokwane, 2022:1). In a study conducted in Pretoria, it was found that out of 385 adolescent fatalities, 109 deaths were attributed to substance abuse, highlighting the significant impact of substance misuse and SUDs (Liebenberg, Du Toit-Prinsloo, Steenkamp & Saayman, 2016:1052).

According to research done by Mokwena *et al.* (2021:4) on SUDs, among high school learners relapse from prior treatment was high at 42%, and of those who had previously been admitted for treatment 55.8% said they had not finished the recommended course of action. The study continued to indicate that factors contributing to non-compliance with treatment included peer pressure from friends who were abusing substances, domestic issues, and a lack of willpower (Mokwena *et al.*, 2021:4). This indicates that parents must endure a lot due to the high likelihood of relapse while their adolescents are in the process of recovery.

Despite the introduction of the NDMP to support families affected by SUDs, families remain unattended to and there are no clear policies or programmes, which has hindered the success of harm reduction and maintaining sobriety (Schultz, 2018:2). Additionally, Muchiri and Dos Santos (2018:6) argue that tackling SUDs in communities may be less successful if the focus is on treating the individual and ignoring family dynamics.

The prevalence of SUDs among adolescents within a year of discharge, which ranges from 64% to 86%, is indicative of the chronic relapsing pattern of SUDs (Marks & Leukefeld, 2018:293). In this context, Braaf, Roman and Pharaoh (2022:354) note that most families of people with SUDs experience feelings of helplessness, disappointment, frustration, and doubt, all of which contribute to rising hatred and enmity. Additionally, Marinus, Van der Westhuizen and Alpaslan (2017:19) share that dealing with adolescent SUDs in the family causes parents' stress, low self-esteem, and feelings of failure, since they come to believe that they are unworthy and to blame for their own child's SUD.

3.4   THE ROLE OF PARENTS IN ADOLESCENTS' RECOVERY FROM SUDs

Although there is a wealth of information on adolescent substance use and SUDs, few research studies are looking at how parents are coping with the effects of their adolescents' SUDs (Essau & De la Torre-Luque, 2021:1). Parents are often held accountable for adolescent SUDs due to societal expectations of parenthood and the perception that a "good" parent dictates their child's future through their parenting skills (Flensburg *et al.,* 2022:564). The family is the fundamental unit of society, encompassing various definitions, and it holds significant importance in preventing and combatting the spread of SUDs (Williams, Burton & Warzinski, 2014:238). Parents play a crucial role in guiding adolescents towards developing their strengths and resilience and achieving their full potential (Đurišić & Bunijevac, 2017:144; Masombuka, 2021:2). Hence, Hanson *et al.* (2015:315) claim that strong bonds between parents and adolescents can protect against SUDs and aid in recovery. According to Mathibela and Skhosana (2020:3), robust parental monitoring and open communication of values within the family can be a protective measure against substance dependence. Furthermore, parents are vital in

preventing and addressing their adolescents' substance abuse; they can also help with interventions and support for recovery and sobriety (Williams *et al.,* 2014:338). However, Jackson (2018:19) indicates that it can be overwhelming for parents when they are held responsible for their adolescents' SUDs and are expected to assist them in their recovery.

According to Masombuka and Qalinge (2020:57), adolescent SUDs severely impact the family system, especially the parents. Even though it can be challenging for the family, Hogue *et al.* (2021:12) argue that parents can help adolescents recovering from SUDs by connecting them with available resources to reduce gaps in aftercare, support them, and ensure their well-being. As a result, parents are forced to find innovative methods to handle the changed behaviour of the adolescent recovering from a SUD (Masombuka, 2021:4). The author continues to indicate that family adjustments are necessary for the family system to function appropriately and cope with the changing behaviour of the adolescent recovering from a SUD (Masombuka, 2021:4). Parents must create and foster a safe environment to enhance their child's growth until the age of maturity (Đurišić & Bunijevac, 2017:139). Unfortunately, parents often face the challenge of dealing with their adolescents' involvement in risky behaviours and SUDs that can jeopardise their health and overall well-being (Janighorban, Boroumandfar, Pourkazemi & Mostafavi, 2022:2). However, parents should listen without judgment, show empathy, recognise strengths, and provide encouragement to demonstrate they care about their adolescents' well-being and recovery (Masombuka, 2021:42).

3.5   THE EFFECTS OF ADOLESCENT SUDs ON PARENTS

Considering the prevalence and detrimental effects of SUDs, a great deal of research has looked at SUD-related factors and family features, including parental well-being, are among the factors that have garnered significant research attention (Essau & De la Torre-Luque, 2021:2). The effect of adolescent SUDs on parents can be explained by utilising the notion of family burden (Flensburg *et al.,* 2022:564). Adolescent SUDs alter how families interact and each member's roles (Choate, 2015:462). The effects of adolescent SUDs on parents are determined by the severity of the challenges in the family unit and their inability to cope with the

behaviour of the adolescent recovering from a SUD (Schultz & Alpaslan, 2020:430). Furthermore, Mafa and Makhubele (2020:1926) assert that SUDs and the consequences thereof reach beyond the individual with a SUD to negatively affect families and the functioning of the family unit. However, Braaf *et al.* (2022:350) argue that some family members are more resilient than others and less prone to the adverse effects of adolescent SUDs.

The problem with an adolescent SUD is that it drains the physical, intellectual, and economic resources of parents, as well as their families (Mathibela & Skhosana, 2020:3). Parents of adolescents recovering from a SUD may experience many factors, including having to find coping skills and mechanisms, and other stresses that they may be experiencing at that time in their life (Winters*,* Botzet, Dittel, Fahnhorst & Nicholson, 2015:134). In a review of the literature, Saladino *et al.* (2021:3) describe the effect of adolescent SUDs as far-reaching, affecting families and parents in numerous ways, including that the adolescent recovering from a SUD may bring criminal behaviour into their homes, causing personal anguish and psychological distress for their families. Adding on, Richert, Johnson and Svensson (2018:2311) indicate that when a family bears a heavy burden, it can impact various aspects of their lives, such as their social relationships, health, work, and finances.

The previous Minister of Social Development, Bathabile Dlamini, indicated in the NDMP (DSD, 2013b:2) that substance abuse is on the rise among South African adolescents, causing financial strain on families due to theft and treatment costs. Dykes and Casker (2021:226) specifically consider the effects of adolescent SUDs on parents which, among others, can be emotionally draining, financially straining, and legally costly to maintain. Agreeing with the above statements, a study by Flensburg *et al.* (2022:563) posited that the burden on families caused by adolescent SUDs includes the time and energy spent on health and care efforts and emotional stress. Furthermore, the authors identified eight significant effects of adolescent SUDs on parents, including (1) accepting the reality of the adolescent SUD; (2) struggling to set boundaries; (3) dealing with the effects of the adolescent SUD in the family; (4) blaming themselves and feeling shame; (5) attempting to continue protecting the adolescent; (6) grieving the loss of what used to be their

child; (7) living with guilt; and (8) choosing self-preservation (Choate, 2015:462; Flensburg *et al.*, 2022:1).

3.6 CHALLENGES FACED BY PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

Parents with adolescents recovering from a SUD struggle to function, and the issue of how adolescent SUDs affect parents and family dynamics is mainly not addressed by social workers and other professionals in the SUD field (Choate, 2015:462). When the family is affected by an adolescent SUD, the family is the first institution to begin providing support services for the person; however, because the family lacks the necessary knowledge about SUDs, they are under excessive pressure (Mardani, Alipour, Rafiey, Fallahi-Khoshknab & Arshi, 2023:2). In qualitative studies conducted by Smith and Estefan (2014:415) and Choate (2015:465), the authors indicate that adolescent SUDs drain families emotionally, physically, spiritually, and financially. Supporting this, Gordo *et al.* (2018:1) state that the high stress levels experienced by parents create negative feelings toward the adolescent and hinder the parent-adolescent relationship. Adolescent SUDs continue to affect parents, family members, and communities in many ways, including the issue of criminal behaviour and psychosocial factors (Jacobs & Slabbert, 2019:223).

An adolescent SUD is considered a family disease, as it unsettles the family's functionality (Villicana, Garcia & Biernat, 2017:868). Although an adolescent SUD is related to an individual, it is a disorder that affects the entire family unit or system (Smith & Estefan, 2014:415). Supporting this, Masombuka and Qalinge (2020:57) share that families face stressful and challenging difficulties due to SUDs amongst adolescents. Parents mostly find themselves forced to adapt and adjust to finding ways to support and cope with the adolescent recovering from a SUD (Madiga & Mokwena, 2022:12). However, research shows that a significant number of parents report experiencing negativity from professionals while seeking help for themselves (Flensburg *et al.,* 2022; Choate, 2011; McCann & Lubman, 2018; Richert, Johnson & Svensson, 2021).

According to Mardani *et al.* (2023:3), supporting adolescents recovering from SUDs burdens families heavily, because some parents cannot adapt and respond appropriately. The same research indicates that the family's functionality is disrupted, the family veers off course, and the focus shifts to the adolescent who is recovering from a SUD (Mardani *et al.*, 2023:3). According to Arlappa, Jha and Jayaseeli (2019:59), it is evident that adolescent SUDs have a detrimental impact on families, particularly parents. In agreement, Flensburg *et al.* (2021:257) posit that adolescent SUDs expose parents to numerous issues, such as mental health concerns, abuse, conflicts, dysfunctional family structure, socioeconomic challenges, and problems in their relationships with partners.

Social problems such as SUDs, school failure, or criminal behaviour are often attributed to the actions and choices of the parents (Lind*,* Westerling, Sparrman & Dannesboe, 2016: 564). Hence parents of adolescents recovering from SUDs face a lot of challenges, including ill health among parents and families; mental health issues like stress and trauma; low self-esteem; the feeling of guilt; failure; despair; anxiety; and fear for their lives and even their child's life (Pons, Barrón & Guijarro, 2016:1; Flensburg *et al.*, 2022:2). Parents struggle to understand what is happening to their children and blame themselves, feeling they failed to raise their children well, which can result in changes in the families' structure and functioning (Smith & Estefan, 2014:424). In the sub-sections below, the researcher will discuss in detail the effects of adolescent SUDs on parents (Shamsaei, Baanavi, Hassanian & Cheraghi, 2019:129).

3.6.1   Health and physical challenges

Living with an adolescent recovering from a SUD is difficult, taxing, and highly stressful for parents, which can result in unpleasant health problems (Casker, 2019:4). The behaviour of the adolescent recovering from a SUD, combined with other reasons linked to the changes in the family structure, cause the parents to become more frustrated with their health (Mudavanhu & Schenck, 2014:371). Furthermore, Dykes and Casker (2021:226) indicate that parents reported experiencing health issues as a direct result of putting up with their recovering adolescent's demands, continual disputes, and worries about their child's health and well-being, as well as being afraid of losing them. Groenewald and Bhana (2018:463

assert that dealing with adolescents recovering from a SUD can be challenging for parents, because they may continue to relapse even after obtaining treatment. Moreover, Choate (2015:463) states that parents frequently deal with increased stress that makes managing their lives challenging, furthering their health deterioration. This indicates that when the behaviour of an adolescent recovering from a SUD worsens, it becomes harder for parents to cope (Kirst-Ashman, 2017:22).

3.6.2 Emotional constraints

Parents are emotionally drained and embarrassed by the adolescents' behaviour (Arlappa *et al.,* 2019:59). They end up dealing with feelings of anger, frustration, anxiety, fear, worry, depression, shame and guilt, or embarrassment (Mardani *et al.,* 2023:13). Adding on, Flensburg *et al.* (2022:568) state that parents feel that the time and effort it takes to deal with the behaviour of an adolescent with a SUD is emotionally exhausting, leading them to deciding not to have any social lives, which can be very lonely. According to McCann and Lubman (2018:693), some parents understand the dynamics of SUDs; however, some are not fully informed and prefer being discreet about the challenges they face, which makes it stressful for them to even cope.

Living with an adolescent recovering from a SUD has altered the social lives of parents to the point that they no longer recognise the worth of living due to a lack of healthy social interactions (Radebe, 2015:70). Conflict between parents has been linked to an increased likelihood of adolescent SUD, causing more tension and emotional instability in the family (Muchiri & Dos Santos, 2018:2). Due to family unit interruptions caused by adolescents recovering from a SUD, family members end up feeling emotionally worn out and anxious (Choate, 2015:465). At certain times parents feel depleted, as they have tried in vain to reduce the behaviour of the adolescent recovering from a SUD by attending support groups and sending the adolescent for rehabilitation in the treatment centres (Masombuka, 2021:125).

3.6.3 Economic and financial constraints

The financial costs of having an adolescent recovering from a SUD significantly affects family functioning and well-being, as is seen in the change in family earnings,

because most adolescents are unemployed (Asante & Lentoor, 2017:5). Parents experience financial constraints, as they are constantly trying to rescue the adolescents recovering from a SUD from suffering consequences related to their behaviour, meaning parents end up paying and covering for the debts of the adolescent (Dykes & Casker, 2021:229). The authors indicate that in other instances, parents take on the responsibility for covering the costs of ongoing treatment and care for adolescents who are recovering from a SUD and ensuring that these adolescents remain content and avoid relapse can be a significant financial burden for parents (Dykes & Casker, 2021:229).

As indicated by Helseth, Scott, Escobar, Jimenez and Becker (2021:1052), several practical obstacles, such as direct and indirect financial expenditures, put a burden on the parents, e.g. funds for treatment and expenditures related to efforts to control the situation so that other people are not made aware of the adolescent's issue. This is confirmed by Radebe (2015:85), who states that families must shoulder heavy financial pressures while keeping the situation a secret from other family members and relatives. Furthermore, Saladino *et al.* (2021:1) argue that adolescents recovering from a SUD might bring criminal behaviour into the home and parents may have significant economic and financial hardships because of the adolescents' criminal behaviour.

3.6.4 Stigma

Parents of adolescents recovering from a SUD often face stigma and shame related to the consequences of their adolescents' recovery (McCann *et al.*, 2017). In support, Schultz and Alpaslan (2020:430) share that parents often withdraw and isolate themselves from the extended family, their external social life, and activities outside the immediate family unit. Besides this, Masombuka and Mathibela (2022:3) assert that most parents are struggling with the issue of being stigmatised by community members, even their extended family members. Adding on, Hlungwani *et al.* (2020:6) also indicate that parents of adolescents recovering from a SUD complain about feeling humiliated, stressed, and stigmatised due to the SUD. The parents experience guilt and shame, as well as stigma or negative judgments from their social networks because of their association with the adolescent with a SUD (Flensburg *et al.,* 2022:568).

Most parents are fearful of how others will see them, which makes it difficult for them to seek help when it is necessary. As a result, they are reluctant to tackle the behaviour of the adolescent recovering from a SUD that is harming them (Dykes & Casker, 2021:226). Stigma is a significant factor affecting parents of adolescents recovering from a SUD; hence, parents sometimes ignore adolescent SUDs or are in denial because they do not want to accept the truth that there is a substance dependency problem in the family (Asante & Lentoor, 2017:6). Hlungwane *et al.* (2020:8) concur that communities stigmatise parents with adolescents recovering from a SUD, making it difficult for parents to cope.

3.6.5   Family functioning and relations

Family relationships and their impact on adolescents recovering from a SUD might be regarded from the perspective of a connection or conflict (Muchiri & Dos Santos, 2018:2). The importance of comprehending and acknowledging how an adolescent recovering from a SUD impacts the entire family, especially the parents, and how recovery takes place within the context of the family should be emphasised (Smith & Estefan, 2014:415). The burden shared by parents when their adolescents are recovering from a SUD disrupts the functioning of the family unit (Choate, 2015:462). When the adolescent recovering from a SUD causes a level of damage to the notion of the family, parents feel that the family institution is being disrupted, and the instability in the family unit can also result in the separation or divorce of the parents or even cause siblings to start using substances (Braaf *et al.*, 2022:357).

Smith and Estefan (2018:511) claim that to deal with adolescents recovering from a SUD, families create a structure that supports problematic behaviour, allowing the issue to worsen and jeopardising family functioning. There is a crisis in the entire family due to some level of neglect of the parent-parent and parent-child relationships (Mafa & Makhubele, 2020:1931). The burden of adolescents recovering from a SUD will be high and stressful for parents in the absence or lack of proper social and governmental support, which in turn will affect the family's structure, leading to various intense stressors (Mardani *et al.,* 2023:3).

3.7 PARENT RESILIENCE IN DEALING WITH ADOLESCENTS RECOVERING FROM A SUD

In recent decades the concept of resilience, which is the ability to tolerate and recover from disruptive life events, has gained importance in developmental science and mental health (Walsh, 2016b:314). The power of a system to successfully adjust to disturbances that threaten the system's viability, function, or development is the current broad definition of resilience (Masten, 2019:101). Walsh (2016b:314) continues to indicate that, besides coping, these qualities and resources facilitate healing and growth in the face of significant life adversities. Supporting parental resilience entails dynamic procedures that promote constructive adaptation in the face of considerable hardship (Masten & Cicchetti, 2016:271). Therefore, parents' involvement and resilience in coping with adolescents recovering from a SUD can bring positive results and improve the parent-child relationship (Carpenter, 2013:34).

The issue of adolescent SUDs is frequently linked to their upbringing and family environment (Smith & Estefan, 2014:415). Hence, Hanson *et al.* (2015:315) assert that good parent-child relationships can contribute to strong resilience in discouraging adolescent SUD. As indicated in Chapter 1, parents are highly challenged by adolescents recovering from a SUD, as they feel their whole life revolves around the recovering child (Kirst-Ashman, 2017:468). In addition, it should also be noted that despite the existence of various SUD programmes, these programmes are often unsuccessful due to a lack of human resources, funding, and appropriate training in the SUD field, e.g. ineffective training for social workers, inefficient development and evaluation of programmes, etc. (Cupido, 2017; Madisha & Skhosana, 2022; Khanyi & Malesa, 2022). Figure 3.1 indicates the multilevel recursive process in resilience as outlined by Walsh (2016b:322).

STRESSORS

BELIEF SYSTEMS
1. Meaning Making
2. Positive Outlook
3. Transcendence/Spirituality

Socio-Cultural

Community

Family

Individual

Bio

TIME

ORGANIZATIONAL
PROCESSES
4. Flexibility
5. Connectedness
6. Social & Community Resources

COMMUNICATION
PROCESSES
7. Clear Information
8. Emotional Sharing
9. Problem Solving/Prevention
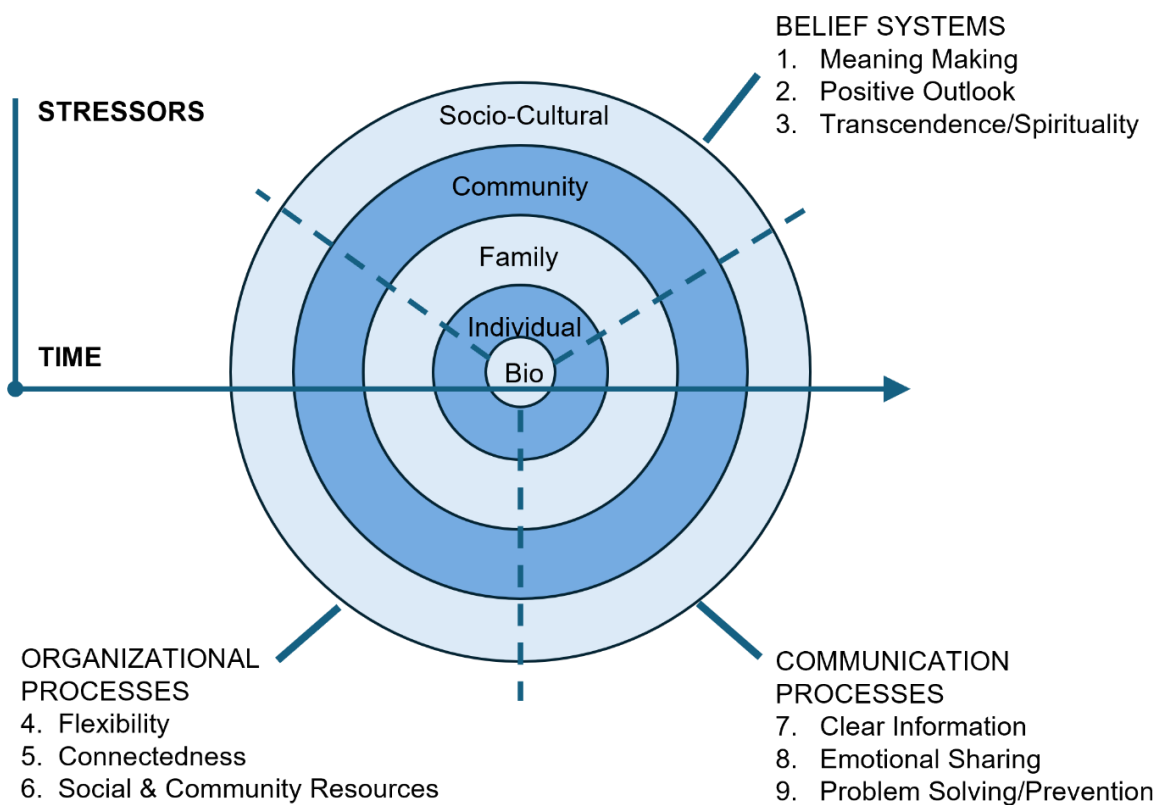
Figure 3.1: Multilevel recursive process in resilience

(Adapted from: Walsh, 2016b:322)

3.8   TREATMENT MODELS USED BY SOCIAL WORKERS IN DEALING WITH PARENTS/FAMILIES AFFECTED BY ADOLESCENT SUDs

There is a lack of programmes or guidelines to provide social work support for significant others, including parents of individuals recovering from a SUD (Schultz, 2018:20). Although there are promising methods to generally assist families affected by SUDs, they should be based on an inclusive and empathetic approach (Richert *et al.*, 2021:678). Intensive services should be provided during treatment programmes to support ongoing recovery for adolescents with a SUD and their parents (Mount & Dillon, 2014:70). Schultz and Alpaslan (2016:103) state that it is essential to provide support to parents and other family members who are dealing with an adolescent recovering from a SUD. According to SAMHSA (2024b:7), the outcomes of treatment in family interventions are to assist families dealing with SUDs and are outlined below:

- To enhance efforts in preventing SUDs;
- to decrease instances of substance misuse;
- to increase rates of abstinence;
- to reduce substance-related problems;
- to lower juvenile delinquency rates (including recidivism and drug-related arrests);
- to strengthen family coping abilities;
- to improve family functioning and the children's well-being; and
- finally, to diminish co-occurring problems such as internalising conditions, externalising conditions, and suicide attempts.

The challenge is that several treatment models and variations focus primarily on and address the causes and effects of addiction, explicitly emphasising the relationship and well-being of the person recovering from a SUD (UNDOC, 2021:1). Most family-based interventions target not only one unit, such as parent-adolescent pairings, but also other systems that may contribute to conflict in families, such as peers, schools, and neighbourhoods (SAMHSA, 2020:6). Discussed in the sub-sections below are the most used and recognised SUD family treatment models.

3.8.1 Models used internationally in working with parents and families of adolescents recovering from a SUD

A number of models to support the parents and families of adolescents recovering from SUDs are mentioned in international literature (Szapocznik & Hervis, 2020; Mosel & Generes, 2024; Bisetto-Pons *et al.*, 2016).

3.8.1.1 Brief Strategic Family Therapy

BSFT combines approaches from structural and strategic family therapy theories, fostering better connections with family members and other crucial systems like the school with the hope of lessening the adverse conduct that adolescents are prone to (Szapocznik & Hervis, 2020:3). The authors have maintained that BSFT is an evidence-based strategy that has been thoroughly examined for more than 45 years and is effective in treating adolescents with internalising and externalising difficulties (Szapocznik & Hervis, 2020:5). This therapy, spread over 12–16 sessions, is geared

toward families dealing with adolescents who have SUDs and focuses on therapies that emphasise family interactions (Horigian *et al.,* 2016:606; Mosel & Generes, 2024).

BSFT is administered in therapy phases with predetermined objectives and is problem-focused, directed, practical, and adheres to a predetermined format (Mosel & Generes, 2024:1). In support, Hogue *et al.* (2021:2) agrees that BSFT follows a guided structure and is mainly problem-focused with therapy classes done in different phases. The goal of BSFT is to address adolescent SUDs and improve family dynamics that may contribute to SUDs. This is achieved through a practical, directive, and problem-focused approach (Horigian *et al.,* 2016:606). Furthermore, BSFT is known as a family systems framework designed to improve how the family relates to each other, including the family interactions, which are thought to be directly related to the symptoms experienced by the adolescent (Esteban*,* Suárez-Relinque & Jiménez, 2023:63). According to a study conducted by Jiménez, Hidalgo, Baena, León and Lorence (2019:9), the BSFT approach aims to address the entire family unit rather than just individual members. In support, Walsh (2016a:29) states that the BSFT intervention aims to strengthen the parental subsystem by emphasising the importance of presenting a united front and distinguishing it from the parent-child subsystem. Moreover, BSFT aims to address adolescent SUDs by improving family interactions and resolving dysfunctional family relationships to enhance family functioning (Horigian *et al.,* 2015:638). Darwiche and De Roten (2015:147-148) indicate that the focus of BSFT is mainly on the following areas:

- Joining the family;
- identifying problematic interactions;
- setting the stage for change; and
- reshaping family dynamics.

In support, SAMHSA (2024b:46) indicates that BSFT interventions aim to address family interactions with the highest potential to impact adolescents' misuse of substances and other risky behaviours. Furthermore, BSFT strategies involve joining, enactments, focusing on the present, reframing negativity, reversals,

working with boundaries and alliances, addressing power structures that create conflicts, and opening closed systems (SAMHSA, 2020:46).

3.8.1.2   Family-Based Therapy

FBT is a 15-session programme with many components based on traditional behaviour therapy that addresses factors that affect drug use and antisocial conduct, as well as cognitive, verbal, social, and familial aspects of behaviour (Valenzuela, Lock, Le Grange & Bohon, 2018:253). FBT focuses on how the actions of the adolescent recovering from a SUD influence the entire family and attempts to change those behaviours with the whole family's help (Mosel & Generes, 2024:1). Furthermore, FBT is used to help people reach their goals in different areas, including encouraging sobriety and SUD management (Mosel & Generes, 2024).

FBT encourages family balance, evaluates the family systems, and encourages setting boundaries in relationships, expressing feelings and emotions, and attending support groups (Hurst & Zimmer-Gembeck, 2019:62). FBT has also demonstrated the ability to enact behavioural changes in parenting and family interactions that are aligned with the theory of change's principles for systemic interventions (Sam, 2013). The model also promotes effective family communication, problem-solving techniques, and stress management (Jhadray *et al.,* 2015:460). SAMHSA (2024b:46) indicates that FBT implements contingency management strategies, which aim to incentivise abstinence, decrease the positive reinforcement of SUDs, and promote positive behaviours and social interactions incompatible with SUDs.

3.8.1.3   Functional Family Therapy

FFT is a model of structured family therapy spread over 24 weeks that is systems- and behaviour-based, and its objective is to alter dysfunctional family dynamics that support adolescents' substance use (Stratton, 2016:28; Gan, Zhou, Hoo, Chong & Chu, 2018:685). FFT is a therapy that aids families of SUD-affected adolescents by enhancing family interactions, since the basic tenet is that dysfunctional family dynamics result in problematic behaviour (Mosel & Generes, 2024). Therefore, tactics comprise effective communication methods, conflict resolution procedures, parenting techniques, behavioural contracts, and more (Mosel & Generes, 2024:1).

FFT is a treatment model with a lengthy history of addressing youth and adolescent conduct problems, SUDs, and other mental health issues (Sexton, 2019:171). This programme assists families in anticipating and planning for the possibility of future challenges (Waldron, Slesnick, Brody, Turner & Peterson, 2001; Weisman & Montgomery, 2019). The emphasis is that FFT helps understand the behaviour of the adolescent recovering from a SUD and matches interventions to their unique characteristics, including family, culture, and treatment system (Alexander & Robbins, 2019:603). Furthermore, FFT aims to modify the negative family dynamics that enable adolescent SUDs and encourages productive ways to handle risky behaviours (SAMHSA, 2020:47). Horigian *et al.* (2016:1235) indicate that FFT was originally designed to address externalising behaviours and has proven effective in reducing SUDs and promoting behavioural change among adolescents in numerous clinical trials.

3.8.1.4 *Community Reinforcement and Family Training*

CRAFT is the most used model in the fight against SUDs. CRAFT encourages participants to improve patient outcomes by completing the entire treatment programme (Brigham *et al.*, 2014:241). According to Bisetto-Pons *et al.* (2016:2), CRAFT encourages treatment, prevention, lifestyle changes, behaviour changes, problem-solving, and communication skills. CRAFT is a programme that helps families with adolescents who are recovering from SUDs, and it uses positive reinforcement techniques to encourage their loved ones to make positive changes in their substance use behaviour (Mosel & Generes, 2024:1). Using a structured method, CRAFT teaches families dealing with SUDs positive reinforcement techniques to persuade a loved one to alter their substance use behaviours (Mosel & Generes, 2024).

CRAFT strongly promotes attendance at community-based support groups for recovery, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (Nar-Anon) (SAMHSA, 2020:66), and involving friends, family, co-workers, extracurricular activities, and spiritual ties. The main aim of this approach is to assist the individual with a SUD to commit to treatment and sustain sobriety (Schultz, 2018:11). According to Patterson (2023), the CRAFT approach aids significant others by:

- helping individuals recover from SUDs

- reducing or eliminating substance use and addictive behaviours;

- motivating the adolescent recovering from a SUD to seek treatment; and

- managing concerns to maintain or rebuild their happiness.

Moreover, CRAFT aims to educate parents and family members on effective strategies for motivating adolescents or any loved one recovering from a SUD to adopt more positive behaviours through positive reinforcement and encouraging them to enter SUD treatment (SAMHSA, 2020:47).

3.8.1.5   *Multidimensional Family Therapy*

The adolescent domain, the parent domain, the interactional domain, and the extrafamilial domain are the four interdependent treatment domains within MDFT (Horigian *et al.,* 2016:605). Furthermore, MDFT is a treatment approach appropriate for diverse populations, including adolescents with severe SUDs and their families (Mosel & Generes, 2024:1). Adding on, MDFT is designed to improve the adolescents' and family's functioning through a comprehensive treatment programme that also involves the school, legal system, and other relevant parties (Mosel & Generes, 2024).

The adolescent domain assists young people in developing effective communication with parents and other adults, coping skills, emotional regulation, problem-solving skills, social competence, and academic or occupational performance (Stratton, 2016:23; Liddle & Rigter, 2013:201; Rowe *et al.*, 2014:1084). The social worker is said to work concurrently in the adolescent, parent, family, and extrafamilial therapeutic domains (Stratton, 2016:23). Furthermore, Stratton (2016:23) and SAMHSA (2024b:45) share that these domains are handled in three stages:
- Building a foundation for change;
- facilitating individual and family change; and
- solidifying changes.

As part of the therapy process, the social worker must meet with both the parent and the adolescent depending on the specific issue being addressed and, most

importantly, the focus is on treatment goals (Liddle, 2015: 6). The author continues to share that these interventions increase parents' motivation and, gradually, their willingness to address relationship improvement and parenting techniques by having them take the initial step towards change with the parent (Liddle, 2015:8). However, SAMHSA (2024b:45) indicates that MDFT combines individual counselling with multisystem approaches, focusing on all four of the treatment domains.

3.8.1.6   *Multisystemic Therapy*

MST is a 16-week programme built on practical, problem-focused therapies such as, structural family therapy, behavioural parent training, and strategic family therapy (Mosel & Generes, 2024). MST focuses on individual, family, peer, school, and community elements to address the various determinants of youth and family issues (Zajac, Randall & Swenson, 2015:602). Aiming to set therapeutic objectives in conjunction with the family, the MST therapist analyses the advantages and disadvantages of various systems (Eeren, Goossens, Scholte, Busschbach & Van der Rijken, 2018:1038). As a result, MST is primarily intended to enhance family relationships and communication while reducing negativity and destructive behavioural patterns (Horigian *et al.*, 2016:605).

MST is a family and community-based therapy created to address the complex needs of children and adolescents with severe behavioural issues (Henggeler, 2018:1). However, MST is a proven intervention for juvenile offenders and adolescents who exhibit social, emotional, and behavioural issues (Stratton, 2016:27). Families are included in efforts to promote positive changes in problematic behaviours and in an adolescent's social environment, including peer networks, to facilitate long-term progress (Stratton, 2016; Mosel & Generes, 2024:1). The goal for MST is to shift the focus from parents to adolescents recovering from SUDs and their social networks as the main agents of change (SAMHSA, 2020:44). Furthermore, MST conceptualises adolescent behaviour as multi-determined and centred within numerous interacting systems, based on Bronfenbrenner's ecological framework (Horigian *et al.,* 2016:605).

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3.8.2 Models used in South Africa in working with families of adolescents recovering from a SUD

According to Groenewald (2018:1571), the current support models and interventions in South Africa need to fully acknowledge the importance of supporting parents of adolescents recovering from a SUD. In addition to the models used internationally, the researcher came across the following models said to be used to support families of adolescents recovering from a SUD within the South African context: the FSMR, Systems Model, and Disease Model.

3.8.2.1 *Family Support Model for Addiction Recovery*

The FSMAR was developed to offer a systematic method that can be used with the extended family when a family member is challenged by a substance or alcohol addiction (Swanepoel, 2018:1). The family support model was designed to provide a structured approach that could be implemented with the extended family (Swanepoel, 2018:73; Kourgiantakis & Bogo, 2017:89; Kourgiantakis & Ashcroft, 2018:2). Specific components of the model can also be used once the person with a SUD is prepared for treatment or after being released from an institution for treatment (Swanepoel, 2018:3). Through education and guidance in small-group discussions with other family members, family members will gain knowledge on and practical skills to support the addiction recovery process (Swanepoel, 2018:3). The author indicates the importance of understanding the different kinds of substances and understanding addiction, as most families do not understand what addiction is (Swanepoel, 2018:17). On supporting families of the individual recovering from a SUD, Swanepoel (2018:17) indicates that the aim of the model is to:

- educate individuals on substance abuse and addiction;
- enlighten families about co-dependency and how to break free from it;
- offer a platform for families to vent and discuss how addiction has adversely affected their lives;
- create a safe space where all their questions about addiction, recovery, treatment, etc., can be answered;
- provide guidance on how to approach a person with a SUD with the suggestion of treatment, as well as discuss various treatment options; and

- finally, offer guidance on how to smoothly reintegrate someone from a treatment programme into society.

When providing support to the family of a person with a SUD, professionals should educate them on addiction and guide them in implementing effective strategies to motivate the person to seek recovery (Swanepoel, 2018:2). Figure 3.2 indicates the outline of the FSMAR model by Swanepoel (2018:3).
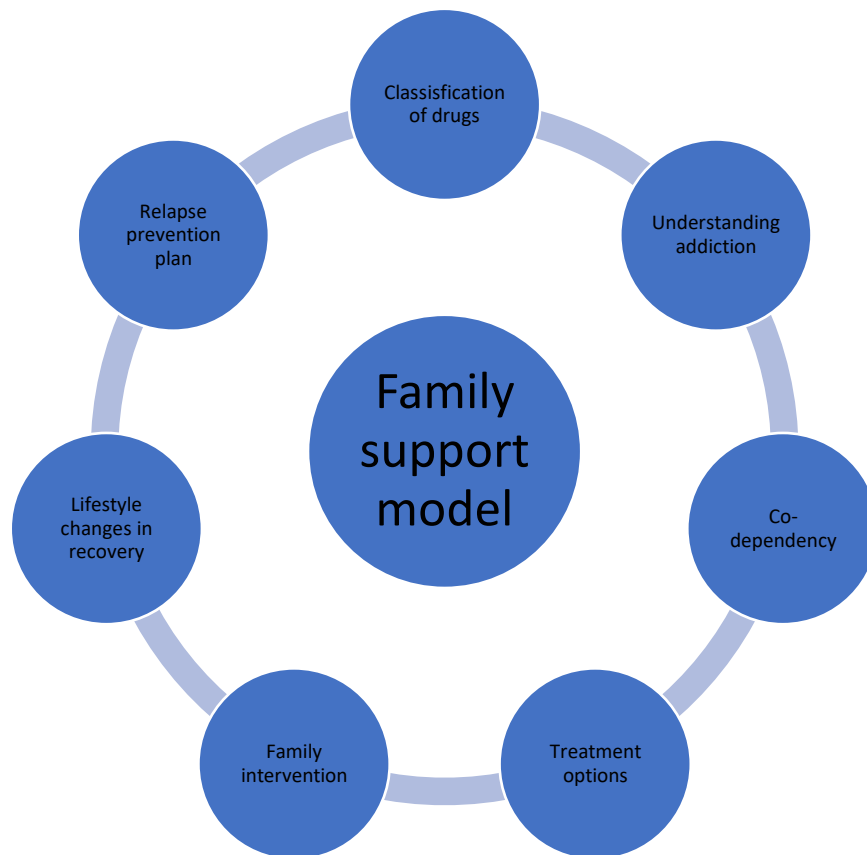
Figure 3.2: Family Support Model for Addiction Recovery
(Source: Swanepoel, 2018:3)

3.8.2.2   *Systems Model*

The Systems Model promotes and maintains balance, evaluates the family systems, and focuses on having structures, boundaries, and activities that should be executed mainly by the person recovering from a SUD (Lander *et al.*, 2013:195). It encourages setting boundaries in relationships, expressing one's feelings and emotions, and attending support groups (Sherrel & Gutierrez, 2014:26). According to the Systems Model, when addictive behaviour is visible in a family setting, it affects family interactions with important persons like parents and siblings (Mzolo,

2015:15). The systems approach focuses on the variables causing the SUD by emphasising the interactions between family members, and the family and the environment (Rowe, 2012:59-81). According to Schultz (2018:11), the Systems Model assists families with the following:

- How to set boundaries in their relationships;
- sharing their thoughts and expressing their feelings and emotions; and
- finally, attending support groups.

Furthermore, using the Systems Model, social workers assess how adolescent SUDs affect family dynamics, acknowledge the family's attitudes towards SUDs, and collaborate with the family to create a plan for recovery from SUDs as a team (SAMHSA, 2020:44).

3.8.2.3   *Disease Model*

The Disease Model is founded on the idea that addiction is a disease and that this disease can have an impact on the entire household (Singh *et al.*, 2015:1; Barnett, Hall, Fry, Dilkes-Frayne & Carter, 2018:697). This viewpoint results from an understanding of how one family member's SUD affects other family members, particularly the parent-adolescent relationships and relationships with spouses (Volko & McLellan, 2016:363). Hall, Carter and Forlini (2015:105) have questioned the Disease Model's effectiveness because of a lack of evidence and cited ineffective treatments with limited impact on public policy.

Despite being totally independent of Narcotics Anonymous, the groups work closely together and have many aspects of their own programmes in common (Barnett *et al.*, 2018:697). The main goal of these groups is also to assist family members in learning to focus on their own mental, physical, emotional, social, and spiritual needs while still supporting their relative's recovery (SAMHSA, 2020:70). According to Kelly (2017:930), AA is strongly linked to successful recovery outcomes and the mutual aid approach, delivered by peers, has a more significant impact on social networks for men and increases abstinence self-efficacy for women. The model allows the social worker to connect families with groups and encourages them to reflect on their participation in counselling sessions (SAMHSA, 2020:48). Masombuka (2021:12) asserts that assessing and modifying current services can

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provide much-needed relief for parents struggling with adolescent children's SUDs in South Africa.

3.9 SOCIAL WORKERS' ROLE IN WORKING WITH PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

Social work is a profession of problem solving and it plays a crucial part in resolving the social and psychological issues that result from the myriad social maladies that plague our society (Sukmana & Abidin, 2020:1317). Social workers are among the main service providers for people who have had a SUD historically and are recovering from a SUD (Wells, Kristman-Valente, Peavy & Jackson, 2013:279). Social workers are at the forefront of addressing social harms and offering assistance and interventions to safeguard and protect the well-being of their clients. Social workers are expected to fulfil many roles, including broker, enabler, teacher, mediator, advocate, and case manager (Sukmana & Abidin, 2020:1317; Mekonnen & Lee, 2022:303). Additionally, according to Appollis (2016:43), social workers must implement the provisions of the Prevention of and Treatment for Substance Abuse Act 70 of 2008.

Social workers fulfil a significant role in the treatment of SUDs and working with families affected by SUDs, and they are in a better position to assist parents as they have the knowledge and skills to help clients to recover (Choate, 2015:463). The nature and effectiveness of interventions provided to persons with a SUD are impacted by social workers' roles and responsibilities within the field of substance dependency due to their critical involvement in the treatment of people recovering from SUDs (Singwane & Ramoshaba, 2023:171).

According to Galvani (2015:7), the following are the key roles that serve as starting points for social workers in relation to substance use:
- discuss SUDs with their clients and their families as part of their responsibility to care for them;
- motivate individuals to consider changing their problematic behaviour related to the SUD and support them and their families in their efforts to do so;

- support individuals with a SUD in their efforts to maintain change in relation to their SUD.

In South Africa, access to SUD treatment services is usually obtained through DSD district service points and through non-profit organisations that are dealing with SUDs (Singwane & Ramoshaba, 2023:171). The authors continue to emphasise the importance of social workers in treating parents and families affected by adolescent SUDs (Singwane & Ramoshaba, 2023:171). Treating adolescent SUDs while supporting parents is becoming more problematic to deal with and, sadly, social workers working in the SUD field of practice are rarely given the necessary training (Galvani, 2015:5). It is thus implied that a lot is expected from social workers, even though they are not all well equipped to deal with SUDs. In general, social work interventions are procedures and patterns that have been proven effective by science, which social workers use in working with individuals, groups, and communities (Ebue *et al.,* 2017:85).

3.9.1 Social work methods

The field of social work involves promoting human well-being and addressing social issues through preventative and intervention methods at the individual, group, and community levels (Inderbitzen, 2014). Generalist practice familiarises social workers with these concepts while emphasising ethical principles and critical thinking skills (Larkin, 2019:26).

3.9.1.1 Micro level

The most frequent type of social work intervention is micro social work, which is done in person with clients or families (Ebue *et al.*, 2017:85). In support of this, Sekudu (2015:110) adds that micro level social work entails direct engagement with and the one-on-one assistance of people as they navigate their personal and social issues. It is a unique approach to problem solving that aids someone in resolving their psycho-social issues (Chukwu*,* Chukwu & Nwadike, 2017:45). In conducting micro social work interventions, assessment, planning, intervening, reviewing, and evaluation (ASPIRE) with service users are essential (Parker, 2020:11).

Figure 3.3: ASPIRE (Adapted from: Parker, 2020:11)

⁜ Assessment and planning

Assessment involves the systematic analysis of gathered information by the social worker to identify the most critical issues affecting the client (Segal, Gerdes & Steiner, 2016:200). Understanding the circumstances that are directly or indirectly impacting the client is the goal of the assessment step (Kirst-Ashman & Hull, 2015:44). One of the main reasons for using assessment tools is that they assist the professional in examining the various aspects of the client's life (Parker, 2017:38). Social workers use assessment to help them develop a thorough grasp of the client and the problem at hand (Mlotshwa & Mthembu, 2021:445).

Social work assessment focuses on screening the person, offering direction and counselling and then, if necessary, directing the person to an appropriate treatment facility (Symonds, Miles, Steel, Porter & Williams, 2020:435). Beyond the boundaries of the first presenting issue, social workers are taught to identify and assess the needs of their clients (Kirst-Ashman, 2017:127). The social worker's role in the assessment is to understand the client's underlying issues and help the client obtain proper assistance in whatever necessary way

(Marais & Van der Merwe, 2016:154). Social workers, therefore, assess the client's needs and start planning an effective intervention to meet those needs (Dhavaleshwar, 2016:62). Social work has various tools, such as assessment frameworks, decision trees, matrixes, checklists, and research evidence, that assist social workers in assessing the needs of clients and planning an intervention suitable for working with families (Spies, Delport & Le Roux, 2017:122). Social workers thus fulfil a vital role in treating and managing SUDs in families (Singwane & Ramoshaba, 2023:171). In doing an assessment, the social worker continues to support the parents' functioning, significantly when families are affected by adolescents recovering from a SUD (Bolger & Walker, 2018:169). According to the authors, assessment in social work has the following principles (Bolger & Walker, 2018:172-175):

- Understanding the needs of the client.
- Working on understanding the systems and ecology surrounding the client.
- Building on the strengths of the client.
- Being person-centred and individualising every client.
- Taking an interprofessional approach and referring where necessary.

If the assessment is practical, it is more likely that the planned intervention will succeed (Milner, Myers & O'Byrne, 2020).

⬥ Intervention

Social workers can create thorough treatment plans for their clients after assessing the history of SUDs in the family (Chukwu *et al.*, 2017:46). Treatment plans are made specifically for every individual. However, fully implementing the plan might take longer and the following are the main aspects of developing a treatment plan, as outlined by Kirst-Ashman (2017:131):

- The social worker and the client should jointly develop a treatment plan.
- It is advisable for both the social worker and client to arrange the identified problems in an orderly manner and address them according to their priority.

- It is the social worker's responsibility to identify the client's strengths and find alternative interventions.
- Both the social worker and the client should develop goals.

🔸 Review and evaluation

As the next step, the social worker reviews and evaluates the progress made with the implemented plan and evaluates whether the plan has been able to achieve the expected (Kirst-Ashman & Hull, 2017:51). According to Sufian *et al.* (2015:165), review and evaluation can be classified into five types by intended use: formative, process, summative, outcome, and impact. Zulkifli, Razak and Mahmood (2018:2120) only identify formative and summative evaluation. The authors continue to share that formative evaluation refers to the continuous process, while summative evaluation occurs after the implementation of the intervention to evaluate the overall effectiveness of the programme (Zulkifli *et al.*, 2018:2120).

🔸 Referrals to other stakeholders

According to Mekonnen and Lee (2022:311), social work programmes can be strengthened by joining forces with other stakeholders in working with SUDs and other mental health issues. The social worker may serve on a multidisciplinary team of specialists, healthcare providers, and human service workers, who all collaborate cohesively to deliver treatment plans (Tadic, Ashcroft, Brown & Dahrouge, 2020:36). A study by Blevins, Rawat and Stein (2018:276) agrees that a holistic approach to SUD treatment involves other stakeholders through referrals. Social workers work with the full range of healthcare professionals, teachers, and police, but the type of professional with whom they are most in contact varies according to their specialisation (Moriarty, Baginsky & Manthorpe, 2015:18).

3.9.1.2 *Meso level*

Groupwork offers several functions, including social control, social action, education, and therapy (Sutton, 2021). The foundation of social work practice with groups is the idea that interpersonal interactions centred around mutually gratifying peer relationships, collaboratively defined goals, and made-together decisions

enhance people (Uranta & Ogbanga, 2017:61). Most parents can benefit from attending support groups, as it may be advantageous for fostering social support, lowering stigma and isolation, improving interpersonal and communication skills, and practising recovery-oriented coping techniques with group members (Wendt & Gone, 2017:243). In the treatment of SUDs, there is mounting evidence that group therapy is cost-effective and provides clients with outcomes comparable to individual therapy (Burlingame *et al.,* 2016:447). Group therapy is frequently utilised to provide SUD treatment interventions in various treatment settings, and social group work is commonly combined with casework since the social worker occasionally intervenes with clients one-on-one (Chukwu *et al.*, 2017:50).

3.9.1.3   *Macro level*

The macro level of intervention offered on a massive scale profoundly impacts the entire community and affects a wide range of care systems with the intention of bringing about changes in the community (Ebue *et al.*, 2017:88). The social worker uses a lot of advocacy, propaganda, education, persuasion or pressure, public opinion, and collective support (Chukwu *et al.,* 2017:55). Chukwu *et al.* (2017:88) continue to indicate that social workers as educators provide knowledge and impart skills to clients and other systems. In various contexts, including schools, community outreach centres, and other venues, social workers may serve as SUD educators by conducting awareness campaigns (Cooper, Hill, Parker, Jenkins, Taylor & Graham, 2019:3). Social workers working in the substance dependency field may be required to deliver presentations on substance misuse prevention at schools (SAMHSA, 2022a:1). The apparent solution is to increase the amount of training and workshops on this subject, leading to better practice and, ultimately, better results for all individuals negatively impacted by SUDs (Singwane & Ramoshaba, 2023:171).

In a qualitative study by Chie *et al.* (2015:6), participants suggested that information on SUDs and other related mental health topics should be shared via newspapers and magazines to raise public awareness. It is essential to consider parents' needs when treating adolescents with SUDs to avoid distress for the entire family system (WHO, 2020:28). In support, Masombuka (2021:38) asserts that awareness and information programmes for the general society need to be promoted. In educating

parents and communities, social workers will encourage social justice and equity; however, social workers should also be empowered to deal with SUDs (Madisha & Skhosana, 2022:444).

3.10 EXPERIENCE OF SOCIAL WORKERS WORKING WITH PARENTS OF ADOLESCENTS WITH A SUD

A comprehensive awareness of many social concerns, up-to-date social work theories, and the most recent evidence-based therapies is essential for social work practice (Slabbert, 2015:552). Social workers who provide SUD intervention run the risk of experiencing burnout if they lack the proper training (DeLucia & Solano, 2023:6). All social workers, regardless of where they practice, should have knowledge and insight into the different kinds of addiction, as well as how to deal effectively and empathically with clients who experience an addiction problem (Slabbert, 2015:560). Substance use courses should be compulsory as part of the social work curriculum in social work university programmes (Madisha, 2019:121). In addition, Dance, Galvani and Hutchinson (2014:557) recommend that social work programmes should include SUD education in the curriculum.

The NASW in South Africa was one of the first to provide social workers with a speciality practice area for substance misuse in 1996, although just 3% of social workers have substance addiction therapy as their primary practice (Manganyi, 2015:113). It is, therefore, necessary for social workers to be trained in the field of SUDs (Maluleke, 2013:106). The treatment of substance misuse, especially in adolescent SUDs, is a highly specialised activity, so the social worker must have great expertise and be eager to offer such services (National Institutes of Health, 2024). While the DSD outlines the standards for social work practice with substance users, it does not address social workers' preparedness, experiences, and challenges in working with adolescents with SUDs (Madisha & Skhosana, 2022:443; Lundgren, Salas-Wright, Amodeo, Krull & Alford, 2018:8). Social workers, therefore, need to be aware of and have access to more training and exposure to SUD programmes that can be utilised in working with parents of adolescents recovering from a SUD (Mpanza, Govender & Voce, 2022:2).

According to Holland and Scourfield (2015:73), social workers collaborate with service users to enhance their inner resources and, if required, utilise external resources to effect environmental changes. The lack of motivation and experience in evidence-based practice presents challenges to social workers in SUD treatment (Unegbu, 2020:29). This might be because some social workers are not equipped to discuss the challenges of SUDs with clients and may not be aware of the effects of these SUDs on them and their families (Madisha & Skhosana, 2022:454). This calls for action in the form of more training and workshops to empower social workers.

3.11 POLICIES THAT GUIDE SOCIAL WORKERS IN WORKING WITH PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

Policies and legislature also guide the social work profession concerning working with families affected by adolescent SUDs and the control of illicit drugs in South Africa is organised and managed through several pieces of legislation. However, for the purpose of this study, only the following will be discussed (Mpanza *et al.*, 2022:2): the Prevention of and Treatment for Substance Abuse Act 70 of 2008, the National Drug Master Plan 2019-2024, and the Drugs and Drug Trafficking Act 140 of 1992.

3.11.1 Prevention of and Treatment for Substance Abuse Act 70 of 2008

The Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa, 2008) focuses on and aims to develop people's personal and social skills and is used as a guideline in the fight against SUDs. Although the Act is used as a guideline in the fight against SUDs and how families can be supported in the treatment and support of persons with SUDs, not much is described on how to address the issues. According to the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa, 2008: section 9(2) a & b), family structures of adolescents with a SUD must be preserved, and appropriate parenting skills must be offered to at-risk families.

The Act (South Africa, 2008: section 10 (2) d) also states that families need to be informed and made aware of the early warning signs that will assist them in seeing

the challenges faced by adolescents at an early stage of substance use. Furthermore, Morojele, Parry, Brook and Kekaletswe (in Van Niekerk, Suffla & Seedat, 2012:195-208) indicate that information on the interventions for preventing SUDs is available; however, the implementation is challenged by lack of funding.

3.11.2 The National Drug Master Plan 2019-2024

The NDMP 2019-2024 (DSD, 2019) was drafted after evaluating the findings of the Drug Master Plan 2019-2017 to improve and address the gaps identified in the NDMP 2013-2017. The NDMP 2019-2024 is a guide for operational strategies and plans for all departments that need to be involved in the prevention, harm reduction, demand and supply, and support associated with the use and abuse of substances. The NDMP is intended to assist the vision of a society free from substance use and SUDs, and to meet the community's needs. The NDMP 2019-2024 aims for a South Africa that is free from substance abuse (DSD, 2019:1). The specific objectives of the plan are outlined below (DSD, 2013a:9-10):

- To ensure coordination to reduce the demand, supply, and harm caused by substance use.
- To ensure effective and efficient services for combatting substance use and abuse through the elimination of drug trafficking and related crimes.
- To strengthen mechanisms for implementing cost-effective interventions to empower vulnerable groups.
- To ensure the sharing of good practices in reducing harm, including social ills related to substance use and SUDs.
- To provide a framework for monitoring and evaluating services rendered to clients.
- Finally, to promote national, regional, and international cooperation to reduce the supply of drugs.

The NDMP 2019-2024 continues to indicate that the weight carried by parents of adolescents with and recovering from a SUD includes issues like finances and social and psychosocial challenges. Supporting this, Hodza (2014:35) asserts that to achieve the goals of the NDMP, communities need to be involved as they know their problems and can develop solutions that will work for them. However, implementing

the NDMP 2019-2024 seems to need more support in the body of the policies (Groenewald, 2018:4; Schultz, 2018:17; Masombuka, 2021:133).

3.11.3 Drugs and Drug Trafficking Act 140 of 1992

The Drugs and Drug Trafficking Act 140 of 1992 (South Africa, 1992a: section 4(a)) prohibits the use, possession, and trafficking of drugs and certain acts related to manufacturing, supplying, or acquiring certain substances or converting the proceeds of certain crimes. The Act also mandates police reporting of certain information; using entry, search, seizure, and detention powers in other situations; and the recovery of the proceeds of drug trafficking (Nortje, 2021:3). The legislation outlines the actions involving the supply and manufacturing of substances and their use, possession, or exchange (South Africa, 1992a: section 4(a& b)).

The Drugs and Drug Trafficking Act 140 of 1992 (South Africa, 1992a: section 4(b)) defines substance-related crimes, addresses the legal ramifications of substance use and possession, and describes law enforcement's responsibilities and procedures. More stakeholders and SUD treatment providers must create and execute protocols that promote SUD treatment (Liu *et al.,* 2020:724). Many preventative strategies and programmes are underutilised, even though they have been proven to minimise SUDs and their adverse effects (SAMHSA, 2016:122).

3.12 THEORETICAL FRAMEWORK APPLIED IN THIS STUDY

The theoretical framework provides a point of departure for and guidance during the research process (Creswell, 2016:58). The researcher first discusses the use of the FST to approach how parents get affected by the SUDs and how families are intertwined in the use of substances by the adolescents. Secondly, the EST will be discussed as her point of departure. Practice frameworks improve social work practice and foster better relationships between parents and children. Consistent theoretical and practical approaches are essential for successful outcomes (Gillingham, 2018:190).

3.12.1 Family systems theory

The researcher used Bowen's FST as a point of departure. Eight concepts are used to define the FST, namely: difference in self; triangles; emotional process in the nuclear family; projecting the family process; cut off; the multigenerational transmission process; positions of siblings; and emotional process in the society (Masten, 2018:13). In FST, a family is defined as the primary relationship context where a person learns their behaviour and develops their character traits (Smith, 2016:782). The FST shows that an adolescent with a SUD becomes a problem and burden for the entire family unit (Erdem & Safi, 2018:470).

Parents are continuously worried about the well-being of the adolescent recovering from a SUD and often get affected emotionally, physically, and even spiritually because the SUD becomes the whole family's disease (Bass, 2015:267). Furthermore, it shows that what happens to one member of the family is likely to affect the whole family in that the family functions as a system, meaning that each member has a role to play in the family system (Johnson & Ray, 2016:782; Galovan, Holmes, Schramm & Lee, 2014:1847).

It is understood that families are multifaceted and puzzling to understand if one tries to individualise or understand them separately (Lodge, Kennedy, Lockyer, Arguel & Pachman, 2018:1). The FST pursues understanding how people function in their interactions with other people within the family unit; the focus being on how individuals impact each other's lives in the family (Olson *et al.*, 2019:200). Within a family system, the structuring of roles is seen as essential to strike a balance within the system (Jamir Singh & Azman, 2022:25). This means that parents in the family with adolescents recovering from a SUD will have to find a better way/s of balancing being there for their adolescents with a SUD and supporting other siblings in the family (Galovan *et al.,* 2014:1847). In support, Erdem and Safi (2018:469) state that the family members' behaviour will always influence the family system emotionally, spiritually, or financially. While FST has contributed significantly to our understanding of family dynamics, it is important to recognise its criticisms and limitations, which include a lack of empirical evidence, oversimplification of complex relationships, and the need for cultural and contextual considerations (Son 2019:9). Table 3.1 below outlines the FST as interpreted by Bowen (Bowen, 1978:393).

Table 3.1: Concepts from Bowen's family systems theory (Adapted from: Bowen, 1978:393)

Concepts	Definitions
Differentiation of self	The main focus is on the self and how the individual functions in relation to other family members.
Triangles	The triangle refers to how the individual relates emotionally to other people. A three-person partnership can calm down an anxious two-person system. The Bowenian method is fundamentally based on the evaluation of anxiety. The presence of a third person can help diffuse tension between two people (Haefner, 2014:836).
Nuclear family's emotional system	The focus is on how parents deal with emotional issues. Future generations will continue to reproduce earlier generations' responses to stress in families. Bowen urges a comprehensive examination of current generational patterns and the reconstruction of emotional functioning from earlier generations (Haenfer, 2014:836).
Family projection process	This concept describes how issues are transferrable to the next generation. This means parents' problems or challenges can be anticipated to move to their own children's lives, e.g. children with parents struggling with a SUD easily end up struggling with a SUD.
Multigenerational transmission process	The multigenerational transmission process describes patterns of emotional processes through multiple generations.
Sibling position	The sibling position states that the child's development is influenced by the position a child is born into.
Emotional cut-off	Emotional cut-off is mainly defined as how people might decide to disengage from family members as a way of coping with issues. However, that is just a coping mechanism as it does not resolve the problem at hand.
Societal emotional process and regression	Societal emotional process and regression describe how individuals and families are connected to society and how this influences the family's functionality.

FST seeks to improve family functioning through positive transformation and adaptive development (Walsh, 2013:122). The following are the goals of the family systems social worker as outlined by Walsh (2013:122):

- To reduce anxiety within the family system.
- To improve everyone's understanding.
- To promote emotional differentiation by identifying and addressing problematic dynamics.
- To increase awareness of how multigenerational patterns influence present interactions and improve communication between family members.
- To address any imbalances in power dynamics by discouraging inappropriate dominating behaviour.

3.12.2 Ecological systems theory

In addition to FST, the researcher utilised the EST. Bronfenbrenner developed the EST; as a psychologist, he believed that an individual's development is affected by the environment surrounding them (Ettekal & Mahoney, 2017:239). According to Bronfenbrenner's EST, the focus is on an individual's location and how an individual's growth and development can be improved over time within specific environments (Sunsern & Lawang, 2019:5). EST indicates that the systems are interconnected and that each system's influence is dependent upon the interactions it has with the others (Guy-Evans, 2024).

EST is centred on the fact that an individual is not an island; they are interlinked with various environmental systems: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Ettekal & Mahoney, 2017:240). The EST views the family as a primary developmental setting and is particularly interested in how intrapersonal and intrafamilial processes are influenced by and affect extrafamilial systems (Liddle, 2015:3).

Beckett and Horner (2016:190-193) identify the microsystem as the individual; the mesosystem as significant others like families, church members and neighbours, or the neighbourhood; the exosystem as the political systems and the government; macrosystem as beliefs and values; and, finally, the chronosystem as the dimensions of time. As a social work practice, EST can be beneficial in the assessment stage as it provides a holistic framework to evaluate clients, especially

through ecomaps (Teater, 2014:39). The EST is outlined by following levels (Ettekal & Mahoney, 2017:239-241):

- Microsystem

  According to Bronfenbrenner's theory, the microsystem refers to the elements in an individual's immediate environment that have direct contact with them; this includes parents, siblings, and school peers or colleagues (Guy-Evans, 2024). The microsystem is the closest ecological level, encompassing the environments where individuals directly interact (Ettekal & Mahoney, 2017:240. Microsystems refer to the consistent patterns of activities, roles, and interpersonal relationships experienced by an individual over time within a specific physical and material environment (Crawford, 2020:1).

- Mesosystem

  The mesosystem is where a person's individual microsystems do not function independently but are interconnected and assert influence upon one another (Guy-Evans, 2024). The mesosystem refers to how microsystems interact with each other and includes connections between various contexts such as family, work, school, and other resources (Ettekal & Mahoney, 2017:242). The mesosystem comprises the connections between the various microsystems in an individual's life and these systems may collaborate with or oppose one another in a person's life (Crawford, 2020:2). The mesosystem pertains to the daily interactions between the microsystems that an individual encounters (Neber, 2018:11).

- Exosystem

  The exosystem focuses on the linkage between social settings in which the parents of an adolescent recovering from a SUD are not actively involved. However, the parents are directly affected by what is happening in the system, e.g. social media, neighbours, family, etc. (Guy-Evans, 2024). The exosystem consists of microsystems that interact with each other, similar to the mesosystem. However, in the exosystem one of the microsystems cannot include the person who is the focus of the system (Crawford, 2020:3). According to Neber (2018:11), the exosystem refers to systems that are

external to an individual and influence their microsystems but are beyond their control. The exosystem has a downcast effect on an individual's development through the involvement of other people in their lives (Ettekal & Mahoney, 2017:243).

- Macrosystem
The macrosystem is the culture, attitudes, and ideologies in which the parent of an adolescent recovering from a SUD lives, which means that people's thoughts and perceptions about how things happen in life may be influenced by the culture they are exposed to (Ettekal & Mahoney, 2017:245). The relationship and interaction among various elements in the environment are not fixed, but rather change over time, influenced by historical and cultural factors (Teater, 2014:37). Crawford (2020:5) indicates that the macrosystem can be considered as a societal plan for a specific culture or subculture. The macrosystem is distinct from previous ecosystems in that it is not specific to the individual's developmental environment, but rather refers to the established society and culture in which they are developing (Guy-Evans, 2024).

- Chronosystem
The chronosystem integrates the idea of time into the ecological system of human growth and development, and this encompasses not only the ageing and maturation of the individual, but also the era in which they exist and evolve (Crawford, 2020:3). The focus of the chronosystem is on time dimensions, considering the pattern of environmental events over some time, e.g. divorce, finances, etc. (Guy-Evans, 2024). The chronosystem refers to the social and historical environment, as well as the events and changes that happen to an individual, and these factors impact the various systems that operate within that context (Neber, 2018:11). Figure 3.1 below outlines the EST (Vélez-Agosto, Soto-Crespo, Vizcarrondo-Oppenheimer, Vega-Molina & Coll, 2017:902).
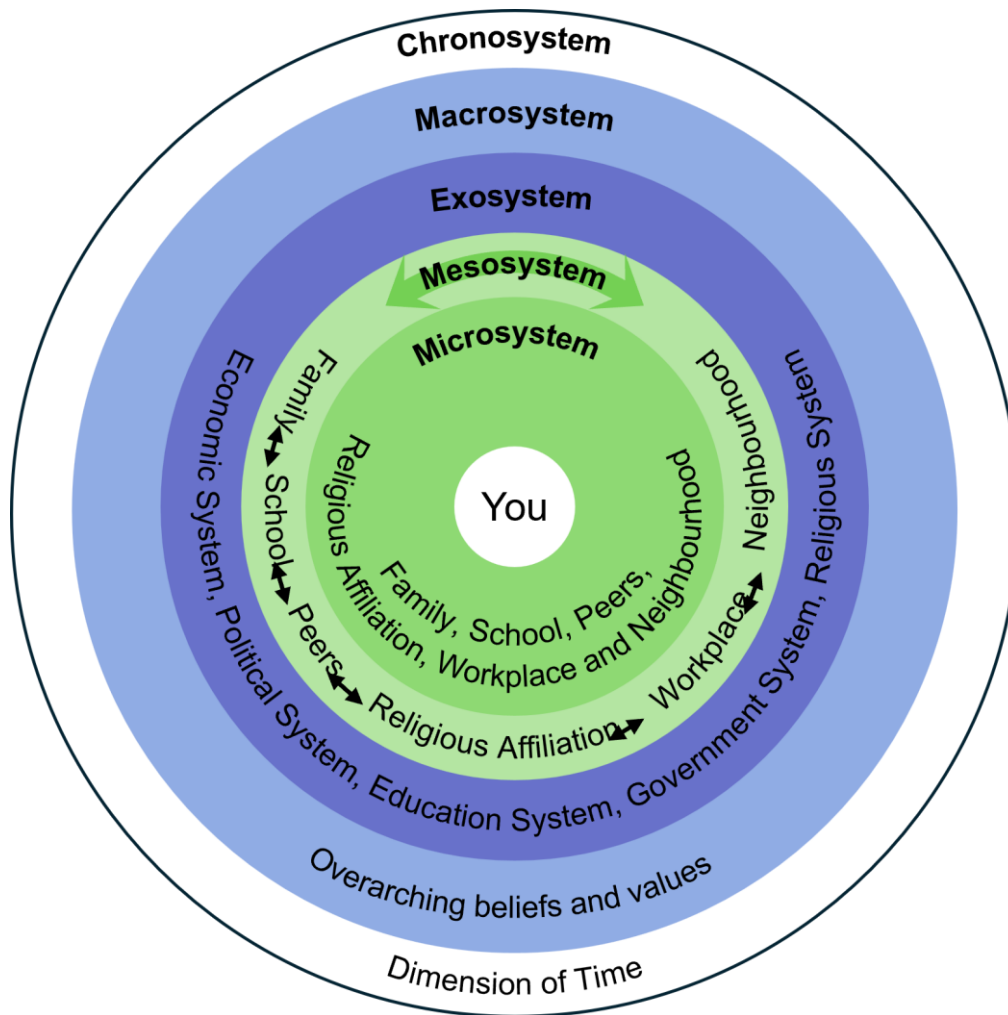
Figure 3.4: Ecological systems theory by Bronfenbrenner
(Source: Vélez-Agosto *et al.,* 2017:902)

Bronfenbrenner's ecological model focuses on an individual's location and how a person's development can be changed over time within specific environments (Sunsern & Lawang, 2019:5). The authors continue to share that every single person has the following four aspects:

- Personal character is the behaviour that can channel and guide, e.g. how one interacts with others.
- A person's experiences, knowledge, skills, and abilities (bio-ecological).
- A person's demographic characteristics, which include gender, age, and ethnicity.

- Demand characteristics, referring to a person's capacity to discourage reactions with the social environment.

The researcher focused on the ecological approach, as it integrates the treatments of social cases and changes by conceptualising and highlighting the dysfunctional relations between people based on their social and physical environments (Zastrow, 2013:24). The aim of utilising the ecological approach was also to consider how parents can be assisted to adapt to their new environments and the changing behaviour of the adolescent recovering from a SUD to ensure that they can be able to live harmoniously (Payne, 2014:184).

3.13 SUMMARY OF THE CHAPTER

This chapter covered the literature review of this study. It highlighted the overview of SUDs internationally and continentally. The challenges faced by parents of adolescents recovering from a SUD, as well as the role of the social workers in SUD treatment and working with parents of adolescents recovering from a SUD were discussed. Furthermore, the researcher touched on the experiences of social workers in working with parents of adolescents recovering from a SUD. Finally, the treatment models used by social workers in SUD treatment were highlighted. The aspects discussed will provide the reader with an understanding of the topic researched. The chapter also covered the theoretical framework that guided the researcher in conducting this study. The emphasis was placed on the use of the FST and EST. The following two chapters will present the research findings of this study based on the data collected.

CHAPTER 4:

DISCUSSION OF RESEARCH FINDINGS – PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

4.1   INTRODUCTION

Chapter 1 gave an overview of the background and rationale of the study, its goals, and objectives. Chapter 2 provided details on the application of the research methodology, while Chapter 3 set the context of the study from the literature review and described the theoretical framework utilised. This chapter describes the findings on the experiences and suggestions of parents with adolescents recovering from a SUD. Chapter 5 focuses on the experiences of social workers working with parents with adolescents recovering from a SUD and their suggestions on how these parents can be assisted to cope. The researcher first presents the participants' biographical details to contextualise the findings of this study further. The research findings are presented in a table with themes and sub-themes, followed by a discussion with relevant storylines and literature control.

4.2   BIOGRAPHICAL   DETAILS   OF   PARENTS   OF   ADOLESCENTS RECOVERING FROM A SUD

The researcher conducted in-depth semi-structured interviews with 15 parents of adolescents who had undergone treatment in the substance dependency treatment centres for SUD in the City of Tshwane. The table below summarises the participants' biographical information. To protect and ensure the participants' anonymity, numbers were used to replace the participants' names. The participants were from three different in-patient treatment centres in the City of Tshwane.

Table 4.1: Biographical data of parents of adolescents recovering from a SUD

Parent	Gender	Age	Relationship	Family structure	Number of times the adolescent was admitted for treatment
1	F	47	Mother	Widow	x2
2	F	45	Mother	Widow	x3
3	F	39	Mother	Divorced	Lost count
4	F	43	Mother	Married	x2
5	M	35	Father	Cohabiting	x3
6	F	58	Mother	Single	x3
7	F	54	Mother	Married	x3
8	M	48	Father	Cohabiting	x3, x1 Admitted to two different treatment centres
9	F	55	Mother	Divorced	x2
10	F	42	Mother	Married	x2
11	M	55	Father	Widow	x1, x3 Admitted to two different treatment centres
12	M	68	Grandfather	Married	x2
13	F	48	Mother	Divorced	x2
14	F	33	Mother	Single	x1
15	F	42	Mother	Single	x2

4.2.1 Gender distribution

Table 4.1 above illustrates the gender distribution of the parents interviewed in the study. Out of the 15 participants, four are male and 11 are female. The researcher realised that from the gender distribution, more females are left responsible for caring for children. The above statement is supported by Mussida and Patimo (2021:489), who assert that women are primarily responsible for taking care of the home, the children, and other family duties. Furthermore, Posel, Hall and Goagoses (2023:1117) discuss that comparing the types of households headed by men and women shows that men who live without women typically live alone, whereas women who live without men are much more likely to live with children. Therefore, the findings are also likely to be gender biased due to more information being gathered from female participants.

4.2.2 Ages of the participants

The ages of the participants ranged from 33 to 69 years. Seven participants were between the ages of 33 and 45; six were aged between 46 and 55; and two were

aged between 56 and 68. The mid-30s to the mid-60s is considered middle adulthood, when an individual may meet their career goals, get involved with their hobbies, and explore other interests in their life (Fouché *et al.*, 2018:2). Three of the participants between 33 to 40 can be categorised by the sixth stage (young adulthood) of Erik Erikson's psychosocial developmental stages, called the phase of intimacy versus isolation (Muller & Stroud, 2014:11). At this stage adults usually experience more intimacy with others and explore more solid relationships. However, in the case of the participants interviewed in this study, they were experiencing more stress and health issues due to caring for an adolescent recovering from a SUD. Early adulthood is a time of emotional strain, when tension depends on the problems adults experience at their job, at home, and in their social circles, as well as how successful or unsuccessful they are at solving these problems (Matud, Díaz, Bethencourt & Ibáñez, 2020:2). As alluded by the author, physical limitations or poor health can be dangerous to a person's ability to make personal and social adaptations, however, these can always be overcome with professional assistance and the support one receives from family and friends.

Twelve participants ranged in age from 41 to 68 and, according to Crain (2014:301), this period is known as middle adulthood and is described as the stage when people widen and enhance their capacity to love and care for others. At this point, people recognise a need to extend beyond themselves and their families to reach out to and support society. However, it is different with the participants, as they are trying to fight for their survival and to fit into the community due to being stigmatised because their adolescents are recovering from a SUD.

4.2.3   Family structure

Out of 15 participants, only four were married and stayed with their husbands. The above indicates that most mothers were burdened with raising their adolescents alone. Statistics South Africa (2018) indicates that during 2017 the birth certificates of 61,7% of children born in South Africa did not include their fathers' details. This implies that most fathers are not involved in the lives and upbringing of their children, leaving mothers to continue parenting alone. Mothers in this study also verbalised that the biological fathers failed to be there for their children after the divorce or separation from the mother.

Children raised in families affected by divorce or single-parent households and those raised in families where they are exposed to drugs and alcohol are more likely to use substances (Masiko & Xinwa, 2017:2). The authors indicate that the reason for this phenomenon is that life challenges in those kinds of families can lead a family member to abuse substances as a coping mechanism. A study by Russell, D'Aniello, Tambling and Horton (2024:478) suggests that there is a mutual relationship between substance abuse and low family functioning and dysfunction in families. The study concurs that a family's structure is crucial to a child's upbringing, particularly during adolescence. In 2018 statistics indicated that approximately 76% of children live with only their mothers, compared to 36,4% that reside with both parents (Kerr, Rasmussen, Fanning & Braaten, 2021:1328).

The researcher agrees that difficulties in maintaining a healthy family structure, particularly with the problem of absent fathers, can be detrimental to adolescents' well-being. Research has indicated that the absence of fathers, or what is called 'deadbeat dads', in South Africa is exceptionally high (Khan, 2018:18; Feni, 2016). Children growing up in fatherless homes, especially boys, might be in danger of life challenges such as poor education, criminality, low self-esteem, and peer pressure, leading them to substance use and abuse (Freeks, 2022:2). The researcher is of the view that ensuring healthy family lives can have a positive impact on adolescents, which leads to having healthy lifestyles for parents. If the family structure is well maintained, this will encourage better lives for both the parents and their children.

Being divorced, single, or widowed seemed to be a risk factor for parents linked to demographic and socioeconomic characteristics of parents of adolescents recovering from a SUD, making it difficult for the parents to cope with the challenges associated with having an adolescent recovering from a SUD. Being a single mother might make it difficult for them to get support for their recovering adolescents and even for themselves within the family.

4.2.4 Number of times the adolescents were admitted to a treatment centre

Most of the adolescents recovering from a SUD were admitted to a treatment centre more than once. According to Dykes and Casker (2021:225), the consequences of

adolescents using substances do not only influence them, but also affect their families, parents, and society. The participants indicated that their adolescents were in the recovery process; however, most of the time they relapsed, putting more stress on the parents. The researcher realised that the high frequency of readmissions to treatment centres among adolescents in recovery indicates a significant burden on parents. According to Shadung *et al.* (2024), parents become anxious about their child's well-being, which can ultimately impact their mental and physical health, financial stability, safety, education, and work habits. The next section presents the themes and sub-themes of the study.

4.3   EXPERIENCES AND SUGGESTIONS OF PARENTS OF ADOLESCENTS RECOVERING FROM A SUD: THEMES AND SUB-THEMES

The overview in Table 4.2 encapsulates the five themes and 23 sub-themes that emerged from the interviews with the parents of adolescents recovering from a SUD. The following questions were used as a guideline to structure the interviews with the parents focused on the research topic during the data collection procedure (i.e. in-depth semi-structured interviews):

- Tell me about your experience as a parent of an adolescent recovering from a SUD.
- Please share with me your needs for support as a parent with an adolescent recovering from a SUD.
- Can you please describe the services you have received concerning your support needs as a parent with an adolescent recovering from a SUD?
- Can you please share with me how you would like to be supported by social workers in coping with an adolescent recovering from a SUD?
- If you were consulted about a programme for parents with adolescents recovering from a SUD, what would you suggest should be included?

Table 4.2: Overview of themes and sub-themes that emerged from the interviews with the parents of adolescents recovering from a SUD

Theme 1	Parents' accounts of their experiences in parenting an adolescent recovering from a SUD	1.1 Parents found parenting difficult, frustrating, and challenging. 1.2 Parents found parenting stressful and that it is challenging to trust the adolescent. 1.3 Parents felt helpless, blamed themselves, and their health was affected. 1.4 Parents were financially challenged. 1.5 Other relationships were affected. 1.6 Parents no longer cared, wanted to die, or wished for the death of the adolescent.
Theme 2	Parents' descriptions of the support they need as the parent of an adolescent recovering from a SUD	2.1 Parents only needed support for the adolescent recovering from a SUD. 2.2 Parents needed more information. 2.3 Parents needed counselling and guidance. 2.4 Parents needed to attend support groups with other parents. 2.5 Parents needed parenting skills and frequent testing of adolescents. 2.6 More social workers are needed and the government should assist.
Theme 3	Parents' explanations of the support services they received from treatment centres involved with the adolescent recovering from a SUD	3.1 Parents received feedback from the treatment centre or social worker and family sessions. 3.2 Parents attended support groups for parents.
Theme 4	Parents' descriptions of the support services they would like to receive as the parent of an adolescent recovering from a SUD	4.1 Parents would like counselling or guidance. 4.2 Parents would like support groups with both parents and adolescents. 4.3 Parents would like a longer treatment period. 4.4 Parents would like the community to be educated and community support to be mobilised.
Theme 5	Parents' descriptions on what should be included in a support intervention for parents of adolescents	5.1 Parents suggested that social workers empower parents with more information and knowledge. 5.2 Parents suggested groups for parents and groups for parents together with the adolescents recovering from a SUD.

	recovering from a SUD.	5.3 Parents suggested training in parenting skills and life skills.
		5.4 Parents suggested that more counselling should be available.
		5.5 Parents suggested that the government should act.

Each theme and its sub-themes will be discussed, giving the relevant storylines and literature control.

4.3.1 Theme 1: Parents' accounts of their experiences in parenting an adolescent recovering from a SUD

The first theme to be discussed is the parents' accounts of their experiences parenting an adolescent recovering from a SUD. This was in response to the researcher's request to the participating parents to recount their experiences in this regard. The figure below presents the theme and six sub-themes related to the experiences of parents.
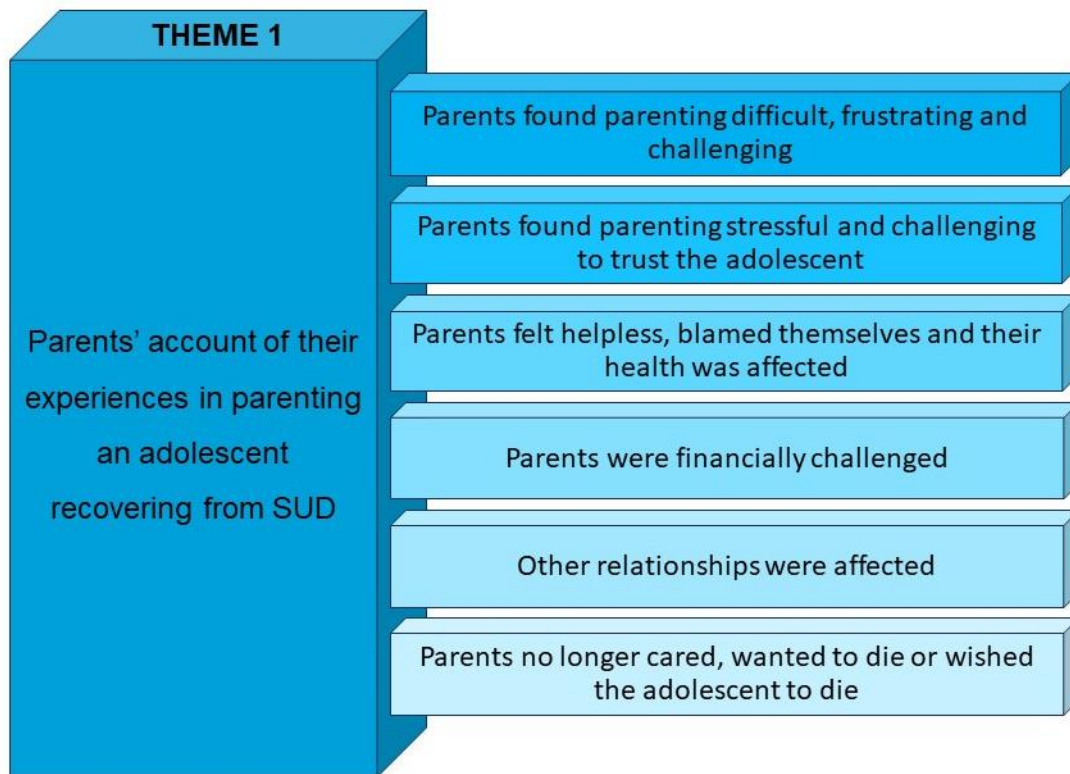
Figure 4.1: A visual presentation of the sub-themes in Theme 1

The theme of parents' accounts of their experiences in parenting adolescents recovering from a SUD indicates how the whole family system gets affected by one individual who is recovering from a SUD. Looking into the sub-themes below, it becomes evident how the dynamics of the family are affected and how employing EST can offer a comprehensive strategy that can be beneficial for both the parents and the adolescents recovering from a SUD (Hayes *et al.*, 2017:11).

4.3.1.1 Sub-theme 1.1: Parents found parenting difficult, frustrating, and challenging

Many parents recounted that parenting an adolescent recovering from a SUD is difficult, frustrating, and challenging. The following are some of the frustrations that were verbalised by the parents who were interviewed:

"It is frustrating to have a child who uses drugs. He has stopped using them now, but I do not know for how long! It is challenging; I feel like I have been trying very hard" **[Parent 1]***.*

"…it is not easy… mainly because recovery is not easy… because it is easy to get drugs. You can get it anywhere you want to, at school, at friends, at shops, anywhere you can think of you will find it… It is time-consuming because you have to babysit them after they return from treatment. You cannot leave them alone. You have to monitor their movements constantly. If we do not do that, they are back to using drugs. Was so frustrating, especially for me because I was working away from home, so I would only come home maybe once a week and every third weekend. Now I had to leave that job to be full-time at home. It feels like your life is taken away from you" **[Parent 2]**.

Kirst-Ashman and Hull (2015:469) argue that parents feel obligated to care for their children recovering from a SUD, which is emotionally strenuous for them. The parent's ability to manage the additional needs of adolescents recovering from a SUD, maintain family responsibilities and employment commitments, and deal with unforeseen changes in their adolescents are among their other challenges (Hlahla *et al.*, 2023:6). The following were the frustrations shared and how the situation emotionally drained them:

"It is not easy to live with a child using drugs, let alone two of them. They control my life emotionally, spiritually and even my love life. I cannot stay with someone for a long time before they start ruining my life. My life has just been a roller coaster; they stop using drugs and when I get used to and adjust to that, one of them will start using again. I feel so helpless and upset at the same time; I have to constantly replace the stuff they steal from their sisters when they want money to buy drugs. They steal from me, even from the neighbours" **[Parent 3]**.

"My life has changed; I don't feel comfortable anymore, as the community keeps blaming me for my sons' failures. I feel so frustrated and stressed all the time" **[Parent 1].**

The parents experienced negativity, especially as they also had to deal with stigma and challenges from community members. In support, Hlungwani *et al.* (2020:7) share that parents feel less motivated from time to time in dealing with adolescents recovering from a SUD, especially when they keep on relapsing. Adding to this,

McCann *et al.* (2017:6) share that parents find it difficult in terms of what to do and what not to do to cope with the changes in the lives of adolescents recovering from a SUD. Choate (2015:469) shares that in other cases, parents would find it difficult and challenging to adjust and accept the behaviour of the recovering adolescent, making it more frustrating to deal with the situation.

4.3.1.2 Sub-theme 1.2: Parents found parenting stressful and that it is challenging to trust the adolescent

Other parents explained their stressful experiences and highlighted that it was difficult to trust the adolescent. Parents were heavily burdened and struggled to cope with their everyday living due to high stress levels. The following are some of the comments made by parents concerning their difficulties with stress and trust issues:

"…how do I trust him after he promised me that he would not return to drugs? You know, my son sat down with me and promised he would never, ever go back to using drugs and stop going to his friends that negatively affect him. He told me how he is ready to change his life and how will he make me proud. He just sat there and lied to my face… he gave me hope that he is serious about changing his life and learning from his mistakes. He made me feel hopeful, and I was so proud of him. I believed every lie he told me, and I was never prepared for him to start using again…" **[Parent 1]**.

"I don't trust him at all, so I test him all the time. It is time-consuming, because I feel like I am babysitting a small baby. I always need to check his whereabouts, call the school to check if he attends classes, etc. I have taken from him all his privileges: iPhone, TV, and MacBook, which is frustrating as he needs all that to do his Schoolwork. We [mother and older brother] *constantly monitor him when he uses his gadgets to check whom he is talking to… since I started doing that, he is now clean for almost six months. He has his days where he falls off the wagon, but lately there are few of those days. I think because he knows that I randomly check him… My only worry is, how long will I keep on doing this?"* **[Parent 4]**.

"It is challenging, the stress is too much for me… his school performance has dropped, and he ended up dropping out of school. What is he going to do without education in this country? It is frustrating to see a child suffering and knowing that before he used these things, he had a bright future… I am always very angry and frustrated. I don't know what to do anymore, because he has already been to rehab twice and clearly the treatment is not working" **[Parent 5]**.

"It is very stressful, especially at my age, to deal with this kind of issue. It is very stressful. I don't even understand what is wrong with this child. We have tried to give him everything, so he doesn't feel like an orphan. When his mother passed on, I was still working at Eskom. We earned a lot of money, and I tried to ensure these kids lacked nothing" **[Parent 6]**.

The trust issue kept coming up from what the parents shared. Most parents indicated that they felt so frustrated and challenged, as they could not trust their children, which also interfered with their ability to trust in general. The above statements are supported by Shumway, Bradshaw, Hayes, Schonian and Kimball (2019:75), who state that there is evidence that parents and other family members are struggling to cope and are suffering emotionally and psychologically due to having adolescents recovering from a SUD. Parents indicate that even when their adolescent children are recovering, it is still challenging for them. They mentioned that they are mostly stressed, as they do not know what to expect. Due to a lack of trust and their anxiety over the possibility of relapse, parents are too attentive to the activities and movements of the adolescent recovering from a SUD (Groenewald, 2018:7). In a similar study, Casker (2019:98) revealed that the many thefts, disappointments, and broken promises have a negative impact on the trust between parents and recovering adolescents, which is crucial in the relationship between parents and children. The participants emphasised that the whole family struggles to trust an adolescent recovering from a SUD and always remains vigilant.

4.3.1.3 Sub-theme 1.3: Parents felt helpless, blamed themselves, and their health was affected

The participants felt they were being good parents despite their children using substances and relapsing, notwithstanding their continued support. Other parents said they felt helpless, and they blamed themselves:

"Yes, the situation I am in with these boys is tough and frustrating. I keep asking myself what is wrong with me? Why am I going through this thing? I couldn't even mourn my wife well, because my son was deep into drugs. People look at me like a failure, and I can see they judge me. I mean, why would my boys go into drugs? Both of them; not one, but both. What kind of a father fails to raise his children to be responsible men?" **[Parent 3]**.

The above statement is confirmed by Choate (2015:468), who states that some parents blame themselves for their adolescent's SUD and think they failed in their role to guide their adolescent. For any parent, acknowledging the adolescent's SUD is a challenging undertaking (Dykes & Casker, 2021:226). Other parents indicated that their health was affected:

"…I have never had peace since this boy started using drugs. I have been in and out of hospital for the past three years due to blood pressure and heart conditions. My doctor keeps on telling me that I need to work on my stress levels and try to take it easy, but how can I do that? ...even now, I don't know where he is… sometimes he will disappear for more than a month" **[Parent 7]**.

"I am stressed; sometimes I feel like I am losing my mind. She will kill me with a heart attack, because sometimes I feel my heart beating faster and then I would struggle to breathe… the doctor… gave me sleeping tablets… I am not coping; it is not easy even to close my eyes to rest a bit. I keep on asking myself what does she want from me? I feel like I did all in my power to be a good mother for her. I have spent a lot of money on her… but when she went to do drugs again, I was disappointed… I don't know what to do now, and it is killing me inside" **[Parent 8]**.

"I can feel that sometimes social workers don't understand the trauma we are going through. The last time I was at SANCA, the social worker gave me a to-do list… I was told to test my son at least once a week, make sure he doesn't mix up with wrong friends, ensure he attends aftercare. The list is endless. How do I babysit an 18-year-old? I have a life, work, and other children. Where do I get the time to babysit him? Just tell me" **[Parent 9]**.

A SUD of one family member affects the entire family, and the pre-existing family relationship factors that often underpin substance use and SUDs are conceptualised as a family disease (McPherson *et al.*, 2017). According to what the parents were sharing, they tend to blame themselves a lot due to the behaviour of the adolescent recovering from a SUD, as some of them felt they might somehow have contributed to the way their children turned out. In addition, McCann *et al.* (2017:1) allude that the stressful and challenging effects of an adolescent's SUD on family members can seriously challenge the support role that the parents could play. Hence parents at times feel helpless and are unsure as to what to do and end up blaming themselves, which also brings about health challenges in their lives.

4.3.1.4   Sub-theme 1.4: Parents were financially challenged
The parents also spoke of the financial challenges they endure as a result of the adolescent's SUD and the cost of treatment and aftercare.

"Financially it is strenuous and it's draining. He currently attends aftercare, and I have to give him money to attend those sessions. I have spent a lot trying to get him to quit using drugs. Financially, things are bad, but I cannot say no to him because I am scared he will relapse. I give him anything he asks, because I try to ensure he doesn't relapse and blame me for that" **[Parent 1]**.

"Financially, he is draining me with all the treatment and aftercare, and now I had to leave a good paying job to be close to home" **[Parent 2]***.*

According to Dykes and Casker (2021:229), the financial strain faced by families with an individual abusing and recovering from substances can be so immense that families struggle to cope. Groenewald and Bhana (2018:149) confirm that the

financial burden on the parents includes the cost of the treatment, travelling for aftercare, and constant damage to property as a result of the adolescents' substance-abuse behaviour. This increases financial strain on the family, making it exceedingly challenging for the parents to manage the bills that keep rising. There is no denying that substance abuse has a negative financial impact on the family. The following are more narratives on the financial challenges of the participants:

It is financially straining; it has bankrupted me. He used to steal anything that he could lay his hand on at home, even from the neighbours. I used to replace the stuff he stole from community members. Since he says he is not using drugs anymore, it is better, but I have to give him money to go for aftercare every week. If I don't have that money, he tells me that I don't want to support him. He says I don't prioritise his needs. He says he is not using any drugs anymore, but he is so manipulative I can't take it anymore" **[Parent 10]**.

"Financially, this boy has cost us a lot; it is better now after returning from rehab… He used to steal from us, community members, and teachers at school. We had to keep on replacing the stuff he was stealing, because people came to complain and kept on saying they would open criminal cases. To avoid that, we used to pay for everything he stole to ensure he didn't end up with a criminal record at his age" **[Parent 6]**.

The financial burden carried by parents in trying to support their recovering adolescents is huge (Hlungwane *et al.*, 2018:5). Most of the parents indicated that they are heavily burdened financially, as they are always expected to pay the goods that their adolescents have stolen from other people. Based on the participants, the family incurs substantial expenses for the therapy and follow-up care of an adolescent recovering from a SUD.

4.3.1.5   Sub-theme: 1.5: Other relationships were affected

Not only did the parents find it difficult to parent an adolescent recovering from a SUD, but other relationships were also affected due to the SUD and the adolescent's concomitant behaviour. Parents indicated that they struggled to maintain their

relationships with friends and even with other family members. The statements from the participants below indicate this:

"It hasn't been easy; my family has never been the same since he started using drugs. We are forever fighting with my husband; we are no longer the happy family we used to be before all these things of drugs started" **[Parent 7]**.

"It's all bad; nothing feels right in the house. I have tried talking with them; my girlfriend is a teacher and tried to speak to them, but nothing seems to be working. Sometimes it seems like they understand and agree to change, but as soon as they get their drugs, then things automatically change. I used to fight a lot with my second wife, because they used to steal her belongings. We were forever in conflict. I had to end things with her because it was not working out. I loved her but could not take the pressure of being the referee anymore" **[Parent 3]**.

"My son's behaviour is also killing me, because it affects my marriage and relationship with my kids" **[Parent 11]**.

"…the other time I had to pay R4 000 rental and food for him to go and stay in town because he said he needs to be away from the township so that he can be away from the lifestyle here. He was clean for two weeks… He was sharing a flat with my cousin's son. He ended up introducing that boy to drugs because of that, now we are no longer on good talking terms with my cousin" **[Parent 9]**.

In support of the above statements, Shumway *et al.* (2019:76) indicate that parents and families experience difficulties in creating solid relationships with their significant others due to their adolescent's SUD. In this regard, McCann *et al.* (2017:2) share that the challenges faced by parents of adolescents recovering from a SUD have affected relationships in the families. The parents are in a space where their relationships and lives are severely affected as they continue to try and adapt to the new changes in the adolescents recovering from a SUD in an attempt to continue supporting their needs (Russell, 2024:479). The researcher has also observed the brokenness in the voices of some of the parents when they were explaining how they have lost valuable relationships due to their recovering adolescents' behaviour.

Some of the parents shared that their adolescent's recovery from a SUD has impacted their marriages negatively, leaving them vulnerable. It was also observed that parents were in disagreement on how to treat the adolescent on their recovery journey. It should also be noted that the parents felt the pressure to focus on their other siblings, as their focus is mainly on the adolescent recovering from a SUD.

4.3.1.6 Sub-theme 1.6: Parents no longer cared, wanted to die, or wished for the death of the adolescent

Some of the parents described how because of all their experiences with the adolescent, they no longer cared, wanted to die, or wished for the death of the adolescent with a SUD. This sub-theme is outlined by the following extracts:

"He is so selfish that he doesn't even care how his behaviour affects my health. I hate him and wish he could die because if he doesn't, I will die of a heart attack. They told me I needed to give him a chance at the rehab centre, but how many chances should I give him?" **[Parent 5]***.*

"At the moment, I think I don't care anymore; if there is any chance that he can leave home, I will be happy. I am tired, and I can't take it anymore. I have had it with this boy… When he goes back to using drugs, he steals from me, he steals from his siblings, and even steals from our neighbours. He steals anything he can get his hands on. When I shout at him, he says I am the reason he keeps on relapsing" **[Parent 12]***.*

Sometimes parents feel demotivated, and they just want to give up due to the adolescent's lack of commitment to recovery (Ghazalli, Ghani, Abdullah, Chik & Mohd, 2017). Some parents verbalised that they do not know what to do anymore and they felt that they are at the point where they just want to let their adolescents be and they felt like just giving up.

"You know, sometimes I just wish I could die. I have been through a lot in my life. My husband left me and when he came back, he was sick with HIV [the human immunodeficiency virus]*, and then I had to take care of him. When I thought he was getting better, he died. I had to deal with family members who denied that their son*

was problematic; instead, they accused me of killing their son… Now I am stuck with children using drugs, and I am always asking myself why. Why do I have to take all these problems in my life? Most of the time, I feel so lonely and worry a lot about what will happen to my kids if I die. I thought they would be responsible and be able to care for each other, but now it looks like a dream" **[Parent 13]**.

"I might sound like a bad person when sometimes I feel nothing for him. He has numbed my feelings and emotions" **[Parent 6]**.

Parents expressed that they struggle to instil discipline, because the adolescent recovering from a SUD keeps threatening and manipulating them. They shared that they do not know what to do anymore, leaving them feeling vulnerable. In support, Hlungwani *et al.* (2020:5) share that parents experience challenges in trying to reprimand their adolescents who are recovering from a SUD if they misbehave. Instead of a strict setting where the parental emphasis is on enforcing respect and therefore weakening the parent-adolescent relationship, clear limits and roles inspire nurturing and care (SAMHSA, 2015:119). Parents also felt that their inability to handle the stress and pressure brought on by their adolescent's substance usage made them want to give up on life (Groenewald & Bhana, 2018:149). Hlahla *et al.* (2023:7) indicate that proper aftercare services are associated with reduced relapses, and they equip adolescents recovering from SUDs with skills to maintain treatment gains and sobriety.

According to a family systems perspective, parent-adolescent relationships are a part of a larger, interdependent system of family relationships, and the quality of other relationships within the family both influences and is impacted by these relationships (Fosco*,* Lippold & Feinberg, 2014:142). Furthermore Fosco *et al.* (2014:242) share that the interparental connection also serves as a vital leadership role in the family, guiding good parenting techniques and assisting in the maintenance of proper boundaries around the interparental relationship. However, parents indicated they struggle to set boundaries with the adolescent recovering from a SUD. One of the participants shared how she sometimes feels so emotionless, and she is not sure if she still loves her recovering adolescent. She said that she has already experienced a lot and has reached her breaking point.

Botzet *et al.* (2019) show in their study that if parents can have solid parent–adolescent relationship, there will be a reduction in the likelihood of adolescent drug use.

4.3.2 Theme 2: Parents' descriptions of the support they need as the parent of an adolescent recovering from a SUD

Available data suggests that families are continuing to give their adolescents recovering from SUDs more long-term care, especially in light of the fact that substance abuse is a relapsing condition, according to Shumway *et al.* (2022:358). After recounting their experiences of parenting an adolescent recovering from a SUD, the researcher asked the participating parents to describe the support they needed as the parent of an adolescent recovering from a SUD.

The figure below presents the theme and six sub-themes related to the support needed by the parents.
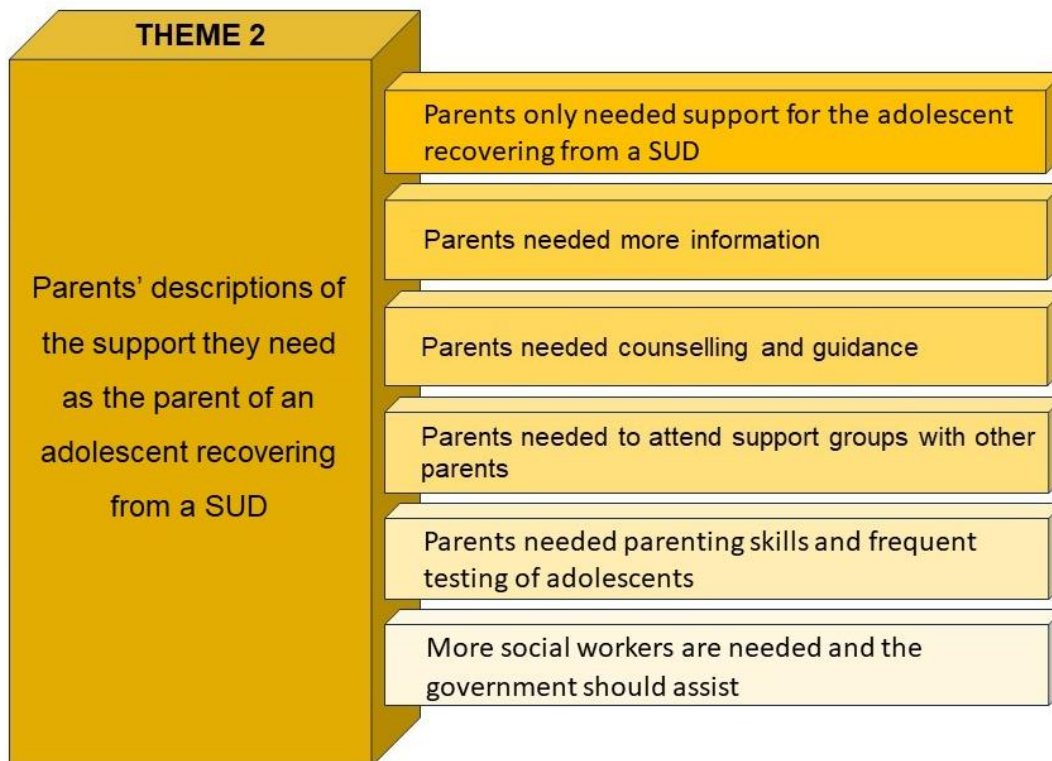
Figure 4.2: A visual presentation of the sub-themes in Theme 2

According to Hlahla *et al.* (2023:7), parents have to endure silent suffering with little to no support in coping with adolescents recovering from a SUD. The

aforementioned authors highlight the difficulty parents have in coping with the adolescent recovering from a SUD due to a lack of support. However, the researcher advocates treating SUDs in adolescents and their parents holistically, emphasising the use of the EST and FST to make sure of that.

4.3.2.1 Sub-theme 2.1: Parents only needed support for the adolescent recovering from a SUD

Only two participating parents responded that they did not need any support and gave the reasons for this.

Parent 6 said he did not need any support, but his wife did: *"I am doing well. I can cope, but I think my wife needs help. She is not taking this well. She struggles a lot and cries a lot about this boy"* **[Parent 6]**.

Parent 14 said she was doing well and needed no support, as she had accepted her son would not change unless he wanted to: "*The truth is I have passed that; I am currently looking at myself and my health is very important. I don't think I need any support, maybe he is the one that needs help… I made peace with my child's condition and accepted that my son is sick. He needs all the support he can get, but he is also responsible for his recovery. I have accepted that I won't do anything to change him unless he wants to change, no matter what I do. I also learned that there is nothing much I can do for my son… since I have shut down and stopped thinking about him, I feel like I am doing well"* **[Parent 15]**.

Although some parents felt that they do not need any support, Ólafsdóttir, Orjasniemi and Hrafnsdóttir (2018:14) suggest that treatment should be offered to all family members and doing that will assist the professionals in gaining a better understanding of the whole substance dependency scenario. Masombuka and Qalinge (2020:57) argue in favour of this by stating that families deal with stressful and difficult situations because of their adolescent children's SUD. Most parents are compelled to adopt new coping mechanisms when their adolescent children recover from SUDs.

4.3.2.2   Sub-theme 2.2: Parents needed more information

Most of the parents expressed the need for more information related to various aspects of their adolescent's SUD and how to manage their adolescent child during the recovery process. The narrative below speaks of the parents' need for information:

"I think getting information on what to look out for when your child has been discharged from the centre will work, because we don't know how to handle them and what to do or react after treatment. We need social workers to communicate more with us to allow us to tell them what we are going through with these children in our homes" **[Parent 5]**.

Supporting the above statement, Mahlangu (2016:70) shares that families need to be informed about how they can support adolescents abusing substances and recovering from SUDs. Parents shared that they needed more information on dealing with adolescents recovering from SUDs. Additionally, there is a critical need for knowledge to comprehend what is happening with their adolescents' lives and what has to be done moving forward (Hlahla *et al.,* 2023:6). They expressed their frustrations, especially stating they do not know what to do or even how long will it take for them to get their lives back to normal. The following extracts express this:

"I need more information on how to deal with him… What is the way forward and when do I get my peace of mind? When do I get my life back, because I need my life back? Social workers should help us in ways to get our lives back to normal… Every time I have to do something for myself, I feel guilty that I am not giving my son all the attention… I need to know how I can balance my life… without feeling guilty about it" **[Parent 2]**.

"We need to know where to go when we need any assistance, because sometimes, we get confused on how to deal with these children after treatment. Sometimes we get scared even to reprimand them. The other parent told me that when you shout at these kids, they go back to using drugs. We are not sure how to communicate with them and we end up giving them anything they want with the hope that they will be happy and not start using again" **[Parent 7]**.

Since SUD is a chronic relapsing condition, parents need more support on how to continue supporting their adolescents as they continuously face the relapse challenge (Shumway *et al.*, 2019:76). Some parents feel left out in the process of getting information from professionals. It is alluded by Ngatweni (2018:17) that parents at times might feel sidelined by counsellors in getting proper guidance and support on how to deal with adolescents recovering from a SUD. Parents need to have sufficient information to be able to talk with their children, especially adolescents recovering from a SUD (Hlungwani *et al.,* 2020:2). They also need information on how to take care of themselves and their mental health.

4.3.2.3   Sub-theme 2.3: Parents needed counselling and guidance

Parents mentioned that they have not received adequate guidance on continuing and sustaining the support role for the adolescents recovering from a SUD. Parents verbalised that they need counselling or guidance to manage their adolescent's recovery from a SUD and also counselling on how to cope.

"I think I need to know how to communicate with the boys and how to help them. I need social workers to help us with information and guidance for getting help, especially for single parents like me" **[Parent 3]**.

We need social workers to communicate more with us to allow us to tell them what we are going through with these children in our homes" **[Parent 5]**.

Parents continue to indicate that they feel like a lot is expected from them by the social workers. A study by Hlahla *et al.* (2023:2) indicates that parents of adolescents recovering from a SUD wanted more information and knowledge about SUDs, since they feel they cannot handle it. Research indicates that most programmes are lacking in supporting parents, as they mainly focus on the adolescents recovering from SUDs (Karoll, in Baharudin & Sumari, 2017:101).

"I would like to be assisted in dealing with my anger… I get angry about this whole situation, and sometimes I can't even hide it. I am glad she is trying, but it is not good enough, because why can't she go back to school? …I can't take it anymore…

I need help to work through my feelings and emotions. Having a child using drugs is not easy, especially for a girl" **[Parent 8]**.

Parent 8 also lamented the fact that it is so hard to find help: *"…I never consulted with anyone, but when my daughter started to use drugs… when you get problems like this one of drugs, we don't know where to knock. You will be sent from pillar to post with long waiting lists until you get frustrated. Sometimes, I felt like they didn't want to help me. How can I be on a waiting list when I have a serious problem like that one? Why can't we have help readily available?"* **[Parent 8]**

"…I used to see a psychologist because I was not coping. I needed someone to help me cope and make sense of things. I believe it would be nice to get counselling… [but] *it is costly when you are not on medical aid… I need to know how to deal with my situation without killing myself… I feel like my life revolves around my son, and I am neglecting my other children... I need help trying to understand what I need to do to ensure my son doesn't go back to using drugs, especially because he keeps saying I push him back to using. I need to understand my son better. I need to know more about these drugs and how I can help…"* **[Parent 12]**.

The above statements are confirmed by Choate (2015:472), who states that at times the available interventions are ineffective, leaving parents frustrated and dealing with adolescents recovering from a SUD not knowing where to go when they need to work on changing their lives. The parents also verbalised the need for social workers to be open and honest with them regarding their children's recovery and how they can also be assisted in coping with their challenges. Tensions between parents and recovering adolescents have created huge problems resulting in a lack of communication from both sides (Smith & Estefan, 2014:423). In this regard, parents shared their need for counselling, as they felt that they were struggling to cope with their situations.

4.3.2.4   Sub-theme 2.4: Parents needed to attend support groups with other parents

The following are some of the expressions from parents verbalising the need for them to be part of the support groups with other parents in a similar situation:

"The only way I can get support is to talk about the situation with other people. I am widowed; he hasn't got a father anymore…" **[Parent 2]**. She added later: "*I think if there were people with the same problem, we would come together, and we can start supporting each other to feel better. I want to have people to talk to*" **[Parent 2]**.

Parent 6 said his wife needed support from other parents: "*I think she needs someone to talk to and someone to make her feel better. I think these groups of parents talking and you know, women like to talk about issues unlike us. We* [men] *just bottle up everything and hope things will get better… I have told her many times to go and talk to someone about this issue, but she is afraid of being judged, especially by her church group ladies. She tries to hide all her stress*" **[Parent 6]**.

Recovery from a SUD is a long process that needs support and a recovery plan, as it takes a long time and sometimes becomes more complex when the adolescents keep relapsing (National Institutes of Health, 2024). Self-help programmes are there to assist parents to learn more from other parents in similar situations and how other parents manage and cope with stress (Kirst-Ashman, 2017:296). Parents who have already attended support groups emphasised that they found it meaningful.

"I used to attend support groups, but they stopped due to COVID-19. Those groups were good because, after the group, you would find parents sit and talk about what we go through and comfort each other… Most of the time, we enjoyed staying behind and talking more freely about our issues; we shared our challenges and gave each other advice… It is easier to be open and share our real issues when we are alone" **[Parent 1]**.

"I have attended support groups at SANCA, where we used to meet with other parents and they would teach us about relapse, drugs, stages of addiction, and things like that… I haven't attended a lot because the support groups were facilitated once a month on Saturdays. But recently I tried to go back again as I needed support, but I realised that the groups stopped during lockdown and they haven't started yet" **[Parent 15]**.

Over and above support and guidance from social workers, parents also described how support in the form of a support group with other parents is needed. Casker (2019:94) highlights that most parents find themselves in the dilemma of struggling with anxiety, depression, and other health issues. Most parents expressed their serious need for some form of support that will also assist them in coping with their everyday challenges and in dealing with the behaviour of the adolescents recovering from a SUD.

4.3.2.5   Sub-theme 2.5: Parents needed parenting skills and frequent testing of adolescents

A few parents described how they need to be empowered with parenting skills to manage their adolescent recovering from a SUD. The following storylines illustrate the point, as expressed by some participants:

"Maybe a simple course in coping skills or something along those lines could help us get to the way things were before the issue of substances. It might be challenging to go back, but this can be a good start" **[Parent 8]***.*

"I just need to get a bit of understanding. What or how can I help them to stop using drugs? I think that will assist in knowing how to help them, because I really want to help them. I don't want to see my sons struggling like this. I need to be part of the solution to their problem" **[Parent 3]***.*

"It would be much better for parents to also get support in ensuring that our children are tested every week to encourage sobriety. As a parent, that will give me some peace of mind knowing that my child is still maintaining his sobriety. That will ease the anxiety that I always have of him relapsing" **[Parent 2]***.*

Parents need to know about parental monitoring and parenting skills (Hlahla *et al.,* 2023:6). When planning family interventions, the programme should be designed to deal with the challenges that parents face and programmes must be developed with the aim of empowering parents to deal with issues like parenting skills and to build solid relationships with their adolescent children (Saladino *et al.,* 2021:10). Parents often feel that they are not capacitated to deal with the challenges of their children

using substances and recovering from a SUD (Masombuka & Qalinge, 2020:50). Developing parental support programmes should be a global issue that is encouraged (Sanders *et al.,* 2022:945). Encouraging parenting skills will encourage healthy families and that will also ease the burden on parents. One of the most important and potentially modifiable variables affecting adolescents' mental health throughout their lives is the quality of parenting and family life, which has already proven to be a serious issue for parents. This suggests that skills training for lowering parental SUDs and other mental health issues should be a part of family-based therapies, as stated by Essau and De la Torre-Luque (2021:2).

4.3.2.6 *Sub-theme 2.6: More social workers are needed and the government should assist*

The final sub-theme under this theme suggested by the parents was that more social workers were needed and that the government should assist. Participants' responses are described in the following storylines:

"There should be more social workers to deal with this problem of drugs" **[Parent 1]***.*

"The social workers can help in awareness in the communities to help with the stigma attached to us. Community members don't understand that we need to fight together to make sure drugs do not come into our communities" **[Parent 10]***.*

"We need to ask the government to assist in getting drugs out of our communities through police and ensure that we hold police accountable, because they are also helping the drug dealers in selling drugs in our communities" **[Parent 9]***.*

"Drugs are everywhere in this country. We need police to be visible and start fighting this. The government is very quiet about drugs happening in this country and now our children are suffering. The government is not doing enough to fight these drugs. Not much effort is being invested in improving the lives of our children. It seems like the government is not interested in bringing an end to this drug problem" **[Parent 2]***.*

Social workers are critical in supporting parents of adolescents recovering from SUDs, which is done through facilitating individual and family sessions (Singwane & Ramoshaba, 2023:170). Participants in this study voiced their need for social workers and the government to support them to cope. Participants acknowledged that the burden of caring for and supporting the adolescent recovering from a SUD is enormous and cannot be put on only one person's shoulders. Parents highlighted that the government must come on board and be supportive and ensure that there is an adequate number of social workers to support parents (Masombuka, 2020:60). Parents were adamant that if the government gets involved in the fight against SUDs, the police take a stand against drugs, and social workers make sure parents also get support, it will make a huge difference in their lives. Supporting this, Waini (2015:138) shares that some organisations struggle to hire more social workers due to insufficient government funding. The above indicates that the government needs to come on board in assisting the organisations financially. However, recently, there has been an issue with government funding for welfare, as budget cuts were announced. This was based on the report released by the DSD (2023:1), indicating that the Gauteng DSD announced that social work positions will no longer be funded based on budget cuts.

4.3.3 Theme 3: Parents' explanations of the support services they received from treatment centres involved with the adolescent recovering from a SUD

After the participating parents had described to the researcher what support services they needed as the parent of an adolescent recovering from a SUD, they were asked to explain what support services they had received so far. The parents' explanations are summarised in Figure 4.3 as two sub-themes.

Before discussing these sub-themes, it is relevant to note that one parent – Parent 8 – said this in response to the question: "*Honestly, nothing much; hence I take my daughter to see a psychologist, and she has also suggested joint sessions as not much was offered at the centre where she was admitted. If social workers had some support group to assist us as parents, that would be very helpful as the psychologist is very expensive. I can't afford to do it as often as the psychologist suggests, but the sessions we have attended they are beneficial*" **[Parent 8]**.

When asked whether she had been part of the support groups offered at the centre, Parent 5 responded: "*I heard from one of the parents that they mainly teach parents about drugs and relapses. I had a lot on my mind, and I was frustrated; I needed more than that*" **[Parent 5]**.

"*I am still struggling to deal with my anger, and I needed to understand many issues about my child, so I went to the psychologist. I need more support and help coping and making sure I don't go through the same thing with my other daughter*" **[Parent 12]**.
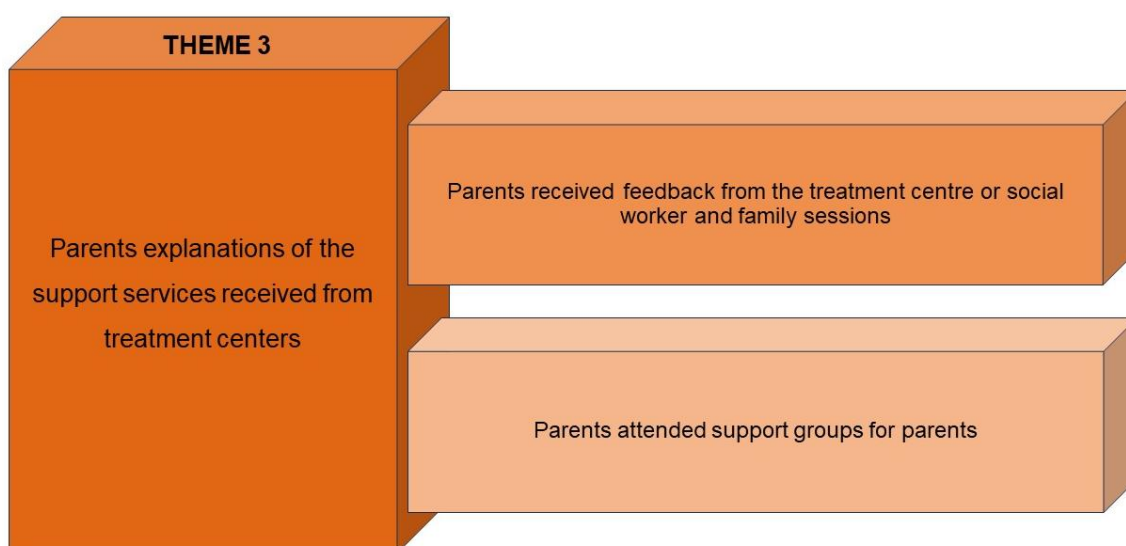
Figure 4.3: A visual presentation of the sub-themes in Theme 3

4.3.3.1 Sub-theme 3.1: Parents received feedback from the treatment centre or social worker and family sessions

Support group interventions can help parents connect with other parents who are going through similar experiences and gain social support (Hlahla *et al.*, 2023:8). Similarly, parents can be supported through supporting other parents, encouraging and engaging the whole family system to address the family dynamics.

Furthermore, the White Paper on Families in South Africa (2013:42) encourages the development and strengthening of the programmes and structures to address and minimise family conditions such as family disintegration. When asked what support

services they had received, some of the parents responded with the following storylines:

"Firstly, when I brought in my child, he was assessed, and then they told me that they would admit him. Then when he was about to leave, the social worker called me to tell me about his progress…" **[Parent 7]**.

"The therapist's feedback was very helpful. She gave me a lot of information and insights into my son's progress" **[Parent 2].** Parent 2 continued: "*…the therapist is so supportive; we kept in contact even after my son was discharged and we talk most of the time. I even told her when my boy relapsed. She knows that he relapsed. She knows because I phone her every time to update her; she is my support"* **[Parent 2]**.

Parent 4 explained that the only support service she received was the following: *"Clinic provides assessment; when I brought in my son, they assessed him and agreed to admit him. Then they gave me feedback when I called to check on my son when he was still admitted. Before he was discharged, there was a family session where they briefed me on his progress and encouraged me to support him in maintaining his sobriety"* **[Parent 4]**.

Parents shared their concerns about being left out of the process of treatment and the focus being only on their children whilst they are also affected and hurting. In another study, parents with adolescents recovering from a SUD reported their challenges in coping, however, their efforts to reach out for help were not taken into consideration, making it more difficult for them to cope (Choate, 2015:468).

"I attended family sessions, and I could not attend more… because it is very far from my house and they are done during working hours. I got more information about different types of drugs and most of the information was on how the drugs have affected my children and issues like that… The session was very informative in understanding the different types of drugs and the stages of addiction. It also taught me to understand that my children will not change if they are not yet ready for

change. I thought I could force my children to change, but I learned it is not up to me" **[Parent 13]**.

Parents shared that they received feedback on their recovering adolescents' progress; however, they also needed to be empowered to be able to cope and be supported. Literature indicates that families are not always supported, empowered, and included in the treatment process of adolescents recovering from a SUD or not even provided with feedback (Hogue *et al.*, 2021:4; McCann *et al.*, 2017:3). Based on her observations, the researcher concurs that parents are not empowered or given the support they need to come up with better strategies to deal with their adolescents' SUD recovery. Manthorpe *et al.* (2015:52) claim that a lot of research has concentrated on therapies targeted at the substance-abusing individual rather than the individual's families, parents, or siblings.

Parents' difficulties in raising and co-existing with an adolescent recovering from a SUD are made worse by the absence of adequate support services that focus on them. It is challenging for parents to know how to cope and continue supporting their children while they recover from a SUD. Intervention strategies that support parents are proving to be important regarding treatment (Russell *et al.,* 2024:482). A lot more focus in the treatment plans should also be on supporting the parents, as they experience co-suffering.

4.3.3.2   Sub-theme 3.2: Parents attended support groups for parents
Parents also responded that they had been invited to attend a support group and they gave their experiences in the following storylines:

"I was introduced to a support group that the social worker suggested. She told me it will benefit both myself and my son… however, I could not continue attending due to work commitments. The other challenge was that we had sessions only once a month; if I missed them, I would have to wait for the next month. With COVID, things got worse because they were all cancelled, even face-to-face counselling. That has made my life so miserable, because I had no one to turn to except to rely on family" **[Parent 5]**.

"Mainly, it is the support groups they render once a month at the rehab centre. Those groups are beneficial, because you get to meet other parents and are able to share your challenges… That is the main thing that is done for parents" **[Parent 1]**.

"I attended the support group at… though we only meet once a month and at times, it is only once in two months and meeting other people with the same challenges helps a lot. But due to Corona [COVID-19]*, we haven't had meetings for a while... the support groups were very helpful… I used to look forward to seeing other parents so that after the meeting, we can sit together, talk about our life challenges… and check on each other.* **[Parent 7]**.

On the other hand, Parent 3 attended a support group once, but decided it was not for him: *"I have attended the support at SANCA once, but I thought this was not for me. It was mainly women there and I felt left out. I never went back again… talking is not a man thing; I need more action. What do I need to do to make things better for my children? Or I need someone to tell me this is the route I need to follow. This group talk is not my thing… there should be a better way to involve men"* **[Parent 3]**.

Parents frequently take on the role of caregivers when their adolescent child is affected by a SUD and bear the hardships that come with this unanticipated life event. Therefore, most of the parents enjoyed being part of and participating in the support groups, as they felt it gave them a sense of belonging and knowing that they were not alone. Identification of treatment choices, assistance with admission into the treatment centre, financial support for and during recovery, and encouragement to complete the treatment throughout the recovery process may all be major aspects of caring for an adolescent recovering from a SUD (Tambling *et al.*, 2021:1663). The authors reiterate that effective family interventions must consider the demands, stresses, and functions of the family system or the parents of the adolescent recovering from a SUD (Tambling *et al.*, 2021:1663). However, the findings from the study done by Waini (2015:101) indicate that parents of an adolescent recovering from a SUD felt that the social workers intentionally focused only on the adolescent, leaving parents out of the treatment process.

The behaviour of the adolescents recovering from a SUD leads to conflict and disintegration of the family as a unit and has the potential to collapse the entire family system, especially if there is no intervention in assisting parents to cope. Furthermore, it is concluded that parents, as the centre and backbone of a family system, require support to save the entire family system from collapsing as a result of their recovering adolescent (Masombuka & Mathibela, 2022:7). Having attended the support groups has provided some parents with hope that the adolescent will fully recover. Notably, while parents were asked to comment on services aimed at them as well, a sizable portion of the participants only discussed services provided to their adolescent who was recovering from a SUD.

4.3.4   Theme 4: Parents' descriptions of the support services they would like to receive as the parent of an adolescent recovering from a SUD

After the parents explained the support services they had received, the researcher asked them to describe what support services they would like. From their responses, four sub-themes emerged, as summarised in Figure 4.5.

As previously highlighted, one parent responded that she does not need any support because she has learnt acceptance: *"…I don't need any support. I have been through a lot with my son. I have accepted the fact that my son will never change. I have done everything that needs to be done. I have involved my family, the church, police, and now I have accepted that he is sick; nothing will change… I have learned to support my son, and I even give him money to buy his drugs so that he doesn't have to steal… I no longer have issues since I made peace with that… I used to have health issues and stress, but I have accepted that my son is sick and he needs to decide to fight or give in to this sickness… I used to be sick, and I was admitted to the hospital… It affected me a lot; I used to have constant pains in my chest and back. Now I can live my life and am doing very well. Acceptance is the key to all these problems"* **[Parent 14]***.*
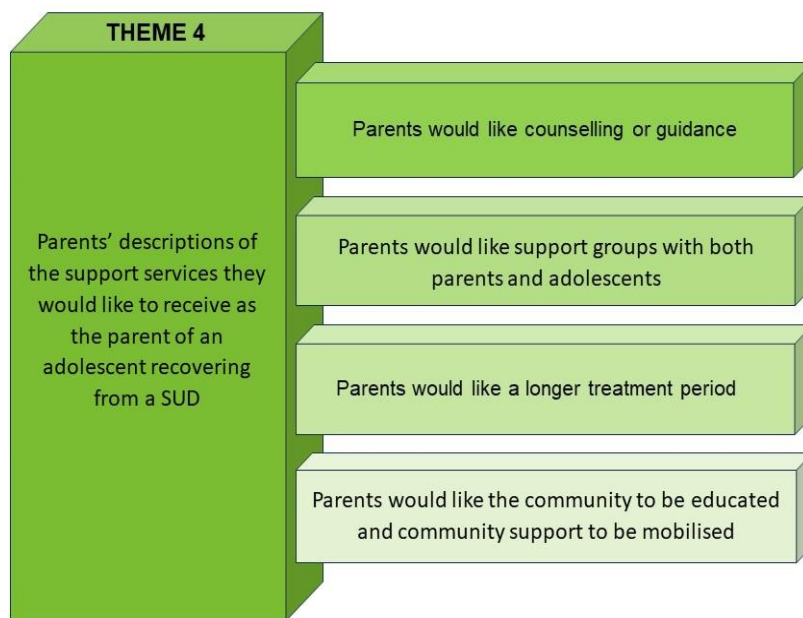
Figure 4.4: A visual presentation of the sub-themes in Theme 4

Mahlangu (2016:50) urged for an extension of the in-patient treatment programme to six months and the establishment of job opportunities for recovering users who have completed the programme. In agreement, the researcher is of the view that if there are longer treatment periods, it will allow the family to have enough time to deal with the SUD as a family unit. Supporting this, Sutphin, McDonough and Schrenkel (2013:502) explain that FST stresses the need for the entire family to be involved in the treatment of the adolescent recovering from a SUD.

4.3.4.1 Sub-theme 4.1: Parents would like counselling or guidance

In line with what the parents had described as their need for support services, the participating parents identified that they would like to receive counselling or guidance.

"I would appreciate counselling sessions for parents. I would also appreciate it if therapists could start making time to see parents even after the child has been discharged, because that is where the reality begins… Parenting a child who is into

drugs is not easy… We cannot do it on our own. It is just too much to bear. Parents should be included in the therapy or more channels should be available to assist parents" **[Parent 4]**.

"Social workers can also support parents by conducting one-on-one sessions with parents to hear what they are going through, not just to tell us about our children's progress. I have wished to have someone I can talk to on this level because I never had a lot of sessions with the psychologist I went to. When I got a call from the rehab centre, it was always about my son's progress, nothing about: 'Hey, mommy, how are you doing? We know you paid a lot of money for your child but are you well?' No, it was all about the feedback, progress, or complaints" **[Parent 12]**.

"…...when my child was discharged from the rehab centre, they told me he would need my support, but what kind of support? The social worker also told me I should not shout at him, start trusting him, and not accuse him of missing things in the house. I can't help; if it looks like he is returning to his behaviours, what am I supposed to do? It is not easy to trust him after everything that went on in our lives. How do I forget everything? I have been hurt many times by my son; he has repeatedly betrayed my trust. How do I change and forget?" **[Parent 7]**.

"Social workers can also introduce a helpline that will help parents who are struggling with children using drugs, because parents need help but cannot afford to miss work to attend groups sometimes. It would be helpful to have a helpline like the one they use for supporting other health issues, because this is also causing mental health problems for us" **[Parent 8]**.

Parents want to participate in the treatment process so that they may work together to support the admitted family member (Hlahla *et al.*, 2023:6). According to Mzolo (2015:3), parents of adolescents recovering from a SUD are frequently left out of the treatment process by some social workers in the field of substance dependency. Social workers frequently disregard the catastrophic effects of substance dependency on the family system, leaving parents untreated and miserable (Masombuka, 2021:138).

Ignoring the parents in the process of treatment hinders the coping of the parents and, therefore, hinders their mental health. Supporting the above statement, Waini (2015:106) states that professionals need to direct their intervention to the user as well as their parents, because they are also affected by the behaviour of the adolescent recovering from a SUD. Parents felt the need to be supported through counselling and guidance, as they shared that they are also going through a lot in their personal lives. Having to deal with an adolescent recovering from a SUD puts more pressure on them, making it difficult for them to cope with their daily lives.

4.3.4.2   Sub-theme 4.2: Parents would like support groups with both parents and adolescents

The parents described how the support they would like to receive would be in the form of groups, and they mentioned groups for parents and groups for parents together with their adolescent children. The parents were clear that they would like to receive support by attending groups with other parents of adolescents recovering from a SUD. In relation to the above sub-theme, the following was reported by the participants:

"I would also appreciate having other parents in the same situation to talk to. At least with parents with the same problems, I can share without feeling bad or judged. Although it is very depressing to think about relapse, especially if the child has been clean for longer, it still happens. We as parents need to know how to manage and how to get through the situation" **[Parent 1]***.*

"Support groups should be organised to allow parents to be able to share their challenges and their needs. The child who is using drugs or recovering can take a lot out of a parent because they are demanding. We need a safe space where we can be able to share and be heard. Regular meetings with other parents are important, as they will help us understand that we are not alone in this problem" **[Parent 4]***.*

"All I want is having more support groups. Support groups are like a place where we can run to without feeling judged. Make sure we have enough support groups everywhere and make them available in our areas. It is also frustrating learning

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about support groups far from where I live. I like what the government did with COVID-19 vaccination; they made sure there were centres everywhere for people to access them easily. That should also be done with support for the people using drugs and their families" **[Parent 15]**.

In order to give parents the much-needed support and therapy services that are focused on the many parts of the relationship that has become skewed as a result of adolescent SUD, social workers have a specific role to play (Dykers & Casker, 2021:233). Adding on, some of the parents verbalised how having support groups will assist them to gain more insight into and a better understanding of their children. The following extracts from the data collected support the above:

"When I was at the psychologist, we had a few sessions with my daughter, which was so helpful, but I know we need more" **[Parent 8]**.

"The support group should have the purpose of helping both the children and the parents… I was never prepared for something like this! This is a nightmare… I wish I could start trusting him and believing in him again, but how? We need to be able to sit together and talk about stuff. Social workers should help in bringing us together… our children need to know how their behaviour is affecting us; we need them to also understand how difficult it is for parents as well. They need to understand that their behaviour is affecting our well-being, our work, and health" **[Parent 10]***.*

"When they are working with our children, they need to a have time to include or have sessions with the children and the parents. We need to learn to rebuild together… Maybe those sessions will assist in finding out why or what went wrong… that will give most of us as parents answers and a way forward on what to do. We need to be able to talk and also allow them [adolescents] *to talk"* **[Parent 13]**.

For parents, dealing with adolescents recovering from a SUD is an enormous load that requires other resources, such as counselling, because it is unbearable for them to carry it alone (Masombuka, 2021:149). In support, Carney, Chibambo, Johnson, Louw and Myers (2019:729) report that the parents suggested an intervention that

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would teach them skills that they perceived were lacking and assist them in coping with the substance dependency of their progeny. Parents shared that they need to sit down and listen to the needs of their adolescents and also allow the adolescents to share with them to help them understand what they are going through.

The indication from the parents was that they need a platform to voice their frustrations as parents and give their children the same platform to do likewise. In this regard, Motsoeneng (2018:36-37) added that although parents need to be supported to cope, they also need to find better ways to understand their adolescents and continue to support them. The above statement indicates that although parents need support in coping with the recovering adolescent, they have not given up on their supporting role. Parents indicated that they continue to believe that their adolescent child will completely recover. A study by Mathibela (2017:143) revealed that parents needed social workers to provide parental skills to assist in empowering them to adopt better ways of building relationships with their recovering adolescents.

4.3.4.3   Sub-theme 4.3: Parents would like a longer treatment period

Another support service that some parents described as being desirable was that the treatment period for adolescents should be lengthened, as described in the following storylines:

"Personally, I would ask if social workers cannot extend the time for treatment… three weeks and six weeks is too little, because our children leave rehab as half-done cookies… I don't think this time is sufficient to deal with the drug problem, especially when the children are already addicted; that is why they keep relapsing…" **[Parent 4]**.

When asked how this would support her, **[Parent 4]** responded: *"Firstly, I will know that by the time my child leaves rehab, he will be fine and ready for any challenges. Secondly, I need peace of mind. I think we also deserve peace of mind as parents to help restructure our lives. Before we even get time to relax, these boys are back. Noooo please let them extend treatment and allow us time to heal"* **[Parent 4]**.

In support, Mahlangu (2016:50) called for a review of the treatment duration based on the fact that substance dependency is a relapsing disease, and the duration of the in-patient treatment programme should be increased from six weeks to six months to encourage the individual recovering from a SUD to maintain a new habit and lifestyle.

"…I want to say the treatment time is too short to expect changes for our children, so there should be longer services to accommodate children even for their schoolwork. That is the support that will help most parents" **[Parent 9]**.

"Maybe social workers can also assist with longer treatment… This six-week treatment is not working, because they stop using drugs for some time and then they start using again" **[Parent 7]***.*

Parents shared their need for the treatment to be longer to allow the adolescent recovering from a SUD to get more time to adjust to the new lifestyle and behaviour. They shared that long-term drug treatment programmes assist them in recouping while the adolescent is in treatment. However, short- and long-term programmes cannot guarantee that adolescents will maintain sobriety after attending treatment (Passetti, Godley & Kaminer, 2016:669). This is because substance use is known to be a relapsing disease for different periods before one can achieve total abstinence. Unfortunately, most programmes do not deal with the environments that people have to go back to, and individuals continue to experience the challenges that led them to relapse (Masiko & Xinwa, 2017:8).

4.3.4.4   Sub-theme 4.4: Parents would like the community to be educated and community support to be mobilised

Many of the participating parents described how they would like the community to support them rather than judge them as parents of adolescents recovering from a SUD. They thought that social workers could assist in this and also made specific mention of the churches. The following storylines describe the views of the parents:

"I would also like to see things like community involvement, because we will get better support from communities if everyone is involved. Support should come from

communities and spiritual places, whereby we spend most of our time. I think people don't understand what substance use is because even with us as their parents, we struggle to understand them. We need more knowledge and understanding. We need to support each other as parents and stop this name calling and shaming of parents with children using drugs" **[Parent 12]**.

"We would also love to be supported by our churches, but sometimes also the pastors don't know how. Maybe social workers can train pastors to support parents, because sometimes social workers are not available to assist. If the pastors are well trained in this issue they can be able to support us when we need help" **[Parent 4]**.

"I think social workers need to educate communities, even our churches, because we also get stressed by the church members. People will be telling me that I need to pray for my children because I am cursed. Yes, sometimes it feels like a curse, but I need people to support me, not judge me" **[Parent 8]**.

Parent 15 echoed this opinion: *"Churches should also be involved in supporting parents. We need them to stop judging us and start supporting us"* **[Parent 15]**.

"As parents, we need support from communities to start saying enough is enough about drugs. People need more understanding of drugs; information should be readily available for everyone, because drugs affect us all one way or the other. Communities need to know that by helping me they are also helping themselves, because tomorrow it might be their child if we are not doing anything about it" **[Parent 2]**.

According to EST, SUDs have an impact on the individual, the family, and the community (Rogers, Gilbride & Dew, 2018:228). Adolescent SUDs are among the most highly stigmatised disorders, and some researchers consider SUDs as a mental illness (Hogue, Henderson, Becker & Knight, 2018:503). Some studies have identified stigma as a major barrier to individuals coming in and accessing available treatment services (Can & Tanriverdi, 2015:442). In increasing the knowledge and awareness of adolescents, SUD strategies like family and community-based programmes need to be utilised to guarantee a better response. In the fight against

SUDs and stigma, it is essential to mobilise community support and educate them to be in touch with the issues of SUDs (Akdağ *et al.*, 2018:400). Awareness campaigns should also address the challenges faced by parents of adolescents recovering from SUDs and make it clear that if more people are not involved, communities can also be affected in the long term.

Parents believe that community members can be mobilised and be well informed on the subject of SUDs. They also shared that they felt the communities were ignoring the fact that if they did not work together in the fight against SUDs, more problems would continue to affect them. A study by Masombuka (2021:155) supports this, stating that communities also need to be held accountable for ensuring the safety of their children against substance use.

4.3.5 Theme 5: Parents' suggestions on what should be included in a support intervention for parents of adolescents recovering from a SUD

The final question the researcher asked of the participating parents was what they would suggest should be included in a support intervention for parents of an adolescent recovering from a SUD. Out of their responses five sub-themes emerged, as indicated in Figure 4.5. There seems to be an overlap in their responses to questions on parents' needs, suggestions on how their needs can be addressed, and suggestions on what should be included in support programmes. Although this is the case, parents added more detail in these five sub-themes.
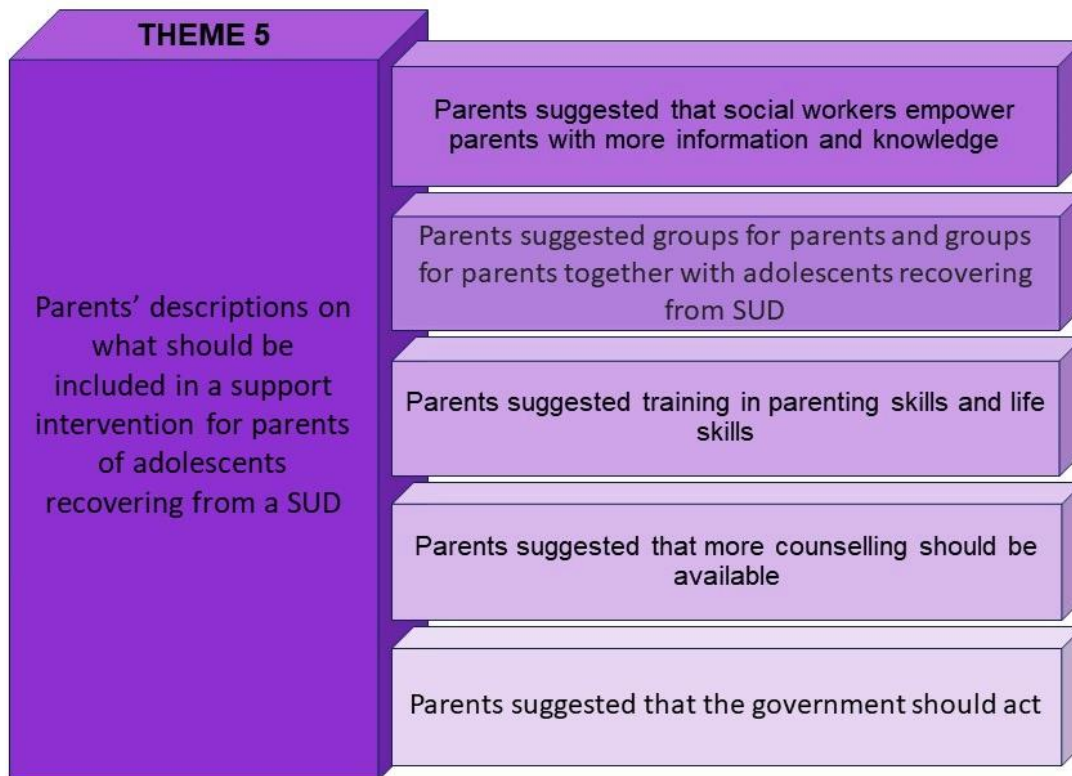
Figure 4.5: A visual presentation of the sub-themes in Theme 5

Motsoeneng (2018:36-37) argues that although the parents and significant others would experience challenges in bringing stability to the entire family system due to the damage caused by adolescents recovering from a SUD, there was also an indication of a constant effort from the family to continue supporting them. Hence, there is a need for parents to be supported using the FST and EST to bring stability to the family system.

4.3.5.1 Sub-theme 5.1: Parents suggested that social workers empower parents with more information and knowledge

Almost all participating parents suggested that more information and knowledge should be included in a social work support intervention for parents of adolescents recovering from a SUD. They suggested more information should be given and knowledge developed on a wide range of topics and situations related to their adolescent's recovery. This is highlighted in the following storylines:

"…parents need to be told what they should look out for to see if the child is using drugs, maybe warning signs. I think schools should also involve parents and provide

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more information on drugs, because most of us only realise when the child is already using drugs. We didn't see any warning signs because we didn't know them" **[Parent 1]**.

"I would suggest that the programme should include workshops that will teach relevant topics to address the anxieties of parents… topics like how to move on with life and accept the situation… We need to know how to trust again… I could not trust my son and that has affected my trust with other people as well" **[Parent 2]**.

"Firstly, I think social workers should provide us with information on supporting or communicating with children after being discharged from the treatment centre. Then social workers should stop teaching parents about drugs and find ways to focus on how to help parents build trust or get a balance… I guess it will be good to be provided with information on what to look for when someone is about to relapse or has relapsed, which will also assist in preparing parents. That information will help parents so that we are not taken by surprise" **[Parent 8]**.

"My son is trying to change, but I can't trust him. It would be good to have someone talk about how do we trust our kids again after and maybe how to forgive ourselves and stop being angry, as it will also affect the child who is trying to change and us… I am angry that I didn't see this coming, but am also mad that he didn't talk to me about his challenges rather than falling into this trap of drugs" **[Parent 14]**.

Ensuring that parents are well informed about the recovery process will assist in improving the lives of adolescents recovering from a SUD. It will also assist parents in understanding and coping better. Therefore, it is vital to obtain family support for people with a SUD and to include other social support systems, to decrease internalised stigma and to increase adherence to the treatment (Akdağ *et al.*, 2018:400). In addition, Waini (2015:140-141) recommends that the organisations providing services to parents of adolescents recovering from a SUD need to design materials that can be handed to the parents to provide them with more information. Parents will cope much better if they are knowledgeable about what they are facing, and it can also assist them in finding better coping skills. According to Masombuka (2020:148), the information package needs to focus on information regarding the

different drugs abused, how to identify those substances, the effects of substance abuse on adolescents, the different types of treatment, and how treatment affects the family. However, a lot more needs to be done to have an information package that provides parents with coping strategies when living with an adolescent recovering from a SUD.

4.3.5.2   Sub-theme 5.2: Parents suggested groups for parents and groups for parents together with the adolescents recovering from a SUD

Once again, the value of holding groups for parents and groups including both parents and adolescents came to the fore in the parents' suggestions. Parents touched on what should be covered during the groups.

"If we can have a support group maybe once, then that will be parents only just to know what we are going through and deal with our emotions, challenges, and stresses. Then have other sessions whereby our children come in to join in so that they can also understand what we are going through as parents. They must know what they are doing to their parents, family, whatever" **[Parent 10]**.

"I would also suggest we have a meeting whereby we meet with the children so that we can all share what we are going through. We all need help, I think after all we have been through with our children, we all need to take a step back and then start rebuilding those broken relationships and find ways to meet each other halfway" **[Parent 15]**.

"It would be good to interact more with other parents; I know some parents may have good or better stories to share… I would suggest weekly meetings to allow parents to always have a place to go when needing help" **[Parent 11]**.

"It will also be good to hear from other parents how they cope" **[Parent 1]**.

Parents verbalised that they would prefer to hear from other parents about how they are coping or the coping skills they employ to deal with the challenges they face as parents of adolescents recovering from a SUD. Parents shared that they appreciate listening to other parents' lived experiences. Support groups help families to focus

more on moving from trying to cope alone to doing it together in SUD treatment (Hogue *et al.*, 2021:8). Kirst-Ashman (2017:296) emphasises that self-help programmes and support groups allow parents to learn from other parents and gain insight into how others cope with stress. Parents can benefit from the support of other parents and discover how other parents are coping.

Findings by Masombuka and Qalinge (2020:58) point out that formal support structures, such as parent support groups, can assist parents and help them to cope. Some of the parents shared that although they know other parents with the same challenge as them, it is not easy to approach them. Hence, the support groups will make it easier for them to communicate with other parents. The parents also shared the importance of having a platform where they can all share their challenges, both the parents and the adolescents recovering from a SUD.

4.3.5.3   *Sub-theme 5.3: Parents suggested training in parenting skills and life skills*

Some parents suggested that the support services should include skills development for parents, especially parenting and life skills.

"I would suggest parenting skills to help us see where we went wrong as parents and how to make better decisions to avoid this mishap to other siblings. I would also suggest family sessions to assist other family members, especially the siblings, because they also get affected by the behaviour of those using drugs" **[Parent 5]***.*

Parents shared that they also need guidance and parenting skills to cope with their adolescents' changing worlds and needs. They felt that they were being ignored and left alone in the helping process. Social workers seem to be more focused on supporting adolescents with a SUD than helping parents with skills to cope (Masombuka & Qalinge, 2020:59). The following storyline support the concerns of the parents:

"Our children are being taught about rights and everything in schools, but no one is helping parents keep up. We were raised differently and a lot has changed; we were never taught about communicating and discussing issues with our children. Society

today wants us to sit and talk with our children, but we don't know how. Personally, I see all these changes, but I don't know what to do. I feel like I am fighting a losing battle with my children; I want to understand them, but they are forever in their rooms and when I go there, I am invading their space. The next thing I know, one of them is on drugs. How do I deal with this, and how do I even make sure it never happens again?" **[Parent 9]**.

Parents verbalised a serious need to get more parenting skills, stating that the social world is drastically changing, making it more challenging to parent children. They shared that they also struggle to keep up with their children's social demands and needs, especially where SUDs are concerned. Good parenting and the topics parents can raise, such as monitoring, the rule set, communication, and guided experience, influence how youth internalise parents' attitudes, values, beliefs, and health behaviours, including substance use (Hlahla *et al.,* 2023:6). More information and resources about SUDs and treatment should be made available to parents (Mathibela, 2017:129). Training sessions, including sessions on parenting skills, that can assist parents with better knowledge in raising their children are vital (Central Drug Authority, 2012-2013).

4.3.5.4   Sub-theme 5.4: Parents suggested that more counselling should be available

Many of the participating parents suggested that counselling should be included in the support services for parents. The following storyline bears testimony to this:

"…we have been through so much as a family with no guidance. When my husband left me, I couldn't cope, and I was unaware that my children were also struggling until I learned when my son was already hooked on drugs. If I knew I could have done better by getting counselling for my children and myself" **[Parent 15]**.

According to Waini (2015:139), parents should be screened when they bring in the adolescent for treatment to see if they also need counselling services. Parents with adolescents recovering from a SUD need more support and counselling, meaning that not only do professionals need to intervene with the adolescent recovering from

a SUD, but support also needs to be extended to their parents (Masombuka & Qalinge, 2020:60). The following extracts from parents support this:

"Maybe I would also suggest marriage counselling, because our marriages are struggling and we start blaming each other for our child's behaviour. I am afraid I will lose my husband, because we are not in a good space. We argue a lot because of the situation. He has been so supportive, but I can see he cannot take it anymore now. He is not my son's biological dad, but he has always treated him like his own… Yes, I would definitely suggest counselling for parents" **[Parent 11]**.

"I would say parents also need to know that sometimes it is not their fault or where they went wrong. That will help in improving our families. We also fight a lot with our partners about the child using drugs, and it also gets to a point where our marriages are in trouble. I think social workers can also assist us in counselling and involving the spouses and even younger siblings, because they are all affected" **[Parent 7]**.

Literature confirms that the support models and interventions used in South Africa do not adequately recognise the significance of support for parents with adolescents recovering from a SUD (Groenewald, 2018:1571). Based on the parents' concerns, it is evident that there is a need to adapt and assess the current services and interventions in South Africa to include parents and provide counselling to help them cope with adolescents recovering from a SUD. The following storylines support this:

"We need to have counselling sessions just for parents to understand the challenges we go through in raising these children. Availing more counselling sessions to help parents cope and help parents deal with their emotions" **[Parent 9]**.

"The first thing I would suggest is that we get counselling and more information on what to do when our children are discharged from the treatment centre. Social workers can assist us in knowing and understanding what to look out for in our children to avoid relapse" **[Parent 13]**.

It is essential for parents to also receive support in coping with the adolescent recovering from a SUD. Parents are mostly not included as part of social workers'

therapy sessions, leaving them in more need of counselling to cope (Mathibela & Skhosana, 2019:98-99). In addition, Masombuka (2021:132) shared that most parents were not receiving any direct service or counselling in coping with the adolescent recovering from a SUD, as the social workers' focus is on the service user.

4.3.5.5 Sub-theme 5.5: Parents suggested that the government should act

Many of the parents described that they, as parents of adolescents with a SUD, need the government to act to address the availability of treatment and the availability of drugs in communities.

"We need the government to be involved in bringing more rehab centres, because the private ones are expensive. We don't know where to get help, because at times it is easier when your child is in rehab but once they are not in treatment, it is not easy to get help… Yes we need help for parents to be available or easily accessible or at least when you go to the social workers' office they need to know where to send us to get help" **[Parent 5]**.

According to a report by Sobuwa (2022), the Gauteng Premier Panyaza Lesufi's office reported that more than 50,000 shattered parents contacted the office to seek help for their addicted children.

"Drugs are everywhere in this country. We need police to be visible and start fighting this. The government is very quiet about drugs happening in this country and now our children are suffering. The government is not doing enough to fight these drugs; not much effort is being invested in improving the lives of our children. It seems like the government is not interested in bringing an end to this drug problem" **[Parent 9]**.

"I wish police can also help parents to deal with the drugs in our communities. Police should work hard on curbing drugs in our communities and ensure that the law deals with drug dealers" **[Parent 13]***.*
"I think the government needs to do something to find proper ways to remove drug dealers from our communities. I think the government must assist us in stopping

drugs from entering the country. We need them to work on finding ways to deal with drug trafficking, because that is the biggest problem we are facing as a country… it seems the government is not doing much to address the drug problem in South Africa… If the government can take responsibility for drug trafficking, most of our problems will soon be over" **[Parent 3]**.

The NDMP (2019:28) states:

> South Africa has become a consumer, producer, and transit country for drugs. Socioeconomic factors such as poverty, inequality, and unemployment remain key contributing elements to the increased use of drugs and the development of SUDs. Increasing demand for drugs causes an increase in drug manufacturing, smuggling through ports of entry, and dealing in and consumption of drugs.

One of the parents also indicated the importance of parents taking on the role of safeguarding their communities, stating that they need to take charge of their communities and call for social workers and the police to help them find better ways to prevent drug use and drug trafficking. Parents shared that they feel that the government is not helping them in fighting the issue of drugs and stated that the police know about it and are not doing anything about it. Furthermore, Masombuka and Qalinge (2020:59) share that community members and parents are positive that the involvement of police in the fight against illegal substances can make a huge difference in the communities. In this regard, in a study by Waini (2015:101) it was discovered that certain police officials had urged parents to close criminal charges against their adolescents who are dependent on substances and against the drug lords. This has deterred some parents from opening criminal cases, but many still hold on to the belief that more can be done if the police are fully involved.

4.4 SUMMARY OF THE CHAPTER

This chapter presented the researcher's findings from the data analysis of parents of adolescents recovering from a SUD. The researcher addressed the biographical data of these parents. The research findings were also highlighted as themes and sub-themes. The five themes from the data analysis were discussed in detail and substantiated by the relevant literature. The first theme focused on the parents'

accounts of their experiences parenting an adolescent recovering from a SUD. The second theme focused on the parents' descriptions of the support they need as the parent of an adolescent recovering from a SUD. Theme 3 described the support services parents received from treatment centres involved with adolescents recovering from a SUD. The fourth theme emphasised the different descriptions of the support services parents would like to receive as the parents of an adolescent recovering from a SUD. Finally, Theme 5 focused on the parents' suggestions and views on what should be included in a social work support intervention for parents of adolescents recovering from a SUD.

Based on the data collected and analysed, it is evident that parents of adolescents recovering from a SUD are burdened and need all the support they can get to understand and cope. A dominant role was that of parents who continue to have hope for their children to change, however, they also need knowledge and support on how to cope. Therefore, support services should be provided and parents need to be encouraged to seek out help for themselves. Advice on how to deal with the challenges pertaining to adolescents recovering from a SUD should be given to these parents.

The following chapter will present the demographical data and the researcher's findings on the social workers working with parents of adolescents recovering from a SUD.

CHAPTER 5:

DISCUSSION OF RESEARCH FINDINGS – SOCIAL WORKERS WORKING AT TREATMENT CENTRES

5.1   INTRODUCTION

Chapter 4 focused on the findings that developed from the data collected from parents of adolescents recovering from a SUD. As discussed previously, Chapters 4 and 5 are based on the first phase of the IDD model: the analysis of the identified concerns. In this chapter, the researcher outlines and discusses the findings that emerged from the data analysis of the second group of participants, the social workers from the three in-patient treatment centres that accommodate adolescents in the City of Tshwane, Gauteng. The researcher will outline and discuss the biographic details of the research participants, followed by an overview of the themes and sub-themes with supporting extracts from participants and literature. The section below presents the biographical profile of social workers who met the inclusion criteria (see Addendum A1).

5.2   BIOGRAPHICAL DETAILS OF SOCIAL WORKERS WORKING AT TREATMENT CENTRES

The researcher conducted in-depth semi-structured interviews with social workers working at three different treatment centres. Sixteen social workers were interviewed at the three treatment centres. The biographical details of the 16 social workers working at the three different substance abuse treatment centres who were interviewed are presented in Table 5.1 and discussed below. To protect and ensure their anonymity, code names were used instead of their real names.

Table 5.1: Biographical information of the social workers interviewed

Social worker	Gender	Age	Qualification	Years in social work field	Years working with adolescents
SW 1	F	48	BSW	10	8
SW 2	F	31	BSW	4	4
SW 3	F	48	BSW	23	15
SW 4	F	37	BSW	6	6
SW 5	M	31	BSW	7	5
SW 6	F	29	BSW	8	6
SW 7	F	45	MSW	20	20
SW 8	F	52	MSW	14	7
SW 9	M	41	BSW	17	10
SW 10	F	39	BSW	15	15
SW 11	F	33	BSW	10	15
SW 12	M	35	BSW	14	10
SW 13	F	37	MSW	10	10
SW 14	F	43	BSW	7	5
SW 15	F	52	BSW	19	12
SW 16	M	46	BSW	15	15

5.2.1   The ages of the participants

As evident from Table 5.1 above, the ages of the social workers who participated in this study ranged from 29 to 52 years. At the time of the fieldwork, 14 fell in the age group 30 to 49 years of age, and only two were older than 50. Based on the age of the participants, one would expect older social workers to have more experience in the social work field. However, that was not the case in this study. The researcher realised that the age of the social workers had nothing to do with their years of experience in the field of practice. It highlights how assumptions based on age and experience do not always hold true. It could suggest various factors at play, such as varying entry points into the field, different career trajectories, or perhaps even shifts

in the nature of social work practice over time. This insight underscores the importance of looking beyond surface-level demographics to understand the complexities within the social work professions. Straussner and Senreich (2020:196) share that examining burnout among helping professionals shows that burnout decreases with age and years of work experience.

5.2.2 Gender distribution

The table above shows that more female staff participants are represented in the study than males (12 female and four male staff participants). This distribution indicates that more females than males are involved in the social work profession in the treatment centres in the City of Tshwane, Gauteng. According to Kirst-Ashman (2017:89), gender is defined as the psychological and social characteristics associated with being male or female. In addition, Zastrow (2017:438) confirms that the social work profession mainly includes more females than males. It became 'normal' for women to engage in care work, and participants' biographical details thus correlate with literature.

5.2.3 Work experience

Table 5.1 indicates that the participants' length of service in the field of substance dependency in all three treatment centres ranged from four to 23 years:

- Two participants had less than five years' experience.
- Five participants had more than five years' experience, but less than 10 years.
- Four participants had more than 10 years' experience, but less than 15 years.
- Three participants had more than 15 years' experience, but less than 20 years.
- Two participants had 20 years' experience or more.

As indicated in Chapter 3, the researcher understood and appreciated that participants with longer working experience at substance dependency treatment centres, also known as treatment centres, have more insights into the topic under study. According to Mogorosi and Thabede (2018:2), social work experience and knowledge help promote social change, improve people's lives, and ensure they reach their full potential. Furthermore, social workers who attend training and workshops appear to have a better understanding of the different roles played by

social workers in the field of substance dependency (Singwane & Ramoshaba, 2023:173). Substance dependency has overwhelming effects on individuals, families, and societies, hence the need for social workers to be trained and to have more experience in the field. Dhludhlu and Lombard (2017:181) recommend that the DSD should offer a platform, in conjunction with universities, to ensure that the roles and responsibilities of social workers are in line with the abilities and knowledge gained from their education in social development. A social worker must be aware of the problems relating to SUDs and the challenges faced by parents to perform the support role effectively.

5.3 EXPERIENCES AND SUGGESTIONS OF SOCIAL WORKERS WORKING WITH PARENTS WITH ADOLESCENTS RECOVERING FROM A SUD

The overview below in Table 5.2 encapsulates the themes and sub-themes that emerged from the interviews with the social workers working at substance use treatment centres. During the process of data collection, i.e. in-depth semi-structured interviews, the following questions were used as a guideline to structure the interviews with the social workers focusing on the research topic:

- Tell me about your experience of working with parents who have adolescents recovering from a SUD.
- What do you think are the needs of parents of adolescents recovering from a SUD?
- What are the services you provide to parents with adolescents recovering from a SUD?
- Can you share any suggestions on what intervention can be used to support parents with adolescents recovering from a SUD?
- If you were consulted about an intervention for parents with adolescents recovering from a SUD, what would you suggest should be included?

Table 5.2: Overview of themes and sub-themes that emerged from the interviews with the social workers working at the treatment centres

Theme 1	Social workers' accounts of working with parents of adolescents recovering from a SUD	1.1 Parents are tired, discouraged, and overwhelmed.
		1.2 Parents do not understand or struggle to cope.
		1.3 Some parents want solutions from social workers.
		1.4 Parents do not talk about or understand the real problems.
		1.5 Parents minimise the problem or are in denial.
		1.6 Parents' personal problems are not treated.
		1.7 Lack of a framework on dealing with parents of adolescents recovering from a SUD.
Theme 2	Social workers' perceptions of the needs of parents of adolescents recovering from a SUD	2.1 Progress in adolescents' SUD recovery and long-term treatment.
		2.2 More information about substance abuse and SUDs.
		2.3 Emotional and psycho-social support.
		2.4 Empowerment with parenting skills.
		2.5 Information and assistance on aftercare treatment.
		2.6 Assistance in dealing with their personal issues.
Theme 3	Social workers' descriptions of the services the treatment centre rendered to parents of adolescents recovering from a SUD	3.1 No specific programmes were offered to parents or they were inadequate.
		3.2 Undertook a family assessment on admission and met with parents on discharge.
		3.3 Provided information and limited counselling.
		3.4 Provided family support groups.
		3.5 Provided a recovery plan when the adolescent left the centre.

		3.6 Offered a parents' support group and parents could join the recovering adolescent's aftercare group at the centre.
		3.7 Referred parents to other service providers.
		3.8 Negatively impacted by COVID-19.
Theme 4	**Social workers' suggestions regarding what interventions can be used to support parents of adolescents recovering from a SUD**	4.1 Support groups for parents.
		4.2 Intervention sessions with parents and adolescents.
		4.3 Counselling for parents.
		4.4 Educational workshops and awareness campaigns with parents.
		4.5 Skills development for the parents.
		4.6 Development of a manual or recovery programme to assist parents.
		4.7 More time to work with parents and families.
Theme 5	**Social workers' opinions on what should be included in a support intervention for parents of adolescents recovering from a SUD**	5.1 Understanding SUDs and relapses.
		5.2 Parallel programmes for adolescents and parents.
		5.3 Parenting skills or styles and parent-child relationships.
		5.4 Self-care for parents of adolescents recovering from a SUD.
		5.5 Aftercare support.
		5.6 Counselling or therapy for parents.
		5.7 Encourage multidisciplinary collaboration in the SUD field.
		5.8 Online parent support groups.

In the next section of this discussion, each one of the main themes and accompanying sub-themes are presented and confirmed or endorsed by direct quotes from the transcripts of the interviews. The identified themes and sub-themes, with their supporting storylines from the transcripts, will be compared and contrasted with the body of knowledge available. A literature control will thus be undertaken.

5.3.1 Theme 1: Social workers' accounts of working with parents of adolescents recovering from a SUD

The researcher's first question to the participating social workers was to ask them to recount what it is like working with the parents of adolescents recovering from a SUD. Their responses are given under seven sub-themes as presented in Figure 5.1.

When parents are not supported their health and well-being are compromised, which might lead to more challenges and also affect the sobriety of the adolescent recovering from a SUD (Russell *et al.*, 2024:480). Despite the many responses from the social workers, it needs to be stated at the beginning of this discussion that a couple of social workers responded that the treatment centres do not focus on the parents:

"…our focus is on our client, the service user [adolescent]. *We talk to parents, but we don't focus mainly on them, but on giving them progress and feedback about their children"* **[SW 1]**.

"We don't do a lot with parents, but it is not an easy task as most of them are tired of their children's behaviour, and they don't wanna be involved in the treatment process" **[SW 15]**.

"Parents have a lot to share, but we don't have enough time to entertain them due to various reasons" **[SW 12]**.
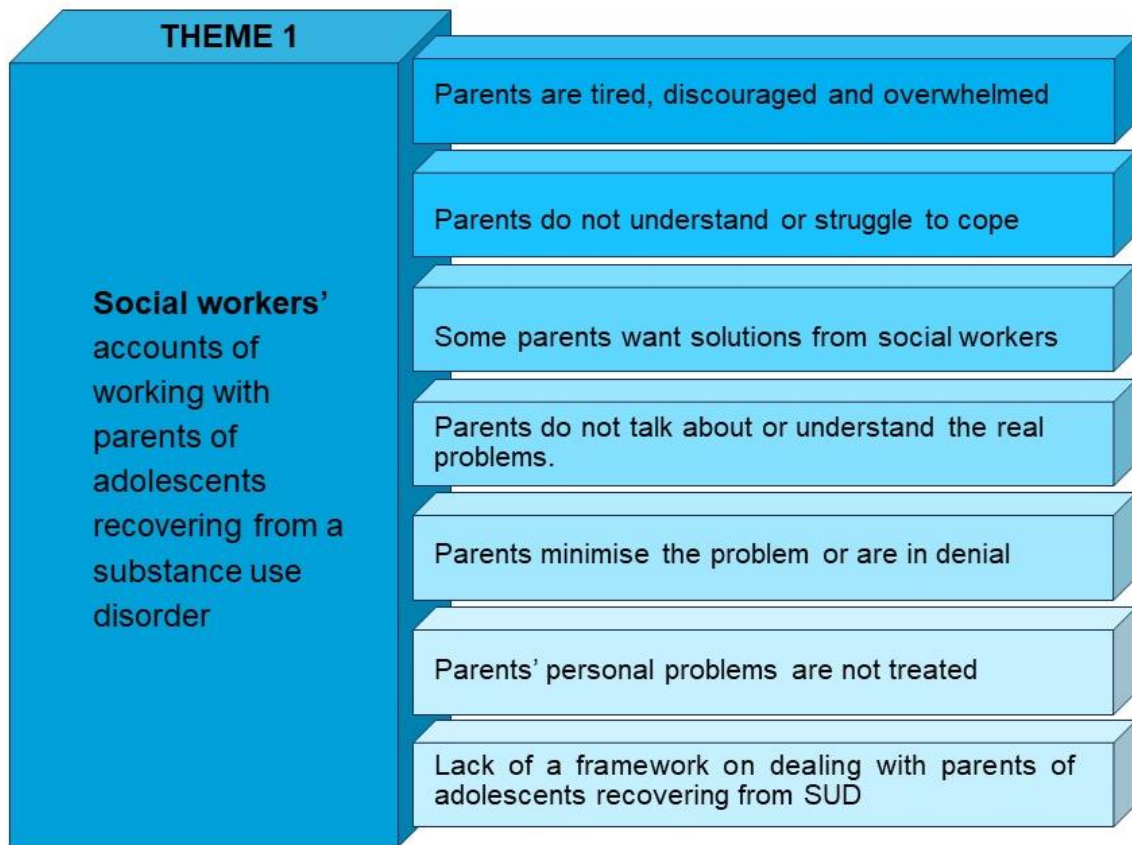
Figure 5.1: A visual presentation of the sub-themes in Theme 1

There is a saying that "once an addict, always an addict" (Zastrow, 2017:279). Because of this, parents feel overburdened and just want social workers to provide them with answers. To support this, Masombuka (2021:155) states that social workers noted that they had taken on the roles of advisor and helper. However, all of their efforts to offer guidance were ineffective and the adolescents persisted in their habits, leaving parents discouraged and uncertain about the roles they could still play. Shumway *et al.* (2011:1727-1729) noted that the family systems approach emphasises that parent participation in the treatment process increases the likelihood of the patient's success. In this regard the family will continue to uphold and maintain unity.

5.3.1.1   *Sub-theme 1.1: Parents are tired, discouraged, and overwhelmed*

Many social workers responded to the question about working with the parents of adolescents recovering from a SUD by saying that the parents are tired, discouraged, and overwhelmed.

"Some parents don't cooperate with us, and they are not motivated to continue helping and supporting their children due to past experiences and disappointment. Some parents still send their children here, but you can see that they are hopeless; they don't think the systems work. A few parents admitted that they are just sending their children to treatment centres to get a break from all the stress and depression their children are giving them… Some of the parents are not supportive of their children's treatment, although one can understand that they have been through the process several times and they feel discouraged" **[SW 1]***.*

"It seems most parents feel there is no hope after their child has been to rehab more than once. They are no longer motivated to continue with support, especially because parents lack information on substance dependency; they need quick solutions" **[SW 2]***.*

The social workers shared that parents felt overwhelmed and tired due to the behaviour displayed by the adolescent recovering from a SUD. While the impact of substance abuse on an individual certainly requires intervention, the effects on the family of the substance abuser are equally severe and have exceptionally long-lasting emotional consequences (Braaf *et al.*, 2022:350). This is reflected in the following storylines:

"One parent said to me the other day: 'I am tired, and am asking myself, is it wrong for me not to care anymore?'" **[SW 13]***.*

"Parents will tell me that they are tired of controlling and taking care of their children because they feel out of control… This other parent said she feels defeated and doesn't know what to do anymore… Looking at their frustrations is also defeating for us. Sometimes we meet visible and available parents willing to support and be there for their children, but sometimes we meet parents who don't care… It is not easy to work with parents who have already given up on the system" **[SW 3]***.*

"Parents are tired; we see them when they come here that they are tired of doing the same thing over and over again. I have seen the same boys for the past few years, and they keep on relapsing and coming back for treatment. It pains me to see

how their parents continue to try and support them even though their children don't appreciate all the efforts… most parents are overwhelmed, but they still try to support their children and do everything" **[SW 4]**.

Substance abuse and its consequences mainly affect families negatively and disrupt the functioning of the family unit (Mafa & Makhubele, 2020). However, the parents, family members, and relatives are often left responsible for supporting the person recovering from a SUD (Braaf *et al.,* 2022:350). A lot of these adverse emotional reactions shared by the participants appear to be commonly reported in other studies and seem to reflect the experiences of parents with adolescents battling SUDs (Hlungwani *et al.*, 2020; Mafa & Makhubele, 2020).

5.3.1.2   Sub-theme 1.2: Parents do not understand or struggle to cope
The social workers also highlighted that parents do not understand or struggle to cope with their adolescents.

"Parents struggle to grasp that substance abuse is a disorder that doesn't just disappear. They don't understand that this is an issue that will stay with them for a long time, even after treatment" **[SW 11]**.

"What I have experienced is that there is a knowledge gap in terms of parents' understanding of substance dependency… most parents lack knowledge on what to expect after their children have been discharged from the treatment centre. Some parents don't even know how to handle their children; not only after they have been released, but in general" **[SW 13]**.

"I learned that most parents don't properly understand substance dependency [or] *…the adolescence stage. They struggle to understand that adolescence is when children are trying to find themselves, and it gets confusing for them. Children are moving from being kids to being adults. They struggle to understand that their children are at a self-discovery stage, which leaves them vulnerable to a lot of challenges. That includes experimenting, peer pressure, wanting to fit in, and more"* **[SW 8]**.

Parents often lack awareness and knowledge on what to do, and some parents are unaware of available interventions or their role in supporting the adolescents recovering from a SUD (Baharudin, Shafie & Sumari, 2022:32). Parents are struggling to cope with adolescents recovering from a SUD and trying to use different coping strategies. The coping strategies include resorting to psychologically harmful behaviours, relying on distractions such as taking on overtime at work, or using sleeping medications to calm themselves (Braaf *et al.*, 2022:358).

"Other parents who are not coping are single parents. They have to focus on other children and focus on their jobs. Other parents are stuck with the things that happened in the past [trauma]. *As a result, when their children experience something that is not good, it triggers their trauma"* **[SW 6]***.*

"…we see those parents most of the time and there is nothing much we can do for them… most parents don't know how to handle their children, especially after treatment… when the child is still using, the parents know their child needs help, but after they get help now, it is a different story. Parents sometimes don't know how to handle the situation, what to do and what not to do… some of these children have been behaving badly, but they are trying to change after rehab. It is also not easy for the parent to trust their child after rehab. They do try, but it is not easy" **[SW 7]***.*

The social workers verbalised that some parents opt to avoid interaction with the adolescent recovering from a SUD and even avoid anything relating to the recovering adolescent. Mafa and Makhubele (2020) also report that some parents' way of dealing with their frustrations regarding the adolescents' substance abuse behaviour was to direct their anger towards the siblings and other family members. Strategic and coherent awareness programmes, such as drug awareness at schools, libraries, hospitals, and clinics, can be implemented on a prevention level, as well as through multidisciplinary and inter-agency cooperation (Casker, 2019:123).

5.3.1.3 Sub-theme 1.3: Some parents want solutions from social workers

Another sub-theme that emerged from the social workers' responses was that some parents bring their adolescents with a SUD to the centre and expect the social workers to perform miracles and cure their child. On the other hand, some parents have no faith in the treatment.

"It is not easy, because sometimes parents expect us to do miracles… When parents bring in their children, they expect them to be perfect when leaving the centre. We struggle to get the young boys to follow and comply with our programme. The boys that follow the rules are the ones admitted through court. They try their best to behave and follow all the rules in the centre. But as for the others, it is a real challenge, and parents don't get that" **[SW 4]***.*

"…I don't think most parents understand the complexity of substance dependency, because we can see when they bring their children, they need quick solutions… parents always expect us to tell them the good news. Unfortunately for them, the journey is way more complicated than the way they anticipate it to be. We can never guarantee that one will [not] *continue using or if their child will ever stop using altogether"* **[SW 15]***.*

"Parents also expect us to do miracles and you cannot change one's behaviour in a short period. Parents struggle to understand that we as social workers cannot change the behaviour that has been there for years. It is also not up to us, but it is up to their children… Parents sometimes forget that their child remains their child. You cannot outsource your parental responsibility. It doesn't matter what happens in your life or how busy you are, but your child should come first" **[SW 14]***.*

A SUD is known as a relapsing condition, and that means that parents need more support on ways to continue supporting the adolescents as they continuously face the relapse challenge (Shumway *et al.*, 2019:76). Social workers shared their frustrations, stating that most parents have lost faith in the system as their adolescents keep relapsing. The following extracts support this from the social workers' interviews:

"…parents bring in their children and expect miracles. You will find that a parent brought in their child and expect them to come out of the centre with a new attitude and behaviour! How is that possible? How do you change one's behaviour in such a short period? Parents need to understand that change is a process. It is of much importance that parents know what we do as social workers, our role in the treatment process" **[SW 11]***.*

"To make things worse, some parents don't even have faith in us. They undermine us, but expect us to help their children. One parent said to me: 'I don't think you guys know what you are doing here because if you knew, these drug problems should have already been dealt with'. Hearing those words from parents while we are working hard to improve their children's lives made me very sad. We are trying our best… parents don't understand that substance dependency is not like any other social problem we have. Sometimes we have to tolerate that kind of negativity from parents. It is not easy to work with parents, because there are a lot of different dilemmas around them" **[SW 15]***.*

The above storylines indicate that social workers are frustrated by the behaviour of the parents of adolescents recovering from a SUD. They feel that parents expect them to do extraordinary things to ensure that the adolescent recovering from a SUD stays sober and does not relapse. According to Masombuka (2021:157), there is a need for a more comprehensive and alternative intervention because the existing strategy to reduce substance dependency is not producing long-lasting positive effects. That makes the work of the social worker more complicated, as they also need the cooperation of the parents to continue supporting the adolescent recovering from a SUD to get better results.

5.3.1.4   Sub-theme 1.4: Parents do not talk about or understand the real problems

Another response from the social workers focused on how parents do not always talk about or understand the real problems. The following are expressions from the social workers:

"It is also difficult, because parents do not talk about real problems affecting their children or even prompt them to use drugs when they come to see us. Parents will focus on their child's change of behaviour, friends, or their children are not taking responsibility" **[SW 2]***.*

"Some parents won't accept that their children's bad behaviour started long before using drugs. Using drugs was just to add to the existing problem. They struggle to understand that there is more to substance use than what the child is telling us" **[SW 4]***.*

"It seems that parents have left that role of communication to teachers in schools and social workers. I know as parents, there are other issues that we are not able to tackle with our children, but that is what brings a lot of challenges in kids. When we address the substance users… we hear a lot of unresolved issues with parents, a lot of misunderstandings that lead these children to end up using substances. Children go through the most, but their parents are not even aware of what is going on in their children's lives" **[SW 11]***.*

The social workers indicated that most parents do not share the real problems affecting them and the adolescent recovering from a SUD. Parental stigma affects the adolescent's progress and recovery, the home environment, and access to quality services, making it difficult for them to disclose their problems and avoid shame (Gautam & Bhadra, 2022:197). Social workers indicated that are not aware of how unresolved issues in the family, e.g. divorce, lead to the adolescent's relapse and they only realise later on when the adolescent keeps on relapsing. Social workers shared a lot about the family's challenges that they mostly hear about from the adolescent recovering from a SUD. Parents may avoid being judged or feel shame, resulting in them facing more challenges (Gautam & Bhadra, 2022:197).

5.3.1.5   Sub-theme 1.5: Parents minimise the problem or are in denial

The social workers identified that parents of adolescents recovering from a SUD often minimise the problem or are in denial:

"A lot of parents don't understand what addiction is. That is why it becomes difficult for them, but some may be in denial. There are so many, many factors. For example, when it comes to the black culture… They will say something like 'our child doesn't have a problem', 'a boy or girl has to go to the initiation school', or 'he needs to be accepted in his father's family', etc. That is another way of minimising the problem. That's when we identify that it is denial; they don't want to face that because it is a painful thing" **[SW 16]**.

The social workers indicated that they try to ensure that parents are free to communicate any challenges they face and all the information that can assist in the recovery process of the adolescent. It is confirmed in the literature that social workers should not rely only on the information obtained from the intake (Nhedzi & Makofane, 2015:364). The following storylines refer to parents minimising the problem:

"We try by all means to ensure that we communicate with the parents to provide better service. But the problem is that some of the parents minimise the problem… one can see that the child is deep into substances, but the parent will keep making excuses for the child and saying the relapse was their problem, or 'my child was doing well; the problem is that we had a party at home then he relapsed'. If the parents are open and honest about their children's substance problems, it makes it easier for us to work with them" **[SW 1]**.

"…some parents don't understand the whole issue surrounding substance use, and they are in denial to accept the fact and try to blame the substance use on other things" **[SW 14]**.

"…the parents will tell us that 'my child is a good boy' [and] *'he was surrounded by bad friends'. We will hear from other parents that 'my son is not an addict; the problem is that the school wanted him to go to rehab'. Parents don't understand that they need to be honest and upfront with us. When they come here, parents feel like they don't have a problem, making it difficult for us to work with them. How do you even help someone who doesn't think she has a problem? Sometimes parents are as challenging as their children"* **[SW 2]**.

The social workers shared their concerns on how some of the parents are particularly minimising the magnitude of the problems they face with the adolescent recovering from a SUD. They indicated that some parents are not being totally honest and upfront with them, making it difficult for the social workers to intervene. The problem might also be due to parents feeling ashamed, humiliated, or embarrassed, as indicated by Braaf *et al.* (2022:356) when they shared the challenges parents face. Parents sometimes struggle to realise that their adolescent child is a problem and needs serious intervention by professionals (Mafa & Makhubele, 2020:1930). In so doing, they minimise the problem and pretend their adolescent child is recovering well.

5.3.1.6   Sub-theme 1.6: Parents' personal problems are not treated

Some social workers recounted that they do not address parents' problems. This is elucidated in the following storylines:

"I have realised that parents are also victims. You will find that the issue that pushed the child to use drugs is the family circumstances. I think parents need therapy because when you are with the child, the child goes through treatment. For example, he deals with the parents' divorce, but you will find that the mother has not dealt with the divorce. Some children come from families with domestic violence; the child is affected and comes to rehab, the child gets therapy, but the mother never deals with the abuse or the divorce. So I think our programme has a gap there, because our focus is the client or the service user" **[SW 9]**.

"You find that the parents divorce because of their child's behaviour. Parents always complain that they try to support, but they blame each other and point fingers at each other" **[SW 8]**.

In supporting the above statement, Alhyas *et al.* (2015:5) state that family dysfunctions are also the cause of substance use among adolescents. Based on what the social workers have shared, the researcher believes that parents are also going through a lot due to personal issues such as divorce, work challenges, etc., which might lead their children into substance misuse. Parents also need to heal and be supported to deal with their problems, which will put them in a better position

to cope and deal with the adolescent recovering from a SUD. The participants also shared that they struggle to maintain relationships with other people due to the behaviour of the adolescents recovering from a SUD.

5.3.1.7 Sub-theme 1.7: Lack of a framework on dealing with parents of adolescents recovering from a SUD

Some of the social workers interviewed stated that although social workers play an essential role in assessing and working with individuals and families with mental health and addiction concerns, they lack a framework for working with parents of adolescents with a SUD. The social workers verbalised their need to have training and guidance in dealing with parents of adolescent substance users. Social workers addressed this in the following storylines:

"We need to have guidelines or some kind of guidance in terms of how to structure our services in working with parents of adolescents with substance use problems" **[SW 15]**.

"We need more relevant training sessions to guide us on effective ways to tackle substance use and abuse and how to engage with parents" **[SW 9]**.

"Having regular workshops will assist us to be up to date with this ever-changing trend of substance use" **[SW 1]**.

"One big challenge is that we don't get relevant training on substances, except for many policies without guidance regarding the implementation. Hence, it is not easy for us to support parents" **[SW 4]**.

In supporting the above statements from the social workers, Himes (2022:2) shares that the social work curriculum needs to include a module that addresses substance dependency and SUDs. Kourgiantakis *et al.* (2020:587) confirm that even though social workers are critical professionals in the role of dealing with mental health issues, there are gaps in their training and education concerning mental health and addictions. The social workers acknowledged that it is not easy for them to work without any structure. They also verbalised that they feel everyone uses the strategy

they think works, making it difficult in terms of consistency. Amid a massive problem with substance dependency, the challenge facing social workers and social work students is that they are not receiving enough education about SUDs and this results in them not being fully competent to work with substance-dependent clients (Kourgiantakis & Lee, 2020:761; Minnick, 2019:195; Russett & Williams, 2015:52).

The social workers who indicated that they had undergone training for SUDs shared that the instruction and guidance were not intensive and that it was insufficient to completely prepare them to assist parents of adolescents recovering from a SUD. Recent research by Kourgiantakis and Lee (2020:762) shows that very few MSW programmes and even fewer BSW programmes nationwide provide the adequate knowledge and skills needed for social workers to effectively work with clients with SUDs. Participants acknowledged the need for regular, focused training on the subject.

5.3.2 Theme 2: Social workers' perceptions of the needs of parents of adolescents recovering from a SUD

After hearing from the social workers about working with the parents of adolescents recovering from a SUD, the researcher asked the social workers what they thought parents needed. Their responses were varied and six themes emerged, as presented in Figure 5.2.
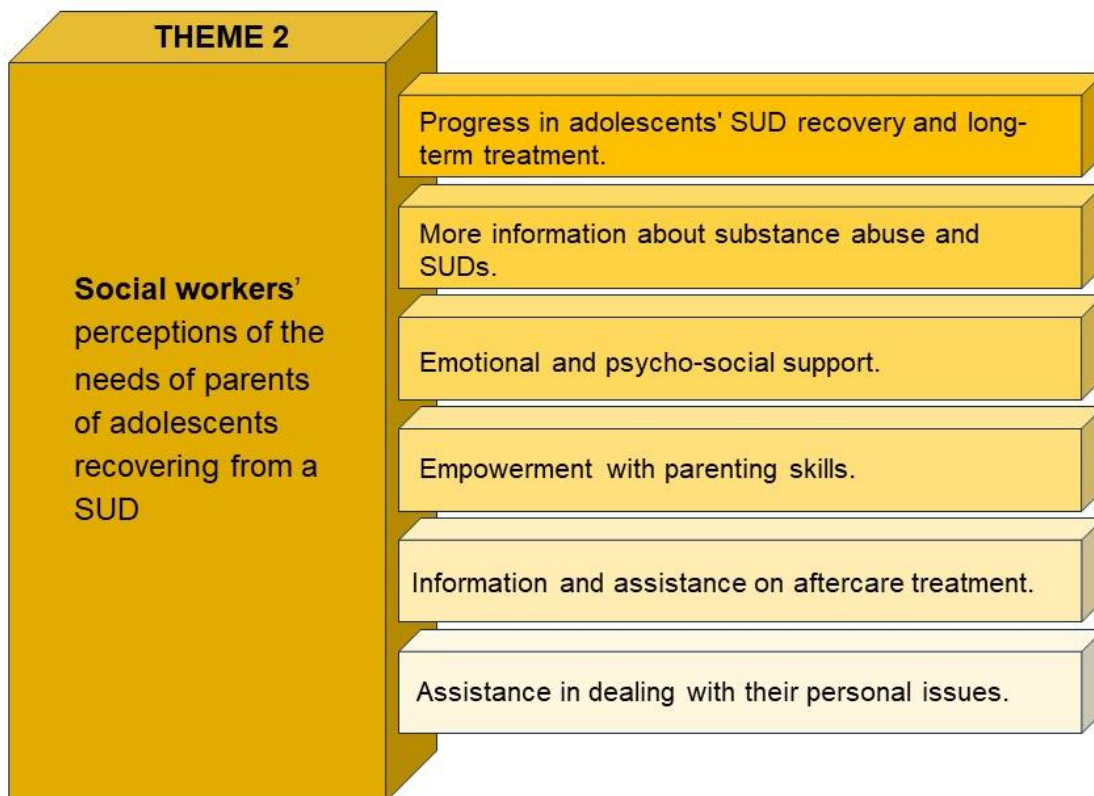
Figure 5.2: A visual presentation of the sub-themes in Theme 2

The FST approach, according to Shumway *et al.* (2011:1727), highlights that understanding substance dependency and recovery in its context helps families move away from focusing on why or how this happened and who is to blame, and towards focusing on building the family unit. Furthermore, Carpenter (2013:19) shares that parent participation in the treatment process gives them the coping skills they need and gives adolescents the structure and support they need to maintain their recovery at home and in the community. This indicates that FST can help bring about change in the entire family system because, despite the challenges they face, parents continue to play the supporting role for the adolescent recovering from a SUD.

5.3.2.1   *Sub-theme 2.1: Progress in adolescents' SUD recovery and long-term treatment*

A number of social workers' first responses to the question were that parents need to see progress in their adolescents' sobriety and long-term treatment. In other words, they want to see that their adolescent has stopped using drugs.

"Most of the time, you are dealing with a patient [the adolescent], *at the same time you are dealing with a parent who can't separate from their child. Those parents need quick results and constantly need feedback and progress on their child. All they want to hear from us is that your child is doing well and he won't go back to using drugs"* **[SW 2]**.

"Their need is to see their kids on their best behaviour; recovering from the substance and behaving reasonably, as an average person. Most of the time that is their need – to get their children as normal as they know them without substances" **[SW 2]**.

"I believe parents need to see their children progress well and stay sober from any drugs" **[SW 1]**.

"…most parents want us to focus on their children, and they don't feel like they need any help" **[SW 6]**.

The social workers interviewed stated that parents were worried about not seeing any progress in their children. They stated that the success rate of adolescents recovering from a SUD was low, discouraging the parents from continuing to support their children. A study by Stokes, Schultz and Alpaslan (2018:2) shows the increased frequency of relapse by showing that the most people receiving treatment for SUDs are not first-time patients in treatment facilities. Social workers stated that parents feel longer treatment programmes should be introduced to provide better results. This statement is supported by Masombuka (2021:234), who shares that parents raised concerns about adolescents recovering from a SUD relapsing soon after their discharge from the treatment centre.

5.3.2.2 Sub-theme 2.2: More information about substance abuse and SUDs
The social workers also articulated their perception that parents need to be better informed about substances and substance abuse. Ensuring that parents are well informed about SUDs will assist parents in understanding and even coping better. Social workers refer to parents' need for knowledge about SUDs:

"I think parents need to be well informed about addiction, substance use, and abuse… Parents need to understand that coming to a treatment centre does not guarantee complete cleanness. They need to know that it also comes from an individual's willingness to change, which is a long-term issue. At times, I feel like parents think the treatment centre is like a hospital where one comes [in] *sick and gets medication, leaving the hospital when they are healed… They don't understand that substance abuse is a problem you live with for the rest of your life. When they come to bring their child, they are so broken and looking for a quick fix and hoping after treatment that their lives will go back to the way they were before their child started using drugs"* **[SW 15]**.

"Firstly, relevant information about substance addiction, specifically adolescents, because they want adolescents to behave like adults. Parents fail to understand that their children are mentally trying to find themselves; pleasing and all those adolescent stage problems" **[SW 3]**.

"Parents need knowledge about substance abuse, because some believe the child is doing that deliberately. They think the child has a choice and can stop easily. They think the child is being spiteful; they don't understand" **[SW 9]**.

The social workers continued to share that more needs to be done to ensure that parents understand SUDs, as they learned that parents do not have insight into SUDs and addiction. In support, Masombuka and Qalinge (2020:58) highlight that parents need to be educated on SUDs and addiction to empower them to understand and find better ways to cope.

Some social workers mentioned that parents need to understand relapse and its challenges:

"Some parents cannot come to terms with their child's use of substances. Those parents get relieved when their children stop using, but most parents struggle to cope with that if they relapse. They lose all hope, as they don't understand that substance dependency is a disease with chances of relapse. There is no surety that

they will never relapse. Therefore, we continue calling them recovering addicts" **[SW 14]**.

Other social workers mentioned that parents must realise the importance of aftercare treatment:

"Parents need to be informed about substance dependency… parents think they can get a quick fix for their children… they need to know what options are available to assist their children. Most importantly, especially with the parents of children who have been to the treatment centre more than once, they need to know how to reintegrate, rebuild trust, and try to go back to everyday living" **[SW 2]**.

The social workers stressed that parents need to be well-informed regarding SUDs. They also shared a lot about the importance of parents understanding substance use and SUDs to understand more about what the adolescents recovering from a SUD are going through. Neglecting the role played by family members and parents in the post-treatment of individuals recovering from a SUD can pose a massive challenge in the support intervention (Braaf *et al.,* 2022:360). It is essential to ensure and acknowledge the influence of the family in understanding SUDs and the role family members can play in the treatment and support of people recovering from a SUD (Terblanche *et al.,* 2021:33). The authors above highlight that families are important in the treatment process; however, it is also important to ensure that the parents are well informed about SUDs.

5.3.2.3   Sub-theme 2.3: Emotional and psycho-social support

All social workers expressed the perception that parents need emotional and psycho-social support or therapy to deal with their adolescents recovering from a SUD.

"Parents also verbalise the issue of their own psycho-social support to help them cope and recover from all the stress their children have put them in" **[SW 1]**.

"Parents need to have a support group and one-on-one sessions to understand where they are. Parents need to be supported and cared for, mainly because as

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social workers we also expect them to support their children to recover well and not relapse" **[SW 8]***.*

Most participants were able to describe the benefits they derived from the support group services they used. Participation in these group-based counselling inventions was attributed to providing members with the necessary skills, enhancing their understanding of SUDs, and increasing their willingness to become more open about the problems they experience as family members.

"Parents need to be supported by providing them with the necessary information about [the] *substance use disorder, giving them emotional support, and understanding what they are going through. As social workers, we are also giving the parents the burden of supporting their children without empowering them and without supporting them"* **[SW 10]***.*

"Yes, most parents come here crying; you can see that they are frustrated, blame themselves, and feel so helpless. They are tired of the whole situation and we are their last hope. We should also do them justice by providing them with counselling, mainly because they have to live with these children after they are discharged. You can just see frustration and anger written all over their faces when they bring in their children. Some parents feel so betrayed by their children, because they believe they did everything for them, hence the anger" **[SW 12]***.*

"My observation is that parents need emotional support, as some are not coping at all. I think parents need to be supported emotionally and be provided with knowledge. I think there should be some support provided to parents to assist them in coping with their children, especially those that keep on relapsing. Maybe we need to identify from our files the service users who keep on coming back and focus on their parents in supporting them. I think those parents are mostly the ones who have lost faith and are negatively affected" **[SW 13]***.*

Social workers expressed that parents need support for themselves. In support, Schultz and Alpaslan (2020) share that families need support in dealing with the SUDs of family members, as their needs are mostly neglected. In addition, Mafa and

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Makhubele (2020:1935) posit that parents have a serious need for psychosocial support that will assist them in coping.

"…parents need therapy for themselves… they are wounded themselves, and they have these children who are giving them problems and stressing them. As much as they are bringing their children to the clinic, they also need help or therapy so that they [can] *heal and be able to support the patient accordingly… They cannot do this on their own; they need therapy… Maybe we need to encourage them to join organisations like Al-Anon* [AA] *and other organisations* [for] *addicted patients where they can get support and knowledge about drugs. If a parent joins such groups or learns about them, they will see that they are not alone…"* **[SW 14]**.

5.3.2.4 Sub-theme 2.4: Empowerment with parenting skills

Social workers shared how parents need to be empowered with parenting skills. Although some social workers suggested that parents need to be assisted to understand their adolescent and substance abuse, other social workers went further and stated that parents need to be empowered with parenting skills. The following statement from a social worker supports this:

"Parents need to learn how to balance their lives and support for their children. Things like finding the right time to talk to their children and address sensitive issues and how to interact with their children. Not only the ones using, but basically parenting skills should be encouraged to assist parents, especially the old ones, as I see sometimes they are not in touch with realities" **[SW 3]**.

It is crucial to empower families regarding the knowledge of substance misuse and relapse, and this is alluded to by the following statements:

"I understand that parents also need to be guided on communicating with their children. Parents need to be supported and empowered in ways that will assist them in communicating with their children… and understand that there are still chances of relapse after their children have been discharged. Other parents don't even understand the challenges that their children face, so I would think that parenting skills are essential to assist parents in understanding their children more" **[SW 11]**.

If parents can be empowered with parental skills we will be in a position to win this fight against substance use, because parents should be taking the lead in raising responsible children, unlike always being reactive in dealing with children abusing substances. The problems start at home and we need to assist parents in rebuilding healthy living environments, healthy communities that will not lead children to substance abuse" **[SW 12]**.

Good parenting is one of the most vital aspects influencing a child's upbringing. Parental skills training programmes are shown to be effective in preventing substance use, abuse, and other risky behaviours (Masiko & Xinwa, 2017:4). Supporting the above authors, Singwane and Ramoshaba (2023:174) indicate that social workers have a vital role in educating families on substance misuse, SUDs and their development and progression, and the available treatment options. When a child engages in using and abusing substances, it mainly indicates the inconsistencies in the parenting styles or challenges in parenting (Braaf *et al.*, 2022:358). Hence, most social workers verbalised that parents need to be assisted with parenting to help curb the issue of substance use in the family or prevent other siblings from also using.

Findings suggest that parenting programmes can effectively reduce or prevent substance use. However, more work is needed to further investigate the change processes involved in such interventions and their long-term effectiveness on parent-adolescent relationships (Das, Salam, Arshad, Finkelstein & Bhutta, 2016: 73). Most of the participants felt that adolescents who used substances had poor relationships and were in conflict with their parents. Thus, they believed that strengthening parent–adolescent relationships could protect adolescents from substance use (Alhyas *et al.*, 2015:5). The most effective intervention appears to emphasise active parental involvement and developing social competence, self-regulation, and parenting skills.

5.3.2.5   Sub-theme 2.5: Information and assistance on aftercare treatment
The social workers also highlighted that parents need information and assistance, particularly after the adolescent has been discharged from the treatment centre and returns home to live with them again.

"Parents also tell us they need to know what to look out for in their children when they come home after treatment. They don't know how to handle and support their children after treatment. Parents need to be given information on what to expect from their children after treatment and support them" **[SW 1]**.

"Parents often come to us to get information, especially after their children have been discharged from the treatment centre. You can sense that most of the parents are not sure how to deal with their children after they are discharged. They are not sure what to look out for, how to deal with their children, and even how to behave around them…" **[SW 12]**.

"Parents also need to be assisted to understand their children well to try and avoid further abuse of substances in other siblings. They need more guidance on factors that lead to substance use and how being involved in their children's life can help to avoid further challenges. Some parents don't even know that partially they might have contributed to their children's substance abuse" **[SW 16]**.

Lack of information and knowledge is one of the problems contributing to the parents' inability to help and support the individual misusing or recovering from substances (Flensburg *et al.*, 2021:256). Due to the knowledge and abilities to assist clients in recovering from SUDs, social workers can help parents with information regarding SUDs and how to deal with their adolescents during the recovery process (Singwane & Ramoshaba, 2023:171).

5.3.2.6 Sub-theme 2.6: Assistance in dealing with their personal issues

In addition, the social workers identified that the parents need assistance with their personal issues and need professional intervention themselves.

"Parents should also get help for themselves and, if they have issues, they should work on them… marriage issues, relationship issues, finances, their upbringing, and other stuff. Issues from their past, because they always refer back. If they don't deal with their issues, it will not benefit their child even after treatment… a parent who is unavailable to support their child, even after treatment, they won't make time for

their children… Parents need to get their lives right, and that will help in raising responsible children" **[SW 6]**.

"…parents need counselling to help them through a lot of their unresolved issues… some parents we can see that they are trying to compensate, because somewhere they feel guilty as they know their behaviour of lifestyle might have also contributed in their child resorting to substance use" **[SW 4]**.

"…some parents think they are responsible for causing or for their children to abuse substances… parents struggle to get time to take care of their health… [they] *start neglecting themselves and other family members, as they are forever stressing about the child abusing or recovering from substances. The children recovering from substances are also constantly relapsing, causing parents more stress"* **[SW 1]**.

According to Motsoeneng (2018:36-37), parents face challenges in restoring stability to the entire family system, as they deal with the aftermath of their adolescent recovering from a SUD. However, despite these challenges, there is evidence of a consistent effort by the family to provide support to the adolescent in rebuilding their life. According to Mahlangu and Geyer (2018:338), parents require emotional and psychosocial support in dealing with adolescents recovering from a SUD. Parents believe that giving up on the adolescent's recovery is not an option. Hence, they need counselling to cope with their own issues.

5.3.3 Theme 3: Social workers' descriptions of the services the treatment centre rendered to the parents of adolescents recovering from a SUD

After describing what parents needed, the social workers were asked to describe the services the centre provides to parents of adolescents recovering from a SUD. From the responses, eight sub-themes emerged as indicated as indicated in the figure below:

THEME 3

Social workers' descriptions of the services the treatment centre rendered to parents of adolescents recovering a SUD

- No specific programmes were offered to parents *or they were inadequate.*
- Undertook a family assessment on admission and met with parents on discharge.
- Provided information and limited counselling.
- Provided family support groups.
- Provided a recovery plan when the adolescent left the centre.
- Offered a parents' support group and parents could join the recovering adolescent's aftercare group at the centre.
- Referred parents to other service providers.
- Negatively impacted by COVID-19.

Figure 5.3: A visual presentation of the sub-themes in Theme 3

According to Maluleke (2013:57), social workers in the Gauteng DSD had difficulties connecting the SUD, aftercare, and reintegration services they provided with relevant legislation. This made it challenging for them to assist parents who were facing difficulties in coping with their adolescents' recovery from a SUD. Qalinge (2015:133) suggests that in a group setting, with the social worker facilitating, the group members should collaborate to address common challenges. However, without clear guidelines, it can be challenging for social workers to incorporate the EST and FST into support groups that can be used to support parents. Patel (2015:240) provides support by stating that the lack of precise prevalence rates and substance abuse programmes is one of the issues South Africa faces.

5.3.3.1 Sub-theme 3.1: No specific programmes were offered to parents or they were inadequate

Some of the social workers stated that their centre did not have a specific programme for parents or that it was inadequate. This was also highlighted under sub-theme 2.1.

"We don't have any specific programme that focuses solely on the parents. But since lockdown restrictions, the focus has only been on the service users" **[SW 1]**.

"…it is water down the drain due to the Corona [COVID-19] *regulations restriction. We usually provide feedback to the parents, either telephonically or face-to-face. We had support groups once a month, most of the time. Family sessions will be done when the child is here, giving them feedback on the child's progress, what might be the cause of the problem, where to go… at this point it's more about the patient and more to support the patient afterwards, but support for the parents is not adequate"* **[SW 7]**.

When asked whether there is a point when the centre deals only with the parent, SW 9 responded*: "Not really. The person who is paying for services… is the addict. We do try to help parents, but mostly we cannot help. I think we don't do justice for the parent"* **[SW 9]**.

The participants acknowledged that with no guidelines or framework to work on, they mostly used any method that worked for them. According to the researcher, it becomes challenging when social workers do not have any framework to rely on, because social work is guided by policies, theories, and research methods, among others. Given participants' accounts of not having a specific framework to guide them when dealing with parents of adolescents recovering from a SUD, it is concerning that the social workers depend on their professional experience instead of relying on research-based practice (Masombuka, 2021:206).

The participants shared a lot of their concerns about not having a relevant guideline to follow in working with parents of adolescents recovering from a SUD. Although they are expected to work with parents, they have no proper guidance (Galvani,

2015:5). They continue to share that social workers cannot be expected to be experts in all fields, hence the need for proper guidance in different social work fields. However, Masombuka (2021:201) asserts that although support for parents is essential, the lack of resources has made it difficult for social workers to offer services to parents of adolescents recovering from a SUD. The researcher concurs, as the social workers had lots of roles to play in supporting parents. However, the challenge of a lack of resources is a stumbling block for them.

5.3.3.2 Sub-theme 3.2: Undertook a family assessment on admission and met with parents on discharge

Other social workers indicated that a family assessment is done on the adolescent's admission and on discharge the centre meets with the parents.

"We mostly meet parents, I think twice… throughout the time their child is in treatment with us. We do the family assessment and then family reunifications before we discharge the client. We used to have a support group before COVID, but not all parents will show up… I think maybe parents are tired; some of their children have been admitted more than three times. That may cause parents to feel hopeless about the system. Some parents believe these children as doing drugs intentionally to spite them… At other times, parents are busy and don't have time to attend, although I feel that they need to make time for their children, as sometimes that is why their children end up abusing substances" **[SW 11]**.

"…we meet with the parents when they come to get their children admitted, and we provide them with all the answers they need concerning their children's treatment" **[SW 1]**.

"…family reintegration… we teach parents about enabling behaviour and how parents can help their children not relapse in that process. Parents are taught about behaviour that might lead to relapse, because most of the time when we talk to these children, they will tell us that their parents don't trust them… their parents continue to blame them for things they didn't do, which leads them to go back to using substances" **[SW 6].**

"…when the parent brings in the child for admission, we do the assessment whereby we engage with the parent and try to understand the family background. Sometimes we even understand what might have led the child to use substances in that assessment" **[SW 13]***.*

The social workers' responsibility does not end with the family assessment and admission and discharge of the adolescent recovering from a SUD; it should also include programmes on how parents and families can be supported to cope after discharge (Mpanza *et al.*, 2022:2). The overall guiding policy, the NDMP 2019–2024, only provides a superficial guide to aftercare services. Due to a dearth of empirical data in the policies that are now in place, there are no clear policy directions in South Africa regarding aftercare programmes and how parents might be helped to cope after their teenager has been discharged from a treatment facility (Mpanza & Govender, 2017:113). The social workers at the treatment centres shared that they are doing everything they can through family assessments to give parents enough information.

5.3.3.3   Sub-theme 3.3: Provided information and limited counselling
The social workers mentioned that they provide information to parents, as well as counselling, but that this is limited and not on a long-term basis.

"…during the family sessions, we aim to integrate children back into their families…. However, we provide a bit of counselling for parents, but it is not an intensive one or long-term" **[SW 16]***.*

"In some cases, we offer one-on-one sessions. Where there is conflict, we try and work on it. We also allow parents to tell the child things that they are not happy with to see and the change in the child. The child also tells the mother what he is not pleased with and the support they need from their parents" **[SW 9]***.*

"Our focus is on teaching parents about what relapse is; we teach them about co-dependency, different types of drugs, and how to prevent relapse. Basically, it's the family support model… we also teach them that substance abuse is a chronic disease; their children will not just change, but their change is a process… that there

should be lifestyle changes if they want their children to maintain sobriety and how they can support them in that area. We try and provide information and parents, or service users can ask questions or get clarity where needed. The aim is to try and give the parents information on substance dependency" **[SW 13]**.

"The topic will derive from what is on the table. It will be about giving feedback about the progress of the patient and the concerns raised by the parents. Parents often mention that they are worried about their child, because he is always out with friends or wrong people or older people. Based on that, we will talk about peer pressure. Sometimes, parents will mention marital problems, so we tackle them. I use the family therapy model designed by Celeste (the social worker who came to train us in the centre). It has a relapse plan, and we share different things with family members. It talks about what to do when the patient gets out of the clinic" **[SW 15]***.*

Working with families, especially parents of adolescents recovering from a SUD, should also include education, counselling, and coping skills (Varghese, Kirpekar & Loganathan, 2020:192). The authors continue to assert that simple interventions may include dealing with parent-adolescent conflict at home, where brief counselling to both parties about their expectations of each other and facilitating direct and open communication are required (Varghese *et al.*, 2020:193). However, at times it becomes a challenge for social workers to offer some of the services due to lack of resources, especially human resources.

In a study by Mpanza *et al.* (2022:14), the authors state that social workers shared their frustrations about the lack of resources as a barrier across all sectors. Social workers also provide outreach programmes and do awareness campaigns to try and inform parents and communities (Singwane & Ramoshaba, 2023:173). However, the issue of counselling still needs to be clarified, as there are lots of professionals that are involved in the SUD field, and social workers also need clarity about their roles in supporting families (Galvani, 2015:1). The participants in this study also shared their frustrations about not knowing how far to go with counselling as there are a lot of issues involved, including divorces and family dysfunctions, and they need to know when to refer.

5.3.3.4   Sub-theme 3.4: Provided family support groups

A number of the social workers referred to providing family support to parents, which appears very similar in most cases to providing information and limited counselling.

SW 9 spoke of family support with parents but said COVID-19 and the parents' lack of interest had impacted this service: *"Family support… but… we have a challenge of absenteeism. Even though they come, they don't attend all sessions properly… Due to lockdown regulations and restrictions, we haven't been able to run those family sessions… We teach them about substance abuse, then we teach them about triggers, the process of addiction, how a child gets to a stage of being a drug addict, relapses, and how to prevent relapse. We teach what a child is going through; it is almost the same content that the child learns about"* **[SW 9]**.

"Normally, I do the family panel because I want to reunite the parents with their children after the treatment. We also do family days, and many activities happen during family days. We have people who come and motivate the parents and service users on the family day. We also invite parents staying with recovering addicts to come for inspiration… we mostly try to give parents information on substances, triggers, and relapse. We encourage them to be positive and continue supporting their children, but there is no structure for what is done. Most of the time, the social workers facilitating the family day come with the plan and agenda for the day" **[SW 6]**.

"…Our mistake is that we don't involve the parents a lot, but we need them in the process of their child's recovery. Some parents don't know what service users are doing in the treatment centre and how to support them after treatment" **[SW 5]**.

Social workers play a crucial role in providing support and counselling services to parents to build and rebuild families, especially between the parents and the adolescent recovering from a SUD (Dykes & Casker, 2021:233). However, from the information social workers shared, little is being done to ensure parents are supported. According to the norms and standards developed from the Prevention and Treatment of Drug Dependency Act 20 of 1992 (South Africa, 1992b:46), at least one family/caregiver interview should be conducted as part of the patient

assessment and/or treatment plans, unless there are other pressing issues. The norms and standards highlight that parents should receive support and referrals for legal advice and counsel.

There is still a serious challenge if parents are only seen when there is a need, or if they are referred to other institutions for support. In this regard, the focus is mainly on the adolescent recovering from a SUD and not on their parent, even though the parent is also affected. On the other hand, Hogue *et al.* (2021:2) argue that families require help and that it is important to ensure that parenting skills are addressed, as well as concerns with communication, coping, problem-solving, family dynamics, and parent-child relationships. In a study by Hogue *et al.* (2018:500), the authors indicate that family therapy in an outpatient setup has yielded more positive results when compared to other approaches. This indicates that if the parents are supported it could lead to better results, which will enable them to cope and also be able to continue their parental duties with less stress.

5.3.3.5   *Sub-theme 3.5: Provided a recovery plan when the adolescent left the centre*

It is worth noting that only two social workers from one treatment centre mentioned that the parents are given a recovery plan through discussion when the adolescent is discharged.

"We also give them a recovery plan for their child when we discharge them" **[SW 1]**.

"We also assist parents with the recovery plan drafted by the social worker and the patient to try to maintain sobriety and way forward after treatment" **[SW 16]**.

Social workers try to develop a recovery plan, because there are no adequate aftercare programmes when the recovering adolescents are discharged (Mpanza & Govender, 2017:113). One of the social workers mentioned that the recovery plan mainly focuses on short-term and long-term goals to assist the adolescent recovering from a SUD to maintain sobriety. When asked how the plan would assist the parent, she shared that it would help the parent to know how to make follow-ups and be able to assist the recovering adolescent. The researcher argues that the

treatment plan has more to do with the recovering adolescent and less to do with the parent; hence, there should be a focus on how the parent can be assisted to cope. Furthermore, most of the adolescents with a SUD relapse or start using other kinds of substances after returning from the treatment centre (Passetti *et al.*, 2016:669). Since many of the adolescents recovering from a SUD end up relapsing, it is evident that more should be done to support the needs of the parents. Segal *et al.* (2016:208) share that most social workers in the treatment centres often refer parents who are affected by an adolescent SUD to other organisations.

5.3.3.6 Sub-theme 3.6: Offered a parents' support group and parents could join the recovering adolescent's aftercare group at the centre

A few of the social workers also indicated that parents' support groups were available, although the COVID-19 pandemic seems to have impacted the provision of such assistance for parents.

"We have an aftercare programme for service users whereby parents can also come in to join. We teach parents about tough love… we encourage parents to stop treating their children as small kids and stop encouraging them but start showing them tough love and engaging them in harsh ways. Not that we say they need to be harsh to them, but we say they must stop protecting them and show them the reality of life. However, not all parents do attend those meetings as some will complain about the meeting times, as we mostly meet during the week or Saturday mornings. Parents will also at times complain about financial constraints and say that their child being at the rehab centre is already costing them a lot, so it is not easy for them to pop out any more money" **[SW 12]**.

"We have AA and Al-Anon meetings where parents are welcome to join" **[SW 1]**.

"Due to COVID-19, we are not doing much for parents, but we used to have family support groups… We discuss relapse, dependency, emotions, and recovery plans. However, the groups focused on all family members; not only the parents, but anyone affected by a family member abusing substances can attend those groups. The focus is on providing families with the necessary information about substance

abuse and how families can support the users to maintain sobriety. We also teach them about enabling behaviours and triggers" **[SW 10]***.*

Participants shared that support groups assist parents in getting real-life perspectives on substance users' difficulties, the impact on families, and the physical and mental struggles related to treatment and recovery. In joining aftercare groups, the study by Alhyas *et al.* (2015:5) suggests that this would encourage open communication between parents and adolescents recovering from a SUD. Support groups assist in reunifying parents and children after treatment (Balsells, Vicente, Molina, Fuentes-Peláez & Vázquez, 2016:812). However, social workers also shared a serious need to focus on the parents' support needs. A study by Helseth *et al.* (2021:1049) asserts the importance of having a parent forum to assist parents with coping skills. More focus should also be directed to providing families with the necessary information about SUDs and how families can cope with the adolescent recovering from a SUD.

5.3.3.7   *Sub-theme 3.7: Referred parents to other service providers*

Many social workers described how they refer parents of adolescents recovering from a SUD to other service providers for psycho-social services.

"Our focus is the patient, our client. Whenever we see further needs with the mother, we try to refer them. I think it is also a matter of time. We also refer parents to see a family psychologist or tell them about FAMSA [Families South Africa] *to get therapy"* **[SW 9]***.*

"…we refer parents to see psychologists or marriage counsellors when we realise marriage issues came up when we were working with the child… or seek any professional help to assist them in dealing with their family problems. It is so sad to see how family problems negatively affect children…" **[SW 15]***.*

"…we encourage the parents to continue getting any help, either from psychologists or their pastors, to help them in dealing with any trauma or challenges they have" **[SW 8]***.*

"We mainly work closely with the referring social worker and we rely on them to take over in helping the client after treatment. We have a lot of patients and that role should go to the referring social worker. We would do the follow-ups, but we don't have time. Our systems only focus on the service user and now we only deal with this service user" **[SW 4]**.

From the findings, it is clear that more support is needed for parents and families affected by SUDs to assist them to be able to cope with the behaviour of the adolescent recovering from a SUD. More guidelines or frameworks are needed to support and meet the needs of the parents of adolescents recovering from a SUD. Supporting the above, Gentle-Genitty, Haiping, Karikari and Barnett (2014:36) emphasise that social workers are well-trained and equipped to provide counselling and psychosocial support for parents and families facing a SUD. Adding on, Zastrow (2017:88) is adamant that social workers are competent in adhering to ethical and professional behaviour in ensuring that clients are supported. However, Maluleke (2013:70) indicates that social workers in general have limited knowledge about the implication of relevant policies and legislation in the sector of substance abuse social welfare services. More workshops and training are therefore still required. The DSD needs to work on strengthening its human resources with skilled substance dependency service providers.

5.3.3.8   Sub-theme 3.8: Negatively impacted by COVID-19

A number of the participating social workers explained that COVID-19 has negatively impacted their contact with the parents.

"Lately, things are more difficult because we don't even see those parents because of the Coronavirus; they [just] *drop off their children. We struggle to get them over the phones. With COVID our jobs are more complicated, because it feels like we are just working with children whose parents are not involved at all. When there are problems to be resolved, we struggle to reach some parents"* **[SW 3].**

"At the present moment, we are not working directly with the parents, but previously what we used to do, before the COVID, we had family intervention. Parents and

other family members would come in and gather in the room, and we would discuss a specific topic..." **[SW 5]**.

"We didn't have any support groups [for parents] *during the hard lockdown, and I can just imagine how difficult it was for our parents. Parents were not even able to see their children"* **[SW 12]**.

Social workers verbalised that COVID-19 has negatively impacted contact with parents, making it difficult for them to continue supporting their clients. During the most challenging time of COVID-19, social workers also had to adhere to regulations, making it very difficult to conduct support groups or any other activity, especially during the hard lockdown stage. Amid the COVID-19 pandemic, adolescent SUDs were a growing concern, leaving parents lacking support in managing their children's SUD recovery (Sarvey & Welsh, 2021:2). The COVID-19 pandemic has caused tremendous upheaval and disruption of the different processes in the SUD field, including the family support groups (Lundahl & Cannoy, 2021:977).

Due to indirect risks and health measures needed to "flatten the curve" of COVID-19, most treatment components like support groups and 12-step programmes had to stop, resulting in many relapses and more parents and families being stressed and frustrated (Volkow, 2020:1). Some of the parents were even reluctant to seek assistance for themselves and their recovering adolescents due to their fear of being exposed to COVID-19. The COVID-19 pandemic has had a long-term impact on SUD treatment, both directly through continued restrictions brought on by the risk of infection and psychosocial stress and indirectly through the incorporation of lessons learned and adaptations made during these trying times (McDonnell *et al.*, 2021:3).

5.3.4   Theme 4: Social workers' suggestions regarding what interventions can be used to support parents of adolescents recovering from a SUD

After having described the services their centres provide for parents, the social workers were asked to make their suggestions as to what programmes can be used to support the parents of adolescents recovering from a SUD. Their responses gave rise to seven sub-themes, as presented in Figure 5.4 below:
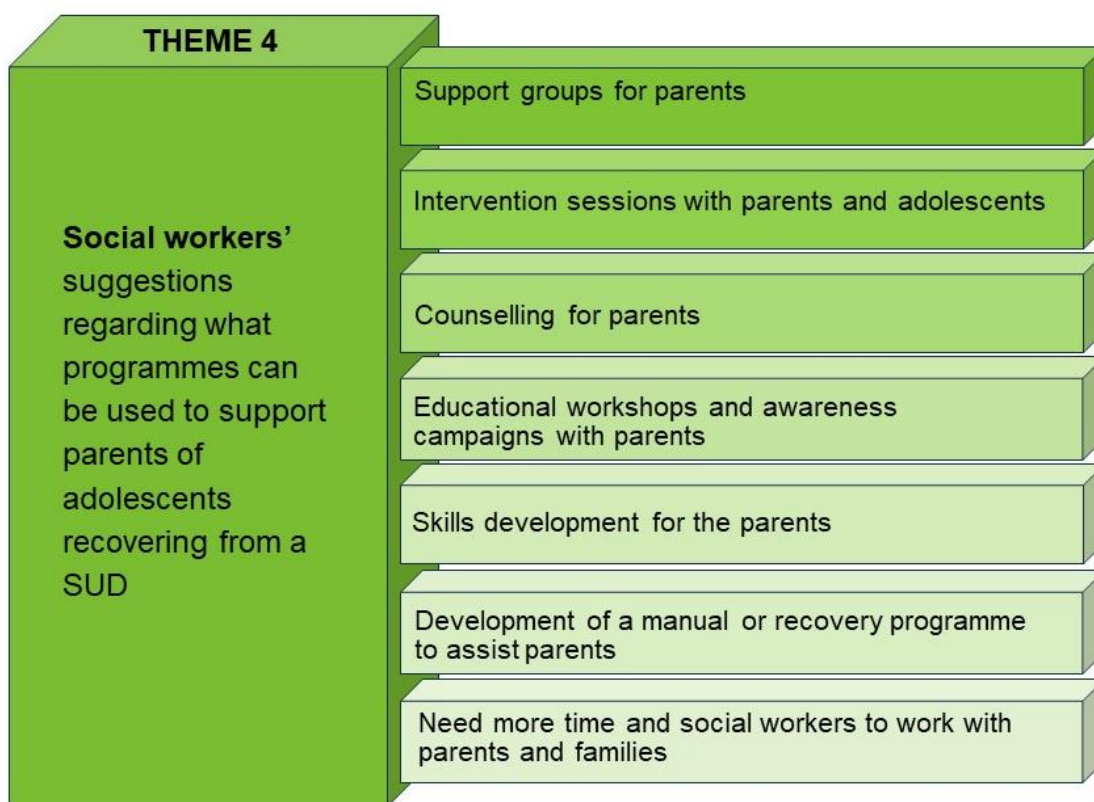
Figure 5.4: A visual presentation of the sub-themes in Theme 4

Dhludhlu and Lombard (2017:177) found that the lack of resources at the DSD was the reality, as four social workers were compelled to drive in one vehicle and simultaneously conduct their respective home visits. Consequently, they had little time to interview the families. Social workers in this study raised concerns about the lack of resources at the DSD, which they viewed as a serious barrier in their efforts to provide quality and professional substance dependency services. However, social workers saw the need to utilise services such as support and educational groups to engage and support parents of adolescents recovering from a SUD. In this regard, the researcher is of the view that incorporating theories like the EST and FST can indeed enhance the effectiveness of social work interventions in this context.

5.3.4.1 *Sub-theme 4.1: Support groups for parents*

Virtually all the social workers suggested that support groups could be used to support parents and would be valuable.

"Parents need to be supported… start with a parents' support group focusing on the well-being of the parents. Emotional psychotherapy for parents will be better to include the siblings. I would suggest we give parents space to voice their frustrations, cry, and get support from other parents and professionals in a support group… I would suggest a self-help group for parents to get assistance from other parents and a formal support group with a professional to guide the process" **[SW 7]**.

"…have a support group for parents to discuss more issues… I would focus more on building trust as… most children and parents struggle with trust issues after the treatment. Then I will discuss topics like parenting styles, strengthening relationships, even understanding substance use as a disease. I will also include how to talk with their children" **[SW 10]**.

"…maybe to organise the parents who come simultaneously, perhaps they can exchange phone numbers and form a group. The aim will be to share ideas and experiences that might help them, since they have similar problems. That might help them when their children get discharged from the clinic" **[SW 15]***.*

"Firstly, I would suggest we have a group that will encourage or promote self-care for parents, especially those dealing with stress and depression, i.e. for them to get professional help… they don't understand why they should get professional help to be able to help their kids. Secondly, I would suggest groups to assist them with relevant knowledge and information on substance abuse… I would suggest we have support groups that focus on parental coping mechanisms to ensure parents are doing well…" **[SW 3]***.*

When parents are involved in treating the adolescent recovering from a SUD it can improve the chances of success (Masombuka, 2021:156). It is crucial to involve parents in the treatment process to empower them with the skills and support they need to cope. In this regard, Dryden and Reeves (2014:477) support the idea that in addition to individual therapy, social workers may also recommend family therapy as a way to potentially lessen the difficulties that parents bring to counselling, particularly when it is obvious that these difficulties are linked to the adolescent

recovering from a SUD. The support groups would provide more insight into possible environment-based family intervention strategies (Muchiri & Dos Santos, 2018:2).

5.3.4.2   *Sub-theme 4.2: Intervention sessions with parents and adolescents*

The other predominant suggestion made by social workers was that counselling or sessions with parents and adolescents together should be used to support the parents of adolescents recovering from a SUD.

"Often, parents don't understand what their children go through, and also the children don't understand what they put their parents through. I think both parents and children should be given a platform to share their challenges and how they can try to meet each other halfway. Sessions for parents and children should be introduced as a support system to cater for parents…" **[SW 1]**.

The participants verbalised that to win the fight against substance use, parents need to be included in the treatment. However, they also felt that not much support is given to parents, which needs to change.

"…communication skills, as I understand it is a big problem… I will call in parents and their children in one session to deal with all the unresolved issues. That will also help parents and their children to be on the same page or more or less on the same page" **[SW 10]***.*

"We need to work very closely with parents and provide them with information to empower them. I understand that other parents are not coming on board because they don't even understand what treatment all is about, they don't have adequate knowledge on how to support their children, and I guess that also frustrates them. That is why I say it is crucial to work with them. We need to give parents enough information on how to care for themselves and how they can support their children" **[SW 11]***.*

"I would also suggest that there should be family counselling that will include both parents if they are available and include the siblings… also include sessions whereby parents and their children could talk about forgiveness, trust issues, anger

management, and stress management. When parents can deal with their stresses, they won't take out their stresses on their children, leading them to relapse again" **[SW 12]**.

The term 'family intervention' is a broad term used for programmes, projects, training methods, treatment and counselling forms, penalties, etc. This study's theoretical framework is based on the EST. When a family member struggles with a SUD, this approach can be utilised to help treat the adolescent recovering from a SUD and their family, as substance use and abuse affect the whole family unit.

According to Varghese *et al.* (2020:193), the key components of family intervention are offering information, screening family members and the individual with a SUD, providing treatment and counselling to the entire family, and figuring out better ways to interact with the adolescent suffering from a SUD. When a SUD is present, parents and other family members find it difficult to express their needs, feelings, and desires (Casker, 2019:26). Family interventions are therefore required to help parents with their support needs. In this regard, Masombuka (2021:72) concurs that family interventions can be used to alleviate and mend tense situations between adolescents recovering from a SUD and their parents.

5.3.4.3   Sub-theme 4.3: Counselling for parents

Some participants made a connection between parents' inability to cope and a lack of counselling. The participating social workers suggested that the support programme should include counselling for parents. The following views were submitted by participants on the significance of counselling:

"I think the counselling. Before we could release the service users during that time of the treatment, I think we should also invite the parents to come in, to prepare them on what to expect and not – the do's and the don'ts" **[SW 3]**.

According to Choate (2015:468), parents dealing with adolescent substance addiction shared their inability to cope and have realised that sometimes even reaching out for help is also ineffective, which adds more pressure in their struggle to cope.

"I would suggest that we have one-on-one sessions with the parents to try and understand where they come from, what is happening in their lives, and how they are coping" **[SW 13]***.*

"So I would suggest we have facilities to support parents and provide them with therapy, as I have mentioned that parents struggle to afford to go to psychologists" **[SW 15]***.*

The social workers felt that there was a huge need for parents to receive counselling to enable them to cope. Families are struggling to cope, as they constantly have to deal with issues such as family arguments, relationship breakdowns, abuse, aggression, and violence, hence they also need counselling and support (McCann *et al.*, 2017:2). There are more negative emotional reactions that reflect the challenges faced by parents with adolescents recovering from SUDs (Mafa & Makhubele, 2020:1926). Consequently, Waini (2015:101) agrees that parents are mainly excluded in the provision of substance dependency services to their youths. Without any doubt, the social workers believed that giving parents counselling and including parents in the treatment plan would enable them to cope and allow them to concentrate on themselves.

5.3.4.4   Sub-theme 4.4: Educational workshops and awareness campaigns with parents

Workshops for parents were also proposed as being a useful means of supporting the parents of adolescents recovering from a SUD. These workshops should be primarily informational or educational in nature. One participant suggested that parents should be invited to a workshop before adolescents are received:

"But before we receive their children, I think it will be better if we had a workshop with them before they bring their children here, so that they know what type of place they are taking their child to, what the programme is all about. I think we should also involve parents to help them cope with their children after they have been released from the treatment centre" **[SW 15]***.*

There is a call for social workers to conduct ongoing preventative awareness campaigns to encourage parents and educate them about their roles and functions in supporting their adolescents (Nhedzi & Makofane, 2015:372). The campaigns can also include providing parents with available information and services that parents can access from the social workers' offices.

"…there should be a workshop or educational group whereby parents are taught about the importance of communication. That can also be done to build trust and teach parents and their children to open up" **[SW 10]**.

It has become essential for prevention programmes in the substance dependency field to focus on educational approaches. In this regard, Zastrow (2017:282) emphasises that quality preventive educational programmes should focus on the effects of substance abuse, recognising substance abuse signs, and how to help a significant other who overdoses. Masombuka (2021:205) also emphasises providing relevant information for parents to know what to do if their adolescent with a SUD is in denial about his/her substance dependency problem and what treatment resources and programmes are available in the community.

The Prevention of and Treatment for Substance Abuse Act 70 of 2008's guiding principles can be implemented by social workers through a range of intervention techniques and social work roles, including educating parents, families, and communities (Unegbu, 2020:17). Providing the parents with knowledge and education on issues such as coping and relapses can assist the parents to understand the substance dependency journey better, leading to better coping skills. Additionally, it is critical that parents are better equipped to handle a variety of situations, such as relapses, that may arise during the healing process (McCrady & Flanagan, 2021:2). Parents will be better able to deal with disappointments and continue to put their own needs first if they are aware of the difficulties that are associated with parenting an adolescent recovering from a SUD.

5.3.4.5   Sub-theme 4.5: Skills development for the parents
The social workers also referred to the need to develop the skills of parents so that they could cope better with their adolescent recovering from a SUD. Parenting,

communication, and relationship skills, as well as self-care were some that were highlighted.

"I would also suggest that we offer workshops on parenting skills and involve other stakeholders that can be helpful in the process" **[SW 12]**.

"It will be good to have capacity-building workshops with parents to try and assist them in gaining more knowledge about parenting, how to get along with their children, and self-care. I think parents also need to know and understand that they are not responsible for their children's wrong choices. I would include sessions whereby parents try to get to know themselves better and stop undermining the knowledge and teachings they gave their children" **[SW 1]**.

"I would also suggest that parents be assisted with parental skills and other skills to strengthen their relationships with their children. Parents are not allowing their children to take responsibility for their lives; they keep blaming themselves for their children's bad choices" **[SW 5]**.

"…parents need to be assisted with parenting skills, because you can see that we have a lot of broken and dysfunctional families. We need to provide parental skills workshops where we teach them about parenting. You will find that other parents think that giving a child whatever that she needs is parenting, only to find out that it is not like that. We need to guide parents that they are supposed to be there, give support, and provide guidance. Sometimes parents need to practise tough love with their children" **[SW 15]**.

Through their parenting skills and emotional connections, parents play a significant part in influencing adolescent behaviour (Smokowski *et al.*, 2018:2926). In developing parenting skills, parents will be in a better position to raise their children. A study by Casker (2019:44) reveals that some parents were concerned about their abilities to raise their children and that some even thought that they were now neglecting the non-using siblings. In other words, if there is an imbalance in parent-child relationships and communication, parents run the risk of witnessing their children become dependent on drugs. SAMHSA (2024b:26) reaffirms this, adding

that communication and regular interactions are usually impacted in households where there is substance abuse, since the communication style has evolved into an aggressive one.

The participants mentioned that, in most cases, parents of adolescents recovering from a SUD struggle to find a balance between caring for their recovering adolescent, their non-using siblings, and their own needs. Helseth *et al.* (2021:1052) note that familial stress may make siblings more likely to experience behavioural issues and that siblings may be more susceptible to the SUD of an older sibling.

5.3.4.6   *Sub-theme 4.6: Development of a manual or recovery programme to assist parents*

Another suggestion mooted by a few social workers was that a manual or recovery plan should be developed for parents, and this would support them in dealing with their adolescent recovering from a SUD.

"I would suggest we design a manual on the do's and don'ts of the parent of the substance user… that will include the issues of getting counselling, taking care of yourself, it is not your fault, etc. …and it will come in handy for most parents" **[SW 5]**.

"We need to also be there for parents, because we know they go through a lot. We expect them to support their children, but we also need to support them as social workers. Hence the manual… If we don't have time to focus on the parents due to workload issues, parents can be provided with that handbook" **[SW 13]**.

"…designing a programme for parents would be a great thing, because there are no guidelines in terms of how to address parents. We know we need to give them information and a recovery plan for their children, but there is no recovery plan for them as they are also recovering" **[SW 9].**

"We need to have a recovery plan on how parents can cope with their children, especially after treatment… it will help guide us on how we can assist parents,

because we are doing what we think can work. Although our programmes are designed to cater for a user, I think that also needs to be challenged" **[SW 10]**.

Participants shared the need to develop a recovery plan that will assist parents to cope. The support that parents need was emphasised as a crucial factor, because they are frequently disregarded while the recovery of the adolescent suffering from a SUD receives more focus and attention. Parents and family members should be encouraged to seek assistance for themselves (Casker, 2019:113). In a study by Masombuka (2021:203), the findings indicate that some social workers acknowledged the lack of resources to empower parents of adolescents recovering from a SUD.

In this context, Zastrow (2017:282) underlines the importance of programmes to educate and support parents and help them to identify the symptoms of relapse, how to aid a loved one who overdoses, and how to access the available resources for treatment. Hence, the social workers were encouraging the development of a manual that would contain all the necessary information to support the parents. Similarly, Gentle-Genitty *et al.* (2014:46) make the point that when social workers gain more experience and knowledge in the SUD field, they will start to discover their own patterns that may strengthen existing theories or lead to the development of new ones. The above was also supported by one participant who mentioned that she relies on her social work skills to guide her in dealing with parents of adolescents recovering from a SUD.

5.3.4.7   Sub-theme 4.7: More time to work with parents and families

Finally, some social workers suggested that what is needed is more social workers to work with the parents, as they do not have sufficient time or human resources to give the parents the support they need.

"It would be better if we had more social workers while focusing on children, then the other social workers can focus on facilitating groups with parents. We need more social workers on board to win this fight against substance dependency" **[SW 1].**

"Most organisations are short-staffed, making it difficult to deal with other issues… more social workers facilitate support groups for parents to share their challenges and get help from other parents in the same boat… we need to support both the child and the parents. With more social workers, we can even extend it to bringing in the whole family, as they are all affected by the behaviour of the substance user" **[SW 15]**.

"My thinking is that maybe we need to think along the lines of having more social workers to have less caseload. Our caseload is very high, making it very difficult to look into the needs of the parents. Honestly speaking, we don't have enough resources to do any justice to the parents, even if we want to do that" **[SW 11]**.

The participants indicated their concerns in terms of lack of time and human resources to deal with parents of adolescents recovering from a SUD. One participant mentioned that even if they want to work with parents, there is no time for that because they are understaffed. The above statement is confirmed by Setlalentoa, Ryke and Strydom (2015:97), who indicate that for a substance dependency intervention strategy to succeed there should be financial, human, and infrastructure resources for proper implementation. However, a study by Dykes and Casker (2021:234) indicates that funding and sufficient treatment centres are always in short supply, but that it is vital that appropriate planning is done and enacted.

Furthermore, Nyashanu and Visser (2022:2) highlight the fact that South Africa does not have enough trained personnel, treatment facilities, or financial resources to deal with an ever-increasing number of drug victims. Roestenburg (2023:1) reported how the social work academic fraternity was shocked when the Gauteng DSD announced on 5 April that a 50% cut on welfare budgets for the 2023/2024 period would be implemented immediately. With the need for more social workers, especially in the substance dependency field, and social workers already mentioning their challenges related to being understaffed, a lot still needs to be done to address the issues at hand.

5.3.5 Theme 5: Social workers' opinions on what should be included in a support intervention for parents of adolescents recovering from a SUD

The final question the researcher asked the participating social workers was: If you were consulted about an intervention for parents with adolescents recovering from a SUD, what would you suggest should be included?

One social worker made an introductory comment to his response that he wanted to be taken into account: *"Firstly, we will have to assess the needs of the parents, because they also come with different needs. For instance, some are the victims of abuse, some a divorce that they went through, you will find that some of the parents are alcoholics… once you have assessed the parent, group them according to their specific needs… the programme needs to be based on the needs of the parents"* **[SW 9]**.

From their opinions given in response to this question, eight sub-themes emerged, as summarised in Figure 5.5.

Figure 5.5: A visual presentation of the sub-themes in Theme 5

Mathibela and Skhosana (2019:104) note that the behaviour of the recovering adolescent with a SUD causes a breakdown in family connections, and social workers should provide parents with counselling and support. It is also important for social workers to encourage cooperation and empathy between parents and the adolescent recovering from a SUD. Through the application of the EST and FST, social workers can better assess the broader environmental factors impacting both parents and adolescents in recovery. They can also tailor interventions to address family dynamics and relationships, which play a crucial role in the family unit. This approach can lead to more holistic and effective support for both parents and adolescents navigating the challenges of SUD recovery.

5.3.5.1   Sub-theme 5.1: Understanding SUDs and relapses

The social workers again emphasised that information on substances and SUDs must be included in a social work support intervention for parents, as they often lack relevant information.

"…even with the substance, it is so broad because some of the parents would think that dagga is not bad compared to crystal meth. So, education on the causes and the effects of the substance, especially on the developing brain" **[SW 11].**

"Parents don't even know how to be alert to the signs of people using substances, because some parents take too long to notice that they have a problem. Also, teaching parents to do home drug tests so that they can deal with it before it can escalate" **[SW 3]**.

"I think parents need to get parental skills and more information on substance use, especially to understand that substance use is a disease" **[SW 5]***.*

"Parents need to be empowered with knowledge and know what to look out for when their children have relapsed" **[SW 1]**.

Supporting the above narratives, Mpanza *et al.* (2022:12) suggest that in order to achieve a better result in relapse prevention, families need education on SUDs, the recovery process, and relapse. The participants mentioned that one of the

frustrations shared by the parents is that they do not understand the whole issue of relapse. If parents are well informed and they understand SUDs, relapse, and the recovery process, it will assist them to cope better. One participant mentioned that with a good understanding of relapse, parents will be in a better position to know when to draw the line. In support, Appiah, Boakye, Ndaa and Aziato (2018:472) share that it is crucial for families, especially parents, to understand the process of recovery; therefore, they need to be included in the relapse prevention programmes. Families, especially parents, have an important role in supporting a family member with a SUD and that can be challenging (McCann *et al.*, 2017:1). One participant mentions that parents will mostly complain that they are not sure how to handle the issue of relapse or how to even know that the adolescent has relapsed. Parents need to better understand relapse and SUDs, because doing so will make it less frustrating and difficult for them to cope.

5.3.5.2   Sub-theme 5.2: Parallel programmes for adolescents and parents

Social workers were also of the opinion that parallel programmes should be run for adolescents and parents at the same time. Family therapy acknowledges that substance dependency affects every member of a family, especially the parents. It is worth noting that only two social workers saw the need to have parallel programmes running for both the parents and the adolescents recovering from a SUD, as can be seen in their narratives below:

"Basically, I would suggest we have two groups running at the same time. When a child is admitted, let the parents or family come for counselling. Substance use is a trauma for the family, because their whole life has to change because of the service user, and no counselling is provided for those families. That is why in some families, you will find the other children joining the brother who is using substances because they struggle to cope and join the party" **[SW 15]**.

"We need to have two programmes running parallel, like a programme for adolescents and the other one focusing on the parents. I think that would be great. When we send the kids home, they have been inspired already, but the poor parent has received the child back, but is still broken. It would be better if the programmes were facilitated simultaneously" **[SW 7]**.

When a family member suffers from a SUD, family therapy can help the parent/s and siblings recover and be more in control of their lives. Effective family interventions can assist in strengthening family bonds. Programmes that promote family engagement and education were determined to be the second most effective preventative strategy after in-home family assistance, and around 15 times more successful than initiatives that merely gave teenagers information (Sparks & Tisch, 2018:101). This demonstrates the significance of ensuring that parents know about SUDs and are supported to cope.

Parallel programmes will assist parents and the recovering adolescent by empowering them to cope, especially after being discharged from the treatment centre. In a typical session, parents and adolescents will attend separate training groups before coming together as a family with a common understanding (Sparks & Tisch, 2018:105). In support, Janardhana, Raghunandan, Naidu, Saraswathi and Seshan (2015:185) share that family interactions assist in understanding the individual with a SUD and bring families together over a period. Therefore, based on the above statement, it indicates that parents will benefit more from parallel programmes for them and their adolescents recovering from a SUD.

5.3.5.3 Sub-theme 5.3: Parenting skills or styles and parent-adolescent relationships

The social workers were of the opinion that skills development should be included in the programme for parents. A variety of skills were mentioned and included, for example parenting skills, stress management, anger management, and re-building the relationship with their adolescent. In justifying the above, the following was shared:

"I will include parenting skills, anger and stress management. I would also introduce the issue of putting young parents and older parents in separate groups, as they mostly don't see things in the same manner. I will also encourage parent-child communication channels. Topics like setting boundaries and rebuilding trust should be included… include teaching parents how to balance life, balancing their work, time for other children, and practising self-care" **[SW 11]**.

The parent-adolescent relationship should be strengthened and that can also assist in protecting adolescents from substance use and abuse (Alhyas *et al*., 2015:5).

"We need to include parental skills, anger and stress management, because other parents are angry because their children have disappointed them many times" **[SW 15]**.

It is confirmed by Kann *et al*. (2016) that negative parent–child relationships could lead to a sense of lack of support and to the use of violence as a strategy to survive.

"Parenting skills should be number one, and two is building relationships… Children and parents are not connecting, because their parents do not understand the child's needs. The aim should be to empower parents… transparency is another one that they need. Sometimes, parents are not open about their challenges and struggle with their children. They would need a particular lifestyle, only to find out their parents can't afford it, which becomes a problem. And parents keep on blaming their children; whenever they see something wrong, they always panic, they always react, and that somehow pushes the children away" **[SW 5].**

So the panic comes when the is child is back from the rehab centre, they don't know what to do with him… anything that gets missing, parents starts to panic... because if you check the children, they would always complain that when they make mistakes, parents will go and tell everyone in the family. As a result… children don't open up to their parents. Some children have disorders like ADHD [Attention-deficit/hyperactivity disorder]*… Parents need to look at their children's backgrounds and try to understand them, because they might end up relapsing as their coping mechanism… Ja, parenting skills and parenting style because if not done well, the child won't stand against the world due to peer pressure. Some children can't cope because their parents neglect them. They struggle to balance their lives. Some parents work 6 to 6 and sometimes work overtime, leaving no time for their children"* **[SW 6].**

Encouraging open lines of communication within the family helps and can improve the lives of adolescents, preventing them from engaging in risky lifestyles

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(Stormshak *et al.,* 2019:322). When parents encourage their children to be more open with them, that builds good character in adolescents and minimises engaging in risky behaviours (Krauss, Orth & Robins, 2020:475). Encouraging positive and healthy communication among parents and adolescents can prevent a lot of unpleasant drug behaviours (Hogue *et al.,* 2021:2). Programmes that teach parents parenting skills to improve parent-child relationships are different from parent education initiatives that primarily focus on educating parents about SUDs (Sparks & Tisch, 2018:102). Having parenting skills training programmes will assist in ensuring parents are included in the training and that will assist in the development of the recovering adolescents' social skills.

Family programmes typically involve empowering individuals to be better parents and building better relationships. The importance of the parent-child relationship continues through adolescence and beyond. Social work is concerned with developing relationships, cultivating trust, and extending respect and compassion while dealing with the parents of adolescents recovering from a SUD and this is done through effective communication and an empathic and empowered approach (Galvani, 2015:8).

5.3.5.4 Sub-theme 5.4: Self-care for parents of adolescents recovering from a SUD

Another opinion presented by the social workers is that self-care for parents has to be included, as parents need this if they are going to cope.

"Parents also need to take care for themselves. Then we can address issues like parenting, trust, and other matters relating to substance use. But for me, self-care should be number one" **[SW 2].**

The affected parents are the ones who are faced with the responsibility to support the adolescent recovering from a SUD. Those parents also have to deal with stigma and social isolation and need to be supported to cope (McCann *et al.*, 2017:2). In caring for children, parents need to remember that they also matter. Parents will be able to care for their children if they are at their best; this means caring for their own mental and physical health.

"Balanced lifestyle, self-care, [and] *conflict resolution, especially when it comes to parenting, because as a parent you want to help the child, only to find that you as a parent needs help. How do you neglect yourself, but want to take care of your child? Parents need to learn about self-care and understand boundaries when it comes to a world of addiction"* **[SW 16]**.

One of the recommendations in Chapter 4 of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa, 2008: Chapter 4) states that "it should be mandatory for interventions to preserve and support parents and families by identifying and seeking solutions to the problem of their substance-dependent significant others". However, most of the substance dependency institutions are not equipped to support and assist parents, making it difficult for parents to seek and access the help required.

"Most parents complain about their weak health since their child has started using substances, or their health has deteriorated since their child is using. They don't have time to focus on themselves as they focus on the child using substances or is forever worried about that child" **[SW 13]**.

"We can include helping parents understand that they are not responsible for their children's behaviour. To realise that if they don't start taking care of themselves, it will have long-term damage on them" **[SW 9]**.

The researcher is of the opinion that choosing to love and care for yourself while your son or daughter is in active addiction is a conscious decision. If you are not intentional in your thoughts and actions, it is easy to slip into a world consumed by your child's problems. Caring for yourself means reaching out to get professional assistance and support. Physical, mental, and emotional healthcare are all components of individual well-being, also called self-care (Dysart & Harden, 2022:2). A study by Casker (2019:29) indicates that lack of parental self-care leads to emotional and psychological issues, which makes it more difficult for parents to manage the SUD issue that developed inside the family.

5.3.3.5   Sub-theme 5.5: Aftercare support

Support and assistance, particularly after the adolescent has completed treatment, was highlighted by the social workers as being of particular importance to be included. The following are the narratives from the participants:

"…the groups will help parents to be able to detect if the recovering user is relapsing and take necessary actions that will help the user from relapsing completely. The idea should be to focus on rebuilding broken and damaged relationships between the parents and the child. The groups will also empower parents with knowledge and what to look out for when their children have relapsed" **[SW 1]**.

"Based on the parents I've already seen, I would say most parents are broken. They should get counselling, parental skills, communication skills, understanding of substance use, and how to deal with their children after treatment. We can include helping parents understand that they are not responsible for their children's behaviour" **[SW 9]***.*

"…some parents do not realise that a child has a psychiatric issue or doesn't know how to cope. They hear the words that 'your child has bipolar disorder, which is why the child is using substances'… they don't know what to make of this diagnosis. They also don't understand the care they have to give the child afterwards. A lot of aftercare has to be explained to the parent if there is a psychiatric issue" **[SW 7]***.*

The participants shared that most parents have indicated to them that they need assistance with their children, especially after treatment. As a result, parent interventions should focus more time on helping families to understand the challenges related to the recovery process and relapse so that its effects are reduced, properly handled, and acknowledged as a necessary component of the healing process (Mpanza *et al.*, 2022:17). Support for parents should start from the day when their adolescent is admitted for treatment through to post-intervention support. Supporting families who are negatively impacted by a loved one's challenging SUDs should also be a part of SUD treatment (Galvani, 2015:10). Hence, techniques like balancing and boundary-making are quite useful in dealing with the different challenges faced by parents of adolescents recovering from a SUD

(Varghese *et al.,* 2020:196). Realising that they need patience with the recovery journey of adolescents, parents will put less pressure on adolescents to achieve recovery results and establish a more realistic set of recovery goals (Felkers, 2019:77). Empowering parents with knowledge and supporting them in the aftercare programmes are crucial to ensuring their well-being.

5.3.5.6 *Sub-theme 5.6: Counselling or therapy for parents*

A common opinion expressed by the social workers was that counselling or therapy should be included in the programme to support parents of adolescents recovering from a SUD. Counselling or therapy for parents and the entire family was suggested.

Many of the social workers were of the opinion that counselling or therapy for parents should definitely be included in the social work support intervention for parents.

"I would start by suggesting we see parents one-on-one to understand their different backgrounds, needs, and challenges. After doing that, I would group parents according to their needs. Some of the parents have been through a lot and they have no one to talk to, and they end up neglecting their children. We need to address those issues with them. I have seen parents come here and say they are also on sleeping medications because they are not coping with their stresses and the service user. I think we need to identify those parents and give them priority in terms of counselling" **[SW 11].**

In a similar study by Casker (2019:118), the importance of family units is emphasised. The author goes on to discuss the need for communication for healthy family functioning and the fact that relearning positive communication is the key to family healing and restoration (Casker, 2019:118).

"I would also suggest one-on-one counselling for parents to assist them in dealing with their personal issues and stresses. In that environment, parents will be given the opportunity to raise any concerns about family-related matters" **[SW 4].**

Some social workers indicated that counselling or therapy should be provided for parents together with their adolescents and a few mentioned that the entire family should be included, which would include the affected adolescents' siblings. The impact of substance usage on each individual in a relationship or family is acknowledged in family therapy (SAMHSA, 2020:79). Thus, family therapy can aid in recovery, healing, and positive change for parents and family members when an adolescent is recovering from a SUD.

"We should have services that will include the family as a whole, not only focus on the substance user" **[SW 12]**.

"I suggest that parents get family counselling to involve every family member. That will be to understand where the whole family is regarding the users' dependency on substances. When the entire family has been to therapy, it betters the chances of the users getting more support from the family and the chances of them not going back to using" **[SW 2]**.

"Family counselling should be encouraged to empower parents with coping skills. That will assist parents in being aware of the strengths they have in managing their children and their lives" **[SW 6]***.*

In a study related to this sub-theme, Mafa and Makhubele (2020:1935) share that it was evident that there is a significant need for support networks that will provide counselling and therapy for the affected parents. Support and assistance, particularly after the adolescent has completed treatment, were highlighted by the social workers as being of particular importance to be included. Additionally, parents need social workers' assistance in building a better family system by enhancing communication across various family subsystems.

The participants shared that, based on their observations, most parents are broken and need counselling. Counselling can also assist parents to understand that they are not responsible for their children's behaviour. Specialised counselling and intervention for families affected by SUDs must be made available, because they have been found to be the most effective (Casker, 2019:123).

5.3.5.7 Sub-theme 5.7: Encourage multidisciplinary collaboration in the SUD field

The social workers indicated that more social workers, as well as other professionals, should be available in the programme for parents and also more broadly for the community. This was indicated in the following storylines:

"We will need to have more social workers to assist with the workload because, at the moment, it is not easy to add more responsibility. If we have that… imagine the support we will be providing parents with, and we will also be available for them when they need us as social workers" **[SW 12]**.

"I would also suggest that we have multidisciplinary collaborations, including other professionals, to assist because we cannot do it by ourselves. We need more people to help curb this issue" **[SW 11]**.

In relation to this point, Masombuka (2021:223) states that drug abuse should be addressed by a number of stakeholders in the environment who play vital roles in the lives of adolescents, such as schools, churches, school counsellors, social workers, psychotherapist, community and different professional specialties, whose contribution will result in the appropriate developmental outcome of each adolescent. Involving the community in intervention is a vital component if society hopes to address the scourge of addiction (Dykes & Casker, 2021:234).

"…if I see that this family needs therapy, or marriage counselling, involving a marriage counsellor to come and assist… involving other stakeholders in the helping professions… spirituality can also be in that programme, because parents need to be restored spiritually, as much as we help them emotionally and physically… we have to include other stakeholders… we cannot say we are masters of everything as social workers. A specific organisation can come in just to help these parents working towards holistically assisting the family. At the moment… we are only focusing on one aspect and hence we are not winning this fight against substance dependency" **[SW 15]**.

"I believe having to invite other professionals like pastors and nurses to encourage parents about spirituality and taking care of their health. I would also suggest that we should include anger management classes or sessions for parents, as one can see that they are struggling with anger issues based on their children's behaviour" **[SW 8]***.*

Collaboration minimises the duplication of effort, maximises information-sharing, and builds capacity (Nelson-Nuñez & Cartwright, 2018:76). A collaborative approach entails that those services be provided in an integrated and holistic manner, reflecting collaborations between government departments and other stakeholders who have a crucial impact on the lives of adolescents recovering from a SUD and their parents (SAMHSA, 2016:321). Parents need assistance from other community members and additional social workers (Mafa & Makhubele, 2020:1935).

5.3.5.8   Sub-theme 5.8: Online parent support groups

The researcher did not initially include a question on the use of media and technology to provide information and support to parents. However, the social workers' frequent references to how the COVID-19 pandemic had closed down their limited support services to parents prompted her to ask how this could be overcome, and the response was that available media and technology should be used. One treatment centre relocated its parent support groups online in response to COVID-19 and an increased need for support options. This centre offered a secure online forum where those worried about a loved one's substance use may exchange helpful advice, receive support, and share materials and knowledge that have proven effective.

The researcher concluded her interviews with the social workers by asking their opinion on whether and how media and technology could be used to support parents. Their positive responses are given in the following storylines:

"It will be much better to do virtual support group meetings, and parents can attend from their own homes or even offices. The virtual support groups can help parents even financially, because some parents come from far to attend. Hence, we have

low attendance when we call in parents, because they are either at work or don't have money to come to the centre" **[SW 12]**.

"If we had good and enough computers, I would suggest we start those online support groups, using WhatsApp, Teams, Zoom and other social media. But… with government institutions, we struggle to get even what we say is basic… we will also need internet, which is always a problem with us here" **[SW 3]**.

"Using technology and pamphlets or leaflets to share information is our way out of this situation. We need to start having information printed all over on the services available for users – what parents can do if their child is using drugs and what they can do to cope. Support can also be done by using WhatsApp groups for parents to share and just sending out information using SMSs [text messages via cellular phones]. *We also need to take the opportunity to use local radio stations to share information with parents"* **[SW 6]**.

"I would suggest we start practising doing group work through online platforms. Organisations like ICAS [Independent Counselling and Advice Services] *have been providing counselling services via telephone, and it has been working. I think we need to start looking into group work using online platforms"* **[SW 9]**.

The participants highlighted that interventions can also be done using Zoom and other platforms. They mentioned that technology is the way to go, and this is what is being done everywhere. However, they will still be available for face-to-face consultations. This indicated that social workers are very keen to come on board and adapt to the changing world. This is due to the fact that many people now conduct their research online, and the internet is the simplest way to get information on SUDs (Chie *et al.,* 2015:5).

Online interventions have several benefits, including accessibility, potential anonymity, and simplicity of delivery, and can attract more people who might otherwise be unwilling to receive treatment because of stigma and shaming (Siljeholm, 2023:24). Based on the changing world we live in, most people get a lot of information from different websites. The social workers indicated that it is easier

to search for information using the internet and other technological resources. They mentioned resources accessible through internet resources such as websites and blogs. A change in the existing programmes was also proposed. This is supported by SAMHSA (2016:326), showing that awareness-raising strategies may be implemented via communication tools like newsletters, blogs, articles, and storytelling.

5.4   SUMMARY OF THE CHAPTER

This chapter has presented the research findings based on the interviews conducted with social workers. To achieve the goals and objectives of this study, the researcher conducted 16 semi-structured interviews with social workers working in the three in-patient treatment centres in the City of Tshwane that cater for adolescents with SUDs. The participants' experiences, perceptions, and suggestions were recorded, documented, and analysed. In the first section of the chapter, the researcher provided the biographical profiles and descriptions of the participants, followed by a discussion of the five themes and their respective sub-themes which emerged during the data analysis processes. The first theme referred to social workers' accounts of working with the parents of adolescents recovering from a SUD. The second theme outlined the social workers' perceptions of the needs of the parents of adolescents recovering from a SUD. In the third theme, the social workers' descriptions of the services the treatment centres rendered to parents of adolescents recovering a SUD were discussed. The fourth theme focused on outlining the social workers' suggestions regarding what interventions can be used to support parents of adolescents recovering from a SUD. Finally, in the fifth theme the social workers' opinions on what should be included in the intervention for parents of adolescents recovering from a SUD were discussed.

It is worth noting that some of the services mentioned by the social workers as being offered to parents of adolescents recovering from a SUD were not highlighted by the parents interviewed in this study. This might be due to social workers' workload or even the lack of human resources. The findings described in Chapters 4 and 5, together with the exploration of existing literature, formed the foundation for designing a social work support intervention for parents of adolescents recovering

from a SUD. Functional elements are important in designing models, guidelines, and interventions. The next chapter provides the functional elements which guided the design of the proposed intervention.

CHAPTER 6:

POSSIBLE FUNCTIONAL ELEMENTS FOR A SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

6.1   INTRODUCTION

This chapter will detail how the functional elements were identified from the research findings, the researcher's expertise and knowledge, the literature search and review, workshops attended, and the interviews with the parents and social workers. The chapter will further outline the identified functional elements from the programmes, models, and frameworks used in working with families affected by adolescents' SUDs. During Phase 2 of the IDD model, the focus is on gathering information and identifying the functional elements, and this can be accomplished through a document study, an empirical study, or both (Rothman & Thomas, 1994c:68-69; Fouché *et al.*, 2021:466). In addition, Rothman and Thomas (1994c:69) indicate that after gathering the data, researchers will analyse the key components or elements of the programmes and models that have previously dealt with the topic of interest.

6.2   IDENTIFYING FUNCTIONAL ELEMENTS

The process of identifying functional elements started with an internet search on international and local treatment centres working with families of adolescents recovering from SUDs to see what services are being rendered. The researcher then undertook the literature search using A-Z Databases, LibGuides, and eBooks on the UNISA library system. EBSCOhost, SocINDEX, Sage PREMIER, ScienceDirect, Academic Search Premier, Google Scholar, and Google were also consulted.

The researcher attended a workshop on the FSMAR facilitated by Swanepoel (2022), a private practice social worker, highlighting a serious need to continue supporting families affected by SUDs. The presenter highlighted the need to educate families about issues such as co-dependency, enabling behaviour, etc.

(Swanepoel, 2022). The researcher also attended a workshop hosted by BestMed on supporting the wounded. The workshop highlighted self-care tips that need to be used by family members who are supporting individuals who have and are recovering from SUDs (Cebekhulu, 2023).

Based on the literature reviews, workshops attended, research findings in Chapters 4 and 5, and the researcher's own expertise and knowledge, functional elements were identified that could form part of a social work support intervention for parents of adolescents recovering from a SUD. Some of the programmes and models discussed below were shortly referred to in Chapter 3, however, the focus in this chapter is on identifying functional elements. In the next sections, the researcher describes how she located the functional elements.

Based on the questions formulated by Rothman and Thomas (1994c:69), namely "Has there been a successful practice in achieving the outcomes?" and "What has made this method successful?", and guided by Fouché *et al.* (2021:472), the researcher formulated the following questions to select possible functional elements:

- Is there evidence of success on how the element is used?
- What are the strengths of the element?
- What are the weaknesses of the element?
- How could this element be used in supporting parents of adolescents recovering from a SUD?

To answer the above questions, the researcher will briefly describe the functional elements and conduct an in-depth analysis of each element. The aim of studying the available elements is to determine the usefulness of specific elements in supporting parents of adolescents recovering from a SUD (Fouché *et al.*, 2021:472-473). These findings helped guide the design and development of the social work support intervention for parents of adolescents recovering from a SUD (Rothman & Thomas, 1994c:69).

6.3 FUNCTIONAL ELEMENTS IDENTIFIED FROM THE PROGRAMMES, MODELS, AND FRAMEWORKS USED IN WORKING WITH FAMILIES AFFECTED BY SUDs

The interventions identified from internet sources, literature searches, and workshops and interviews with parents and social workers are detailed and discussed according to their strengths, weaknesses, and functional elements in the following section.

6.3.1 Family support groups

Family support groups provide parents with information on substances, relapses, and stages of change in the recovery of the adolescent recovering from a SUD, and they also encourage them to continue supporting the recovering adolescent. Using different social work theories to guide their intervention, social workers continue to conduct support groups. However, social workers also indicated that counsellors and volunteers facilitate some of the support groups (Mamabolo, 2022). Figure 6.1 below outlines the strengths and weaknesses of family support groups (Mamabolo, 2022).

FAMILY SUPPORT GROUPS

STRENGTHS
Parents get support.

WEAKNESSES
Focus mainly on providing parents with ways to support adolescents recovering from SUDs.
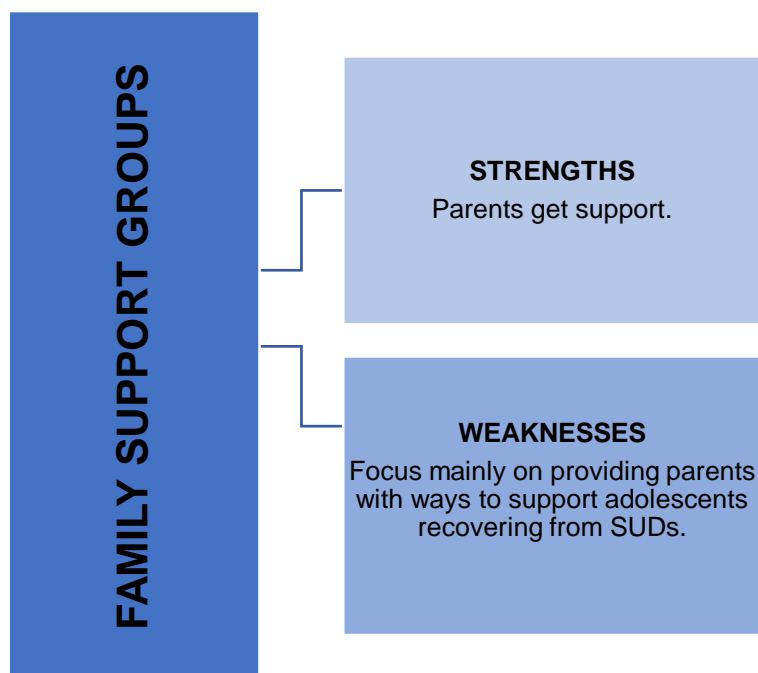
Figure 6.1: Strengths and weaknesses of family support groups

6.3.1.1 Functional elements identified

The family support group is identified as a functional element, as it provides parents with the support they need, giving them hope and a sense of belonging knowing that they are not alone. **Support groups** address the parents' need to share with other parents and interact with parents who are going through similar challenges as outlined in Chapter 4, sections 4.3.2.4, 4.3.3.2, and 4.3.4.2. The need for support was also highlighted by the social workers (Chapter 5, sections 5.3.4.1, 5.3.4.7, and 5.3.5). The support groups also address issues such as **understanding the disease** of addiction, **learning** from other parents in similar situations, **techniques for living with an adolescent** in recovery, **interaction** with other parents in similar situations, **peer group counselling**, **hope**, and providing parents with a **sense of belonging**.

6.3.1.2 How could this element be used in the social work support intervention for parents of adolescents recovering from a SUD?

Support groups have always been an advantage in working with families and parents. Treatment and task groups can be utilised as a way to address the support needs identified by both the parents and the social workers.

6.3.2   Family Support Model for Addiction Recovery

The researcher managed to engage with Swanepoel (2023) and attended a workshop on the FSMAR that was developed to offer a systematic method that can be used with the extended family when a family member experiences a substance or alcohol addiction. The strategy was created to benefit families when a member still hides the misuse of substances. Specific components can also be used once the person with a SUD is prepared for treatment or after being released from an institution for treatment (Swanepoel, 2018). Through education and guidance in small-group discussions with other family members, family members will gain knowledge and practical skills to support the addiction recovery process. The model has assisted individuals in understanding the disease of addiction and its impact on the family (Swanepoel, 2023). The programme provides information on the effects of alcohol and drug use on the family and how family members can be assisted in developing new techniques for living with a person in recovery. Furthermore, family members gain support through interaction with other families and plan for continued

self-care of the individual recovering from a SUD. However, the well-being of parents still needs to be addressed, encouraging self-care of the parents and not only the individual recovering from a SUD. The model needs to be refined to accommodate parents, as little is discussed about the needs of the parents and their well-being. The strengths and weaknesses of the FSMR are outlined in Figure 6.2 below (Swanepoel, 2023).
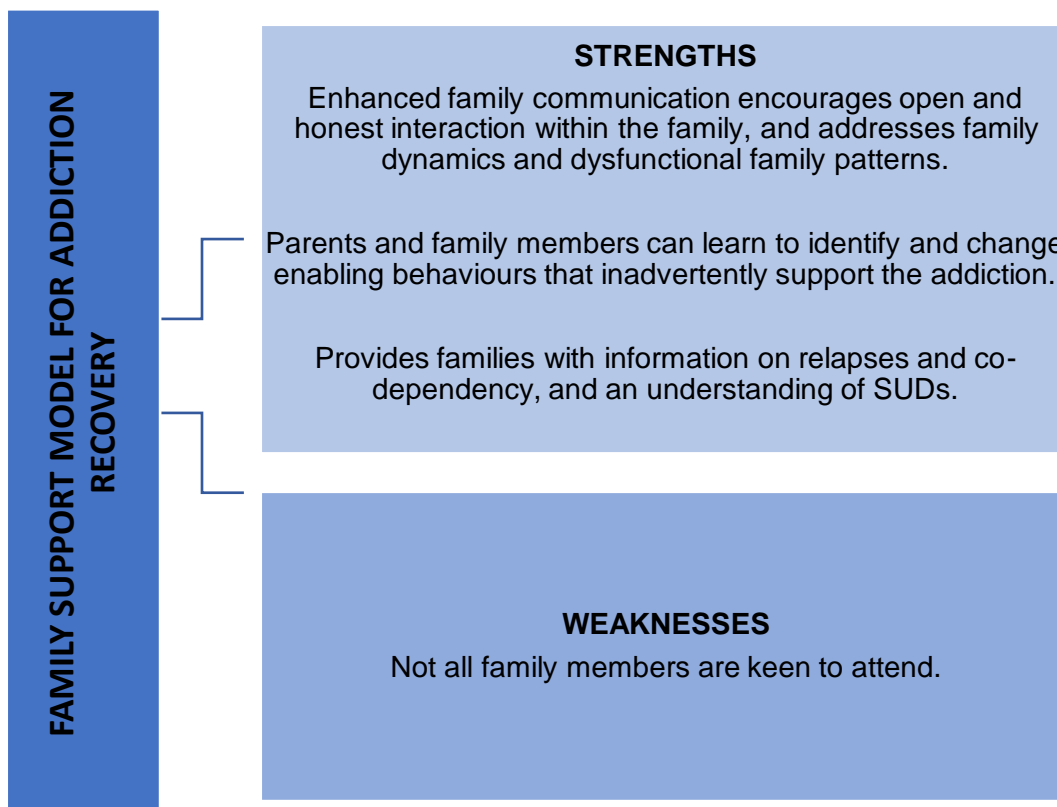
Figure 6.2: Strengths and weaknesses of the Family Support Model for Addiction Recovery

6.3.2.1 Functional elements identified

The model contains functional elements and addresses the need for parents to obtain more information on SUDs and relapse (Chapter 4, sections 4.3.4.4 and 4.3.5.1 and Chapter 5, sections 5.3.2.2 and 5.3.2.5). In agreement, parent and social worker participants recognised the importance of open communication and building trust between parents and recovering adolescents, as noted in in Chapters 4 and 5. In addressing **communication skills**, the following issues highlighted by the parents in the data gathered were also discussed: encouraging **respect** for both

the adolescent recovering from a SUD and the parents, **communication styles**, **openness** in communication, **listening**, **life and social skills**, emotional support, **family dynamics**, **enabling behaviours**, **information**, **dealing with feelings** of guilt and shame, **coping skills**, and **understanding the disease of addiction.**

6.3.2.2 How could these elements be used in the social work support intervention for parents of adolescents recovering from a SUD?

Providing parents with information will provide a succinct and straightforward explanation of adolescent SUDs and their possible repercussions. This can assist parents in comprehending the nature of their adolescent's recovery process and potential obstacles to recovery. Additionally, it will help parents better understand their child's experiences and give them coping strategies.

6.3.3   Brief Strategic Family Therapy

The model establishes a therapeutic connection between adolescents and their parents (Hogue *et al.*, 2021:2). Evaluating the strengths and weaknesses of the family and creating a treatment plan are the main goals of the first session. Sessions focus on dysfunctional family interactions and employ restructuring techniques to enhance family relationships (Jiménez *et al.*, 2019:2). The model is used because evidence reveals that dysfunctional family dynamics are the root cause of adolescent substance misuse (Mosel & Generes, 2024). The model is used to build bonds in the family and work on the challenges facing the whole family system. It is also employed to strengthen family ties and address issues that affect the entire family system. The programme focuses on working with the family to understand their needs and aspirations, because it recognises that family relationships are crucial in developing a child's behavioural issues. Figure 6.3 identifies the strengths and weaknesses identified in using BSFT (Szapocznik, Muir, Duff, Schwartz & Brown, 2015:121-133).

STRENGTHS

Addresses specific family problems and dysfunction, such as communication issues, conflicts, substance abuse, or behavioural problems.

BSFT is effective in addressing the problems identified directly.

BSFT is adapted for the family's unique cultural and contextual characteristics.

WEAKNESSES

Families with complex and deep-rooted issues require more extended periods of treatment.

The success of BSFT relies on the active participation of all family members.

Some social workers in the substance dependency field are not well-informed about working with parents.

BSFT MODEL

Figure 6.3: Strengths and weaknesses of the BSFT model

6.3.3.1 Functional elements identified

Encouraging **family interactions** can be identified as a functional element, as it promotes better parent-child relationships to improve both the lives of the parent(s) and the adolescent recovering from a SUD. Parents indicated this when they shared their experiences in parenting adolescents recovering from a SUD in Chapter 4, section 4.3.1.

The family interactions include addressing issues such as **conflict resolution**, **acceptance of adolescents** recovering from a SUD, social **support network**, identification of **emotion/dealing with emotions**, addressing **issues that affect parents**, **problem-solving skills**, **seeking help**, and **relationship skills**. The above was also supported by information gathered from the interviews with parents of adolescents recovering from a SUD and the social workers (Chapter 4, sections 4.3.2, 4.3.4, and 4.3.5 and Chapter 5, sections 5.3.4 and 5.3.5). According to Merritt (2016:75), treatment centres increasingly recognise that children cannot be understood without understanding their families. The problematic behaviours

adolescents exhibit in residence typically indicate family issues instead of individual behaviours.

6.3.3.2 How could these elements be used in the social work support intervention for parents of adolescents recovering from a SUD?

Having sessions with the adolescent and the parents and building more solid relationships can be used to assist parents with counselling to cope and encourage self-care. Parent-child communication reflects the interpersonal connections among family members and, therefore, has the potential to predict the quality of family relationships (Yang, 2014:9).

6.3.4   Community Reinforcement and Family Training

The goal of CRAFT is to improve patient outcomes by motivating participants to finish the whole treatment regimen (Brigham *et al.*, 2014:241; Bisetto-Pons *et al.,* 2016:2). CRAFT teaches families living with individuals with SUDs structured, positive reinforcement techniques to nudge a loved one with a SUD to alter their substance use behaviours (Mosel & Generes, 2024). The CRAFT programme is said to be an operational intervention to support the individual who is using substances. Figure 6.4 highlights the strengths and weaknesses of the CRAFT model (SAMHSA, 2020:47; Hellum, Bilberg, Bischof & Nielsen, 2021:2-3).
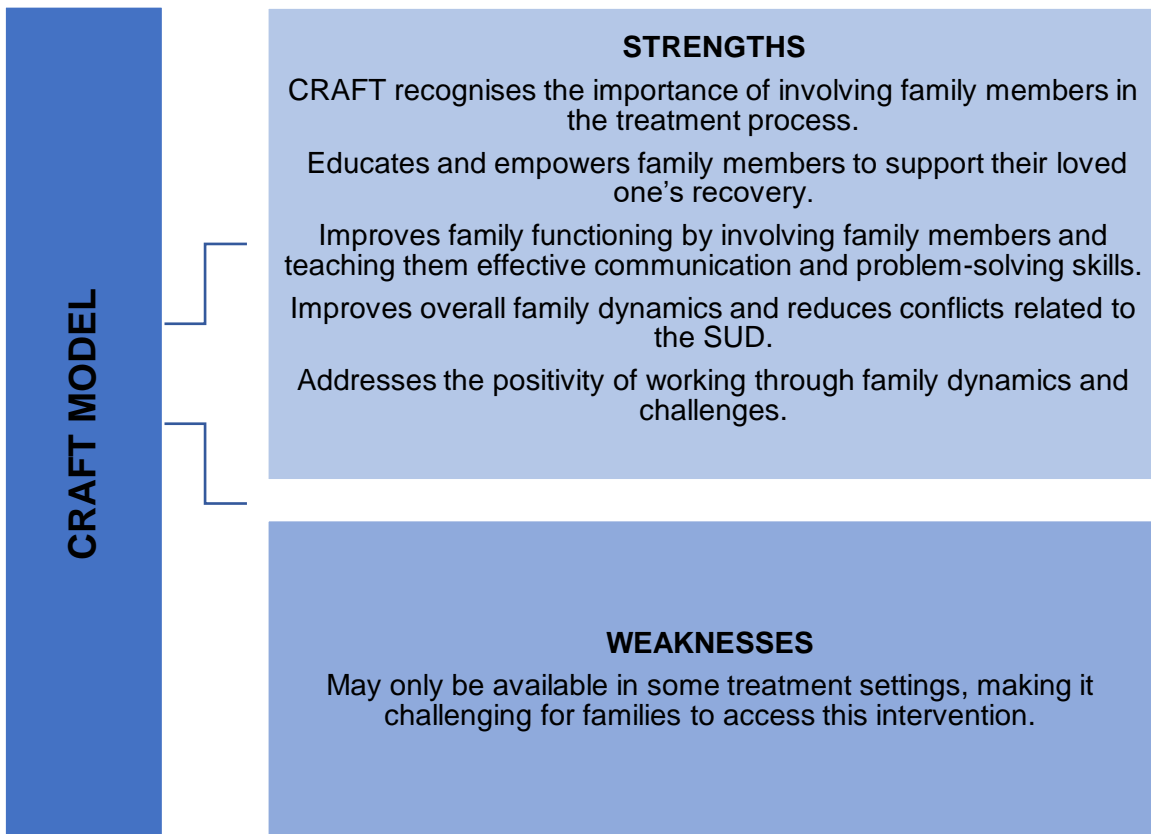
Figure 6.4: Strengths and weaknesses of the CRAFT model

6.3.4.1 Functional elements identified

Working through family dynamics and challenges to support parents in coping with adolescents recovering from a SUD can be seen as a functional element, as outlined in Chapter 4, section 4.3.5. Using positive reinforcement techniques to work on family dynamics was also highlighted by social workers in Chapter 5, section 5.3.4.5, when they indicated the need to educate parents, especially with communication, problem-solving, and parenting skills. CRAFT aims to address family dynamics by encouraging **communication, dealing with family dynamics, seeking support from others, using positive reinforcement techniques, understanding SUDs, learning about and gaining knowledge on SUDs,** and **problem-solving** skills to help reduce conflicts related to the SUD. Communication and problem-solving skills can be linked with some of the challenges faced by parents in coping with the adolescent recovering from a SUD, as well as their process of recovery.

6.3.4.2 How could these elements be used in the social work support intervention for parents of adolescents recovering from a SUD?

Addressing the family dynamics through empowering parents with communication and problem-solving skills is paramount in supporting parents with adolescents recovering from a SUD and encouraging openness and understanding.

6.3.5   Family-Based Therapy

FBT is based on traditional behaviour therapy that addresses factors that affect drug use, antisocial conduct, and the cognitive, verbal, social, and familial aspects of behaviour (Mosel & Generes, 2024). The primary focus is on behaviour contracting, stimulus control, urge control, and communication, and includes techniques for controlling anger, making polite requests, improving relationships, and problem-solving instruction (Donohue *et al.*, 2014:707). Adolescents and adults with SUDs have found success with this model (Donohue *et al.*, 2014:707). Figure 6.5 outlines the strengths and weaknesses of FBT, as identified by Hurst and Zimmer-Gembeck (2019:62), Sam (2013:1), and Jhadray *et al.* (2015:460).

FBT MODEL

STRENGTHS

FBT recognises the impact of family dynamics on an individual's behaviour and well-being.

FBT takes a holistic view of the individual within their family and social environment.

It considers various factors contributing to the problem, leading to a more thorough assessment and intervention.

FBT focuses on enhancing communication and problem-solving skills within the family.

Weaknesses

Individual issues may be overlooked.

The effectiveness of FBT depends on the skills and expertise of the therapist.
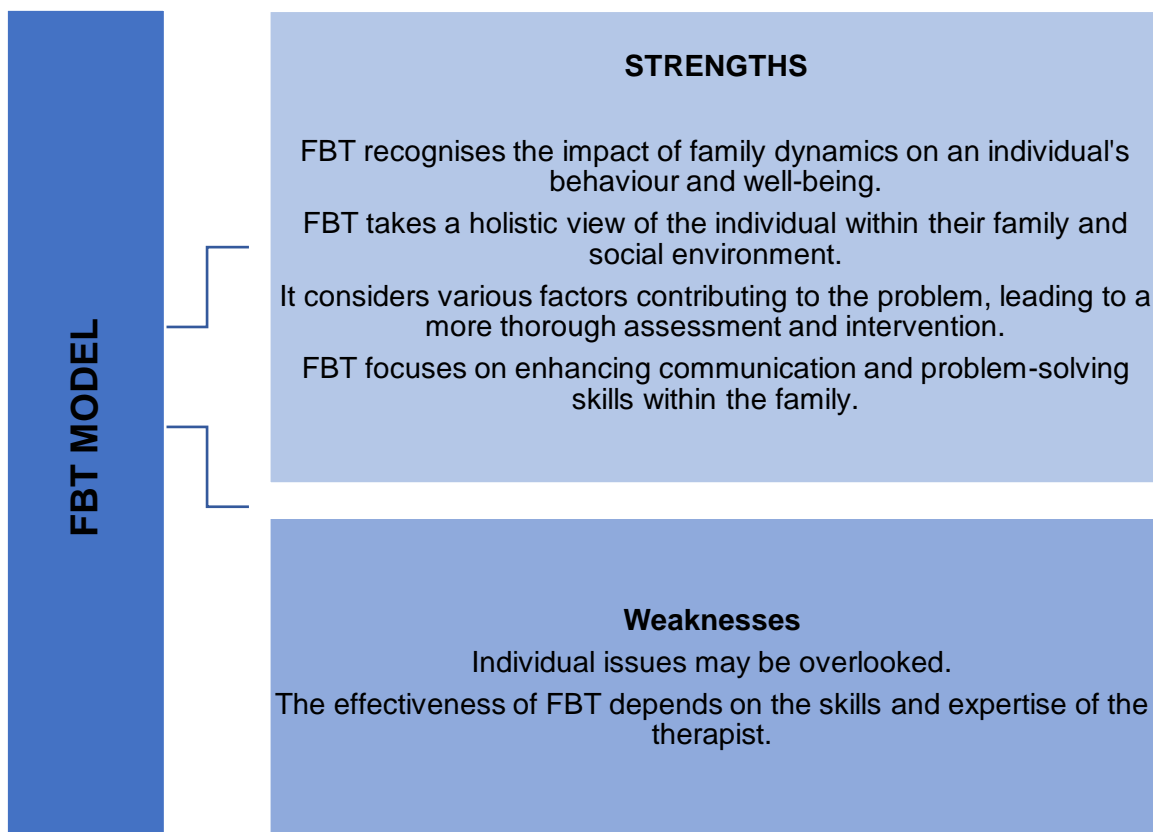
Figure 6.5: Strengths and weaknesses of the FBT model

6.3.5.1 Functional elements identified

Various functional elements from FBT can be relevant in developing the social work intervention to support parents of adolescents recovering from a SUD. The **assessment** of clients is a significant factor in social work, as it guides the type of intervention needed to assist clients (Mlotshwa & Mthembu, 2021:443). The importance of **communication** and **problem-solving** skills was mentioned several times in the narratives of both the interviewed social workers and parents. Other elements identified were **enhancing family relationships, controlling anger, improving emotional issues and anxiety**, and **promoting more stable relationships** and **healthier family functioning**. The highlighted elements are considered functional as they address the relevance of working through family dynamics and challenges to assist parents in coping with adolescents recovering from a SUD, as outlined in Chapter 4, sections 4.3.1, 4.3.3, 4.3.4, and 4.3.5. The above elements are also supported by information gathered in Chapter 5 on the needs of the parents, as outlined by the social workers in sections 5.3.1.1, 5.3.2.4, and 5.3.2.6.

6.3.5.2 How could these elements be used in the social work support intervention for parents of adolescents recovering from a SUD?

The functional elements from FBT address the needs of the parents to train in communication and problem-solving skills as requested by the parents and social workers during information gathering (Chapters 4 and 5) in this study. Parents indicated that they need to be able to communicate with the adolescent recovering from a SUD; however, at times, they do not know how.

6.3.6   Functional Family Therapy

FFT is a model of systems- and behaviour-based structured family therapy with the objective of altering dysfunctional family dynamics that support adolescents' substance use (Hartnett, Carr, Hamilton & O'Reilly, 2017:607). Although FFT has been marketed as a 'scientifically proven', effective, and evidence-based practice, policymakers and practitioners should be aware that the certainty of the evidence for FFT is very low (Littell, Pigott, Nilsen, Roberts & Labrum, 2023:3). The first phase aims to engage families to inspire them to make changes, while the second phase aims to modify family behaviour. FFT utilises behavioural interventions such as

behavioural contracting, communication, problem-solving, and contingency management (Weisman & Montgomery, 2019:333). Figure 6.6 below identifies the strengths and weaknesses of the FFT model as outlined in the SAMHSA (2024b:63-64).
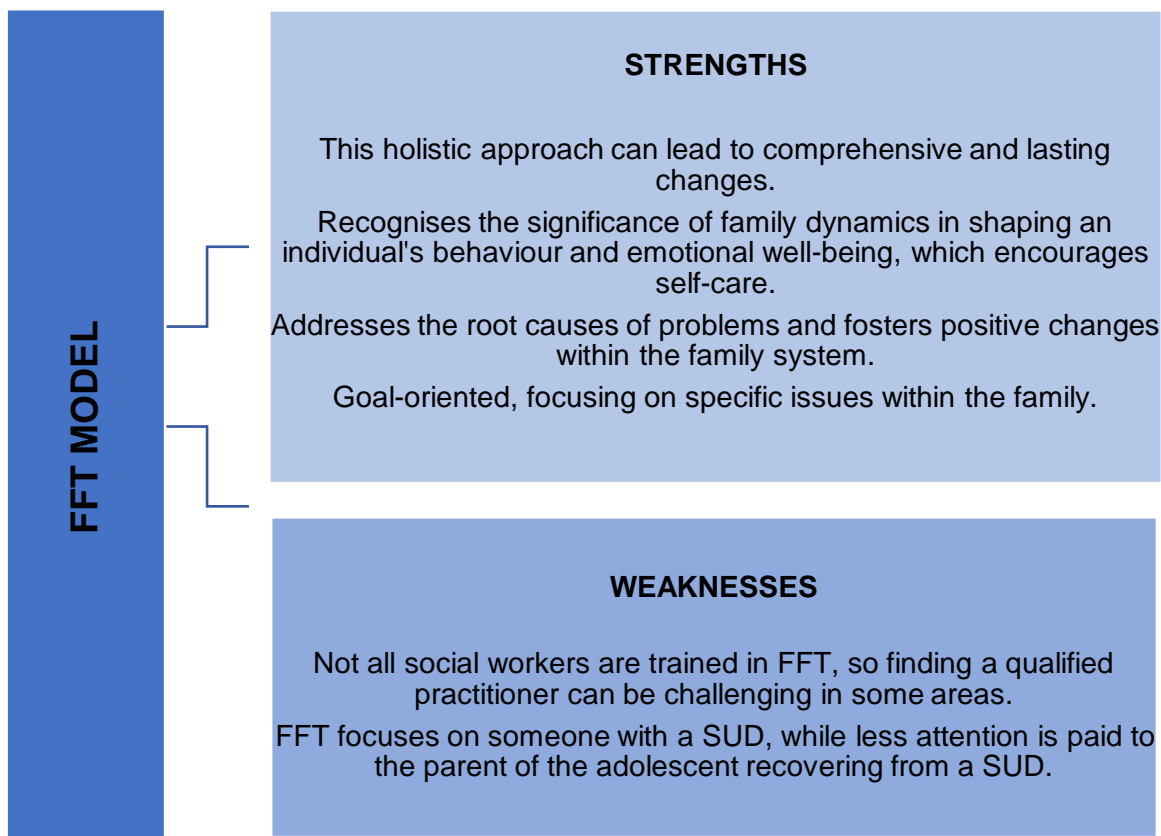
Figure 6.6: Strengths and weaknesses of the FFT model

6.3.6.1 Functional elements identified

Various elements from the FFT model can be helpful in designing a support intervention for parents of adolescents recovering from a SUD. **Self-care** is deemed functional, as parents in the narratives identified the need for counselling for themselves to deal with other personal issues relating to SUDs and aspects outside their adolescents' SUD. The other elements identified included **communication methods, conflict resolution procedures, parenting skills, behavioural contracts, contingency management,** and **anticipating and planning** for the possibility of future problems. Parents expressed a need for assistance from social workers to empower them to cope and a need to have someone to talk to, including

more support group sessions. This is outlined in Chapter 5, section 5.3.2, under the needs of the parents and how they can be supported to cope.

6.3.6.2 How could these elements be used in designing a social work support intervention for parents of adolescents recovering from a SUD?

In focusing on the self-care of the parents of adolescents recovering from a SUD, they can also be assisted to cope. The problem-solving and communication skills sessions can also be channelled to focus on how parents are coping with the adolescent's recovery process, which will empower them to understand themselves better.

6.3.7 Multidimensional Family Therapy

The programme consists of four interdependent treatment domains, namely the adolescent domain, the parent domain, the interactional domain, and the extrafamilial domain. MDFT is a treatment approach appropriate for diverse populations and adolescents with severe SUDs and their families (Mosel & Generes, 2024). The adolescent domain assists young people in developing effective communication with parents and other adults, coping, emotion regulation, problem-solving skills, social competence, and academic or occupational performance. The interactional domain emphasises reducing family strife while enhancing emotional connections, communication, and problem-solving abilities. All social systems in which the young person participates, such as schools, benefit from the extrafamilial domain's promotion of family competency (Stratton, 2016:23; Liddle & Rigter, 2013:201; Rowe *et al.*, 2014:1083). Figure 6.7 indicates the strengths and weaknesses of using MDFT (Liddle *et al.*, 2018:48-56).

STRENGTHS

MDFT takes a holistic view of the adolescent and their family system.

Addresses various dimensions contributing to problem behaviours, including the individual, family, peer, and school factors.

Improves family communication, relationships, and support, positively impacting the adolescent's behaviour.

Individualised to meet the specific needs of each adolescent and family.

Supported by research and has demonstrated positive outcomes.

WEAKNESSES

Focus is more on supporting the adolescent than the challenges of the parents.

MDFT MODEL

Figure 6.7: Strengths and weaknesses of the MDFT model

6.3.7.1 Functional elements identified

Enhancing parenting abilities, including monitoring the adolescent's behaviour, defining the adolescent's expectations, limit setting, and consequences, can be identified as the functional elements in this model. MDFT also focuses on improving family **communication and relationships** within the family; **supporting both the parents and the adolescents; enhancing emotional connections, problem-solving abilities, and parenting abilities; defining both the parents' and adolescents' expectations; setting boundaries;** and encouraging parents to **focus on taking care of themselves (self-care)**. This was alluded to by the needs of the parents in Chapter 4, sections 4.3.2, 4.3.4, and 4.3.5, where they indicated that they need ways to better communicate with the recovering adolescent. The parents also said they need to build solid relationships with their children and find better ways to support and understand each other. The social workers also alluded to the parents' need for parenting skills, coping skills, and therapy, as outlined in Chapter 5, sections 5.3.2, 5.3.4, and 5.3.5.

6.3.7.2 How could these elements be used in designing a social work support intervention for parents of adolescents recovering from a SUD?

The functional elements identified can address the support needs of parents who expressed the need to cope, especially through finding ways to focus on themselves and improve their relationship with the adolescent.

6.3.8   Multisystemic Therapy

The MST model is built on practical, problem-focused therapies such as cognitive behavioural therapies, structural family therapy, behavioural parent training, and strategic family therapy (SAMHSA, 2020:51). To support long-term therapeutic improvements, families are encouraged to bring about changes in the problematic behaviours and the adolescent's social ecology, such as the peer network (Stratton, 2016; Mosel & Generes, 2024). MST focuses on the individual, family, peers, school, and the community to address the various determinants of youth and family issues (SAMHSA, 2020:51). The aim of the MST model is also to set therapeutic objectives in conjunction with the family. Figure 6.8 below outlines the strengths and weaknesses of MST (SAMHSA, 2020:44, 51).
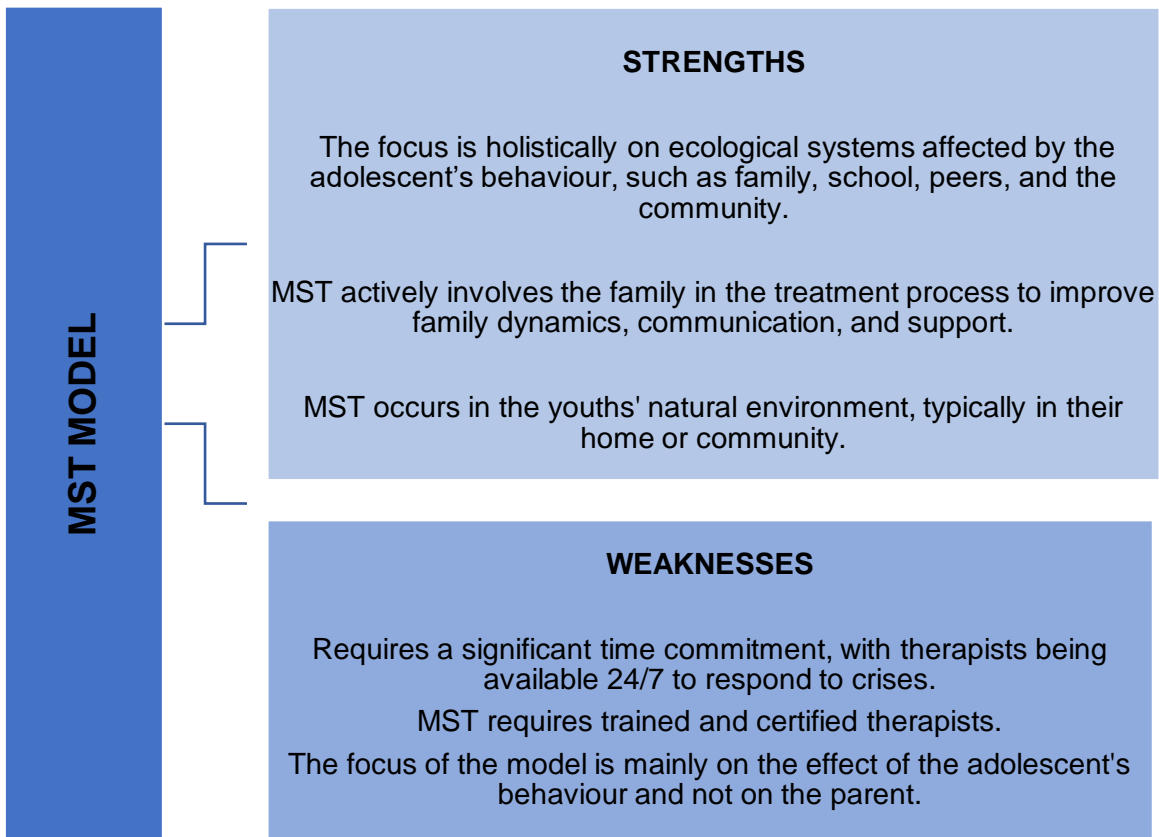
Figure 6.8: Strengths and weaknesses of the MST model

6.3.8.1 Functional elements identified

The MST model's ecological systems perspective can be seen as a functional element in the development of the social work support intervention for parents of adolescents recovering from a SUD. The focus is on the different systems affected by the adolescent recovering from a SUD, including the **ecological systems** which affect the **individual, family, peers, work**, and **community**.

The identified element can be utilised in designing the social work support intervention for parents of adolescents recovering from a SUD, focusing on the ecological systems that affect both parents and adolescents. The ecological systems perspective is deemed functional, as it will tackle the issue of parents needing therapy or counselling to deal with their stresses and someone who will also focus on them. Parents expressed a need for counselling from social workers to help them cope with personal issues that also came about with their adolescent's engagement with substances. Parents mentioned losing their significant other due

to the adolescent recovering from a SUD; hence they felt they needed counselling to cope. The above statements are supported by extracts from the narratives by parents in Chapter 4, sections 4.3.2, 4.3.4, and 4.3.5.

6.3.8.2 How could these elements be used in the social work support intervention for parents of adolescents recovering from a SUD?

According to the researcher, the MST concentrates on merging the treatment of social issues and change by conceptualising and emphasising the dysfunctional relationships between people and their physical and social settings. Integrating interpersonal interventions involving individuals, families, and their communities can provide parents of adolescents recovering from a SUD with holistic support.

6.3.9   The Systems Model

The Systems Model prioritises relationship-related treatment modalities such as behaviour couple therapy, congruence couple therapy, and emotion-focused therapy, and fosters and maintains balance while assessing the family systems (Sherrel & Gutierrez, 2014:26-34). The model focuses on having structures, boundaries, and activities that should be done mainly by the person recovering from a SUD. It encourages setting boundaries in relationships, expressing one's feelings and emotions, and attending support groups (Sherrel & Gutierrez, 2014:26). Figure 6.9 below indicates the strengths and weaknesses of the Systems Model (Sherrel & Gutierrez, 2014:26-34).
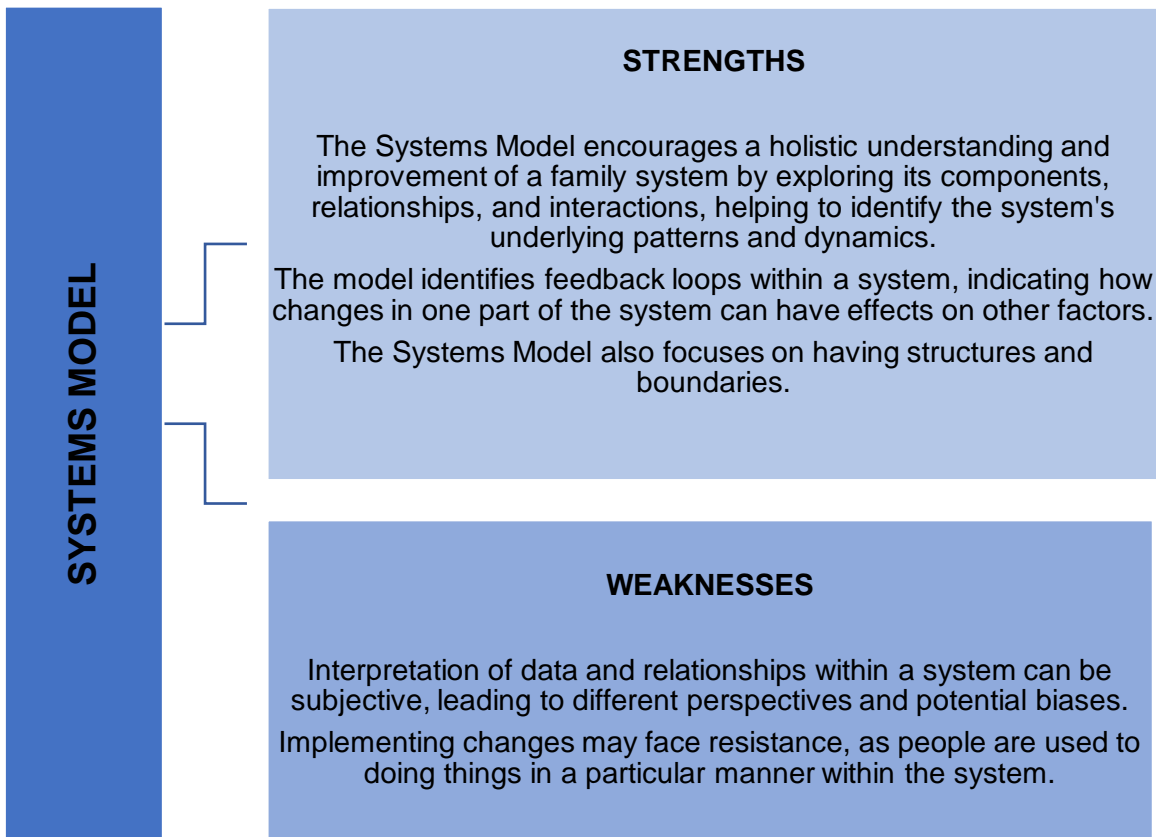
STRENGTHS

The Systems Model encourages a holistic understanding and improvement of a family system by exploring its components, relationships, and interactions, helping to identify the system's underlying patterns and dynamics.

The model identifies feedback loops within a system, indicating how changes in one part of the system can have effects on other factors.

The Systems Model also focuses on having structures and boundaries.

WEAKNESSES

Interpretation of data and relationships within a system can be subjective, leading to different perspectives and potential biases.

Implementing changes may face resistance, as people are used to doing things in a particular manner within the system.

SYSTEMS MODEL

Figure 6.9: Strengths and weaknesses of the Systems Model

6.3.9.1 Functional elements identified

Addressing the fostering and maintenance of balance and encouraging setting boundaries (as highlighted by parents in Chapter 4, section 4.3.1.5, and social workers in Chapter 5, section 5.3.5.3) can be seen as valuable elements in designing the social work support intervention for parents of adolescents recovering from a SUD. The social workers also highlighted the issues of building solid relationships between parents, the recovering adolescent, and other siblings (Chapter 5, sections 5.3.4.5 and 5.3.5.3).

6.3.9.2 How could these elements be used in the social work support intervention for parents of adolescents recovering from a SUD?

As part of the self-care process, parents can be assisted with knowledge and skills to set boundaries. The functional elements identified from the Systems Model can assist families in getting past the effects the adolescent's abuse has on them (Chapter 3, section 3.12.1). The researcher also realised from the data analysis of

parents' and social workers' interviews that emphasis was placed on the importance of self-care and personal empowerment for parents. The need for self-care for parents was underlined by both the parents and social workers. The researcher, with the guidance of her supervisor, decided to explore self-care and personal empowerment programmes developed by other professions, including psychology, in an effort to identify functional elements. The researcher analysed the functional elements of these programmes that could be used to support parents in coping with adolescents recovering from a SUD.

6.3.10 The Self-Care Wheel

The researcher chose the Self-Care Wheel based on the fact that a SUD is a relapsing condition and has been identified by WHO as a chronic disease, as stated by the National Institute on Alcohol Abuse and Alcoholism (2019:1). Therefore, from the social worker's narratives in Chapter 5, it was evident that the element of self-care needs to be included in the proposed social work support intervention for parents of adolescents recovering from a SUD. In dealing with persistent stress, a **Self-Care Wheel** is recommended. Figure 6.10 illustrates the Self-Care Wheel by Phoenix (Dorociak, Rupert, Bryant & Zahniser, 2017:326).

Figure 6.10: Self-Care Wheel programme by Phoenix
(Source: wwww.OlgaPhoenix.com)

The researcher identified elements or themes that could be used in developing a support intervention to assist parents of adolescents recovering from a SUD in the Self-Care Wheel by Phoenix (Dorociak *et al.*, 2017:326). The Self-Care Wheel programme focuses on the six major areas of an individual's life, which are the physical, psychological, emotional, spiritual, personal, and professional areas. In this regard, the model deals holistically with the individual.

The Self-Care Wheel includes several expansive self-care activities within each of its six dimensions, carefully chosen to significantly enhance the appropriate area of one's life (Sutton, 2020). The programme is intended to support the development of successful self-care practices and, as a result, a healthy and meaningful life. Figure 6.11 below indicates the strengths and weaknesses of the Self-Care Wheel (Sutton, 2020).
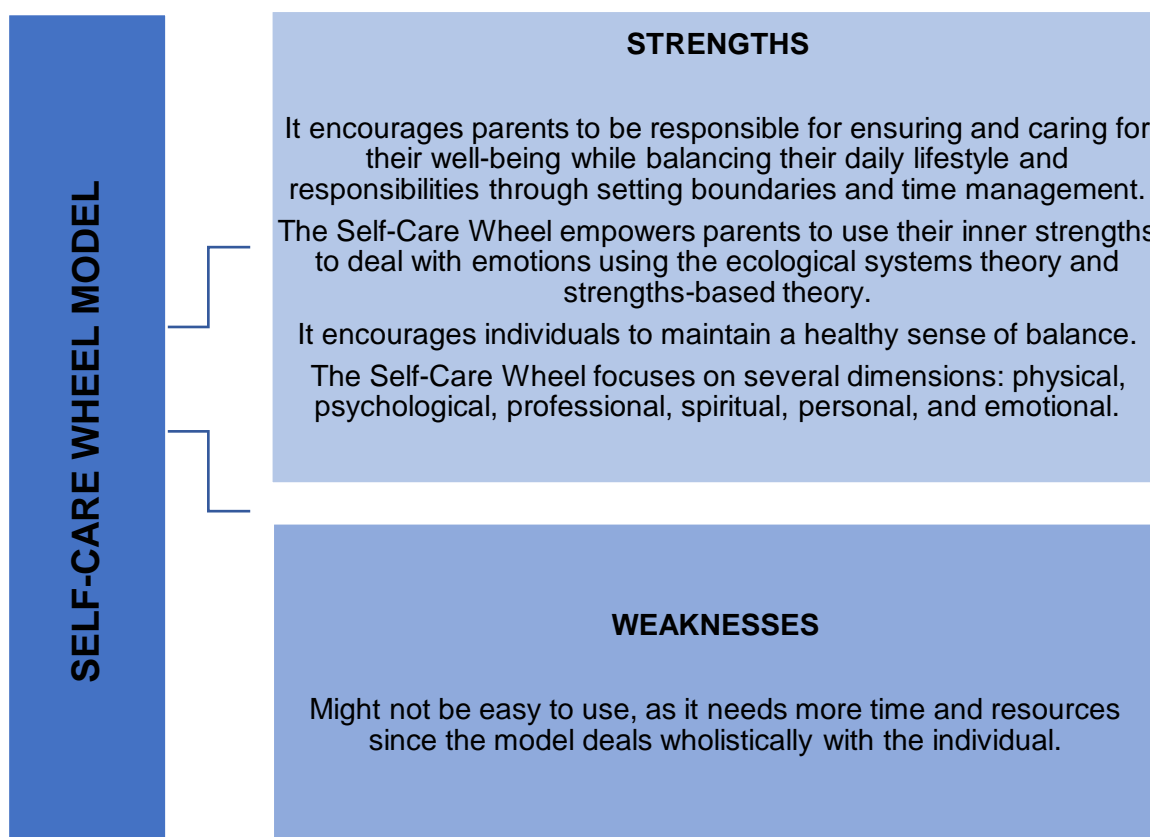

STRENGTHS

It encourages parents to be responsible for ensuring and caring for their well-being while balancing their daily lifestyle and responsibilities through setting boundaries and time management.

The Self-Care Wheel empowers parents to use their inner strengths to deal with emotions using the ecological systems theory and strengths-based theory.

It encourages individuals to maintain a healthy sense of balance.

The Self-Care Wheel focuses on several dimensions: physical, psychological, professional, spiritual, personal, and emotional.

WEAKNESSES

Might not be easy to use, as it needs more time and resources since the model deals wholistically with the individual.

SELF-CARE WHEEL MODEL

Figure 6.11: Strengths and weaknesses of the Self-Care Wheel

6.3.10.1 Functional elements identified

In supporting parents of adolescents recovering from a SUD, **time management, dealing with emotions,** and **self-care** were identified as functional elements from the Self-Care Wheel, as they focus on the physical, psychological, professional, spiritual, personal, and emotional aspects of a person. The social workers encouraged self-care for parents, as outlined in Chapter 5, section 5.3.5.4, to assist parents in coping better with their adolescents who are recovering from a SUD.

6.3.10.2 How could these elements be used in the social work support intervention for parents of adolescents recovering from a SUD?

As part of self-care, parents can be assisted with the knowledge of time management skills, dealing with emotions, and **focusing on themselves.** The functional elements identified from the Self-Care Wheel can assist parents in focusing on their own well-being.

6.4 SUMMARY OF VALUABLE CONTRIBUTIONS FROM CHAPTERS 3, 4, and 5

Table 6.1 below summarises the valuable contributions from Chapters 3, 4, and 5 that can be used in designing a social work intervention to support parents of adolescents recovering from a SUD.

Table 6.1: Summary of valuable contributions from Chapters 3, 4, and 5

Summary of valuable contributions from Chapter 3: Context of the study on adolescent SUDs and family support interventions

The following information was gathered from the literature review and the theoretical frameworks that guided the study and was considered valuable in designing a social work support intervention for parents of adolescents recovering from a SUD:
 	
• **Parent resilience in dealing with an adolescent SUD is essential, as is encouraging communication, problem-solving, and provision of information (Walsh, 2016:322). The focus should be on:**
  ✓ **Belief systems (making meaning out of the situation, positive outlook, and spirituality).**
  ✓ **Communication processes (getting precise information, dealing with emotions, and solving and preventing problems).**
  ✓ **Organisational processes (flexibility, connectedness, and social and community resources).**
 	
• **Assessment is the main task of social work practice with individuals, families, groups, organisations, or communities; it is woven into every aspect of its activities and incorporates a range of theories and frameworks (Sumonds, Miles, Steel, Porter & Williams, 2020:431). The aims of conducting an assessment, according to Bolger and Walker (2014:172-175), are to:**
  ✓ **Understand the needs of the client.**

- ✓ Understand the family and ecological systems.
- ✓ Identify the strengths of the client.
- ✓ Be person-centred and individualise every client.
- ✓ Take an interprofessional approach and refer where necessary.

- On a micro level, social work methods use assessment, planning, intervention, review, and evaluation, as outlined by Kirst-Ashman (2017:131) and Kirst-Ashman and Hull (2018:51):
  - ✓ Developing a treatment plan together with the client.
  - ✓ Arranging the identified problems in an orderly manner and addressing them according to their priority.
  - ✓ Identifying the client's strengths and finding alternative interventions.
  - ✓ Developing the goals of the intervention.
  - ✓ Reviewing and evaluation of the process or programme.
  - ✓ Checking the progress made with the implemented plan.
  - ✓ Evaluating if the treatment plan has achieved the expected.

- On meso level support groups can help parents by providing social support, reducing stigma and isolation, improving communication skills, and allowing them to practice recovery-oriented coping techniques with other members (Wendt & Gone, 2017:243).

- FST stresses that the symptom is not caused by the symptom bearer alone, but by the whole system: the family (Son, 2019:12). Everyone in the family needs to clarify their responsibilities and the roles of their relationships, which means setting boundaries, particularly considering how to deal with the adolescent who is recovering from a SUD.

- In the EST, the focus is on the individual, family, peer, work, and community elements. EST will be essential in assessment, as it holistically focuses on the clients, focusing on the micro-, meso-, and macrosystems.

6.5   SUMMARY OF THE CHAPTER

In this chapter, the researcher identified functional elements that can guide the development of a social work support intervention for parents of adolescents recovering from a SUD. The researcher focused specifically on available programmes, models, and frameworks to support families affected by adolescent SUDs and self-care programmes. A summary was provided of the valuable contributions identified from the literature review (Chapter 3), information gathered from parents of adolescents recovering from a SUD (Chapter 4), and information gathered from social workers working at SUD treatment centres (Chapter 5). The design of the social work support intervention for parents of adolescents recovering from a SUD will be addressed in the next chapter.

CHAPTER 7:

DESIGN OF THE SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

7.1   INTRODUCTION

As outlined in Chapter 1, the proposed social work support intervention aims to assist in supporting parents of adolescents recovering from a SUD. The focus of this chapter is on the design of the intervention, as discussed in Chapter 1. Phase 1, situation analysis and project planning, and Phase 2, information gathering and synthesis, of Thomas and Rothman's (1994) IDD model led to the design phase of the social work support intervention for parents of adolescents recovering from a SUD.

The intervention was designed based on a literature review (refer to Chapters 3), the study of natural examples (refer to Chapters 4 and 5) in this study, and the identified functional elements (refer to Chapter 6). Furthermore, the chapter introduces the preliminary proposed intervention.

7.2   DESIGN OF A SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

A social work support intervention focuses on various therapeutic methods of assisting individuals, groups, and communities (Schenck *et al.*, 2015:46). As defined in Chapter 1, the phrase 'social work intervention' in this study refers to the therapeutic approach to assisting parents of adolescents recovering from a SUD. During the design phase of the IDD process, it is essential to focus on creating and combining innovative ideas with those that have been synthesised in the previous phase (Fouché *et al.,* 2021:474). This crucial stage lays the foundation for the entire process. It involves careful planning, brainstorming, and collaboration to ensure that the final product aligns with the participants' expectations (Fouché *et al.,* 2021:474).

It is important to mention that the participants involved in the study did not physically participate in designing the social work support intervention for parents of adolescents recovering from a SUD. However, the designed intervention was based on their experiences and feedback as described in Chapters 4 and 5. Experts' knowledge was then utilised to refine the preliminary social work support intervention.

The researcher focused on the procedural elements of the intervention, which is the preparation for the final product of the research that would become the intervention activities (De Vos, 2005:401). She also used her practice knowledge and information from the literature review to plan and develop the intervention (Bailey-Dempsey & Reid, 1996:213). This helped the researcher to decide on the format, topics for inclusion, duration of the programme, length of sessions, human capacity structure, and programme protocols. The literature review and the information from experts in the field would be considered in the finalisation of programme activities (Rothman & Thomas, 1994a:13). The next section will refer to the goal and objectives of the intervention.

7.2.1   Goal and objectives of the intervention

The identified challenges faced by parents of adolescents recovering from a SUD were derived from the literature review as presented in Chapter 3, as well as the findings from the interviews with parents and social workers in Chapters 4 and 5. Based on the information above, the goal of the social work support intervention is to support parents of adolescents recovering from a SUD.

The objectives of the social work support intervention for parents of adolescents recovering from a SUD are as follows:

- Support the parents to be empowered to cope with their adolescents recovering from a SUD.
- Provide parents with psychosocial support to encourage them to deal with their problems.
- Empower parents with knowledge of parenting skills, adolescent SUDs, and relapse.
- Encourage parents to take care of themselves (self-care).

- Assist social workers to intervene in supporting parents of adolescents recovering from a SUD to cope.

In line with the above, the social work support intervention for parents of adolescents recovering from a SUD was designed.

7.2.2 Theoretical framework used in designing the social work support intervention for parents of adolescents recovering from a SUD

In designing the social work support intervention, the researcher was guided by the theoretical frameworks of the FST and EST, as stated in Chapter 1, section 1.4, and Chapter 3, section 3.12. The FST by Bowen emphasises changes in the family structure instead of therapeutic techniques focusing on the individual (Olson *et al.,* 2019:200). Furthermore, Manganyi (2015:23) reiterates that the EST is a holistic, dynamic, and interactional systems approach based on ecology, which generally entails examining how individuals interact with their environment. Using the two theories, namely the FST and EST, allowed the researcher to understand the support needs of parents of adolescents recovering from a SUD and also be able to design a social work support intervention that would ensure that the needs of the parents are met. The combination of the two theories assisted the researcher in understanding the interrelationships in different processes and how this can be positively used to ensure that parents of adolescents recovering from a SUD are supported.

7.2.3 Formulation of expected outcomes based on functional elements that informed the social work support intervention for parents of adolescents recovering from a SUD

The functional elements identified from the programmes, models, and frameworks used in working with families affected by SUDs were discussed in detail in Chapter 6, section 6.3. The elements used assisted the researcher to formulate outcomes for the social work support intervention. The outcomes of an intervention should align with the study's goal, even though one cannot predict the outcome with 100% confidence (Walliman, 2017:102). Table 7.1 indicates the summary of elements identified, the expected outcome of incorporating the elements into the intervention,

and where the elements can be located in the preliminary social work support intervention for parents of adolescents recovering from a SUD.

Table 7.1: Summary of elements identified, the expected outcome, and where the element can be located in the programme

MODEL	ELEMENTS USED	EXPECTED OUTCOME FOR PARENTS	LOCATION IN THE PROGRAMME
Family Support Model for Addiction Recovery (FSMAR)	Encouraging communication, improving family relations, information on SUDs, causes of substance use, and relapses	Understand SUDs holistically. Gain knowledge on available treatment services. Debriefing for parents.	Session 1
Brief Strategic Family Therapy (BSFT); Community Reinforcement and Family Training (CRAFT); and Family-Based Therapy (FBT)	Knowledge on family problems and dysfunction, such as communication issues, conflict resolution, and family interactions/ relations	Empowerment on identifying unpleasant feelings and how to deal with feelings constructively. Empowerment on how to deal with stress and emotions. Empowerment on communication skills. Gain skills on how to improve parent-adolescent relationships. Empowerment on strategies, skills, and techniques for understanding and managing their adolescent children.	Sessions 2 and 3
Functional Family Therapy (FFT), and the Self-Care Wheel	Self-care. Family has to address the root causes of problems.	Knowledge on mental health issues. Knowledge on self-awareness. Empowerment on how to deal with stress and emotions. Empowerment on how to address anger management. Knowledge on how to prioritise themselves (self-care). Understanding the importance of forgiveness for themselves and the recovering adolescent.	Sessions 4 and 5

Multidimensional Family Therapy (MDFT)	Parenting skills	Empowerment on strategies, skills, and techniques for understanding and managing their adolescent children.	Session 6
Systems Model	Setting boundaries	Empowerment on how to set boundaries. Understanding and avoiding manipulation by the adolescent recovering from a SUD.	Session 7
Multisystemic Therapy (MST)	Ecological systems	Both parents and adolescents recovering from a SUD are empowered to build parent-child relationships. Both the parents and adolescents acquire constructive communication skills and skills to improve the parent-adolescent relationship. Both the parents and adolescents are empowered to recognise and discuss issues affecting the parent and adolescent recovering from a SUD. Both the parents and adolescents are empowered on how to jointly solve problems, create plans, and evaluate those plans, which is a critical component of problem-solving.	Sessions 8 and 9

7.3 THE PRELIMINARY SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

Supporting parents with the challenges they face in parenting adolescents recovering from a SUD will allow them to cope better. By supporting these parents, it indicates that their well-being matters, and it empowers them to be able to continue supporting the recovering adolescent. Supporting parents will also encourage them to take care of their own well-being. The researcher used the information summarised in Table 7.1 and added topics and theory, as well as techniques and tools needed for the intervention. Topics were based on the expected outcomes, and techniques and tools were obtained from the researcher's experience, literature

review, an internet search, and input from social work colleagues. Table 7.2 outlines the preliminary social work support intervention for parents of adolescents recovering from a SUD including sessions, topics, expected outcomes, and suggested techniques and tools. The intervention will be delivered in the form of parents' groups and group sessions with parents and adolescents.

Table 7.2: The preliminary social work support intervention for parents of adolescents recovering from a SUD

SESSION	TOPIC AND THEORY NEEDED FOR DISCUSSION	EXPECTED OUTCOMES	TECHNIQUES AND TOOLS
Session 1 (Parents' group)	❑ Understanding SUDs. ❑ The types of substances, causes of substance misuse, and SUDs. ❑ Understanding relapses. ❑ Information on SUD treatment services. ❑ Debriefing of parents of the adolescents recovering from a SUD.	The support needs of the parents will be understood and prioritised. Both the parent and the social worker will understand SUDs holistically. Parents will be debriefed.	❑ The social worker asks the parents about their knowledge of SUDs, relapses, and types of substances to understand what they know and discuss more on the subject. The following booklet on SUDs can be utilised: ✓ General Substance Abuse Booklet https://www.westerncape.gov.za/assets/departments/social-development/sub_abuse_general_eng.pdf ❑ The social worker can play the following video to assist parents in understanding SUDs and adolescent addiction: ✓ https://youtu.be/HDfSx_Q7_Yk?si=lT8o6HSITC_Tu_ql ❑ In a group discussion, let parents acknowledge that parenting is highly stressful. Allow parents to vent their frustrations and overwhelming feelings of anger, guilt, shame, sadness, or worry.
Session 2 (Parents' group)	Strategies to cope with adolescents recovering from SUDs: ❑ Establishing a trusting and non-judgmental relationship with the adolescent through encouraging open communication. ❑ Learning to forgive. ❑ Finding support from other family members.	Parents will be empowered to identify unpleasant feelings and ways to deal with feelings constructively. Parents will be able to deal with stress and emotions.	❑ Social workers discuss the coping strategies parents have been utilising to cope with the adolescents recovering from a SUD and what can be improved to cope better. The social worker can play the following video to provide parents with more understanding of strategies to cope with adolescents recovering from a SUD: ✓ https://youtu.be/yXVFRsloOjo

	❑ Setting clear expectations and establishing clear rules and boundaries. The parent can be guided to be consistent with consequences for violating the set rules, while ensuring they are fair and reasonable. ❑ Expressing themselves calmly and listening to the adolescent without shouting or disrespect.		❑ The social worker asks the parents to answer the following questions: ✓ *What kind of coping strategies have you been using to cope with the behaviour of the adolescent recovering from a SUD?* ✓ How have those coping strategies been working for the parents? ❑ More discussions in the group on the topic
Session 3 (Parents' group)	Communication skills: ❑ Managing anger. ❑ Expressing your feelings and concerns calmly and assertively. ❑ Listening actively to the other person's perspective as well. ❑ Avoiding criticism and lecturing. ❑ Engaging in conversations that encourage critical thinking (asking open-ended questions to promote discussion and exploration).	Parents will be empowered with communication skills.	❑ Discussion on communication skills. The social worker can play the following video to provide parents with more understanding of anger management: ✓ https://youtu.be/kmTEyxWg7Hs ❑ A social worker can discuss the following with parents: ✓ Identify the situations that trigger your anger. Being aware of these triggers can help you prepare and respond more calmly. ✓ Express your feelings and concerns calmly and assertively. ✓ Listen actively to the other person's perspective as well. Social workers ask the parents to identify and discuss the situations that trigger their anger and practice meditation and breathing techniques to calm it.

| Session 4 (Parents' group) | Mental health issues:

❑ Underlying issues that may trigger anger.

❑ The importance of self-awareness.

❑ Expressing your feelings and concerns calmly and assertively. Understanding that talking to the adolescent recovering from a SUD and other people who have hurt you can put everything to rest and clear up any misunderstandings.

❑ Active listening to the other person's perspective.

❑ Forgiveness. Recognise that letting go can provide peace and emotional healing.

❑ Expressing feelings and emotions.

❑ Mindfulness and meditation. | The parents will learn more about mental health and self-awareness. | ❑ Social workers head a discussion on mental health issues and self-awareness. The social worker asks the parents to reflect on the video and identify the situations that trigger their anger.

❑ A social worker can also ask parents to practice breathing to calm them down when need be:

✓ Take slow, deep breaths. This helps to calm your nervous system and gives you time to think before reacting impulsively.

✓ The social worker can play the following video on mindfulness and breathing: https://youtu.be/KdYBtOR7d70 |
| Session 5 (Parents' group) | Self -care:

❑ ME TIME.

❑ Prioritising oneself.

❑ Self-care practices. | Parents will be empowered to gain knowledge on how to prioritise themselves (self-care). | The social worker discusses me time and self-prioritising and then facilitates that parents watch the video on stress management:

https://youtu.be/jaNAwy3XsfI?si=u6Y4gg525r13fSMo

A five-minute video guide to encourage self-care practice:

https://youtu.be/bARpudRvNgA?si=sC3R3Kq-_Jgb9M7T

A social worker can ask parents to:

❑ Reflect on the video.

❑ Discuss better ways to self-care. |

			❑ Discuss how they can prioritise themselves.
			❑ Self-care practices:
			✓ **Sleep** should be prioritised, because it is essential for both physical and emotional well-being. Try getting enough hours each night to get a good night's sleep.
			✓ **Regular exercise** and healthy eating: Fuel the body with nourishing meals that provide energy and promote overall well-being. The goal is to eat a well-balanced diet full of fresh produce, whole grains, lean meats, and healthy fats. Regular exercise elevates mood, eases stress, and enhances general fitness. Find something to do, whether it is running, dancing, swimming, or walking.
			✓ **Set boundaries**: Develop the ability to refuse requests when they arise and create appropriate limits in both personal and professional lives. Energy is preserved and burnout is prevented.
			✓ **Self-compassion** exercises and exceptional actions: Avoid self-criticism and be kind by connecting with family and friends. Keep close ties to your family and friends and maintain good friends. Social support is crucial for emotional well-being and offers occasions for joking around and having deep chats.
			✓ **Spiritual support.** It is crucial to also focus on the spiritual aspects such as attending a spiritual or church group, meditating, joining spiritual or church support groups, or joining a prayer group.
			✓ **Learning to manage stress** is essential for maintaining good mental health. Developing

			stress-management skills such as deep breathing, progressive muscle relaxation, and writing in a journal can help one cope with challenging situations.
Session 6 (Parents' group	Parental skills ❑ The 4Cs parenting concepts, which are Care, Consistency, Choices, and Consequence. ❑ Showing interest and emotional involvement in your child, e.g. schoolwork, friends, sports they are involved in, etc. ❑ Respecting their views and being open-minded ❑ Spending time together with your adolescent child ❑ Co-parenting; working together for the benefit of the adolescent child. ❑ Changes in the family and personal routines. ❑ Giving your adolescent child space and continuing monitoring.	Parents will be empowered with strategies, skills, and techniques for understanding and managing their child's transition from childhood to adulthood.	Chapter 8 of the Children's Amendment Act 41 of 2007 deals with prevention and early intervention. Section 144 focuses on developing parents' capacity to act in their children's best interests. The social worker can use the following booklet as a guideline: https://www.parentingacrossscotland.org/publications/top-ten-tips/parenting-teenagers The social worker asks parents to: ❑ Share their parenting experiences, challenges, and successes. ❑ After hearing from others and their own experiences, reflect on the experiences, challenges, and successes and discuss improvements.
Session 7 (Parents' group)	❑ Setting boundaries. ❑ Developing the skill to say no to the adolescent recovering from a SUD assertively.	Parents will be empowered on how to set boundaries and understand how to avoid being manipulated by the adolescent recovering from a SUD.	In a discussion, the social worker can ask the parents to answer the following questions: ❑ What are my physical, emotional, and social boundaries?

	❑ Knowing when to say no when the adolescent recovering from a SUD is manipulating situations. ❑ Knowing when not to give in to the demands of the adolescent recovering from a SUD.		❑ What behaviours or actions am I willing to tolerate from others, and what behaviours or actions are unacceptable? ❑ What are my values and beliefs, and how do they relate to my boundaries? ❑ What are some warning signs or red flags that indicate someone may be crossing my boundaries? ❑ How can I communicate my boundaries effectively to others?

Session 8
(Parents and adolescents' group)
	Relationship building (parent-adolescent):
	
	❑ Sharing experiences and challenges to help bridge the generation gap.
	
	❑ Learning to understand what the adolescent recovering from a SUD is going through and learning what the parent is going through.
	
	❑ Using communication that both the adolescent and the parents are mostly comfortable with, e.g. texting or messaging, to maintain communication if the adolescent prefers this mode of communication.
	
	❑ Face-to-face conversations to facilitate essential or emotional discussions.
	
	❑ Open discussions for both the parent and the adolescent recovering from a SUD.
	
	❑ Discussion on issues that affect the relationship.
		Parents and adolescents recovering from a SUD will be empowered to build parent-child relationships.	The social worker discusses parent-adolescent relationships, using the FST to examine the family's different aspects and dynamics. The following activities can be used where the parents and the adolescents individually choose one of the three questions to check their relationship:
			
			❑ What is your relationship like with your parent/ adolescent?
			
			   1. Overall, it is good. We have a very trusting relationship.
			
			   2. It is okay, but I feel there is room for improvement.
			
			   3. It is rough, and I am unsure how to save our relationship.
			
			The social workers can reflect on the responses and what can be done to improve the relationships.
			
			❑ Have an activity for parents and adolescents to text each other on issues of importance.

			Parents and adolescents can discuss issues that affect them by using:
			"I" statements to express their feelings, e.g. "I feel worried when you do not let me know your whereabouts" instead of "You are always nowhere to be found". A pen and a piece of paper are required for each participant: - Write three positive traits about the other individual on your paper, along with three negative traits. - When you are both finished, commit to each other that you will do your best to listen to each other without interrupting when the other person is speaking and that you will give them your whole attention. - Resolve that neither of you will react disrespectfully during the conversation by getting angry, defensive, or judging. Keep in mind that the purpose of this exercise is to improve the relationship and communication. - Take turns going over what each of you wrote. Parents can reflect together with the adolescent recovering from a SUD: - Top three life experiences that are memorable to them and explore more on those memories.
Session 9 **(Parents and adolescents' group)**	Seeking common ground and aiming for a middle point.	Parents and adolescents will be empowered on how to jointly solve problems, create plans, and evaluate those plans as a critical component of problem-solving.	The social worker can ask the parents and adolescents to list as many things they have in common as possible.

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			The parent and the adolescent recovering from a SUD need to:
			❑ Identify the problem that is affecting them both.
			❑ Share their suggestions on how to solve the problem.
			❑ Decide how to deal with the identified problem and find common ground.
			The social worker can ask the following questions in reflecting on the process:
			❑ How easy was it to discover something in common with another person?
			❑ What does this reveal about the extent to which we are alike and which we are different?
			❑ How can knowing our similarities and differences help us to respect one another?
			❑ How does this relate to working together to find common ground?

7.4   SUMMARY OF THE CHAPTER

This chapter discussed Phase 3 of the IDD model, as utilised in this study. The focus of this chapter was to provide a detailed description of how Phase 3 was implemented. The researcher presented the goals and objectives for designing the social work support intervention for parents of adolescents recovering from a SUD. The theoretical framework followed in designing the social work support intervention for parents of adolescents recovering from a SUD was presented. Functional elements and valuable contributions included in the preliminary social work support intervention, as well as the structure of the preliminary intervention, were outlined. Phase 4 of the IDD model will be discussed in the next chapter and will present a discussion of the early development and pilot testing of the newly developed preliminary social work support intervention for parents of adolescents recovering from a SUD.

CHAPTER 8:

EARLY DEVELOPMENT AND PILOT TESTING OF THE SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

8.1   INTRODUCTION

This chapter focuses on the early development and pilot testing of the social work support intervention for parents of adolescents recovering from a SUD. Phase 4 of the IDD encompasses developing a preliminary social work support intervention for parents of adolescents recovering from a SUD and pilot testing it, strongly emphasising enhancing and optimising the programme (Fouché *et al.*, 2021:477). Based on the information gathered in Chapters 3, 4, 5, 6 and 7, the researcher designed the preliminary intervention (Chapter 7, Table 7.2). This chapter outlines Phase 4, Step 1, developing a preliminary intervention, and Step 2, conducting a pilot test. Limitations in conducting the review are also discussed and, finally, the conclusion of the chapter.

8.2   DEVELOPING A PRELIMINARY INTERVENTION

Step 1 of Phase 4 focuses on creating the preliminary intervention by combining functional elements from the literature review, already-existing interventions, and data from the participant interviews (Rothman & Thomas, 1994a:163; Fraser & Galinsky, 2010:464). The literature review (Chapter 3); the functional elements (Chapter 6) derived from existing programmes, models, or frameworks; and the data collected from study participants (Chapters 4 and 5) formed the basis of the researcher's initial social work support intervention for parents of adolescents recovering from a SUD.

With specific ideas and claims in mind, the support intervention's objectives were formulated to assist parents of adolescents recovering from a SUD, provide guidance and information about SUDs and social work practices in South Africa,

and improve social workers' capacity to assist parents of adolescents recovering from a SUD.

8.2.1   Identifying the experts in the substance dependency field

De Vos *et al.* (2011:482) suggest that "those most affected" need to be involved in the design of a programme. In this study, the parents are "those most affected". Social workers were identified as the experts, as they constantly must deal with supporting parents of adolescents recovering from a SUD while having little or no proper guidance on the programme or frameworks. To refine the proposed intervention, the researcher enlisted the help of social workers in the SUD field and sought guidance from academics who have conducted research in the same field.

Experts are critical thinkers who can deal with complex concepts and effectively present evidence to support a logical conclusion (Alkhatib, 2019:1). Based on Bailey-Dempsey and Reid (1996:214), the process of involving experts to review the intervention allows potential users to be involved in the development of the initial design of the intervention. The reason for consulting the experts was to check whether the intervention would be able to:

- Empower parents to cope with adolescents recovering from a SUD.
- Provide parents with psychosocial support and empower them to deal with personal problems.
- Empower parents with knowledge of parenting skills, adolescent SUDs, and relapse.
- Encourage parents to take care of themselves (self-care).
- Assist the social workers to intervene in supporting parents of adolescents recovering from a SUD to cope.

According to Kumpfer (2014:2), families have found great relief from stress and other negative behaviours when they participate in programmes that teach life skills. The author goes on to say that this is not surprising, because these programmes strengthen robust protective factors, reducing the possibility of hazards (Kumpfer, 2014:9). The primary objective of developing a social work intervention was to

provide support to parents in managing the adolescent recovering from a SUD while simultaneously fulfilling their parental responsibilities.

8.2.2   Consulting experts

The preliminary intervention can be improved by gathering feedback from a variety of people on aspects such as the programme's content, ability to promote learning, and delivery mechanism (Fouché *et al.,* 2021:477). Experts were recruited in person, and the researcher sought to determine whether the intervention accurately reflected their own experiences, as discussed in previous research by Thomas and Rothman (1994:218).

The consultation with the experts was conducted online via email. The researcher sent the proposed social work support intervention to experts via email. This included an information sheet with the study's background and a feedback guideline that was used as a base for the experts. The aim of sending the above-mentioned documents was to request that the experts provide their input and feedback on the intervention and include their suggestions. The intervention was evaluated by social workers working in the field of substance dependency and academics who have conducted research in the SUD field to ensure its effectiveness. The involvement of social workers and academics ensured the credibility and validity of the programme (Leung, 2015:325-326).

8.2.3   Demographics of the experts

The supervisor assisted the researcher with selecting the experts and academics in the field of substance dependency, and eight participants were identified. A request to participate was sent to the identified experts; however, only six responded. Of the six experts who responded and agreed to review the intervention, only five gave their feedback. The experts met the following criteria:

- Knowledge and experience in substance dependency.
- Social work qualification.
- Current involvement in the substance dependency field.
- More than 10 years of experience in the substance dependency field.

Table 8.1 below presents the demographics of the experts involved in the review of the programme.

Table 8.1: Demographic details of experts

Name	Occupation	Years of experience	Expert's field
A1	Lecturer	25+	Mental health addictions, addiction counselling, and family therapy
A2	Lecturer	25+	Substance dependency, mental health addictions, and family therapy
A3	Social worker	20+	Substance dependency
A4	Social worker	10	Substance dependency
A5	Social worker	15	Substance dependency

Four of the reviewers were located in South Africa, and one was based internationally. Three experts were working with families, parents, and adolescents recovering from SUDs and had vast experience in working with families affected by SUDs. The other two experts were lecturers at two distinct universities, one in South Africa and one in Canada, North America. These lecturers have done extensive research on the substance dependency field. All five reviewers had extensive experience in the field of SUDs, having worked with parents of adolescents in recovery from SUDs, adolescents with SUDs, and adults who were struggling with these conditions. It is important to note the reviewers' experience in this field, as this expertise is invaluable in evaluating the content of the social work support intervention for parents of adolescents recovering from a SUD. Their collective insights and knowledge have undoubtedly proven instrumental in providing a comprehensive evaluation. Finally, the feedback from the experts was used to refine the social work support intervention for parents of adolescents recovering from a SUD. The feedback from the experts is discussed in the following section.

8.2.4   Feedback from the experts

The feedback from the experts was crucial in determining the relevance and effectiveness of the proposed social work support intervention for parents of adolescents recovering from a SUD. It is imperative to note that the experts conducted a thorough review of the proposed intervention. Notably, the experts based their reviews solely on the content presented in Chapter 7 of this study, instead of the whole study. It is essential to emphasise that the experts' assessment

was conducted with meticulous attention to detail and their findings are, therefore, a reliable and accurate representation of the effectiveness of the intervention. The researcher presented the experts with the proposed programme and requested that they provide their input and feedback on the intervention, as well as their suggestions. A feedback form was provided to the experts with the following questions as guidance:

- Will the intervention be able to empower parents to cope with adolescents recovering from a SUD? Please motivate your answer.
- Will the intervention provide parents with psychosocial support and empower them to deal with personal problems? Please motivate your answer.
- Will the intervention be able to empower parents with knowledge of parenting skills, adolescent SUDs, and relapse? Please motivate your answer.
- Will the intervention be able to encourage parents to take care of themselves (self-care)? Please motivate your answer.
- Will the intervention enable social workers to intervene in supporting parents of adolescents recovering from a SUD to cope? Please motivate your answer.
- What are your suggestions for improvement of the intervention? Please be specific and add activities and other resources where possible.
- Any other comments?

Table 8.2 below provides a comprehensive overview of the feedback provided by the reviewers.

Table 8.2: Overview of the feedback provided by the experts

FEEDBACK REVIEW QUESTIONS	FEEDBACK AND SUGGESTIONS FROM EXPERTS
Will the intervention be able to empower parents to cope with adolescents recovering from a SUD? Please motivate your answer.	➢ Yes, the intervention will empower parents. The intervention presents core issues to be addressed, but I also suggest that co-dependency be added and that forgiveness be clarified. In spiritual terms, forgiveness may imply returning to how things were, which is not what we want. We want parents to accept the past (letting go/ coming to terms) and set a DIFFERENT, healthy relationship with healthy boundaries and no co-dependent behaviours. ➢ Preparation needs to be done before getting into this stage. ➢ There is also a space needed early on to allow for venting.
Will the intervention provide parents with psychosocial	➢ There is also a history in the relationship with the youth that predates the SUD – that history must be explored and

support and empower them to deal with personal problems? Please motivate your answer.	deconstructed or, no matter how much psycho-educational work, the history (and the patterns enshrined in it) will repeat. Psychoeducation asks parents to do something different without giving them space to own their part in the SUD.
Will the intervention be able to empower parents with knowledge of parenting skills, adolescent SUDs, and relapse? Please motivate your answer.	➢ In my own work with parents, that was vital to success and it was also the grounding for understanding the parental role in supporting and enabling the SUD.
Will the intervention be able to encourage parents to take care of themselves (self-care)? Please motivate your answer.	➢ Instead of using this (video in session 4 for mental health), can the social worker do it live with the parents? It would feel more real and connecting between the social worker and the parents.
Will the intervention enable social workers to intervene in supporting parents of adolescents recovering from a SUD to cope? Please motivate your answer	➢ Yes, it will, but it will be necessary to develop training for social workers to be knowledgeable about SUDs and family interactions. The suggestions as mentioned in the first question may be considered. ➢ A comprehensive training programme is necessary for social workers to effectively address SUD and their impact on family dynamics. The programme should incorporate evidence-based practices and theoretical frameworks and emphasise core competencies, such as effective communication, cultural competence, and ethical principles. This initiative is crucial to enhance the quality and effectiveness of social work interventions in this critical area of practice.
What are your suggestions for improvement of the intervention? Please be specific and add activities and other resources where possible.	➢ An exercise or activity that encourages self-introspection with the parents, because sometimes the parents contribute to the usage of substances by their adolescents. Maybe if they can also get an opportunity to self-introspect, they can change the important aspects in the families which might be contributing negatively. ➢ The time and duration of one session and the intervention were not indicated. ➢ Another element that gets little attention is the economic resources and capacity to access treatment. Thus, some of what is laid out in the proposal may be more relevant to those with more access to social determinants of health.
Other comments	➢ A comprehensive training programme is necessary for social workers to effectively address SUD and their impact on family dynamics.

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The experts' feedback was incorporated into the intervention, and the final social work support intervention for parents of adolescents recovering from a SUD is presented as Addendum L.

The pilot test was conducted with a group of parents and their adolescents recovering from SUDs at a treatment centre in Soshanguve/Hammanskraal.

8.3 CONDUCTING A PILOT TEST

Pilot tests can assist in strategically evaluating the intervention's effectiveness and determining its feasibility, allowing the researcher to make informed decisions and confidently move forward with the intervention (Fouché *et al.,* 2021:477). Assessing the intervention in practical settings and getting parents' input to guarantee its efficacy were crucial. A pilot study was essential to ensure that the planned intervention was appropriate for its intended use and could be carried out successfully (Fouché *et al.,* 2021:477). It was crucial to conduct thorough evaluations of the proposed intervention while considering the opinions and experiences of people impacted by it. Fawcett *et al.* (1994:37) suggest conducting pilot tests to assess an intervention's effectiveness and make preliminary revisions. A pilot test was anticipated to refine the social work support intervention for parents of adolescents recovering from a SUD and, therefore, result in a more thorough and evaluated intervention.

The researcher tested the social work support intervention with the intended users (parents of adolescents recovering from a SUD) using a methodology conducive to the study's participants, i.e. using reflection after every session. The intervention's effectiveness was thus evaluated through the viewpoint of social work practitioners based on the reviews and feedback from the parents of adolescents recovering from a SUD who attended the sessions (Kiefer, 2014:11). When conducting a pilot study, it is important to have a clear purpose statement that provides a general direction. In addition, Fraser, Fahlman, Arscott and Guillot (2018:261) point out that following the definition of a purpose, the goals of the pilot testing are logical extensions of the purpose statement and define the material that will be the subject of the evaluation.

Table 8.3 in the next sub-section provides the feedback and reflections on the sessions attended by the parents.

8.3.1 Feedback from the parents of adolescents recovering from a SUD who attended the pilot for the intervention

After consulting with the supervisor, the researcher and the supervisor agreed on the importance of organising and facilitating a parent support group based on the sessions outlined in the social work support intervention for parents of adolescents recovering from a SUD. The support group sessions were arranged with parents of adolescents who were admitted to a treatment centre in Soshanguve/ Hammanskraal as in-patients and outpatients, and the ones who had already gone through the in-patient treatment programme and are recovering from a SUD at home. The social workers at the centre agreed to assist the researcher in organising a parent support group, as they already had family educational group sessions in place. The educational groups the social workers were facilitating included other stakeholders such as Tshwane Metro Police, South African Police Service, Ke Moja, the Department of Education, and Universal Church. With the help of the social workers at the treatment centre, the researcher consulted the parents, who all agreed to participate in the support group sessions. The parent group sessions were conducted with parents of adolescents recovering from a SUD, including some of the parents who were participants in this study. Two sessions also involved their adolescents recovering from a SUD. Table 8.3 provides an overview of the feedback received, which was used to evaluate the effectiveness of the sessions and make informed decisions regarding future improvements.

Table 8.3: The piloted social work support intervention for parents of adolescents recovering from a SUD with feedback from parents

SESSION	TOPIC	FEEDBACK AND SUGGESTIONS BY PARENTS AND THEIR ADOLESCENTS RECOVERING FROM A SUD WHO ATTENDED THE SESSIONS
Session 1 (Parents' group) One hour, 30 minutes	INTRODUCTIONS, GETTING TO KNOW EACH OTHER, AND WHAT A SUD IS	Parents expressed their satisfaction with the session. However, they requested more time for debriefing. They felt debriefing should be a separate session to allow more time to share and vent.

	❑ Debriefing of the parents of adolescents recovering from a SUD. ❑ Understanding SUDs. ❑ Types of substances, causes of substance misuse, and SUDs. ❑ Understanding relapses. ❑ Information on SUD treatment services.	
Session 2 (Parents' group) **One hour, 30 minutes**	STRATEGIES TO COPE WITH ADOLESCENTS RECOVERING FROM A SUD ❑ Establishing a trusting and non-judgmental relationship with the adolescent through encouraging open communication. ❑ Learning to forgive. ❑ Finding support from other family members. ❑ Setting clear expectations and establishing clear rules and boundaries pertaining to instances where parents must navigate and resolve conflicts. The parent can be guided to be consistent with consequences for violating the set rules while ensuring they are fair and reasonable. ❑ Expressing themselves calmly, listening to the adolescent, and trying to understand and see things from their perspective without shouting or disrespect.	The parents conveyed their contentment with the information they have garnered from one another. The exchange of knowledge was deemed satisfactory by the participants.
Session 3 (Parents' group) **One hour, 30 minutes**	COMMUNICATION SKILLS ❑ Managing anger. ❑ Expressing your feelings and concerns calmly and assertively. ❑ Listening actively to the other person's perspective as well. ❑ Avoiding criticising and lecturing. ❑ Engaging in conversations that encourage critical thinking (asking	The parents expressed their relief in being able to address the subject of communication and shared that it is the main problem in dealing with adolescents recovering from a SUD. They expressed satisfaction in their ability to utilise the platform to acquire knowledge and exchange ideas on the subject matter.

	open-ended questions to promote discussion and exploration).	
Session 4 (Parents' group) One hour, 30 minutes	MENTAL HEALTH ISSUES ❑ Underlying issues that may trigger anger imagined, e.g. grief and loss of the child they knew or hoped for, so that they are ready to enter a new relational space with the adolescent recovering from a SUD. They must also support grief, loss, anger, and other emotions within the sibling unit. ❑ The importance of self-awareness. ❑ Expressing your feelings and concerns calmly and assertively. Understanding that talking to the adolescent recovering from a SUD and other people who have hurt you can put everything to rest and clear up any misunderstandings. ❑ Active listening to the other person's perspective. ❑ Forgiveness. Recognise that letting go can provide peace and emotional healing. Parents learn to accept the past (letting go/ coming to terms) and set a DIFFERENT, healthy relationship with healthy boundaries and no co-dependent behaviours. ❑ Expressing feelings and emotions. ❑ Mindfulness and meditation.	Following the session, the parents expressed their satisfaction but indicated a need for additional time, citing a desire to explore and address the matters at hand further. It is apparent that they have several pertinent issues they wish to discuss and as such require more time to express their concerns adequately.
Session 5 (Parents' group) One hour, 30 minutes	SELF-CARE ❑ ME TIME. ❑ Prioritising oneself. ❑ Self-care practices.	The parents in attendance expressed their contentment with the session. They conveyed their interest in acquiring further activities that align with the intervention's objectives and can be conveniently carried out at home.

Session 6 (Parents' group) **One hour, 30 minutes**	PARENTAL SKILLS ❑ The 4Cs parenting concepts, which are Care, Consistency, Choices, and Consequence. ❑ Showing interest and emotional involvement in your child, e.g. schoolwork, friends, sports they are involved in, etc. ❑ Respecting their views and being open-minded. ❑ Helping parents understand that inter-generational transmission of losses, traumas, and relational patterns all play a role in the SUD. ❑ Spending time together with the adolescent child. ❑ Co-parenting; working together for the benefit of the adolescent child. ❑ Changes in the family and personal routines. ❑ Giving your adolescent child space and continuing monitoring.	The parents provided positive feedback and demonstrated the ability to recognise their own missteps which potentially played a role in the behaviours exhibited by their adolescent children and their siblings.
Session 7 (Parents' group) **One hour, 30 minutes**	SETTING BOUNDARIES ❑ Developing the skill to assertively say no to the adolescent recovering from a SUD. ❑ Knowing when to say no when the adolescent recovering from a SUD is manipulating situations. ❑ Knowing when not to give in to the demands of the adolescent recovering from a SUD.	Parents indicated that the session was challenging, as they must unlearn some of their habits, and others shared that they were now used to just allowing the recovering adolescent to have their way as they were scared that setting boundaries might lead them to relapse.
Session 8 (Parents and adolescents' group) **One hour, 30 minutes**	RELATIONSHIP BUILDING (PARENT-ADOLESCENT) ❑ Sharing experiences and challenges to help bridge the generation gap. ❑ Learning to understand what the adolescent recovering from a SUD is going through and learning what the parent is going through.	The session was deemed interesting, yet parents expressed the need for an extended duration to facilitate an increased level of sharing and knowledge-sharing on effective ways of finding a common understanding. Adolescents recovering from a SUD appreciated the time and platform to share their challenges and frustrations with their parents. They indicated a need to have more sessions with their parents to try to rebuild trust.

	❑ Using communication that both the adolescent and the parents are mostly comfortable with, e.g. texting or messaging, to maintain communication if the adolescent prefers this mode of communication. ❑ Face-to-face conversations to facilitate essential or emotional discussions. ❑ Open discussions for both the parent and the adolescent recovering from a SUD. ❑ Issues that affect the relationship. ❑ Conflicting views, beliefs, and actions within the family and how to resolve those differences.	
Session 9 (Parents and adolescents' group) One hour, 30 minutes	SEEKING COMMON GROUND AND AIMING FOR A MIDDLE POINT ❑ Identify the problem that is affecting them both. ❑ Sharing their suggestions on how to solve the problem. ❑ Deciding how to deal with the identified problem and find common ground.	The parents were relieved upon discovering that it is acceptable to hold divergent views on certain matters without compromising their status as good parents. They were happy about the realisation that they could disagree without being deemed inadequate in their parenting roles The adolescents recovering from a SUD expressed their satisfaction on understanding the issue of seeking common ground and finding better solutions together with their parents.

Parents provided positive feedback regarding the intervention and were delighted with it. Parents requested more time for sessions, as they felt the one hour and 30 minutes did not provide them with enough time to share. After discussing with the social workers, it was suggested that the intervention's time allocation could be adjusted per each parent group's needs. As for the issue with the first session, it was suggested that if there are more parents in the group, the session could be divided into two sessions to accommodate more time. Table 8.4 below indicates the changes that were included in the intervention according to the feedback and suggestions from the experts in the substance dependency field and observations and comments from the parents who attended the group sessions.

Table 8.4: Feedback and suggestions that were included in the intervention

SESSIONS	FEEDBACK AND CHANGES ADDED TO IMPROVE THE INTERVENTION AFTER CONSULTATIONS WITH EXPERTS AND PARENTS OF ADOLESCENTS RECOVERING FROM A SUD
Session 1	• Time scheduled for the session. • Introduction, getting to know each other, and allowing parents time to vent.
Session 2	• Time scheduled for the session Setting clear expectations and establishing clear rules and boundaries. This pertains to instances where parents must navigate and resolve conflicts. Listening to the adolescent and trying to understand and see things from their perspective without shouting or disrespect.
Session 3	• Time scheduled for the session. • Testimonies from the links below from other parents which can help parents manage their anger: https://addictionlessons.com/prologue/
Session 4	• Time scheduled or the session. • Dealing with underlying issues that may trigger anger (grief and loss of the child they knew or hoped for, so that they are ready to enter a new relational space with the adolescent recovering from a SUD. They must also support grief, loss, anger, and other emotions within the sibling unit (see Addendum L, session 4).
Session 5	• Time scheduled for the session.
Session 6	• Time scheduled for the session. • The social worker addresses the issue of enabling behaviours, co-dependency, and other family history that might affect parenting. • Addressing history in the relationship with the adolescents that predates the SUD – that history must be explored with the parent and deconstructed to avoid history (SUD in the family) repeating itself. • Helping parents understand that inter-generational transmission of losses, traumas, and relational patterns all play a role in the SUD – do the parents understand that and what work has been undertaken to change that?
Session 7	• Time scheduled for the session.
Session 8	• Time scheduled for the session. • Dealing with conflicting views, beliefs, and actions within the family and how to resolve those differences.
Session 9	• Time scheduled for the session.

8.4 LIMITATIONS TO THE REVIEW PROCESS

The researcher encountered certain process limitations during the review, which are described below:

- One of the factors was time limitations. As a result of their prior commitments to other duties and deadlines, several experts mentioned that they did not have enough time to review the designed intervention programme.

- The researcher requested six experts to review the designed intervention, and they all agreed. However, only five of the six requested experts provided feedback on the designed intervention programme.

8.5 SUMMARY OF THE CHAPTER

This chapter summarised the development of a preliminary intervention, expert feedback, and a pilot test with parents. The chapter also acknowledged the limitations of the review process. The final social work support intervention for parents of adolescents recovering from a SUD was designed and can be found in Addendum L of this study. The researcher plans to complete Phases 5 and 6 of the IDD model to finalise the social work support intervention as part of her postdoctoral studies. Chapter 9 of the study will summarise the findings, draw conclusions, and offer recommendations.

CHAPTER 9:
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

9.1   INTRODUCTION

The study will be summarised, conclusions will be drawn, and suggestions will be made for further research in this last chapter. The study focused on the absence of social work support programmes for parents of adolescents who are recovering from a SUD, as observed in social work practice. The goal was to develop a social work support intervention to address this issue. Chapter 1 presented the study topic, research questions, goals, and objectives that guided the methodology and research process. In Chapter 2, the chosen research methodology and its implementation process were explained. Chapter 3 presented a review of the relevant literature. Chapters 4 and 5 discussed the research findings on parents of adolescents recovering from a SUD and social workers in the substance dependency field, respectively, and a literature control supported these chapters. Chapter 6 centred on the functional elements available for working with families affected by SUDs and included references to valuable contributions from literature related to SUDs. The researcher used the information from Chapters 3 to 6 to design a social work support intervention for parents of adolescents in recovery from a SUD. Chapter 7 presented the process of the design of the social work support intervention for parents of adolescents recovering from a SUD. In Chapter 8, early development, pilot testing, and the review of the social work support intervention for parents of adolescents recovering from a SUD were presented. This chapter summarises the study's research findings, conclusions, and recommendations.

9.2 THE SUMMARY OF THE APPLICATION OF THE RESEARCH METHODOLOGY IN THE DESIGNING OF A SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

The section below focuses on the conclusions drawn from the research methodology, including the goals, research questions, objectives, and the IDD model.

9.2.1 The research questions, goals, and objectives

Societal expectations of parenthood often lead to parents being held accountable for adolescent SUDs (Flensburg *et al.*, 2022:564). Therefore, Winters *et al.* (2015:134) indicate that it is imperative to recognise that parents of adolescents recovering from a SUD require immediate attention to support them to cope. In support, Flensburg *et al.* (2022:563) suggest that the burden of adolescent SUDs on families includes time and energy spent on health and care efforts and emotional stress. According to Becker *et al.* (2017:2), the available family-based interventions mainly focus on education and communication skills to bring about positive changes in the lives of adolescents with a SUD and not on supporting their parents with their unique needs. Furthermore, according to Mathibela and Skhosana (2019:87), social workers often prioritise adolescents recovering from a SUD, leaving parents with less support. It is crucial to provide parents with the necessary support in dealing with adolescents recovering from a SUD. Both the literature consulted and data collected from the parents of adolescents recovering from a SUD and social workers working with substance dependency indicated that leaving parents to navigate this challenging situation on their own can be overwhelming. It is essential to support parents with the right coping mechanisms and to ensure that their well-being is also seen as important. The researcher envisioned the design of a distinct social work intervention to support parents of adolescents recovering from a SUD.

The goals of this study were therefore:
- To develop an in-depth understanding of the support needs of parents of adolescents recovering from a SUD.

- To develop a social work support intervention for parents of adolescents recovering from a SUD.

To design a social work support intervention for parents of adolescents recovering from a SUD, the following research questions were formulated:
- What are the experiences of parents of adolescents recovering from a SUD?
- What social work support interventions do parents of adolescents recovering from a SUD need?
- What are the key elements that must be included in a contextually relevant social work support intervention for parents of adolescents recovering from a SUD?
- How could a social work support intervention for parents of adolescents recovering from a SUD be operationalised?

The objectives of the study were formulated as follows:
- To explore and describe the perceptions of parents of adolescents recovering from a SUD about their support needs, as well as what social work support interventions they need.
- To describe, as findings, what social work support interventions parents of adolescents recovering from a SUD need and how they should be operationalised.
- To explore and describe the perceptions of social workers working with adolescents recovering from a SUD about the support needs and possible social work support interventions the parents of these adolescents need.
- To describe, as findings, what social work support interventions social workers working with adolescents recovering from a SUD recommend for the parents of these adolescents and how they should be operationalised.
- To review the elements or components that should be included in the planned social work support intervention through a literature review and further information collection from parents and national and international experts.
- To draw conclusions and make recommendations about what a social work support intervention for parents of adolescents recovering from a SUD will consist of.

- To design and develop a social work support intervention using the above findings to support parents of adolescents recovering from a SUD.

- To disseminate the research findings and the developed social work support intervention for parents of adolescents recovering from a SUD.

9.2.2 Research methodology

The qualitative research approach was the most appropriate for designing and reviewing the social work support intervention for parents of adolescents recovering from a SUD. Chapter 2 provided a detailed explanation of the research methodology used in the study.

Through the qualitative research approach, empirical data from participants and literature reviews were effectively collected. The purposive sampling technique, a type of non-probability sampling method, was used for the study and proved to be successful. Additionally, literature reviews and semi-structured interviews were efficient methods for collecting data. The study participants were carefully selected from parents of adolescents recovering from a SUD and social workers working with substance dependency. This ensured that the data collected was appropriate, accurate, and reliable, as it was obtained directly from the participants.

Tesch's model (in Creswell, 2014:198) was used to analyse the collected data and then formulate the themes and sub-themes. The model of Lincoln and Guba (2000) was used to verify the qualitative data and thus credibility, transferability, dependability, and confirmability were ensured by the researcher. This model was used to ensure the trustworthiness of the analysis and to establish the credibility of the research findings. The structured approach to data analysis facilitated the identification of the 10 themes and 59 sub-themes, thereby contributing to the clarity and coherence of the research findings. Overall, using Lincoln and Guba's model for verification and Tesch's framework for qualitative data processing and analysis ensured a systematic and rigorous approach to the data analysis and contributed to the integrity and quality of the research findings.

Given the thorough research approach and methodology used, it is safe to say that this study's outcomes were quite beneficial. The study's findings provided crucial

insights that significantly informed the development of an effective social work support intervention for parents of adolescents recovering from a SUD.

9.2.3   Research design and the phases of the IDD model

The research study utilised the IDD model devised by Rothman and Thomas (1994c) as the research design to develop and design a social work support intervention to support parents of adolescents recovering from a SUD. The exploratory, descriptive, and contextual designs were utilised when information was gathered from the parents and social workers. The researcher used the exploratory and descriptive designs during the first phase of the study, aiming to provide and describe new insights on the topic researched, as guided by Akhtar (2016:73) and Bradshaw *et al.* (2017:5). The researcher also employed the contextual design as interviews were conducted at various locations, including social workers' offices, homes, and other comfortable venues, considering each participant's unique context.

Using these designs for data collection facilitated a comprehensive understanding of the participants' experiences. The study findings had significant implications for the development of an effective support intervention for parents of adolescents recovering from a SUD. The chosen designs were useful tools for achieving the study's goals and objectives.

According to Rothman and Thomas, as stated in Fouché *et al.* (2021:466), the IDD model consists of six phases, each with its own set of steps. Every step in the process has a distinct set of requirements that must be fulfilled to advance to the next phase. However, Rothman and Thomas (1994c:68) note that while the steps should be performed sequentially, there may be instances where the researcher needs to revisit earlier phases due to challenges or new information. The researcher employed the initial four stages as discussed in Chapter 2 of this study. Chapters 4, 5, 6, 7, and 8 provided additional information on the research method and its application. Table 9.1 provides an overview of the phases of the model, chapters in which these phases were discussed, and objectives which were addressed within the specific phases.

Table 9.1: Summary of the chapters representing the phases of the IDD model and objectives addressed

Chapters	Phases	Objectives
Chapter 1: Introduction and background to the study	Phase 1: Problem analysis and project planning.	Objective 1: To explore and describe the perceptions of parents of adolescents recovering from a SUD about their support needs, as well as what social work support interventions they need. Objective 3: To explore and describe the perceptions of social workers working with adolescents recovering from a SUD about the support needs and possible social work support interventions the parents of these adolescents need.
Chapter 2: Application of the research methodology in the designing of a social work support intervention for parents of adolescents recovering from a SUD	All phases	
Chapter 3: Context of the study on adolescent SUDs and the family support interventions in SUD	Phase 2: Information gathering and synthesis of existing knowledge	Objective 1: To explore and describe the perceptions of parents of adolescents recovering from a SUD about their support needs, as well as what social work support interventions they need. Objective 3: To explore and describe the perceptions of social workers working with adolescents recovering from a SUD about the support needs and possible social work support interventions the parents of these adolescents need.
Chapter 4: Discussion of research findings – Parents of adolescents recovering from a SUD	Phase 2: Information gathering and synthesis of existing knowledge	Objective 2: To describe, as findings, what social work support interventions parents of adolescents recovering from a SUD need and how they should be operationalised.
Chapter 5: Discussion of research findings – social workers working at treatment centres	Phase 2: Information gathering and synthesis of existing knowledge	Objective 4: To describe, as findings, what social work support interventions social workers working with adolescents recovering from a SUD recommend for the parents of these adolescents and how they should be operationalised.

Chapter 6: **Possible functional elements for a social work support intervention for parents of adolescents recovering from a SUD**	Phase 2: Information gathering and synthesis of existing knowledge	Objective 5: To review the elements or components that should be included in the planned social work support intervention through a literature review and further information collection from parents and national and international experts.
Chapter 7: **Design of the social work support intervention for parents of adolescents recovering from SUD**	Phase 3: Design a preliminary intervention	Objective 6: To design a social work support intervention using the above findings to support parents of adolescents recovering from SUD.
Chapter 8: **Early development and pilot testing of the social work support intervention for parents of adolescents recovering from a SUD**	Phase 4: Early development and field testing	Objective 7: To draw conclusions and make recommendations about what a social work suppo intervention for parents of adolescents recovering from SUD will consist of.

Table 9.2 indicates the IDD phases and steps followed by the researcher as guided by Fouché *et al.* (2021:466).

Table 9.2: IDD phases and steps as followed in this study

Phase	Steps
Phase 1	Step 1: Identifying and involving clients The population for this study comprised two sets, namely, parents of adolescents recovering from a SUD and social workers working with families of adolescents recovering from a SUD in the City of Tshwane region.
	Step 2: Gaining entry and cooperation Gatekeepers were identified and approached.
	Step 3: Identifying concerns The researcher used qualitative research to look into the meanings of the perceptions and actions of the research participants, thus using exploratory, descriptive, contextual, and IDD designs.
	Step 4: Analysing identified concerns The researcher analysed the data collected from both parents and social workers in trying to gain further understanding of their concerns.
	Step 5: Setting goals and objectives The study's goals and objectives are outlined in Chapter 1, section 1.5.2, and the intervention goal and objectives are formulated and outlined in Chapter 1, section 1.7.2.4, and Chapter 2, section 2.4.1.5.
Phase 2	Step 1: Use existing resources and information The researcher conducted a literature review to better understand the available literature on parents of adolescents recovering from a SUD and this is outlined in Chapters 3 and 6.
	Step 2: Study natural examples

	The researcher observed the participants' verbal and non-verbal communication while conducting semi-structured interviews. This step was outlined in Chapters 4 and 5.
	Step 3: Identify the functional elements of successful models In Chapter 6 the researcher identified functional elements from family programmes, models, or frameworks, as well as research findings which could be used as part of the development of the intervention addressing the needs of parents of adolescents recovering from a SUD.
Phase 3	Step 2: Specifying procedural elements of the intervention The researcher specified the procedural elements of the social work support intervention for parents of adolescents recovering from a SUD when designing the programme, including aspects like session divisions, time allocation, and activities discussed in Chapter 7.
Phase 4	Step 1: Developing a preliminary intervention The researcher developed a preliminary intervention and consulted experts in the substance dependency field and the process is outlined in Chapter 8.
	Step 2: Conducting a pilot test The researcher conducted a pilot test with one group of parents of adolescents recovering from a SUD (refer to Chapter 8).

The research results for the four IDD model phases, which were covered in Chapters 1 to 8, are presented in this section. The objectives of the study were achieved through conducting a situation analysis of available programmes for parents of adolescents recovering from a SUD, designing a social work support intervention for these parents, and reviewing the designed social work support intervention. In the next sub-sections the summary and conclusions are discussed according to the different phases.

9.2.3.1   *Summary and conclusions of Phase 1: Situational analysis and project planning*

The research question and objectives that guided Phase 1 are listed in Table 9.3 below.

Table 9.3: Research questions and corresponding objectives addressed in Phase 1 of the IDD model

Research question	Objectives
What are the experiences of parents of adolescents recovering from a SUD?	To describe, as findings, what social work support interventions parents of adolescents recovering from a SUD need and how they should be operationalised
What social work support interventions do parents of adolescents recovering from a SUD need?	To describe, as findings, what social work support interventions social workers working with adolescents recovering from a SUD recommend for the parents of these adolescents and how they should be operationalised.

The emphasis was on problem analysis, which is a preliminary activity that is intended for needs and problems that have been identified before the intervention activity. The researcher involved the treatment centre managers and social workers working in the substance dependency field to obtain a comprehensive understanding of the programmes that are available to support parents of adolescents recovering from a SUD. The researcher consulted the relevant literature to state the problem and to contextualise the study.

After conducting a thorough literature review, it became evident that parents of adolescents recovering from a SUD were troubled by their children's behaviour and found it difficult to cope. The struggling parents who needed assistance from social workers were not receiving the necessary guidance and support due to a lack of training and structure in the social sector of South Africa. This issue needs to be addressed urgently, as it is impacting the entire sector. The researcher identified the problem as the absence of social work interventions and guidance for social workers working with parents of adolescents who are recovering from a SUD. The target populations for this intervention are thus parents of adolescents who are recovering from a SUD and the social workers who should be equipped to assist these parents.

Therefore, the researcher formulated the research aims, objectives, and questions as suggested by Gilgun and Sands (2012:349). In Phase 1 of this study, the

research methodology was carefully planned and executed. The researcher determined the research designs, research methods, population, sampling, data-gathering, and data analysis methods. Ethical clearance was obtained from both the SRC of the Social Work Department and the CREC at UNISA. Once clearance was obtained, the researcher applied for formal permission to conduct the study at the DSD Pretoria and three treatment centres in the City of Tshwane.

Considering the aforementioned, it can be deduced that the researcher has proficiently analysed the problem and formulated a project plan. The researcher's perspective, which highlights the pressing need for a social work support intervention aimed at parents of adolescents recovering from a SUD, has been substantiated. This validation has facilitated the formulation of the study's aims, objectives, and research questions.

9.2.3.2   *Summary and conclusions of Phase 2: Information gathering and synthesis of existing knowledge*

Chapter 3 provided a review of adolescents' SUDs, the role of parents in adolescents' SUD recovery, the effect of adolescent SUDs on parents, and the challenges faced by parents of adolescents recovering from a SUD. Parent resilience in dealing with adolescent SUDs was presented, as well as the treatment models used by social workers in dealing with families affected by adolescent SUDs. Policies and laws pertaining to substance abuse were also discussed. Additionally, the research study's conceptual foundation was based on the family and ecological systems' theoretical frameworks.

To improve prevention against SUDs, the South African Government has put in place several legislative and regulatory frameworks, as it views the problem of adolescent SUDs as a high priority. However, some policies have not been effective due to shortcomings in their implementation, despite being promising on paper. For more details, refer to Chapter 3, section 3.11.

The study was conducted using the FST and EST to guide the understanding of the support needs of parents of adolescents recovering from a SUD (refer to Chapter 3). As per Walsh's (2016:122) findings, these two theories were implemented to

improve family dynamics by promoting positive change and adapting to evolving circumstances. Similarly, Payne (2014:184) explored methods to assist parents in adapting to new surroundings and their adolescents' changing conduct during their recovery from a SUD for a cohesive household experience.

The following conclusions can be made following a comprehensive literature and theoretical framework analysis:

- Supporting adolescents recovering from a SUD can be a heavy burden on families, as some parents struggle to adapt and respond appropriately (Mardani *et al.*, 2023:3). The research also indicates that the functionality of the family is disrupted and the focus shifts to the adolescent who is recovering from a SUD, causing the family to veer off course. Arlappa *et al.* (2019:59) further support this claim by stating that SUDs among adolescents have detrimental impacts on families, particularly parents.

- Although there are generic methods that promise to assist families affected by SUDs, interventions and guidelines for social work support for parents of individuals recovering from a SUD are lacking (Schultz, 2018:20; Richert *et al.*, 2021:678). The effects of adolescent SUDs, if not adequately addressed and resolved, grow more extensive and negatively affect families (Flensburg *et al.*, 2021:256).

- It is imperative that current support models and interventions in South Africa fully recognise the significance of assisting parents whose adolescents are in the process of recovering from a SUD (Groenewald & Bhana, 2017:421). To promote successful recovery outcomes, such interventions must be designed to effectively address these parents and their adolescents' unique needs. Therefore, policymakers and healthcare professionals in South Africa should prioritise interventions that offer comprehensive support to families impacted by SUDs, including providing education, counselling, and other relevant resources. By doing so, we can work towards building a healthier and more resilient society that is equipped to tackle the challenges posed by SUDs.

- The effective treatment of SUDs in adolescents and the provision of adequate support to their parents have become an increasingly complex undertaking

for social workers. Unfortunately, professionals working in the SUD field are often faced with a lack of necessary training and skills to address these challenges effectively (Galvani, 2015:5). This has led to an urgent need for comprehensive training interventions that equip social workers with the skills and knowledge needed to effectively care for and support parents of adolescents recovering from a SUD.

- Effective treatment for substance misuse, particularly in adolescent SUDs, requires highly specialised expertise from social workers who are eager to provide such services (National Institutes of Health, 2024). Although the DSD offers principles and guidelines for social workers to follow when working with substance-using adolescents, it does not address social workers' preparedness, challenges, or experiences in working with the parents (Madisha & Skhosana, 2022:443; Lundgren *et al.,* 2018:8).

- As stipulated by the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa, 2008), families are required to be informed and made aware of the early warning signs that would enable them to detect the challenges faced by adolescents during the early stages of substance use. Despite the availability of information on interventions for preventing SUDs, implementing such interventions is impeded by a lack of funding (Chen, Olin, Stirman & Kaysen, 2017:61; Myers, Carney, Browne & Wechsberg, 2018:1997).

- The NDMP 2013-2017 was introduced to support families affected by SUDs. However, families are still not receiving adequate attention, and clear policies and programmes are lacking. The absence of programmes has hindered the success of harm reduction and maintaining sobriety (Schultz, 2018:2).

- Despite being proven effective, numerous strategies and programmes that prevent SUDs remain underutilised, leading to unfavourable consequences (SAMHSA, 2016:122). It is imperative that these prevention measures be implemented to curtail the harmful effects of SUDs.

In conclusion, the literature review assisted the researcher in finding the gaps that led to designing the social work support intervention for parents of adolescents recovering from a SUD. The FST and the EST, as outlined and discussed in Chapter

1, section 1.4, were useful in emphasising the support needs for parents of adolescents recovering from a SUD and also guided the IDD process.

The researcher used the existing information sources to continue the literature review (Chapters 3 and 6). Furthermore, the researcher also studied the natural examples using semi-structured interviews with parents of adolescents recovering from a SUD and social workers in the substance dependency field (Chapters 4 and 5). Table 9.4 below outlines the research question and objectives that served as the guide for Phase 2.

Table 9.4: Research questions and corresponding objectives addressed in Phase 2 of the IDD model

Research question	Objectives
What are the experiences of parents of adolescents recovering from a SUD?	To describe, as findings, what social work support interventions parents of adolescents recovering from SUD need and how they should be operationalised.
What social work support interventions do parents of adolescents recovering from a SUD need?	To describe, as findings, what social work support interventions social workers working with adolescents recovering from a SUD recommend for the parents of these adolescents and how they should be operationalised.
What are the key elements that must be included in a contextually relevant social work support intervention for parents of adolescents recovering from a SUD?	To review the elements or components that should be included in the planned social work support intervention through a literature review and further information collection from parents and national and international experts.

Based on the 10 themes and 59 sub-themes that emerged (see Chapters 4 and 5), it could again be concluded that a social work support intervention is necessary to address the support needs of the parents of adolescents recovering from a SUD. The themes and sub-themes in Table 9.5 below articulate the parents' experiences

and suggestions. The elements that should be included in a social work support intervention for parents of adolescents recovering from a SUD started to emerge from these themes.

Table 9.5: Themes that emerged from the parents of adolescents recovering from a SUD

Theme 1	**Parents' accounts of their experiences in parenting an adolescent recovering from a SUD**
Theme 2	Parents' descriptions of the support they need as the parent of an adolescent recovering from a SUD
Theme 3	Parents' explanations of the support services they received from treatment centres involved with the adolescent recovering from a SUD
Theme 4	Parents' descriptions of the support services they would like to receive as the parent of an adolescent recovering from a SUD
Theme 5	Parents' suggestions on what should be included in a support intervention for parents of adolescents recovering from a SUD

The social workers' experiences and suggestions were also organised into themes. The elements that should be included in a social work support intervention for parents of adolescents recovering from a SUD started to emerge from the themes stipulated in Table 9.6 below.

Table 9.6: Themes that emerged from the social workers working with parents of adolescents recovering from a SUD

Theme 1	Social workers' accounts of working with parents of adolescents recovering from a SUD
Theme 2	Social workers' perceptions of the needs of parents of adolescents recovering from a SUD
Theme 3	Social workers' descriptions of the services the treatment centre rendered to the parents of adolescents recovering from a SUD
Theme 4	Social workers' suggestions regarding what interventions can be used to support parents of adolescents recovering from a SUD
Theme 5	Social workers' opinions on what should be included in a support intervention for parents of adolescents recovering from a SUD

Through a literature review and consultation with the supervisor, the researcher identified the functional elements of successful models (see Chapter 6) that were used to design the social work support intervention for parents of adolescents recovering from a SUD. Thus, it can be concluded that the key steps of Phase 2 and the corresponding objectives were addressed.

9.2.3.3   *Summary and conclusions of Phase 3: The design of the social work support intervention for parents of adolescents recovering from a SUD*

During this phase, the researcher utilised internet and literature sources, information from workshops attended, and the data obtained from semi-structured interviews with parents of adolescents recovering from a SUD and social workers in the substance dependency field in Phase 2 to design the preliminary social work support intervention for parents of adolescents who are recovering from a SUD (see Chapter 7). Table 9.7 below outlines the research question and objective that served as the guide for Phase 3.

Table 9.7: Research question and corresponding objective addressed in Phase 3 of the IDD model

Research question	Objective
What are the key elements that must be included in a contextually relevant social work support intervention for parents of adolescents recovering from a SUD?	To draw conclusions and make recommendations about what a social work support intervention for parents of adolescents recovering from a SUD will consist of.

Functional elements identified in Chapter 6 enabled the researcher to formulate the expected outcomes of the preliminary social work support intervention for parents of adolescents recovering from a SUD (see Chapter 7, Table 7.1). Using all that information, the researcher finally designed the preliminary social work support intervention, which consists of seven sessions for parents only and two sessions that include both the parents and the adolescents recovering from a SUD. The contents of the sessions and topics are discussed in detail in Chapter 7, Table 7.2.

The successful execution of Phase 3 was marked by the completion of the preliminary social work support intervention intended for parents of adolescents recovering from a SUD. It is expected that this intervention will provide invaluable support to parents of adolescents recovering from a SUD, thereby enabling them to find better ways to cope and handle the challenges of their adolescents' recovery from a SUD.

9.2.3.4   Summary and conclusions of Phase 4: The early development and pilot testing of the social work support intervention

The efficacy of the developed intervention was evaluated through review. Social workers working in the field of substance dependency and academics who conducted research in the substance dependency field made up the sample chosen for the programme review. Table 9.8 below outlines the research question and objective that served as the guide for Phase 4.

Table 9.8: Research question and corresponding objective for Phase 4 of the IDD model

Research question	Objective
How could a social work support intervention for parents of adolescents recovering from a SUD be operationalised?	To design and develop a social work support intervention for parents of adolescents recovering from a SUD.

The researcher received assistance from the study supervisor in participant selection. Information gathering that could be utilised to improve the intervention was the main goal. The intervention was improved with the assistance of experts who offered insightful feedback and recommendations. The intervention was then improved by incorporating the knowledge of experts. The contributions from these experts have significantly enhanced the intervention's quality, making it more effective and efficient. The diligent and meticulous approach adopted by the experts has resulted in identifying areas that require improvement, enabling the intervention to achieve its goals.

The feedback provided by the experts and parents was incorporated into the intervention (see Addendum L). This research study focused on the first four IDD model phases and, therefore, the completion of Phase 4 marks the conclusion of this study. The researcher is convinced that the aims of the study, along with all of its objectives and research questions, were addressed. The following section of the study highlights its limitations as perceived by the researcher.

9.3 LIMITATIONS OF THE STUDY

Parents of adolescents recovering from a SUD and social workers who work in the field of substance dependency were the only participants in this study, which took place in the City of Tshwane in the province of Gauteng. As a result, the findings cannot be generalised, but they can be used to support parents of adolescents recovering from a SUD in similar contexts, such as other provinces.

Additionally, there was little diversity in terms of language and ethnicity, because the study only included parents of adolescents recovering from a SUD and social workers who were working in the SUD field in the three treatment centres based in the City of Tshwane region. The exclusion of other population groups was not intentional. However, the research sites and social settings identified within the geographical boundaries set for the study mainly served service users from the Black African population group. The other limitation was that data was collected from three treatment centres in the City of Tshwane. The reason was that most treatment centres only cater for adults, while other centres were not registered with the DSD.

Most participants were female, meaning the experiences of males who may also be struggling to cope with adolescents recovering from a SUD were not represented. This could result in a gender bias in the findings, as fathers' experiences may differ.

Due to the impact of COVID-19, the researcher had to adapt and adjust the data-gathering part of the research process by doing some of the interviews online. Information was gathered from social workers at three treatment facilities in Pretoria. The findings may not be applicable in a general context, but they can assist parents of adolescents recovering from a SUD in comparable settings, such as other provinces.

The researcher requested six experts to review and provide input on the programme. Only five of the six experts who had consented to participate in the review sent in their comments, recommendations, and other feedback.

9.4 RECOMMENDATIONS

In this section the researcher offers her recommendations for practice, policy, and additional research based on the research findings, literature research done for this study, peer consultation, and feedback from parents and experts.

9.4.1   Recommendations for practice

- It was clear that social workers give more attention to adolescents recovering from SUDs than to their parents and other family members. More workshops

and training sessions are required to equip social workers working in the substance dependency field to work with parents and families.

- The researcher developed an intervention based on empirical support (Chapters 4 and 5) and literature (Chapters 3 and 6) to assist field social workers. The intervention could be introduced to treatment centres, not only in the City of Tshwane, but across Gauteng and other provinces.

- Social workers need to develop more interventions that are tailor-made for families of adolescents recovering from SUDs. In doing that, social workers will be dealing with the issue of adolescent SUDs holistically, instead of addressing only one aspect.

- It is recommended that treatment centres register at the DSD to ensure that they deliver quality services and that more treatment centres accommodate adolescents with SUDs and not only adults.

9.4.2   Recommendations for training

- Training institutions and NGOs should conduct workshops to train and equip social workers on SUDs, as it is a specialised area. There is also a serious need for training on social work intervention strategies for parents of adolescents recovering from a SUD. The curricula of such training programmes should include the findings of empirical and literary studies and the recommendations made should be included in the Continuing Professional Development training sessions.

- Workshops and seminars for social workers in the field of substance dependency, as part of in-service training, should raise awareness of the challenges experienced by parents of adolescents recovering from SUDs and available support programmes and resources.

- Training should also be developed on how to conduct campaigns to raise awareness about available services for parents and families of adolescents recovering from SUDs.

- Training should include the use of podcasts and other social media platforms as a way of reaching out to ensure parents and families of adolescents recovering from a SUD are supported.

- Radio and television appearances by experts and testimonies from parents with positive stories to tell could give hope to other parents and families affected.

9.4.3 Recommendations for policy

- The government, in collaboration with the DSD, should review substance dependency policies to cater for diverse individuals and families, especially parents.
- Funding should be secured for more treatment centres and interventions that will help address the issue of the lack of support for parents.
- The policy development process must involve social workers, affected parents, and community members. In designing parent and family interventions for SUDs, a bottom-up approach should be emphasised.
- Appropriate SUD interventions for parents, families, and adolescents should be included in policy development.

9.4.4 Recommendations for further research

- The researcher acknowledges the study's small sample size and geographic limitations. A similar study should be conducted with a larger sample and with more or other provinces in South Africa being represented.
- As adolescents with a SUD affect the whole family, there is a need for more research to be conducted to explore how siblings and other family members are supported to cope with adolescents recovering from a SUD.
- More research should be conducted to focus on the knowledge and skill levels of social workers to assist parents of adolescents recovering from a SUD.
- Further research should be conducted on the challenges and barriers preventing parents of adolescents in SUD recovery from seeking help.
- Further research should be undertaken on how social media can be utilised to support parents of adolescents recovering from a SUD.
- Research should be conducted on exploring the experiences and challenges of social workers involving parents and families of adolescents recovering from a SUD.

9.5   SUMMARY OF THE STUDY

When it comes to adolescents recovering from a SUD, parents play a crucial role as they provide their child with care and support, oversight and education, community safety, and assistance in accessing necessary treatment. There are numerous benefits and challenges to being a parent, but the difficulties may be greater for parents whose adolescent child is recovering from a SUD. Parents need assistance in coping with those challenges. The effects of adolescent SUDs on parents deserve attention, as they are the primary source of attachment, nurturing, and socialisation for their children. The researcher believes that substance dependency among adolescents is a serious challenge in South Africa. According to this study, parents are struggling to cope, which is affecting the whole family system. Therefore, the researcher firmly believes that if parents are provided with the necessary support to cope with the adolescents' SUDs, they will be able to function and build strong family units. The study revealed that parents' inability to cope is resulting in the neglect of other siblings, leaving them vulnerable to substance dependency. This could lead to more serious substance dependency issues in the family.

In some conversations with the researcher, parents emphasised how isolating the experience of having an adolescent recovering from a SUD was. Many of these parents have been forced to remain quiet, because they are scared and tired of being judged by relatives, closest friends, and community members. From the study, it was very clear that parents needed all the support they could get to cope with the challenges they faced.

Dealing with the treatment of adolescents recovering from a SUD and supporting parents is getting harder. Regretfully, social workers who practice in the SUD field are rarely provided with the required training. It is thus implied that a lot is expected from social workers, even though they are not all well equipped to deal with SUDs. This study also highlighted that one of the challenges social workers have in supporting parents of adolescents in recovery from a SUD was a lack of parental support guidelines. The researcher believes that the developed social work support intervention will be highly beneficial for social workers working in the substance dependency field. The researcher is hopeful that the designed social work support

intervention for parents of adolescents recovering from a SUD will assist social workers in their role to support parents.

REFERENCE LIST

Abdulai, R.T. & Owusu-Ansah, A. 2014. Essential Ingredients of a Good Research Proposal for Undergraduate and Postgraduate Students in the Social Sciences. *SAGE Open*, 4(3). https://doi.org/10.1177/2158244014548178

Adams, J, Khan, H. & Raeside, R. 2014. *Research Methods for Business and Social Science Students*. 2nd ed. London: SAGE.

Agwor, T.C. & Osho, A.A. 2017. Ethical Issues for Consideration in Conducting Research in the Social and Behavioural Sciences. *The International Journal of Humanities & Social Studies*, (5)12:185-188.

Akdağ E.M., Kotan, V.O., Kose, S., Tıkır, B., Aydemir, M.C., Okay, I.T., Göka, E. & Özkaya, G. 2018. The Relationship Between Internalised Stigma and Treatment Motivation, Perceived Social Support, Depression and Anxiety Levels In Opioid Use Disorder. *Psychiatry and Clinical Psychopharmacology*, 28(4):394-401. https://doi.org.10.1080/24750573.2018.1478190

Akhtar, I. 2016. *Research Design*. http://dx.doi.org/10.2139/ssrn.2862445

Alexander, J.F. & Robbins, M. 2019. Functional Family Therapy. In: Lebow, J.L., Chambers, A.L. & Breunlin, D.C., (eds). *Encyclopedia of Couple and Family Therapy*. Cham: Springer. pp.1232-1240. https://doi.org/10.1007/978-3-319-49425-8_161

Alhyas, L., Al Ozaibi, N., Elarabi, H., El-Kashef, A., Wanigaratne, S., Almarzouqi, A., Alhosani, A. & Al Ghaferi, H. 2015. Adolescents' Perception of Substance Use And Factors Influencing Its Use: A Qualitative Study in Abu Dhabi. *Journal of the Royal Society of Medicine (JRSM) Open*, 6(2). https://doi.org/10.1177/20542704145671

Alkhatib, O.J. 2019. *A Framework for Implementing Higher-Order Thinking Skills (Problem-Solving, Critical Thinking, Creative Thinking, and Decision-Making) in Engineering & Humanities.* Paper presented at the 2019 Advances in Science and Engineering Technology International Conferences (ASET), Dubai, United Arab Emirates. https://doi.org/10.1109/ICASET.2019.8714232

Anney, V.N. 2014. Ensuring the Quality of the Findings of Qualitative Research: Looking at Trustworthiness Criteria. *Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS)*, (5)2:272-281.

Appiah, R., Boakye, K.E., Ndaa, P. & Aziato, L. 2018. "Tougher than ever": An Exploration of Relapse Prevention Strategies Among Patients Recovering from Poly-Substance Use Disorders in Ghana. *Drugs: Education, Prevention & Policy,* 25(6):467-474. https://doi.org/10.1080/09687637.2017.1337080

Appollis. E.K. 2016. *Rehabilitation Of Drug Addicted Adolescent Boys: The Contribution of Social Workers who are Employed by the Department of Social Development.* Stellenbosch: University of Stellenbosch. (Dissertation – MSW).

Arlappa, P., Jha, S. & Jayaseeli, S. 2019. Impact of addiction on the family: An exploratory study with reference to slums in Kolkata. *Current Research Journal of Social Sciences and Humanities*, 2(1):58–71. http://dx.doi.org/10.12944/CRJSSH.2.1.07

Asante, K.O. & Lentoor, A.G. 2017. Use of Crystal Methamphetamine Among Male Adolescents in Cape Town, South Africa: Caregivers' experiences. *Substance Abuse Treatment, Prevention, and Policy*, 12(18):1-7. https://doi.org/10.1186/s13011-017-0102-9

Aspers, P. & Corte, U. 2019. What is Qualitative in Qualitative Research? *Qualitative Sociology*, 42:139-160. https://doi.org/10.1007/s11133-019-9413-7

Babbie, E. & Mouton, J. 2012. *The Practice of Social Research.* Fourteenth impression. Cape Town: Oxford Press.

Backes, E.P. & Bonnie, R.J. (eds). 2019. *The Promise of Adolescence: Realizing Opportunity for All Youth.* National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Division of Behavioral and Social Sciences and Education; Board on Children, Youth, and Families; Committee on the Neurobiological and Socio-behavioral Science of Adolescent Development and Its Applications. https://doi.org/10.17226/25388

Baharudin, D.F & Sumari, M. 2017. An Exploratory Study on the Conceptualization of Wellness among Families affected by Substance Abuse. *International Journal of Academic Research in Business and Social Sciences*, 7:99-118. https://doi.org/10.6007/IJARBSS/v7-i13/3187

Baharudin, D.F., Shafie, A. & Sumari, M. 2022, 25 January. *Addiction and the Family in Malaysia* [Webinar]. https://www.afinetwork.info/webinar-series/recent-webinars.

Bailey-Dempsey, C. & Reid, W.J. 1996. Intervention Design and Development: A Case Study. *Research in Social Work Practice*, 6(2):208–228. https://doi.org/10.1177/104973159600060020

Balsells, M.A., Vicente, C., Molina, M.C., Fuentes-Peláez, N. & Vázquez, N. 2016. Understanding Social Support in Reunification: The Views of Foster Children, Birth Parents and Social Workers. *British Journal of Social Work*, 47(3):812-827. https://doi.org/10.1093/bjsw/bcw049

Barnett, A.I., Hall, W., Fry, C.L., Dilkes-Frayne, E. & Carter, A. 2018. Drug and Alcohol Treatment Providers' Views About The Disease Model Of Addiction And

Its Impact On Clinical Practice: A Systematic Review. *Drug and Alcohol Review,* 37(6):697-720.

Barrett, D. & Twycross, A. 2018. Data collection in qualitative research. *Evidence-Based Nursing*, 21:63-64. http://dx.doi.org/10.1136/eb-2018-102939

Bass, J. R. 2015. Student-Athlete School Selection: A family System Theory Approach. *Journal of Intercollegiate Sport*, 8:266-286. http://dx.doi.org/10.1123/jis.2015-0003

Becker, A.B.C., Lüken, L.M., Kelker, L., Holtmann, M., Daseking, M. & Legenbauer, T. 2022. Cognitive Profiles of Adolescent Inpatients with Substance Use Disorder. *Children (Basel, Switzerland)*, 9(5):1-14. https://doi.org/10.3390/children9050756

Becker, S.J., Hernandez, L., Spirito, A. & Conrad, S. 2017. Technology-assisted intervention for parents of adolescents in residential substance use treatment: protocol of an open trial and pilot randomized trial. *Addiction Science & Clinical Practice*, 12: Article 1. https://doi.org/10.1186/s13722-016-0067-4

Beckett, C. & Horner, N. 2016. *Essential theory for social work practice.* 2nd ed. London, UK: SAGE.

Bisetto-Pons, D., González Barrón, R. & Botella Guijarro, Á.R. 2016. Family-Based Intervention Program for Parents of Substance-Abusing Youth and Adolescents. *Journal of Addiction*, 2016:1–8. https://doi.org/10.1155/2016/4320720

Blevins, C.E., Rawat, N. & Stein, M.D. 2018. Gaps in the Substance Use Disorder Treatment Referral Process: Provider Perceptions. *Journal of Addiction Medicine*, 12:273–277. https://doi.org/10.1097/ADM.0000000000000400

Blume, A.W., Rudisill, D.M., Hendricks, S. & Santoye, N. 2013. Chapter 7 - Disease Model. In: Miller, P.M. (ed.). *Principles of Addiction*. Academic Press. pp. 71-76. https://doi.org/10.1016/B978-0-12-398336-7.00007-3

Bolger, J. & Walker, P. 2018. Models of assessment. In: Lishman, J., Yuill, C., Brannan, J. & Gibson, A., (eds). *Social Work: An Introduction.* London: SAGE. pp. 190-205. https://www.sagepub.com/sites/default/files/upm-binaries/62946_Lishman.pdf.

Boru, T. 2018. *Chapter Five: Research Design and Methodology*. http://dx.doi.org/10.13140/RG.2.2.21467.62242

Botzet, A.M., Dittel, C., Birkeland, R., Lee, S., Grabowski, J. & Winters, K.C. 2019. Parents as Interventionists: Addressing adolescent substance use. *Journal of*

Substance Abuse Treatment, Volume 99:124-133.
https://doi.org/10.1016/j.jsat.2019.01.015

Bowen, M. 1978. *Family therapy in clinical practice.* Northvale, NJ: Jason Aronson.

Braaf, E., Roman, N. & Pharaoh, H. 2022. The Perceptions And Experiences Of Families Dealing With Substance Use Disorders: Implications For Holistic Employee Wellness Programmes. *Social Work/Maatskaplike Werk,* 58(3):349-365. http://dx.doi.org/10.15270/58-3-1061

Bradshaw, C., Atkinson, S. & Doody, O. 2017. Employing a Qualitative Description Approach in Health Care Research. *Global Qualitative Nursing Research*, (4):1–8. https://doi.org/10.1177/23333936177422

Brigham, G.S., Slesnick, N., Winhusen, T.M., Lewis, D.F., Guo, X. & Somoza, E. 2014. A randomized pilot clinical trial to evaluate the efficacy of Community Reinforcement and Family Training for Treatment Retention (CRAFT-T) for improving outcomes for patients completing opioid detoxification. *Drug and Alcohol Dependence*, 138:240–243. https://doi.org/10.1016/j.drugalcdep.2014.02.013

Brink, H., Van der Walt, C. & Van Rensburg, G. 2018. *Fundamentals of Research Methodology for Health Care Professionals.* 4th ed. Cape Town: Juta.

Bryman, A. 2016. *Social Research Methods.* 5th ed. New York, NY: Oxford University Press.

Brynard, D.J., Hanekom, S.X. & Brynard, P.A. 2014*. Introduction to Research.* 3rd ed. Pretoria: Van Schaik.

Buchwald, P. 2017. Social support. In: Schwarzer, C. & Buchwald, P., (eds). *Encyclopedia of Applied Psychology.* pp. 435-441. https://doi.org/10.1016/B978-0-12-809324-5.05719-9

Burlingame, G.M., Seebeck, J.D., Janis, R.A., Whitcomb, K.E., Barkowski, S., Rosendahl, J. & Strauss, B. 2016. Outcome differences between individual and group formats when identical and nonidentical treatments, patients, and doses are compared: A 25-year meta-analytic perspective. *Psychotherapy (Chicago)*, 53(4):446–461. https://doi.org/10.1037/pst0000090

Can, G. & Tanrıverdi, D. 2015. Social functioning and Internalized Stigma in Individuals Diagnosed with Substance Use Disorder. *Archives of Psychiatric Nursing*, 29(6):441–446. https://doi.org/10.1016/j.apnu.2015.07.008

Carney, T., Chibambo, V., Johnson, K., Louw, J. & Myers, B. 2019. The adaptation of an evidence-based brief intervention for substance-using adolescents and their caregivers. *Psychotherapy Research*, 30(6):728–738. https://doi.org/10.1080/10503307.2019.1656352

Carpenter, L. 2013. *Engaging parents in their child's substance abuse treatment*. Paper delivered at the Oklahoma Speciality Court Conference, 11 October, Oklahoma, USA. http://www.cffutures.org/files/Engaging%20Parents_Adol%20SA%20Tx_LC_OK_1 01313.pdf

Case, A. & Paxson, C. 2013. HIV Risk and Adolescent Behaviours in Africa. *American Economic Review*, 103(3):433-438. https://doi.org/10.1257/aer.103.3.433

Casker, R. 2019. *Adolescents and Substance Abuse: Exploring The Effects of Substance Abuse on Care Giving and Family Well-Being in Mitchell's Plain.* Cape Town: University of the Western Cape. (Thesis – MSW).

Castaldelli-Maia, J. & Bhugra, D. 2022. Analysis of Global Prevalence of Mental and Substance Use Disorders Within Countries: Focus on sociodemographic characteristics and income levels. *International Review of Psychiatry,* 34(1):6-15. https://doi.org/10.1080/09540261.2022.2040450

Castelpietra, G., et al. 2022. The Burden of Mental Disorders, Substance Use Disorders and Self-Harm Among Young People in Europe, 1990-2019: Findings from the Global Burden of Disease Study 2019. *The Lancet Regional Health (Europe)*, 16. https://doi.org/10.1016/j.lanepe.2022.100341

Cebekhulu, L. 2023. *Supporting the wounded: Supporting Families of the substance users*. Workshop presented online, in Pretoria, South Africa, 27 July.

Charmaz, K. 2014. Grounded Theory in Global Perspective: Reviews by International Researchers. *Qualitative Inquiry*, 20(9):1074-1084. https://doi.org/10.1177/1077800414545235

Chasek, C., Nelson, J., Cade, R., Page, K., Stare, B. & Stoupas, G. 2019. Advocating for adolescent substance use recovery: An alternative model. *International Journal of Psychology: A Biopsychosocial Approach*, 23:133–152. https://doi.org/org/10.7220/2345-024X.23

Chen, J.A., Olin, C.C., Stirman, S.W. & Kaysen, D. 2017. The role of context in the implementation of trauma-focused treatments: effectiveness research and implementation in higher and lower income settings. *Current Opinion in Psychology*,14:61–66. https://doi.org/10.1016/j.copsyc.2016.11.007

Chie, Q.T., Tam, C.L., Bonn, G., Wong, C.P., Dang, H.M. & Khairuddin, R. 2015. Drug Abuse, Relapse, and Prevention Education in Malaysia: The Perspective of University Students Through A Mixed Methods Approach. *Frontiers in Psychiatry*, 6:1-13. https://doi.org/10.3389/fpsyt.2015.00065

Choate, P.W. 2015. Adolescent Alcoholism and Drug Addiction: The Experience of Parents. *Behavioral Sciences*, 5(4):461-476. https://doi.org/10.3390/bs5040461

Choate, W.P. 2011. Adolescent addiction: What parents need? *Procedia–Social and Behavioral Sciences*, 30:1359–1364. https://doi.org/10.1016/j.sbspro.2011.10.263

Chukwu, N., Chukwu, N.N., Nwadike, N. 2017. Methods of Social Practice. In: Okoye, U., Chukwu, N. & Agwu, P., eds. *Social Work in Nigeria: Book of Readings*. Oyo: University of Nigeria Press. pp. 44-59.

Clarahan, W. & Christenson, J.D. 2017. Family Involvement in the Treatment of Adolescent Substance Abuse. In: Christenson, J. & Merritts, A., eds. *Family Therapy with Adolescents in Residential Treatment: Intervention and Research (Focused Issues in Family Therapy)*. Cham: Springer. pp. 231-241.

Collins English Dictionary. 2012. Sv "Recovering". Glasgow: Harper Collins.

Collins, C.S. & Stockton, C.M. 2018. The Central Role of Theory in Qualitative Research. *International Journal of Qualitative Methods,* 17(1):1-10. https://doi.org/10.1177/160940691879747

Cooper, B., Hill, L., Parker, L., Jenkins, G., Taylor, G. & Graham, P. 2019. *Prevention Works: A Call to Action for the Behavioral Health System. Society for Prevention Research*. https://www.preventionresearch.org/wp-content/uploads/2019/06/SPR-Behavioral-Health-Brief_FINAL.pdf

Corbin, J. & Strauss, A. 2015. *Basics of Qualitative Research*. 4th ed. Thousand Oaks, CA: SAGE.

Crain, W. 2014. *Theories of Development Concepts and Applications*. 6th ed. London: Pearson Education.

Crawford, M. 2020. Ecological Systems Theory: Exploring the Development of the Theoretical Framework as Conceived by Bronfenbrenner. *Journal of Public Health Issues and Practices*, 4(2):1-6. https://doi.org/10.33790/jphip1100170

Creswell, J.W. & Poth, C.N. 2018. Five Qualitative Approaches to Inquiry. In: Creswell, J.W. & Poth, C.N., eds. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. 4th ed. Thousand Oaks, CA: SAGE.

Creswell, J.W. 2013. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. 3rd ed. Thousand Oaks, CA: SAGE.

Creswell, J.W. 2014. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Thousand Oaks, CA: SAGE.

Creswell, J.W. 2016. *30 Essential Skills for the Qualitative Researcher*. Thousand Oaks, CA: SAGE.

Csikszentmihalyi, M. 2024. Adolescence. *Britannica*, 7 June. https://www.britannica.com/science/adolescence

Cupido, X. 2017. *An Exploration of School-Based Substance-Abuse Prevention Programmes in the Cape Metropolitan Region*. Cape Town: University of Western Cape. (Thesis – PhD).

D'Aniello, C., Tambling, R., Russell, B., Smith, M., Jones, E. & Silva, M. 2020. Mothers' Experiences of Navigating the SUD Treatment System with their Young Adult Child. *The American Journal of Family Therapy*, 50(1):13-32. https://doi.org/10.1080/01926187.2020.1858368

Daley, D.C. 2013. Family and Social Aspects of Substance Use Disorders and Treatment. *Journal of Food and Drug Analysis*, 21(4):S73-S76. https://doi.org/10.1016/j.jfda.2013.09.038

Dance, C., Galvani, S. & Hutchinson, A. 2014. The Extent and Nature of Practitioners, Encounters with Alcohol and Other Drug Use in Social Work and Social Care Practice. *Social Work Education*, 33(5):557–572. https://doi.org/10.1080/02615479.2014.919066

Danovitch, I. & Mooney, L. 2018. *The Assessment and Treatment of Addiction: Best Practices and New Frontiers*. Los Angeles, CA: Elsevier.

Darwiche, J. & De Roten, Y. 2015. Couple and Family Treatments: Study Quality and Level of Evidence. *Family Process*, 54(1):138-159. https://doi.org/10.1111/famp.12106

Das, J.K., Salam, R.A., Arshad, A., Finkelstein, Y. & Bhutta, Z.A. 2016. Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews. *The Journal of Adolescent Health,* 59(4S):S61-S75. https://doi.org/10.1016/j.jadohealth.2016.06.021

David, I., Wegner, L. & Majee, W. 2023. "We Want to See Youth That Would Be Better People Than Us": A Case Report on Addressing Adolescent Substance Use in Rural South Africa. *International Journal of Environmental Research and Public Health*, 20(4):1-9. https://doi.org/10.3390/ijerph20043493

De Jonckheere, M. & Vaughn, L.M. 2019. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, 7(2). https://doi.org/10.1136/fmch-2018-000057

De Vos, A.S. 2005. Intervention research. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. *Research at Grass Roots: For the Social Sciences and Human Services Professions*. 3rd ed. Pretoria: Van Schaik. pp. 394-418.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. 2011. *Research at Grass Roots: For the Social Sciences and Human Services Professions*. 4th ed. Pretoria: Van Schaik.

DeLucia, M. & Solano, K. 2023. *Support For Social Workers Treating Adolescent Substance Abusers*. San Bernardino, CA: California State University. (Dissertation – MA).

Department of Cooperative Government and Traditional Affairs (South Africa. 2016. City of Tshwane Metropolitan GAU. https://www.cogta.gov.za/cgta_2016/wp-content/uploads/2023/11/2nd-Take_Final_DistrictProfile_TSHWANE2306-1-002.pdf

Department of Social Development (South Africa). 2013a. *Central Drug Authority (CDA) Annual Report 2012/2013*. https://pmg.org.za/files/141029cdaar.pdf

Department of Social Development (South Africa). 2013b. *National Drug Master Plan 2013-2017.* https://www.gov.za/sites/default/files/gcis_document/201409/national-drug-master-plan2013-17.pdf

Department of Social Development (South Africa). 2013c. White Paper on Families in South Africa. https://www.westerncape.gov.za/assets/departments/social-development/white_paper_on_families_in_south_africa_2013.pdf

Department of Social Development (South Africa). 2019. *National Drug Master Plan 2019-2024.* https://www.gov.za/documents/other/national-drug-master-plan-2019-2024-24-jun-2020

Department of Social Development (South Africa). 2023. *2023/24 Annual Performance Plan, with AGSA input & Ministry present.* https://pmg.org.za/committee-meeting/36810/

Dhavaleshwar, C. 2016. The Role of Social Worker in Community Development. *International Research Journal of Social Sciences*, 5(10):61-63. https://ssrn.com/abstract=2854682

Dhludhlu, S. & Lombard, A. 2017. Challenges of statutory social workers in linking foster care services with socio-economic development programmes. *Social Work/ Maatskaplike Werk*, 53(2):165-185. http://dx.doi.org/10.15270/52-2-564

Donohue, B., Azrin, N.H., Bradshaw, K., Van Hasselt, V.B., Cross, C.L., Urgelles, J., Romero, V., Hill, H.H. & Allen, D.N. 2014. A controlled evaluation of family behavior therapy in concurrent child neglect and drug abuse. *Journal of Consulting and Clinical Psychology*, 82(4):706–720. https://doi.org/10.1037/a0036920

Doody, O. & Bailey, M.E. 2016. Setting A Research Question, Aim and Objective. *Nurse Researcher*, 23(4):19-23. https://doi.org/10.7748/nr.23.4.19.s5

Dorociak, K.E., Rupert, P.A., Bryant, F.B. & Zahniser, E. 2017. Development of the Professional Self-Care Scale. *Journal of Counseling Psychology*, 64(3):325–334. https://doi.org/10.1037/cou0000206

Doyle, L., McCabe, C., Keogh, B., Brady, A. & McCann, M. 2020. An Overview of the Qualitative Descriptive Design Within Nursing Research. *Journal of Research in Nursing*, 25(5):443-455. https://doi.org/10.1177/1744987119880234

Dryden, W. & Reeves, A., eds. 2014. *The Handbook of Individual Therapy*. 6th ed. London: SAGE.

Đurišić, M. & Bunijevac. M. 2017. Parental Involvement as an Important Factor for Successful Education. *Center for Educational Policy Studies Journal*, 7(3):137-153. https://doi.org/10.26529/cepsj.291

Dykes, G. & Casker, R. 2021. Adolescents and substance abuse: the effects of substance abuse on parents and siblings. *International Journal of Adolescence and Youth*, 26(1):224-237. https://doi.org/10.1080/02673843.2021.1908376

Dysart, A. & Harden, S.M. 2022. Mindfulness and Understanding of Self-Care for Leaders of Extension: Promoting Well-Being for Health Educators and Their Clients. *Frontiers in Public Health*, 10. https://doi.org/10.3389/fpubh.2022.862366

Ebue, M., Uche, O. & Agha, A. 2017. Levels of Intervention in Social Work Practice. In: Okoye, U., Chukwu, N. & Agwu, P., eds. *Social Work in Nigeria: Book of Readings*. Oyo: University of Nigeria Press. pp. 84-92.

Eeren, H.V., Goossens, L.M.A., Scholte, R.H., Busschbach, J.J.V. & Van der Rijken, R.E.Z. 2018. Multisystemic Therapy and Functional Family Therapy Compared on their Effectiveness Using the Propensity Score Method. *Journal of Abnormal Child Psychology*, 46:1037–1050. https://doi.org/10.1007/s10802-017-0392-4

Eldridge, S.M., Lancaster, G.A., Campbell, M.J., Thabane, L., Hopewell, S., Coleman, C.L. & Bond, C.M. 2016. Defining Feasibility and Pilot Studies in Preparation for Randomised Controlled Trials: Development of a Conceptual Framework. *PLoS ONE*, 11(3):e0150205. https://doi.org/10.1371/journal.pone.0150205

Erdem, G. & Safi, O.A. 2018. The cultural lens approach to Bowen family systems theory: Contributions of family change theory. *Journal of Family Theory and Review*, 10(2):469-483. https://doi.org/10.1111/jftr.12258

Essau, C.A. & De la Torre-Luque, A. 2021. Parent's Psychopathological Profiles and Adolescent Offspring's Substance Use Disorders. *Addictive Behaviors*, 112. https://doi.org/10.1016/j.addbeh.2020.106611

Essau, C.A. & Delfabbro, P.H. 2020. *Adolescent Addiction: Epidemiology, Assessment, and Treatment*. 2nd ed. Maryland Heights, MO: Elsevier.

Esteban, J., Suárez-Relinque, C. & Jiménez, T.I. 2023. Effects of family therapy for substance abuse: A systematic review of recent research. *Family Process*, 62(1):49-73. https://doi.org/10.1111/famp.12841

Ettekal, A.V. & Mahoney, J.L. 2017. Ecological Systems Theory. In Peppler, K., (ed). *The SAGE Encyclopaedia of Out-of-School Learning*. Thousand Oaks, CA: SAGE. pp. 239-241.

Fadus, M.C., Squeglia, L.M., Valadez, E.A., Tomko, R.L., Bryant, B.E. & Gray, K.M. 2019. Adolescent Substance Use Disorder Treatment: An Update on Evidence-Based Strategies. *Current Psychiatry Reports*, 21(10). https://doi.org/10.1007/s11920-019-1086-0

Farghaly, A. 2018. Comparing and Contrasting Quantitative and Qualitative Research Approaches in Education: The Peculiar Situation of Medical Education. *Education in Medicine Journal*, 10(1):3-11. https://doi.org/10.21315/eimj2018.10.1.2

Fawcett, S., Suarez-Balcazar, Y., Balcazar, F., White, G., Paine, A., Blanchard, K.A. & Embree, M.G. 2013. Conducting Intervention Research – The design and development process. Intervention research: Design and development for human service (Volume): 24–54.

Fawcett, S.B., Suarez-Balcazar, Y., Balcazar, F.E., White, G.W., Paine, A.L., Blanchard, K.A. & Embree, M.G. 1994. Conducting Intervention Research: The Design and Development Process. In: Rothman, J. & Thomas, E.J., eds. *Intervention Research: Design and Development for Human Service*. New York, NY: The Haworth Press. pp. 25-52.

Felkers, K. 2019. *Exploring the Role of the Parent in the Aftercare of their Adolescent Children who Participated in a Treatment Programme for Substance Abuse*. Cape Town: University of the Western Cape. (Dissertation – MSW).

Feni, L. 2016. Forum raises concern over fatherless society. *Daily Dispatch*, 21 March. https://www.dispatchlive.co.za/news/2016-03-21-forum-raises-concern-over-fatherless-society/

Fentaw, K.D., Fenta, S.M. & Biresaw, H.B. 2022. Prevalence and Associated Factors of Substance Use Male Population in East African Countries: A Multilevel Analysis of Recent Demographic and Health Surveys From 2015 to 2019. *Substance Abuse: Research and Treatment*, 16. https://doi.org/10.1177/11782218221101011

Flensburg, O.L., Johnson, B., Nordgren, J., Richert, T. & Svensson, B. 2021. "Something wasn't right"—parents of children with drug problems looking back at how the troubles first began. *Drugs: Education, Prevention and Policy*, 29(3):255-264. https://doi.org/10.1080/09687637.2021.1897525

Flensburg, O.L., Richert, T. & Fritz, M.V. 2022. Parents of adult children with drug addiction dealing with shame and courtesy stigma. *Drugs: Education, Prevention and Policy*, 30(6):563-572. https://doi.org/10.1080/09687637.2022.2099249

Flick, U. 2014. *An Introduction to Qualitative Research*. 5th ed. London: SAGE.

Flick, U. 2015. *Introducing Research Methodology: A Beginner's Guide to Doing a Research Project*. 2nd ed. Thousand Oaks, CA: SAGE.

Fosco, G.M., Lippold, M. & Feinberg, M. 2014. Interparental Boundary Problems, Parent-Adolescent Hostility, and Adolescent-Parent Hostility: A Family Process Model for Adolescent Aggression Problems. *Couple and Family Psychology: Research and Practice,* 3(3):141-155. https://doi.org/10.1037/cfp0000025

Fouché, C.B. & Schurink, W. 2011. Qualitative research designs. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. *Research at Grass Roots: For the Social Sciences and Human Services Professions*. 4th ed. Pretoria: Van Schaik. pp. 307-327.

Fouché, C.B., Strydom, H., & Roestenburg, W.J.H. 2021. *Research at Grass Roots: For the Social Sciences and Human Services Professions*. 5th ed. Pretoria: Van Schaik.

Fraser, J., Fahlman, D.W., Arscott, J. & Guillot, I. 2018. Pilot Testing for Feasibility in a Study of Student Retention and Attrition in Online Undergraduate Programs. *The International Review of Research in Open and Distributed Learning*, 19(1):260-278. https://doi.org/10.19173/irrodl.v19i1.3326

Fraser, M.W., Richman, J.M., Galinsky, M.J. & Day, S.H. 2009. *Intervention Research: Developing Social Programs*. New York, NY: Oxford University Press.

Fraser, W.F. & Galinsky, M.J. 2010. Steps in Intervention Research: Designing and Developing Social Programs. *Research in Social Work Practice,* 20(5):459-466.

Freedman, M.J.S. 2018. Coming Clean About Substance Use Disorder: Factors affecting treatment-seeking and compliance, and strategies to overcome them. *Occupational Health Southern Africa*, 24(1):4–8. https://hdl.handle.net/10520/EJC-c851b7f8f

Freeks, F.E. 2022. A fatherless South Africa: The importance of missional parenting and the role of the church. *HTS Teologiese Studies/ Theological Studies*, 78(4). https://doi.org/10.4102/hts.v78i4.7150

Galovan, A.M., Holmes, E.K., Schramm, D.G. & Lee, T. R. 2014. Father involvement, father–child relationship quality, and satisfaction with family work: Actor and partner influences on marital quality. *Journal of Family Issues*, 35(13):1846–1867. https://doi.org/10.1177/0192513X13479948

Galvani, S. 2015. *Alcohol and Other Drug Use: The Roles and Capabilities of Social Workers*. https://www.mmu.ac.uk/media/mmuacuk/content/documents/hpsc/research/Alcohol-and-other-drug-use-report.pdf

Gan, D.Z.Q., Zhou, Y., Hoo, E., Chong, D. & Chu, C.M. 2018. The Implementation of Functional Family Therapy (FFT) as an Intervention for Youth Probationers in Singapore. *Journal of Marital and Family Therapy*, 45(4):684-698. https://doi.org/10.1111/jmft.12353

Gautam, A. & Bhadra, S. 2022. Children of Stigmatized Parents: Concerns and Fostering Holistic Development. In: Deb, S., (ed.) *Child Safety, Welfare and Well-being*. Singapore: Springer. pp. 197-213. https://doi.org/10.1007/978-981-16-9820-0_12

Gentle-Genitty, C., Haiping, C., Karikari, I. & Barnett, C. 2014. Social Work Theory and Application to Practice: The Students' Perspectives. *Journal Of Higher Education Theory & Practice*, 14(1):36-47. https://hdl.handle.net/1805/11953

Ghazalli, F.S., Ghani, N.A., Abdullah, B., Chik, W.M.Y.W. & Mohd, Z. 2017. Family Support from the Perspective of Drug Addicts. *Conference proceedings*. The International Conference on Ethics in Governance (ICONEG 2016), 19-20 December 2016, Makassar, Indonesia. pp. 59-63. https://doi.org/10.2991/iconeg-16.2017.14

Gilgun, J.F. & Sands, R.G. 2012. The Contribution of Qualitative Approaches to Developmental Intervention Research. *Qualitative Social Work*, 11(4):349-361. https://doi.org/10.1177/1473325012439737

Gillingham, P. 2018. The evaluation of practice frameworks for social work with children and families: exploring the challenges. *Journal of Public Child Welfare*, 12(2):190-203. https://doi.org/10.1080/15548732.2017.1392391

Gitlin, L.N. 2013. Introducing A New Intervention: An Overview of Research Phases and Common Challenges. *American Journal of Occupational Therapy*, 67(2):177-184. https://doi.org/10.5014/ajot.2013.006742

Given, L.M. 2016. *100 Questions (and Answers) About Qualitative Research*. Thousand Oaks: SAGE.

Given, L.M., (ed.) 2008. *The SAGE Encyclopedia of Qualitative Research*. Thousand Oaks, CA: SAGE.

Goldkuhl, G. 2012. Pragmatism vs Interpretivism in Qualitative Information Systems Research. *European Journal of Information Systems,* 21(2):135–146. https://doi.org/10.1057/ejis.2011.54

González, L.L. 2017. [Exclusive] Police Arrest Health Workers for Giving Drug Users Clean Water. *Mail & Guardian,* 19 January. https://mg.co.za/article/2017-01-19-00-police-pounce-on-health-workers-for-giving-clean-water-to-pretoria-drug-users/

Gordo, L., Oliver-Roig, A., Martinez-Ampliega, A., Elejalde, I., Fernández-Alcantara, M. & Richart-Martinez, Z. 2018. Parental perception of child vulnerability and parental competence: The role of postnatal depression and parental stress in fathers and mothers. *PLos One*, 13(8):1-13. https://doi.org/10.1371/journal.pone.0202894

Gravetter, F.J. & Forzano, L.B. 2016. *Research Methods for the Behavioral Sciences*. 5th ed. Stamford, CT: Cengage.

Gray, J.R., Grove, S.K. & Sutherland, S. 2017. *Burns & Grove's The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence*. 8th ed. St. Louis, MI: Elsevier.

Gray, K.M. & Squeglia, L.M. 2018. Research Review: What have we learned about adolescent substance use? *Journal of Child Psychology and Psychiatry,* 59(6):618–627. https://doi.org/10.1111/jcpp.12783

Grinnell, R.M. & Unrau, Y.A. 2014. *Social Work Research and Evaluation: Foundations of Evidence-Based Practice*. 10th ed. Oxford: Oxford University Press.

Grinnell, R.M. & Unrau, Y.A. 2018. *Social Work Research and Evaluation: Foundations of Evidence-Based Practice*. 11th ed. Oxford: Oxford University Press.

Groenewald, C. & Bhana, A. 2017. Mothers' experiences of coping with adolescent substance abuse: a phenomenological inquiry. *Contemporary Nurse*, 53(4):421-435. https://doi.org/10.1080/10376178.2017.1361854

Groenewald, C. & Bhana, A. 2018. Substance Abuse and the Family: An Examination of the South African Policy Context. *Drugs: Education, Prevention and Policy*, 25(2):148-155. https://doi.org/10.1080/09687637.2016.1236072

Grove, S., Burns, N. & Gray, J.R. 2013. *The Practice of Nursing Research: Approach, Synthesis, and Generation of Evidence.* 7th ed. Maryland Heights, MO: Elsevier.

Guba, E.G. & Lincoln, Y.S. 1989. *Fourth Generation Evaluation.* Newbury Park, CA: SAGE.

Guy-Evans, O. 2024. *Bronfenbrenner's Ecological Systems Theory.* https://www.simplypsychology.org/bronfenbrenner.html

Haefner, J. 2014. An Application of Bowen Family Systems Theory. *Issues in Mental Health Nursing,* 35(11):835-841. https://doi.org/10.3109/01612840.2014.921257

Hall, W., Carter, A. & Forlini, C. 2015. The brain disease model of addiction: is it supported by the evidence and has it delivered on its promises? *Lancet Psychiatry*, 2(1):105-110. https://doi.org/10.1016/S2215-0366(14)00126-6

Hamm, M. 2022. Substance Use Awareness: A unique look at social policy for children and families. *Community Engagement Student Work*, 88. https://scholarworks.merrimack.edu/soe_student_ce/88

Hanson, J.L., Nacewicz, B.M., Sutterer, M.J., Cayo, A.A., Schaefer, S.M., Rudolph, K.D., Shirtcliff, E.A., Pollak, S.D. & Davidson, R.J. 2015. Behavioural Problems After Early Life Stress: Contributions of the Hippocampus and Amygdala. *Biological Psychiatry,* 77(4):314-323. https://doi.org/10.1016/j.biopsych.2014.04.020

Hardy-Johnson, P., Dhuria, P., Strommer, S., Weller, S., Barker, M. & Fall, C. H. 2021. Exploring the diet and physical activity behaviours of adolescents living in India and sub-Saharan Africa: a qualitative evidence synthesis. *Public Health Nutrition*, 24(16):5288–5298. https://doi.org/10.1017/S1368980021002408

Hartnett, D., Carr, A., Hamilton, E. & O'Reilly, G. 2017. The Effectiveness of Functional Family Therapy for Adolescent Behavioral and Substance Misuse Problems: A Meta-Analysis. *Family Process*, 56(3):607–619. https://doi.org/10.1111/famp.12256

Hayes, N., O'Toole, L. & Halpenny, A.M. 2017. *Introducing Bronfenbrenner: A Guide for Practitioners and Students in Early Years Education*. London: Routledge.

Hellum, R., Bilberg, R., Bischof, G. & Nielsen, A.S. 2021. How Concerned Significant Others Experience Community Reinforcement and Family Training (CRAFT) – a Qualitative Study. *BMC Family Practice*, 22(1). https://doi.org/10.1186/s12875-021-01596-5

Helseth, S.A., Scott, K., Escobar, K.I., Jimenez, F. & Becker, S.J. 2021. What Parents of Adolescents in Residential Substance Use Treatment Want From Continuing Care: A content analysis of online forum posts. *Substance Abuse*, 42(4):1049–1058. https://doi.org/10.1080/08897077.2021.1915

Henggeler, S.W. 2018. Multisystemic Family Therapy. In: Lebow, J., Chambers, A. & Breunlin, D. (eds). *Encyclopedia of Couple and Family Therapy*. Cham: Springer. https://doi.org/10.1007/978-3-319-15877-8_165-1

Hennessy, E.A., Cristello, V. & Kelly, J.F. 2019. RCAM: A Proposed Model Of Recovery Capital for Adolescents. *Addiction Research & Theory*, 27(5):429-436. https://doi.org/10.1080/16066359.2018.1540694

Hepworth, D.H., Rooney, R.H., Rooney, G.D., Strom-Gottfried, K. & Larsen, J.A. 2013. *Direct Social Work Practice: Theory and Skills*. 8th ed. Belmont, CA: Brooks/Cole.

Higginbottom, G. & Liamputtong, P. 2017. *Participatory Qualitative Research*. London: SAGE.

Himes, M. 2022. *Integrating a Robust Addictions Curriculum into Bachelor of Social Work Program*. Morehead, KY: Morehead State University.

Hlahla, L.S., Ngoatle, C. & Mothiba, T.M. 2023. Support Needs of Parents of Adolescents Abusing Substances in Selected Hospitals in Limpopo Province. *Children,* 10(3):1-10. https://doi.org/10.3390/children10030552

Hlungwani, E.N., Ntshingila, N., Poggenpoel, M. & Myburgh, C.P.H. 2020. Experiences of Parents with an Adolescent Abusing Substances Admitted to a Mental health institution in Giyani, South Africa. *Curationis*, 43(1):a2139. https://doi.org/10.4102/curationis.v43i1.2139

Hodza, F. 2014. Localising The Fight Against Illicit Drug Use In South Africa: A Social Development Policy Masterstroke? *OIDA International Journal of Sustainable Development*, 7(10):33-44. https://ssrn.com/abstract=2565956

Hogue, A., Becker, S.J., Wenzel, K., Henderson, C.E., Bobek, M., Levy, S. & Fishman, M. 2021. Family Involvement in Treatment and Recovery for Substance Use Disorders Among Transition-Age Youth: Research bedrocks and opportunities*. Journal of Substance Abuse Treatment*, 129. https://doi.org/10.1016/j.jsat.2021.108402

Hogue, A., Henderson, C.E., Becker, S.J. & Knight, D.K. 2018. Evidence Base on Outpatient Behavioral Treatments for Adolescent Substance Use, 2014-2017: Outcomes, Treatment Delivery, and Promising Horizons. *Journal of Clinical Child & Adolescent Psychology*, 47(4):499-526. https://doi.org/10.1080/15374416.2018.1466307

Holland, S. & Scourfield, J. 2015. Social Work: A Very Short Introduction. New York, NY: Oxford University Press.

Horigian, V.E., Anderson, A.R. & Szapocznik, J. 2016. Family-based Treatments for Adolescent Substance Use. *Child and Adolescent Psychiatric Clinics of North America*, 25(4):603–628. https://doi.org/10.1016/j.chc.2016.06.001

Horigian, V.E., Feaster, D.J., Robbins, M.S., Brincks, A.M., Ucha, J., Rohrbaugh, M.J., Shoham, V., Bachrach, K., Miller, M., Burlew, A.K., Hodgkins, C.C., Carrion, I.S., Silverstein, M., Werstlein, R. & Szapocznik, J. 2015. A Cross-Sectional Assessment of the Long Term Effects of Brief Strategic Family Therapy for Adolescent Substance Use. *The American Journal on Addictions,* 24(7):637-645. https://doi.org/10.1111/ajad.12278

Hurst, K. & Zimmer-Gembeck, M. 2019. Family-Based Treatment With Cognitive Behavioural Therapy for Anorexia. *Clinical Psychologist*, 23(1):61–70. https://doi.org/10.1111/cp.12152

In, J. 2017. Introduction of a pilot study. *Korean Journal of Anaesthesiology*, 70(6):601-605. https://doi.org/10.4097/kjae.2017.70.6.601

Inderbitzen, S. 2014, 3 February. *What Does It Mean to be a Social Work Generalist?* [Blog post]. http://www.socialworkdegreeguide.com/what-does-it-mean-to-be-a-social-work-generalist/

International Federation of Social Workers. c2024. *Global Definition of Social Work*. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

Irani, E. 2019. The Use of Videoconferencing for Qualitative Interviewing: Opportunities, Challenges, and Considerations. *Clinical Nursing Research*, 28(1):3-8. https://doi.org/10.1177/1054773818803170

Jackson, I.C. 2018. What Impact Does an Adult Substance User Have on Mothers, and How Do They Make Sense of Their Experience? *Universal Journal of Psychology*, 6(1):19–28. https://doi.org/10.13189/ujp.2018.060103

Jacobs, T. & Slabbert, I. 2019. Factors That Could Contribute to Substance Misuse and Criminal Activity Amongst Adolescents: An Ecological Perspective. *Social Work/ Maatskaplike Werk*, 55(2):223. https://doi.org/10.15270/55-2-717

Jahan, A.R. & Burgess, D.M. 2023. *Substance Use Disorder.* In: StatPearls [Internet]. Treasure Island, FL: StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK570642/

Jamir Singh, P.S. & Azman, A. 2022. System Theory and Ecological Approach in Social Work Practice: An Actual Case Illustration*. Asian Social Work Journal (ASWJ)*, 7(6):24-33. https://doi.org/10.47405/aswj.v7i6.232

Janardhana, N., Raghunandan, S., Naidu, D.M., Saraswathi, L. & Seshan, V. 2015. Care Giving of People with Severe Mental Illness: An Indian Experience. *Indian Journal of Psychological Medicine*, 37(2):184-194. https://doi.org/10.4103/0253-7176.155619

Janighorban, M., Boroumandfar, Z., Pourkazemi, R. & Mostafavi, F. 2022. Barriers to vulnerable adolescent girls' access to sexual and reproductive health. *BMC Public Health,* 22. https://doi.org/10.1186/s12889-022-14687-4

Jere, D.L., Norr, K.F., Bell, C.C., Corte, C., Dancy, B.L., Kaponda, C.P. & Levy, J.A. 2017. Substance use and risky sexual behaviours among young men working at a rural roadside market in Malawi. *Journal of the Association of Nurses in AIDS Care*, 28(2):250–265. https://doi.org/10.1016/j.jana.2015.07.003

Jhadray, R. & Fadden, G., Atchison, M., Conneely, P., Danks, J., Lee, A. & Mansell, C. 2015. Applying the Behavioral Family Therapy Model in Complex Family Situations. *Social Sciences,* 4:459-468. https://doi.org/10.3390/socsci4020459

Jiménez, L., Hidalgo, V., Baena, S., León, A. & Lorence, B. 2019. Effectiveness of Structural–Strategic Family Therapy in the Treatment of Adolescents with Mental Health Problems and Their Families. *International Journal of Environmental Research and Public Health*, 16(7). https://doi.org/10.3390/ijerph16071255

Johnson, B.E. & Ray, W.A. 2016. Family Systems Theory. In: *Encyclopedia of Family Studies.* https://doi.org/10.1002/9781119085621.wbefs130

Jumbe, S., Kamninga, T.M., Mwalwimba, I. & Kalu, U*.* 2021. Determinants Of Adolescent Substance Use In Africa: A Systematic Review And Meta-Analysis Protocol. *Systematic Reviews,* 10. https://doi.org/10.1186/s13643-021-01680-y

Kabir, S.M.S. 2016. *Basic Guidelines for Research: An Introductory Approach for All Disciplines.* Chittagong: Book Zone Publication.

Kaggwa, M.M., Abaatyo, J., Alol, E., Muwanguzi, M., Najjuka, S.M., Favina, A., Rukundo, G.Z., Ashaba, S. & Manum, M.A. 2022. Substance Use Disorder Among Adolescents Before and During The COVID-19 Pandemic in Uganda: Retrospective Findings From A Psychiatric Ward Registry. *PLoS ONE*, 17(5). https://doi.org/10.1371/journal.pone.0269044

Kalam, A. & Mthembu, T.G. 2018. Parents' Experiences of Parenting an Adolescent Abusing Substances. *Social Work/ Maatskaplike Werk*, 54(4):468-480. https://doi.org/10.15270/54-4-673

Kamal, S.S.L.A. 2019. Research Paradigm and the Philosophical Foundations of a Qualitative Study. *People: International Journal of Social Sciences*, 4(3):1386-1394. https://api.semanticscholar.org/CorpusID:149785253

Kann, L., McManus, T., Harris, W.A., Shanklin, S.L., Flint, K.H., Hawkins, J., Queen, B., Lowry, R., Olsen, E.O., Chyen, D., Whittle, L., Thornton, J., Lim, C., Yamakawa, Y., Brener, N. & Zaza, S. 2016. Youth Risk Behavior Surveillance - United States, 2015. *Surveillance Summaries*, 65(6):1–174. https://doi.org/10.15585/mmwr.ss6506a1

Kelly, J.F. 2017. Is Alcoholics Anonymous Religious, Spiritual, Neither? Findings from 25 Years of Mechanisms of Behavior Change Research. *Addiction*, 112(6):929–936. https://doi.org/10.1111/add.13590

Kerr, M.L., Rasmussen, H.F., Fanning, K.A. & Braaten, S.M. 2021. Parenting During COVID-19: A Study of Parents' Experiences Across Gender and Income Levels. *Family Relations*, 70(5):1327–1342. https://doi.org/10.1111/fare.12571

Khan, Z. 2018. *Men and the Child Support Grant, Gender, Care Child Well-Being*. Johannesburg: University of Johannesburg. (Thesis – PhD).

Khanyi, V. & Malesa, J.K. 2022. Challenges Faced By Social Workers In Rendering Services To Nyaope Substance Users. *Social Work/ Maatskaplike Werk*, 58(1): Art. 30. https://doi.org/10.15270/58-1-995

Kiefer, L. 2014. *How social work practitioners evaluate their practice*. Saint Paul, MN: ST Cathrine University. (Dissertation – MSW).

Kim, H., Sefcik, J.S. & Bradway, C. 2017. Characteristics of Qualitative Descriptive Studies: A Systematic Review. *Research in Nursing & Health*, 40(1):23-42. https://doi.org/10.1002/nur.21768

Kirst-Ashman, K.K. & Hull Jr, J.H. 2017. *Empowerment Series: Understanding Generalist Practice*. 8th ed. Boston, MA: Cengage Learning.

Kirst-Ashman, K.K. & Hull, G.H., Jr. 2015. *Generalist practice with organizations and communities*. 6th ed. Pacific Grove, CA: Brooks/Cole.

Kirst-Ashman, K.K. 2017. *Introduction to social work and social welfare: Critical thinking perspectives*. 5th ed. Boston, MA: Brooks/Cole, Cengage Learning.

Kivunja, C. & Kuyini, A.B. 2017. Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education*, 6(5):26-41. https://doi.org/10.5430/ijhe.v6n5p26

Klenke, K. 2016. *Qualitative Research in the Study of Leadership*. https://doi.org/10.1108/9781785606502

Koch, K.D. & Jones, B.L. 2018. Supporting Parent Caregivers of Children with Life-Limiting Illness. *Children*, 5(7):1-18. https://doi.org/10.3390/children5070085

Korstjens, I. & Moser, A. 2017. Series: Practical Guidance to Qualitative Research. Part 2: Context, Research Questions and Designs. *European Journal of General Practice*, 27(1):274-279. https://doi.org/10.1080/13814788.2017.1375090

Korstjens, I. & Moser, A. 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1):120-124. https://doi.org/10.1080/13814788.2017.1375092

Kourgiantakis, T. & Ashcroft, R. 2018. Family-focused practices in addictions: a scoping review protocol. *BMJ Open,* 8(1). https://doi.org/10.1136/bmjopen-2017-019433

Kourgiantakis, T. & Bogo, M. 2017. Developing cultural awareness and sensitivity through simulation. In: Allan, R. & Singh Poulsen, S. (eds). *Creating cultural safety in couple and family therapy: Supervision and training*. Denver, CO: Springer. pp. 89–101.

Kourgiantakis, T. & Lee, E. 2020. Social work practice education and training during the pandemic: Disruptions and discoveries. *International Social Work*, 63(6):761-765. https://doi.org/10.1177/0020872820959706

Kourgiantakis, T., Sewell, K., Lee, E., Adamson, K., Mccormick, M., Kuehl, D. & Bogo, M. 2020. Teaching Note - Enhancing Social Work Education in Mental Health, Addictions, and Suicide Risk Assessment. *Journal of Social Work Education*, 56(3):587-594. https://doi.org/10.1080/10437797.2019.1656590

Krauss, S., Orth, U. & Robins, R.W. 2020. Family Environment and Self-Esteem Development: A longitudinal study from age 10 to 16. *Journal of Personality and Social Psychology*, 119(2):457–478. https://doi.org/10.1037/pspp0000263

Krefting, L. 1991. Rigor in Qualitative Research: The Assessment of Trustworthiness. *American Journal of Occupational Therapy*, 45(3):214-222. https://doi.org/10.5014/ajot.45.3.214

Kumar, R. 2014. *Research Methodology: A step-by-step guide for beginners*. 4th ed. https://study.sagepub.com/kumar4e

Kumpfer, K.L 2014. Family-Based Interventions for the Prevention of Substance Abuse and Other Impulse Control Disorders in Girls. *International Scholarly Research Notices*. http://dx.doi.org/10.1155/2014/308789

Kumpfer, K.L. & Brown, J.L. 2019. A Parenting Behavior Intervention (the Strengthening Families Program) for Families: Noninferiority Trial of Different Program Delivery Methods. *JMIR Paediatrics and Parenting*, 2(2):e14751. https://doi.org/10.2196/14751

Laforest, M.E., Krol, P.J. & Leblanc, N. 2017. Theoretical and ethical issues using Heidegger's hermeneutics in a research project with children living with physical, intellectual or social disabilities. *Journal of Nursing Education and Practice*, 7(10):46-55. https://doi.org/10.5430/jnep.v7n10p46

Lander, L., Howsare, J. & Byrne, M. 2013. The Impact of Substance Use Disorders on Families and Children: From theory to practice. *Social Work in Public Health*, 28(3-4):194-205. https://doi.org/10.1080/19371918.2013.759005

Larkin, S. 2019. *A Field Guide for Social Workers: Applying Your Generalist Training*. Thousand Oaks, CA: SAGE.

Lau, F. & Kuziemsky, C.E. 2016. *Handbook of eHealth Evaluation: An Evidence-based Approach*. Canada: University of Victoria.

Leavy, P. 2023. *Research Design: Quantitative, Qualitative, Mixed Methods, Arts-Based, and Community-Based Participatory Research Approaches*. New York, NY: Guilford Press.

Leedy, P.D. & Ormrod, J.E. 2013. *Practical Research: Planning and Design*. 10th ed. Boston, MA: Merrill/Prentice Hall.

Leung, L. 2015. Validity, Reliability, and Generalizability in Qualitative Research. *Journal of Family Medicine and Primary Care*, 4(3):324-327. https://doi.org/10.4103/2249-4863.161306

Liddle, H. & Rigter, H. 2013. How Developmental Research and Contextual Theory Drive Clinical Work with Adolescents with Addiction. *Harvard Review of Psychiatry,* 21(4):200–2004.

Liddle, H.A. 2015. Multidimensional Family Therapy. In: Sexton, T.L. & Lebow, J., (eds.). *Handbook of Family Therapy*. New York, NY: Routledge. pp. 1-19.

Liddle, H.A., Dakof, G.A., Rowe, C.L., Henderson, C., Greenbaum, P., Wang, W. & Alberga, L. 2018. Multidimensional Family Therapy as a community-based alternative to residential treatment for adolescents with substance use and co-occurring mental health disorders. *Journal of Substance Use and Addiction Treatment*, 90:47–56. https://doi.org/10.1016/j.jsat.2018.04.011

Liebenberg, J., Du Toit-Prinsloo, L., Steenkamp, V. & Saayman, G. 2016. Fatalities involving illicit drug use in Pretoria, South Africa, for the period 2003 - 2012. *South African Medical Journal,* 106(10):1051-1055. https://doi.org/10.7196/SAMJ.2016.v106i10.11105

Lincoln, Y.S. & Guba, E.G. 2000. Paradigmatic controversies, contradictions, and emerging confluences. In: Denzin, N.K. & Lincoln, Y.S., (eds). *The SAGE Handbook of Qualitative Research.* 2nd ed. Thousand Oaks: SAGE. pp. 163-188.

Lind, A., Westerling, A., Sparrman, A. & Dannesboe, K.I. 2016. Introduction: Doing good parenthood. In: Sparrman, A., Westerling, A., Lind, J. & Dannesboe, K.I., (eds.) *Doing Good Parenthood: Ideals and Practices of Parental Involvement.* Basingstoke: Palgrave Macmillan. pp. 1-15. https://doi.org/10.1007/978-3-319-46774-0_1

Littell, J.H., Pigott, T.D., Nilsen, K.H., Roberts, J. & Labrum, T.K. 2023. Functional Family Therapy for Families of youth (age 11-18) with behaviour problems: A systematic review and meta-analysis. *Campbell Systematic Reviews*, 19(3):e1324. https://doi.org/10.1002/cl2.1324

Liu, J., Storfer-Isser, A., Mark, T.L, Oberlander, T., Horgan, C., Garnick, D.M. & Scholle, S.H. 2020. Access to and Engagement in Substance Use Disorder Treatment over Time. *Psychiatric Services*, 71(7):722-725. https://doi.org/10.1176/appi.ps.201800461

Lodge, J.M., Kennedy, G., Lockyer, L., Arguel, A. & Pachman, M. 2018. Understanding Difficulties and Resulting Confusion in Learning: An Integrative Review. *Frontiers in Education*, 3. https://doi.org/10.3389/feduc.2018.00049

Lundahl, L.H. & Cannoy, C. 2021. COVID-19 and Substance Use in Adolescents. *Pediatric Clinics of North America*, 68(5):977–990. https://doi.org/10.1016/j.pcl.2021.05.005

Lundgren, L., Salas-Wright, C.P., Amodeo, M., Krull, I. & Alford, D.P. 2018. The Alcohol and Other Drugs Education Program for Social Work Faculty: A Model for Immersion Training. *Journal of Social Work Practice in the Addictions*, 18(1):8-29. https://doi.org/10.1080/1533256X.2017.1412980

Madiga, M.C. & Mokwena, K. 2022. Depression Symptoms among Family Members of Nyaope Users in the City of Tshwane, South Africa. *International Journal of Environmental Research and Public Health*, 19(7). https://doi.org/10.3390/ijerph19074097

Madisha, M.R. 2019. *Social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances.* Pretoria: UNISA. (Dissertation – MSW).

Madisha, R.M. & Skhosana, R.M. 2022. Are We Ready Yet? Social Workers' Preparedness To Render Social Support To Persons With Substance Abuse Challenges. *Social Work/ Maatskaplike Werk,* 58(4):442–458. http://dx.doi.org/10.15270/58-4-1075

Mafa, P. & Makhubele, J.C. 2020. Teenage Substance Abuse: Impact on The Family System and Parents' Coping Strategies. *Pertanika: Social Sciences & Humanities,* 28(3):1925-1938. http://www.pertanika.upm.edu.my/resources/files/Pertanika%20PAPERS/JSSH%20Vol.%2028%20(3)%20Sep.%202020/18%20JSSH-4858-2019.pdf

Magnusson, E. & Marecek, J. 2015. *Doing Interview Based Qualitative Research: A Learner's Guide*. Cambridge: Cambridge University Press.

Maguire, M. & Delahunt, B. 2017. Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, 9(3):3351-3359. https://ojs.aishe.org/index.php/aishe-j/article/view/335

Mahlangu, S. & Geyer, S. 2018. The aftercare needs of nyaope users and their significant others: Implications for aftercare and reintegration services. *Social Work/ Maatskaplike Werk,* 54(3):327-345. https://doi.org/10.15270/54-3-652

Mahlangu, S.H. 2016. *The aftercare needs of nyaope users in the Hammanskraal community.* Pretoria: University of Pretoria. (Mini-dissertation – MSW).

Mahlokwane. J. 2022.Tshwane Local Newspaper. Published Jul 28, 2022

Malagon-Maldonado, G. 2014. Qualitative Research in Health Design. *Health Environments Research & Design Journal*, 7(4):120-134. https://doi.org/10.1177/193758671400700411

Maluleke, T.F. 2013. *Perceptions of Social Workers Regarding Their Role in Aftercare and Reintegration Services with Substance-Dependent Persons*. Pretoria: University of Pretoria. (Dissertation – MSW).

Mamabolo, C. 2022. Topic: Supporting parents of adolescents recovering from SUD [Personal interview]. 4 March, Pretoria.

Manganyi, M.R. 2015. *Home-brewed alcohol as a public health problem in Greater Tzaneen Municipality, Mopani District of Limpopo Province: A Social Work Perspective*. Mankweng: University of Limpopo. (Thesis – DPhil).

Manthorpe, J., Moriarty, J. & Cornes, M. 2015. Supportive Practice with Carers of People with Substance Misuse Problems. *Practice: Social Work in Action*, 27(1):51–65. https://doi.org/10.1080/09503153.2014.970157

Marais, C. & Van der Merwe, M. 2016. Relationship Building During The Initial Phase Of Social Work Intervention With Child Clients In A Rural Area. Social Work/ Maatskaplike Werk, 52(2):145-166. http://dx.doi.org/10.15270/52-2-498

Mardani, M., Alipour, F., Rafiey, H., Fallahi-Khoshknab, M. & Arshi, M. 2023. Challenges in addiction-affected families: a systematic review of qualitative studies. *BMC Psychiatry*, 23: Art. 439. https://doi.org/10.1186/s12888-023-04927-1

Marinus, D., Van der Westhuizen, M. & Alpaslan, A.N. 2017. Adolescents' Experiences of and Strategies in Coping with Parental Substance Addiction in A Rural Farming Community. *Southern African Journal of Social Work and Social Development*, 29(1):16-33. https://doi.org/10.25159/2415-5829/1641

Marks, K.R. & Leukefeld, C.G. 2018. Recovering to Recovery Among Adolescent Youth. In: Leukefeld, C.G. & Gullotta, T.P., (eds.) *Adolescent Substance Abuse: Evidence-Based Approaches to Prevention and Treatment*. Berlin: Springer. pp. 293–307. https://doi.org/10.1007/978-3-319-90611-9_12

Marshall, C. & Rossman, G. 2016. The How of the Study. In: Salmon, H., Villaruel, A., Bierach, K., Buyan, C. & Granger, M. (eds). Designing Qualitative Research. 6th ed. Thousand Oaks, CA: SAGE. pp. 43-64.

Martínez-Mesa, J., González-Chica, D.A., Duquia, R.P., Bonamigo, R.R. & Bastos, J.L. 2016. Sampling: How to Select Participants in My Research Study? *Anais Brasileiros de Dermatologia*, 91(3):326-330. https://doi.org/10.1590/abd1806-4841.20165254

Masiko, N. & Xinwa, S. 2017. Substance Abuse in South Africa, its linkages with Gender Based Violence and Urban Violence. *CSVR Fact Sheet on Substance Abuse in South Africa* | *October 2017*. https://www.saferspaces.org.za/uploads/files/Substance_Abuse_in_SA_-_Linkages_with_GBV__Urban_Violence.pdf

Masombuka, J. & Mathibela, F. 2022. Experiences and Coping Strategies of Parents Living with Adolescents Misusing *Nyaope* Substance. *Health SA Gesondheid,* 27:a2042. https://doi.org/10.4102/hsag.v27i0.2042

Masombuka, J. & Qalinge, L. 2020. Outcry and call for relief: Experiences and support needs of parents with nyaope users. *Social Work/ Maatskaplike Werk*, 56(1):51-62. https://doi.org/10.15270/56-1-789

Masombuka, J. 2021. *Parents as an Under-Utilised Resource for The Substance Dependency Service to Their Youth: Developing A Model For Social Work Practitioners*. Potchefstroom: North-West University. (Thesis – DPhil).

Masten, A.S. & Cicchetti, D. 2016. Resilience in development: Progress and transformation. In: Cicchetti, D., (ed.) *Developmental psychopathology: Risk, resilience, and intervention.* 3rd ed. Hoboken, NJ: John Wiley. pp. 271–333. https://doi.org/10.1002/9781119125556.devpsy406

Masten, A.S. 2018. Resilience Theory and Research on Children and Families: Past, Present, and Promise. *Journal of Family Theory & Review*, 10(1):12-31. https://doi.org/10.1111/jftr.12255

Masten, A.S. 2019. Resilience from A Developmental Systems Perspective. *World Psychiatry,* 18(1):101-102. https://doi.org/10.1002/wps.20591

Mathibela, F. & Skhosana, R.M. 2019. Challenges Faced by Parents Raising Adolescents Abusing Substances: Parents' Voices. *Social Work/ Maatskaplike Werk*, 55(1):87-107. https://doi.org/10.15270/55-1-697

Mathibela, F. & Skhosana, R.M. 2020. Parent-Adolescent Relationship and the Impact of Substance Dependency within the Trajectory of Adolescent Substance Use Disorder. In: Benedetto, L. & Ingrassia, M., (eds). *Parenting - Studies by an Ecocultural and Transactional Perspective.* https://doi.org/10.5772/intechopen.93114

Mathibela, F. 2017. *Experiences, Challenges and Coping Strategies of Parents Living with Teenagers Abusing Chemical Substances in Ramotse.* Pretoria: University of South Africa. (Dissertation – MA).

Matud, M.P., Díaz, A., Bethencourt, J.M. & Ibáñez, I. 2020. Stress and Psychological Distress in Emerging Adulthood: A Gender Analysis. *Journal of Clinical Medicine,* 9(9):2859. https://doi.org/10.3390/jcm9092859

McCann, T., Lubman, D. I., Boardman, G. & Flood, M. 2017. Affected family members experience of and coping within the context of problematic substance use: A qualitative study. *BMC Psychiatry,* 17(209):1-11. https://doi.org/10.1186/s12888-017-1374-3

McCann, T.V. & Lubman, D.I. 2018. Stigma experience of families supporting an adult member with substance misuse. *International Journal of Mental Health Nursing*, 27(2):693-701. https://doi.org/10.1111/inm.12355

McCann, T.V., Polacsek, M. & Lubman, D.I. 2019. Experiences of family members supporting a relative with substance use problems: A qualitative study. *Scandinavian Journal of Caring Sciences*, 33(4):904-911. https://doi.org/10.1111/scs.12688

McCombes, S. 2023. *Descriptive Research | Definition, Types, Methods & Examples*. https://www.scribbr.com/methodology/descriptive-research/

McCrady, B.S. & Flanagan, J.C. 2021. The Role of the Family in Alcohol Use Disorder Recovery for Adults. *Alcohol Research: Current Reviews*, 41(1):06. https://doi.org/10.35946/arcr.v41.1.06

McDonnell, A., MacNeill, C., Chapman B, Gilbertson, N., Reinhardt, M. & Carreiro, S. 2021. Leveraging digital tools to support recovery from substance use disorder during the COVID-19 pandemic response. *Journal of Substance Abuse Treatment,* 124. https://doi.org/10.1016/j.jsat.2020.108226

McKeganey, N. 2014. *A-Z of Substance Misuse and Drug Addiction*. 2014th edition. London: Palgrave Macmillan.

McLellan, A.T. 2017. Substance Misuse and Substance Use Disorders: Why do they Matter in Healthcare? *Transactions of the American Clinical and Climatological Association*, 128:112–130. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5525418/

McMillan, J.H. 2017. *Fundamentals of Educational Research*. 7th ed. London: Pearson Education.

McPherson, A.C., Hamilton, J., Kingsnorth, S., Knibbe, T.J., Peters, M., Swift, J.A., Krog, K., Chen, L., Steinberg, A. & Ball, G.D.C. 2017. Communicating with children and families about obesity and weight-related topics: a scoping review of best practices. *Obesity Reviews*, 18(2):164-182. https://doi.org/10.1111/obr.12485

Mekonnen, A. & Lee, B.K. 2022. Social work in addiction: opportunities and alliances. *Journal of Social Work Practice*, 36(3):303-316. https://doi.org/10.1080/02650533.2021.1964454

Merriam, S.B. & Grenier, R.S. 2019. *Qualitative Research in Practice: Examples for Discussion and Analysis.* 2nd ed. Hoboken, NJ: Jossey-Bass.

Merriam, S.B. & Tisdell, E.J. 2015. *Qualitative Research: A Guide to Design and Implementation*. 4th ed. London: Routledge.

Merrit, E.G. 2016. Time for teacher learning, planning critical for school reform. *Phi Delta Kappan*, 98(4):31-36. https://doi.org/10.1177/0031721716681774

Mills, J.E. & Birks, M. 2014. *Qualitative Methodology: A Practical Guide*. Thousand Oaks, CA: SAGE. https://doi.org/10.4135/9781473920163

Milner, J., Myers, S. & O'Byrne, P. 2020. *Assessment in Social Work*. 5th edition [ebook]. United Kingdom: Bloomsbury Publishing.

Minnick, D. 2019. The State of Substance Use Education in Master of Social Work Programs: A Content Analysis of Course Listings and Faculty Profiles. *Substance Abuse*, 40(2):194-200. https://doi.org/10.1080/08897077.2018.1550466

Mlotshwa, T. & Mthembu, M. 2021. The Use and Value of A Child Assessment Tool (CAT) In Social Work Child Assessments. *Social Work/ Maatskaplike Werk*, *57*(4):443-454. https://doi.org/10.15270/57-4-968

Mogorosi, L.D. & Thabede, D.G. 2018. Social Work and Indigenisation: A South African Perspective. *Southern African Journal of Social Work and Social Development*, 30(1):1-18. https://doi.org/10.25159/2415-5829/2393

Mokwena, K. E. & Setshego, N.J. 2021. Substance Abuse Among High School Learners in A Rural Education District in the Free State Province, South Africa. *South African Family Practice*, 63(1). https://doi.org/10.4102/safp.v63i1.5302

Mokwena, K., Shandukani, F. & Fernandes, L. 2021. A Profile of Substance Abuse Clients Admitted to an In-Patient Treatment Centre in Tshwane, South Africa. *Journal of Drug and Alcohol Research*, 10(6). https://www.ashdin.com/articles/a-profile-of-substance-abuse-clients-admitted-to-an-inpatient-treatment-centre-in-tshwane-south-africa-81032.html

Moriarty, J., Baginsky, M. & Manthorpe, J. 2015. *Literature review of roles and issues within the social work profession in England.* https://kclpure.kcl.ac.uk/portal/en/publications/literature-review-of-roles-and-issues-within-the-social-work-prof

Morifi, R.R. 2017. *The Sustainability in Training Hydroponic Production to Smallholder Farmers in the Tshwane Area of Gauteng Province in South Africa*. Bloemfontein: University of the Free State. (Dissertation – MSA).

Morrison, E.W. 2014. Employee Voice and Silence. *Annual Review of Organizational Psychology and Organizational Behaviour*, 1(1):173-197. https://doi.org/10.1146/annurev-orgpsych-031413-091328

Mosel, S. & Generes, W.M. 2024. *Family Therapy for Substance Use Disorders and Addiction Recovery*. https://americanaddictioncenters.org/therapy-treatment/family-therapy

Motabogi, O. 2022, 24 January. *Drug Abuse Programmes Aim to Reduce Substance Abuse in Tshwane's Communities*. https://www.tshwane.gov.za/?p=21447

Motsoeneng, L. 2018. *The Experiences of Family Members of Nyaope Misusers And Their Knowledge on The Available Social Policy Interventions: A Case of East of Johannesburg*. https://hdl.handle.net/10539/25192

Moule, P. & Goodman, M. 2014. *Nursing Research: An introduction*. 2nd ed. London: SAGE.

Mount, N. & Dillon, G. 2014. Parents' experiences of living with an adolescent diagnosed with an autism spectrum disorder. *Educational and Child Psychology,* 31(4):72–81. https://psycnet.apa.org/record/2014-56130-007

Mpanza, D.M. & Govender, P. 2017. Rural realities in service provision for substance abuse: a qualitative study in uMkhanyakude district, KwaZulu-Natal, South Africa. *South African Family Practice*, 59(3):110–115. https://doi.org/10.4102/safp.v59i3.4715

Mpanza, D.M., Govender, P. & Voce, A. 2022. Perspectives of service providers on aftercare service provision for persons with substance use disorders at a Rural District in South Africa. *Substance Abuse Treatment, Prevention, and Policy,* 17:Art 60. https://doi.org/10.1186/s13011-022-00471-5

Muchiri, B.W. & Dos Santos, M.M.L. 2018. Family management risk and protective factors for adolescent substance use in South Africa. *Substance Abuse Treatment, Prevention, and Policy,* 13:Art 24. https://doi.org/10.1186/s13011-018-0163-4

Mudavanhu, N. & Schenck, R. 2014. Substance abuse amongst the youth in Grabouw Western Cape: Voices from the community. *Social Work/ Maatskaplike Werk*, 50(3):370-392. https://doi.org/10.15270/50-3-405

Muller, T. & Stroud, L. 2014. Identity Formation And Its Role In Optimal Human Development: A Psychobiographical Study Of Artist Jackson Pollock. *New Voices in Psychology*, 10(1):3-15. https://doi.org/10.25159/1812-6371/3410

Mussida, C. & Patimo, R. 2021. Women's Family Care Responsibilities, Employment and Health: A Tale of Two Countries. *Journal of Family and Economic Issues,* 42:489–507. https://doi.org/10.1007/s10834-020-09742-4

Myers, B., Carney, T., Browne, F.A. & Wechsberg, W.M. 2018. Development of A Substance Use and Sexual Risk Reduction Intervention for Young South African Women. *Patient Preference and Adherence*, 12:1997–2006. https://doi.org/10.2147/PPA.S175852

Myers, B., Koch, J.R., Johnson, K. & Harker, N. 2022. Factors Associated with Patient-Reported Experiences and Outcomes of Substance Use Disorder Treatment in Cape Town, South Africa. *Addiction Science & Clinical Practice,* 17:Art 8. https://doi.org/10.1186/s13722-022-00289-3

Mzolo, M.P. 2015. *Exploring Family Support for Adolescents After Rehabilitation for Drug Abuse.* Pretoria: UNISA. (Thesis – DPhil).

National Association of Social Workers. 2013. *NASW Standards For Social Work Practice with Clients with Substance Use Disorder.* https://www.socialworkers.org/Practice/NASW-Practice-Standards-

Guidelines/NASW-Standards-for-Social-Work-Practice-with-Clients-with-Substance-Use-Disorders

National Institute of Mental Health. 2023. Transforming the understanding of mental illnesses. https://www.nimh.nih.gov

National Institute on Alcohol Abuse and Alcoholism. 2024. *Understanding Alcohol Use Disorder.* https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders

National Institutes of Health. 2024. *National Institute on Drug Abuse (NIDA).* https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-drug-abuse-nida

National Treasury. 2022. *City of Tshwane 2022-2026 Integrated Development Plan.* https://lg.treasury.gov.za/supportingdocs/TSH/TSH_IDP%20Final_2023_Y_20221020T132356Z_jonathanp.pdf

Nawi, A.M., Ismail, R., Ibrahim, F., Hassan, M.R., Manaf, M.R.A., Amit, N., Ibrahim, N. & Shafurdin, N.S. 2021. Risk and Protective Factors of Drug Abuse Among Adolescents: A Systematic Review. *BMC Public Health,* 21:Art 2088. https://doi.org/10.1186/s12889-021-11906-2

Ndou, N. 2019. *Factors Influencing Relapse in Individuals with Substance Use Disorders: Views of Social Workers Employed in Treatment Centres.* Stellenbosch: Stellenbosch University. (Dissertation – MA).

Neber, E. 2018. *Nontraditional students' transition to college through the lens of Bronfenbrenner's Ecological Theory, Schlossberg's Transition Theory and Gender Schema Theory.* Bozeman, Montana: Montana State University. (Dissertation – PhD).

Nelson-Nuñez, J. & Cartwright, K. 2018. Getting Along or Going Alone: Understanding Collaboration Between Local Governments and NGOs in Bolivia. *Latin American Politics and Society*, 60(1):76–101. https://doi.org/10.1017/lap.2017.7

Nene, D., Mkhonto, F. &Mokwena, K.E. 2024. Experiences of families living with Nyaope users in Tshwane, Gauteng province. *Health SA Gesondheid*, 29:a2338. https://doi.org/10.4102/hsag.v29i0.2338

Neuman, W.L. 2014. Social Research Methods: Qualitative and Quantitative Approaches. Relevance of social research (Vol. 8). https://doi.org/10.2307/3211488

Ngatweni, A. 2018. *Adolescent Substance Abuse: Parents Experiences*. Pretoria: University of Pretoria. (Dissertation – MA).

Nhedzi, F. & Makofane, M. 2015. The Experiences of Social Workers in the Provision of Family Preservation Services. *Social Work/ Maatskaplike Werk*, 51(3). https://doi.org/10.15270/51-3-453

Nkanjeni, U. 2022. 'We'll never surrender our youth to nyaope, never' – Inside Lesufi's Gauteng war on drugs. *Times Live*, 12 October. https://www.timeslive.co.za/news/south-africa/2022

Nortje, W. 2021. Warrantless Search and Seizures by the South African Police Service: Weighing up the Right to Privacy versus the Prevention of Crime. *Potchefstroom Electronic Law Journal (PELJ)*, 24(1). http://dx.doi.org/10.17159/1727-3781/2021/v24i0a8153

Nyashanu, T. & Visser, M. 2022. Treatment Barriers Among Young Adults Living with a Substance Use Disorder in Tshwane, South Africa. *Substance Abuse Treatment, Prevention, and Policy*, 17:Art 75. https://doi.org/10.1186/s13011-022-00501-2

O'Connor, C. & Joffe, H. 2020. Intercoder Reliability in Qualitative Research: Debates and Practical Guidelines. *International Journal of Qualitative Methods*, 19. https://doi.org/10.1177/1609406919899220

Okoye, U., Chukwu, N. & Agwu, P., eds. 2017. *Social Work in Nigeria: Book of Readings*. Oyo: University of Nigeria Press.

Ólafsdóttir, J.M., Orjasniemi, T. & Hrafnsdóttir, S. 2018. 'Everything Collapses Once Again': Depression, Anxiety, and Stress Among Close Relatives of Icelanders With SUD. *Review of European Studies,* 10(2):14-27. https://doi.org/10.5539/res.v10n2p14

Olawole-Isaac, A., Ogundipe, O., Amoo, E.O. & Adeloye, D. 2018. Substance Use Among Adolescents in Sub-Saharan Africa: A Systematic Review and Meta-Analysis. *South African Journal of Child Health*, 12:S79-84. http://dx.doi.org/10.7196/sajch.2018.v12i2.1524

Olson, D.H., Waldvogel, L. & Schlieff, M. 2019. Circumplex Model of Marital and Family Systems: An Update. *Journal of Family Theory and Review*, 11(2):199-211. https://doi.org/10.1111/jftr.12331

Optimal Workshop. 2015, 17 December. *Qualitative research methods* [Blog post]. https://blog.optimalworkshop.com/qualitative-research-methods

Orford, J., Velleman, R., Natera, G., Templeton, L. & Copello, A. 2013. Addiction in the family is a major but neglected contributor to the global burden of adult ill-

health. *Social Science & Medicine,* 78:70–77. https://doi.org/10.1016/j.socscimed.2012.11.036

Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N. & Hoagwood, K. 2015. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services*, 42(5):533-544. https://doi.org/10.1007/s10488-013-0528-y

Pandey, P. & Pandey, M. 2015. *Research Methodology: Tools and Techniques*. Romania: Bridge Centre.

Parker, J. 2017. *Social Work Practice Assessment, Planning, Intervention and Review*. 5th ed. Thousand Oaks, CA: SAGE.

Parker, J. 2020. *Social Work Practice Assessment, Planning, Intervention and Review*. 6th ed. Exeter, UK: Learning Matters.

Passetti, L. L., Godley, M.D. & Kaminer, Y. 2016. Continuing Care for Adolescents in Treatment for Substance Use Disorders. *Child and Adolescent Psychiatric Clinics of North America*, 25(4):669–684. https://doi.org/10.1016/j.chc.2016.06.003

Patel, L. 2015. *Social welfare and social development*. 2nd ed. Cape Town: Oxford University Press.

Patterson, E. 2023. *Community Reinforcement and Family Training (CRAFT).* https://drugabuse.com/treatment/therapy/craft/

Payne, M. 2014. *Modern Social Work Theory: A Critical Introduction*. 4th ed. United Kingdom: Palgrave Macmillan.

Peticca-Harris, A., De Gama, N. & Elias, S.R.S.T.A. 2016. A Dynamic Process Model for Finding Informants and Gaining Access in Qualitative Research. *Organizational Research Methods*, 19(3):376-401. https://doi.org/10.1177/1094428116629218

Picardi, C.A. & Masick, K.D. 2014. *Research Methods: Designing and Conducting Research with a Real-World Focus*. Thousand Oaks, CA: SAGE.

Polit, D.F. & Beck, C.T. 2012. Data Collection in Quantitative Research. In: Polit, D.F. & Beck, C.T., (eds). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 9th ed. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins. pp. 293-327.

Polit, D.F. & Beck, C.T. 2018. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 9th ed. Philadelphia, PA: Lippincott, Williams & Wilkins.

Pons, D.B., Barrón, R.G. & Guijarro, A.B. 2016. Family-Based Intervention Program for Parents of Substance-Abusing Youth and Adolescents. *Journal of Addiction*, 1. http://dx.doi.org/10.1155/2016/4320720

Pool, R. 2017. The verification of ethnographic data. *Ethnography*, 18(3):281-286. https://doi.org/10.1177/1466138117723936

Posel, D., Hall, K. & Goagoses, L. 2023. Going Beyond Female-headed Households: Household Composition and Gender Differences in Poverty. *Development Southern Africa*, 40(5):1117-1134. https://doi.org/10.1080/0376835X.2023.2182760

Puri, V. 2019. Modern Trends in Research Methodology. *International Journal of Research Methodology*, 2(1):117–127. https://www.researchgate.net/publication/334519601

Qalinge, L. 2015. Group work. In: Mbedzi, P., Qalinge, L., Schultz, P., Sekudu, J. & Sesoko. M., (eds). *Introduction to Social Work in the South African Context*. Cape Town: Oxford University Press. pp. 129-146.

Radebe, N.G. 2015. *Exploring The Effects of Substance Abuse on the Family in a Selected Ethekwini District.* Durban: University of KwaZulu-Natal. (Dissertation – MA).

Ravitch, S.M. & Carl, N.M. 2016. *Qualitative Research: Bridging the Conceptual, Theoretical and Methodological.* Thousand Oaks, CA: SAGE.

Rehman, A.A. & Alharthi, K. 2016. An Introduction to Research Paradigms. *International Journal of Educational Investigations,* 3(8):51-59. https://api.semanticscholar.org/CorpusID:228253774

Richert, T., Johnson, B. & Svensson, B. 2018. Being a Parent to an Adult Child With Drug Problems: Negative Impacts on Life Situation, Health, and Emotions. *Journal of Family Issues*, 39(8):2311–2335. https://doi.org/10.1177/0192513X17748695

Richert, T., Johnson, B. & Svensson, B. 2021. Experiences of Swedish parents Seeking Social Services Support for their Adult children with Drug Addiction. *Journal of the Society for Social Work and Research*,12(4):677–704. https://www.journals.uchicago.edu/doi/full/10.1086/712894

Ritchie, H. & Roser, M. 2019. "Drug Use". Published online at OurWorldInData.org. Retrieved from: https://ourworldindata.org/drug-use.

Roestenburg, W. 2023. Association of South African Social Work Education Institutions International Social Work Conference, 27-29 September, Elangeni Hotel, Durban. https://asaswei.org.za/2023/

Rogers, J.L., Gilbride, D.D. & Dew, B.J. 2018. Utilizing an Ecological Framework to Enhance Counselors' Understanding of the U.S. Opioid Epidemic. *The Professional Counselor*, 8(3):226-239. https://doi.org/10.15241/jlr.8.3.226

Rothman, J. & Thomas, E.J. 1994a. An Integrative Perspective on Intervention Research. In: Rothman, J. & Thomas, E.J., (eds). *Intervention Research: Design and Development for Human Service*. New York, NY: Haworth Press. pp. 3–23.

Rothman, J. & Thomas, E.J. 1994b. *Intervention Research: Design and Development for Human Service*. New York, NY: Routledge.

Rothman, J. & Thomas, E.J. 1994c. Intervention Research: Design and Development of The Life Skills Programme. In: Rothman, J. & Thomas, E.J., (eds). *Intervention Research: Design and Development for Human Service*. New York, NY: Haworth Press. pp. 68-84.

Rothman, J. 1980. *Social R & D: Research and development in the human services*. Englewood Cliffs, NJ: Prentice-Hall.

Rothman, J. 1989. Intervention research: Application to runaway and homeless youths. *Social Work Research & Abstracts*, 25(1):13–18. https://doi.org/10.1093/swra/25.1.13

Rowe, C.L. 2012. Family therapy for drug abuse: Review and updates 2003–2010. *Journal of Marital and Family Therapy*, 38(1):59–81. https://doi.org/10.1111/j.1752-0606.2011.00280.x

Rowe, S.L., French, R.S., Henderson, C., Ougrin, D., Slade, M. & Moran, P. 2014. Help-Seeking Behaviour and Adolescent Self-Harm: A Systematic Review. *Australian and New Zealand Journal of Psychiatry*, 48(12):1083–1095. https://doi.org/10.1177/0004867414555718

Rubin, A. & Babbie, E. 2013. *Essential Research Methods for Social Work*. International ed. Belmont, NC: Brooks/Cole.

Russell, B.S., D'Aniello, C., Tambling, R. R. & Horton, A. 2024. Parents of Individuals with Substance Use Disorders: Factors That Shape the Context of Care. *International Journal of Mental Health and Addiction*, 22:478–493. https://doi.org/10.1007/s11469-022-00884-0

Russett, J.L. & Williams, A. 2015. An Exploration Of Substance Abuse Course Offerings For Students in Counseling and Social Work Programs. *Substance Abuse & Addiction Journal,* 36(1):51–58. https://doi.org/10.1080/08897077.2014.933153

Ryan, G. 2018. Introduction to positivism, interpretivism, and critical theory. *Nurse Researcher,* 24(4):14-20. https://doi.org/10.7748/nr.2018.e1466

Saladino, V., Mosca, O., Petruccelli, F., Hoelzlhammer, L., Lauriola, M., Verrastro, V. & Cabras, C. 2021. The Vicious Cycle: Problematic Family Relations, Substance Abuse, and Crime in Adolescence: A Narrative Review. *Frontiers in Psychology,* 12. https://doi.org/10.3389/fpsyg.2021.673954

Sam, M.S. 2013, 7 April. Behavioral Family Therapy. In: *Psychology Dictionary.* https://psychologydictionary.org/behavioral-family-therapy Date of access: 21 Jun. 2021.

Sanders, M.R., Divan, G., Singhal, M., Turner, K.M., Velleman, R., Michelson, D. & Patel, V. 2022. Scaling up parenting interventions is critical for attaining the Sustainable Development Goals. *Child Psychiatry & Human Development*, 53(5):941–952. https://doi.org/10.1007/s10578-021-01171-0

Sarantakos, S. 2013. *Social Research*. 4th ed. London: Palgrave Macmillan.

Sarvey, D. & Welsh, J.W. 2021. Adolescent Substance Use: Challenges and Opportunities Related to COVID-19. *Journal of Substance Abuse Treatment*, 122. https://doi.org/10.1016/j.jsat.2020.108212

Scheibe, A., Shelly, S., Hugo, J., Mohale, M., Lalla, S., Renkin, W., Gloeck, N., Khambule, S., Kroucamp, L., Bhoora, U. & Marcus, T.S. 2020. Harm reduction in practice – The Community Oriented Substance Use Programme in Tshwane. *African Journal of Primary Health Care & Family Medicine*, 12(1):1-15. https://doi.org/10.4102/phcfm.v12i1.2285

Scheibe, A., Shelly, S., Lambert, A., Schneider, A., Basson, R., Medeiros, N., Padayachee, K., Savva, H. & Hausler, H. 2017. Using a programmatic mapping approach to plan for HIV prevention and harm reduction interventions for people who inject drugs in three South African cities. *Harm Reduction Journal*, 14: Art. 35. https://doi.org/10.1186/s12954-017-0164-z

Schenck, R., Qalinge, L., Schultz, P., Sekudu, J. & Sesoko, M. 2015. *Introduction to Social Work in a South African Context.* Midrand: Oxford University Press.

Schmidt, N.A. & Brown, J.M. 2019. *Evidence-based practice for nurses: Appraisal and application of research*. 4th ed. Burlington: Jones & Bartlett Learning.

Schultz, P. & Alpaslan, A.N. 2020. Playing the Second Fiddle - The Experiences, Challenges and Coping Strategies of Concerned Significant Others of Partners With a Substance Use Disorder: Informing Social Work Interventions. *Social Work/ Maatskaplike Werk*, 56(4). https://doi.org/10.15270/56-4-885

Schultz, P. & Alpslan, A. H. 2016. Our Brothers' Keepers: Siblings Abusing Chemical Substances Living With Non-Using SIBLINGS. *Social Work/ Maatskaplike Werk*, 52(1). https://doi.org/10.15270/52-1-481

Schultz, P.P. 2018. *The Experiences, Challenges and Coping Strategies of Concerned Significant Others Living With a Partner With a Substance Use Disorder: Informing For Social Work Intervention*. Pretoria: UNISA. (Thesis – DPhil).

Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. Qualitative Data Analysis and Interpretations. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. *Research at Grass Roots: For the Social Sciences and Human Services Professions*. 4th ed. Pretoria: Van Schaik. pp. 397-423.

Sebidi, K.M & Madue, S.M. 2018. *Influencing Change in Municipalities Through Leadership: A Case Study of the City of Tshwane Municipality*. Paper delivered at the 3rd Annual International Conference on Public Administration and Development Alternatives, 4-6 July, Stellenbosch University, Saldahna Bay, South Africa. http://hdl.handle.net/10386/2508

Segal, E.A., Gerdes, K.E. & Steiner, S. 2016. *An Introduction to the Profession of Social Work: Becoming a change agent.* 5th ed. Boston, MA: Cengage Learning.

Sekudu, J. 2015. The helping process in social work. In: Mbedzi, P., Qalinge, L., Schultz, P., Sekudu, J. & Sesoko, M., (eds). *Introduction to social work in the South African context*. Cape Town: Oxford University Press. pp. 81-107.

Setlalentoa, M., Ryke, E. & Strydom, H. 2015. Intervention Strategies Used to Address Alcohol Abuse in the North West Province, South Africa. *Social Work/ Maatskaplike Werk*, 51(1):80-100. http://dx.doi.org/51-1-429

Sexton, T.L. 2019. Functional Family Therapy: An Evidence-Based, Family-Focused, and Systemic Approach for Working with Adolescents and Their Families. In: Fiese, B.H., Celano, M., Deater-Deckard, K., Jouriles, E.N. & Whisman, M.A., (eds). *APA Handbook of Contemporary Family Psychology: Family therapy and training*. Washington, DC: American Psychological Association. pp. 171–188.

Shadung, M.M., Mbedzi, P.R. & Skhosana, R.M. 2024. Please help me, I am drowning! The cry of parents of adolescents with a substance use disorder. *Health SA Gesondheid*, 29:a2498. https://doi.org/10.4102/hsag.v29i0.2498

Shamsaei, F., Baanavi, M., Hassanian, Z.M. & Cheraghi, F. 2019. The Impact of Addiction on Family Members Mental Health Status. *Current Drug Research Reviews*, 11(2):129-134. https://doi.org/10.2174/2589977511666190319162901

Sherrel, R. & Gutierrez, D. 2014. Couples and Addiction: Three Effective Theories. *The Family Journal*, 22(1):26-34. https://doi.org/10.1177/1066480713505417

Shumway, S., Thurm, A., Swedo, S.E., Deprey, L., Barnett, L.A., Amaral, D.G., Rogers, S.J. & Ozonoff, S. 2011. Brief Report: Symptom Onset Patterns and

Functional Outcomes in Young Children with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders,* 41:1727–1732. https://doi.org/10.1007/s10803-011-1203-3

Shumway, S.T., Bradshaw, S.D., Hayes, N., Schonian, S. & Kimball, T.G. 2019. Prefrontal Cortex Functioning of Family Members of Those with a Substance Use Disorder. *Alcoholism Treatment Quarterly*, 37(1):75–98. https://doi.org/10.1080/07347324.2018.1488549

Shumway, S.T., Bradshaw, S.D., Zielinski, M., D'Aniello, C., Kimball, T.G. & Soloski, K. 2022. A multifamily group curriculum for family members of individuals with substance use disorders: Updates, perceptions, and outcomes. *Alcoholism Treatment Quarterly,* 40(3):358-378. https://doi.org/10.1080/07347324.2021.2019649

Siljeholm, O.E. 2023. *Supporting The Supportive Parents: Community Reinforcement and Family Training for Families Affected by Alcohol or Substance Use.* Sweden: Karolinska Institutet. (Thesis – PhD).

Silva, B., Soares, J., Rocha-Pereira, C., Mladěnka, P. & Remião, F. 2022. Khat, a Cultural Chewing Drug: A Toxicokinetic and Toxicodynamic Summary. Toxins, 14(2):71. https://doi.org/10.3390/toxins14020071

Singh, A., Vadakedath, S. & Kandi, V. 2023. Clinical Research: A Review of Study Designs, Hypotheses, Errors, Sampling Types, Ethics, and Informed Consent. *Cureus*, 15(1):e33374. https://doi.org/10.7759/cureus.33374

Singh, V.K., Kalsan, M., Kumar, N., Saini, A. & Chandra, R. 2015. Induced Pluripotent Stem Cells: Applications in regenerative medicine, disease modeling, and drug discovery. *Frontiers in Cell and Developmental Biology*, 3. https://doi.org/10.3389/fcell.2015.00002

Singwane, T.P. & Ramoshaba, D.J. 2023. Social Workers' Roles And Contemporary Responsibilities In Addiction Management: The Case Of Selected Treatment Centres. *International Journal of Research in Business and Social Science,* 12(2):170–176. https://doi.org/10.20525/ijrbs.v12i2.2286

Slabbert, I. 2015. Reflective Learning in Social Work Education in the Field of Substance Abuse. *Social Work/ Maatskaplike Werk*, 51(4):549-564. http://dx.doi.org/51-3-466

Smith, B. 2016. Narrative analysis. In: Lyons, E. & Coyle, A. (eds). *Analysing Qualitative Data in Psychology.* 2nd ed. London: SAGE. pp. 202-221.

Smith, J.M. & Estefan, A. 2014. Families Parenting Adolescents with Substance Abuse—Recovering the Mother's Voice: A Narrative Literature Review. *Journal of Family Nursing*, 20(4):415-441. https://doi.org/10.1177/1074840714554397

Smith, P.G., Morrow, R.H. & Ross, D.A. 2015. *Field Trials of Health Interventions: A Toolbox*. 3rd ed. Oxford: Oxford University Press.

Smokowski, P., Corona, R., Bacallao, M., Fortson, B.L., Marshall, K.J. & Yaros, A. 2018. Addressing barriers to recruitment and retention in the implementation of parenting programs: lessons learned for effective program delivery in rural and urban areas. *Journal of Child and Family Studies,* 27(9):2925–2942. https://doi.org/10.1007/s10826-018-1139-8

Sobuwa, Y. 2022. More than 50 000 parents seek help for their drug addict children. *City Press,* 18 October. https://www.news24.com/citypress/news/more-than-50-000-parents-seek-help-for-their-drug-addict-children-20221018 Date of access: 23 Jan. 2023.

Son, A. 2019. Anxiety as a Main Cause of Church Conflicts Based on Bowen Family Systems Theory. *Journal of Pastoral Care & Counseling*, 73(1):9-18. https://doi.org/10.1177/1542305018822959

South Africa. 1992a. Drugs And Drug Trafficking Act 140 of 1992. Pretoria: Government Printer.

South Africa. 1992b. Prevention and Treatment of Drug Dependency Act 20 of 1992. Pretoria: Government Printer.

South Africa. 2005. Children's Act 38 of 2005. Pretoria: Government Printer.

South Africa. 2007. Children's Amendment Act 41 of 2007. Pretoria: Government Printer.

South Africa. 2008. Prevention of and Treatment for Substance Abuse Act 70 of 2008. Pretoria: Government Printer.

South African Community Epidemiology Network on Drug Use. 2019. *PHASE 44: Monitoring Alcohol, Tobacco and Other Drug Use Trends (South Africa).* https://www.up.ac.za/media/shared/62/News/sacendu-update_phase-44.final.zp169484.pdf

Sparks, S.N. & Tisch, R. 2018. A Family-Centered Program to Break the Cycle of Addiction. *Families in Society*, 99(2):100-109. https://doi.org/10.1177/1044389418767841

Spies, G.M., Delport, R. & Le Roux, M.P. 2017. Safety And Risk Assessment Tools For The South African Child Protection Services: Theory And Practice. *Acta Criminologica*, 30(2):116-127. http://hdl.handle.net/2263/65257

Stahl, N.A. & King, J.R. 2020. Expanding Approaches for Research: Understanding and Using Trustworthiness in Qualitative Research. *Journal of Developmental Education,* 44(1):26-28. https://www.jstor.org/stable/45381095

Stanojlović, M. & Davidson, L. 2021. Targeting the Barriers in the Substance Use Disorder Continuum of Care With Peer Recovery Support. *Substance Abuse: Research and Treatment*, 15. https://doi.org/10.1177/11782218209769

Statistics South Africa. 2018. Media Release Statement 27 August 2018. https://www.statsa.gov.za

Stokes, M., Schultz, P. & Alpaslan, A. 2018. Narrating the journey of sustained recovery from substance use disorder. *Substance Abuse Treatment, Prevention, and Policy*, 13(1): Art. 35. https://doi.org/10.1186/s13011-018-0167-0

Stormshak, E., Caruthers, A., Chronister, K., DeGarmo, D., Stapleton, J., Falkenstein, C., DeVargas, E. & Nash, W. 2019. Reducing Risk Behavior with Family-Centered Prevention During the Young Adult Years. *Prevention Science*, 20(3):321–330. https://doi.org/10.1007/s11121-018-0917-2

Stratton, P. 2016. *The Evidence Base of Family Therapy and Systematic Practice*. https://cdn.ymaws.com/www.aft.org.uk/resource/resmgr/research/final_evidence_base.pdf

Straussner, S.L.A. & Senreich, E. 2020. Productive Aging in the Social Work Profession: A Comparison of Licensed Workers 60 Years and Older with Their Younger Counterparts. *Clinical Social Work Journal*, 48(2):196–210. https://doi.org/10.1007/s10615-020-00747-y

Strydom, H., Steyn, M. & Strydom, C. 2014. An adapted intervention research model: Suggestions for research and practice. *Social Work/Maatskaplike Werk*, 43(4). https://doi.org/10.15270/43-4-262

Substance Abuse and Mental Health Services Administration. 2015. *2015 National Survey on Drug Use and Health (NSDUH) Releases*. https://www.samhsa.gov/data/release/2015-national-survey-drug-use-and-health-nsduh-releases

Substance Abuse and Mental Health Services Administration. 2016. *Behavioral health treatments and services*. http://www.samhsa.gov/treatment

Substance Abuse and Mental Health Services Administration. 2019a. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

Substance Abuse and Mental Health Services Administration. 2019b. *2017-2018 National Survey on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology.* https://www.samhsa.gov/data/sites/default/files/reports/rpt23240/NSDUHSaeMethodology2018/NSDUHsaeMethodology2018.pdf

Substance Abuse and Mental Health Services Administration. 2022a. *Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System.* https://store.samhsa.gov/product/community-engagement-essential-component-effective-and-equitable-substance-use-prevention

Substance Abuse and Mental Health Services Administration. 2022b. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf

Substance Abuse and Mental Health Services Administration. 2024a. *Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat Alcohol and Opioid Use Disorders.* https://store.samhsa.gov/product/medicaid-coverage-medications-reverse-opioid-overdose-treat-alcohol-opioid-use-disorders/pep22-06-01-009

Substance Abuse and Mental Health Services Administration. 2024b. *Recovery and Recovery Support.* https://www.samhsa.gov/find-help/recovery

Sufian, M., Grunbaum, J., Akintobi, T.H., Doizier, A., Eder, M., Jones, S., Mullan, P., Weir, C.R. & White-Cooper, S. 2015. Program Evaluation and Evaluating Community Engagement. In: Silberberg, M., Cook, J., Drescher, C., McCloskey, D.J., Weaver, S. & Ziegahn, L., (eds). *Principles of Community Engagement.* 2nd ed. pp. 163-182. https://www.atsdr.cdc.gov/communityengagement/pdf/pce_report_chapter_7_shef.pdf

Sukmana, O. & Abidin, Z. 2020. The role of social workers in social work practices by using information technology during the Covid-19 pandemic: Study in East Java Province, Indonesia. *International Journal of Advanced Science and Technology*, 29(8):1316-1325. http://sersc.org/journals/index.php/IJAST/article/view/20149

Sutphin, S.T., McDonough, S. & Schrenkel, A. 2013. The Role of Formal Theory in Social Work Research: Formalizing Family Systems Theory. *Advances in Social Work*, 14(2):501-517. https://doi.org/10.18060/7942

Sutton, J. & Austin, Z. 2015. Qualitative research: Data collection, Analysis, and Management. *Canadian Journal of Hospital Pharmacy*, 68(3):226-231. https://doi.org/10.4212/cjhp.v68i3.1456

Sutton, J. 2020. *The Self-Care Wheel: Wellness Worksheets, Activities & PDF*.
https://positivepsychology.com/self-care-wheel/

Sutton, J. 2021. *13 Social Work Methods & Interventions for Helping Others*.
https://positivepsychology.com/social-work-methods/

Svetaz, M.V., Garcia-Huidobro, D. & Allen, M. 2014. Parents and family matter:
strategies for developing family-centred adolescent care within primary care
practices. *Primary Care*, 41(3):489–506. https://doi.org/10.1016/j.pop.2014.05.004

Swanepoel, C. 2018. *Family Support Model for Addiction Recovery*. Workshop
Module

Swanepoel, C. 2022. *Family Support model for addiction recovery* [Personal
Interview]. 10 March 2022, Online (Teams meeting)

Swanepoel, C. 2023. *Family Support Model*. Workshop presented in Pretoria,
South Africa, 3 March.

Symonds, J., Miles, C., Steel, M., Porter, S. & Williams V. 2020. Making person-
centred assessments. *Journal of Social Work*, 20(4):431-447.
https://doi.org/10.1177/1468017319830593

Szapocznik, J. & Hervis, O.E. 2020. Introduction. In: Szapocznik, J. & Hervis,
O.E., (eds). *Brief strategic family therapy*. American Psychological Association. pp
3-13. https://doi.org/10.1037/0000169-001

Szapocznik, J., Muir, J.A., Duff, J.H., Schwartz, S.J. & Brown, C.H. 2015. Brief
Strategic Family Therapy: implementing evidence-based models in community
settings. *Psychotherapy Research*, 25(1):121-133.
https://doi.org/10.1080/10503307.2013.856044

Tadic, V., Ashcroft, R., Brown, J.B. & Dahrouge, S. 2020. The Role of Social
Workers in Interprofessional Primary Healthcare Teams. *Healthcare Policy,*
16(1):27-42. https://doi.org/10.12927/hcpol.2020.26292

Taherdoost, H. 2021. Data Collection Methods and Tools for Research; A Step-by-
Step Guide to Choose Data Collection Technique for Academic and Business
Research Projects. *International Journal of Academic Research in Management*,
10(1):10-38. https://ssrn.com/abstract=4178676

Tajir, G.K. 2018. Ethical treatment of participants in public health research. *Journal
of Public Health and Emergency*, 2(1).
http://jphe.amegroups.com/article/view/4312

Tambling, R.R., D'Aniello, C. & Russell, B. 2021. Financial Anxiety Among Caregiving Parents of Adult Children with a Substance Use Disorder. *Journal of Financial Therapy,* 12(1). https://doi.org/10.4148/1944-9771.1255

Teater, B. 2014. Social work practice from an ecological perspective. In: LeCroy, C.W., (ed.). *Case studies in social work practice.* 3rd ed. Belmont, CA: Brooks/Cole. pp. 35-44.

Teferra, S. 2018. Substance-related disorders treatment service in a general hospital in Ethiopia: Experience, Challenges and Opportunities. *African Journal of Drug & Alcohol Studies*, 17(1).
https://www.ajol.info/index.php/ajdas/article/view/188642

Terblanche, L., Gunya, T., Pretorius, M., Maruma, M.R., Mbuyisa, K., Maseko, T., Mojapelo, K., Myeni, N. & Tyson, W.D. 2021. Employee assistance programme and occupational social work: Interrelated with distinct features. *Social Work/ Maatskaplike Werk,* 57(1):16-38. https://doi.org/10.15270/57-1-904

Terrell, S.R. 2016. *Writing a proposal for your dissertation: Guidelines and examples.* New York, NY: Guildford Press.

Thomas, E.J. 1978a. Generating innovation in social work: The paradigm of developmental research. *Journal of Social Service Research*, 2(1):95–115.
https://doi.org/10.1300/J079v02n01_08

Thomas, E.J. 1978b. Mousetraps, developmental research, and social work education. *Social Service Review*, 52(3):468–483.
https://www.jstor.org/stable/30015648

Thomas, E.J. 1984. *Designing Interventions for the Helping Professions.* Beverly Hills, CA: SAGE.

Thomas, G. 2011. A Typology For The Case Study In Social Science Following A Review of Definition, Discourse, and Structure. *Qualitative Inquiry*, 17(6):511-521.
https://doi.org/10.1177/1077800411409884

Thomas, G. 2017. *How to Do Your Research Project: A Guide for Students.* 3rd ed. Thousand Oaks, CA: SAGE.

Thomas, P.A., Liu, H. & Umberson, D. 2017. Family Relationships and Well-Being. *Innovation in Aging*, 1(3). https://doi.org/10.1093/geroni/igx025

Tshitangano, T.G. & Tosin, O.H. 2016. Substance use amongst secondary school students in a rural setting in South Africa: Prevalence and possible contributing factors. *African Journal of Primary Health Care & Family Medicine*, 8(2):a934.
https://doi.org/10.4102/phcfm.v8i2.934

Tubey, R.J., Rotich, J.K. & Bengat, J.K. 2015. Research paradigms: Theory and Practice. *Research on Humanities and Social Sciences*, 5(5):224-228. https://www.iiste.org/Journals/index.php/RHSS/article/view/21155

Unegbu, R.O. 2020. *Exploring the Role of Social Workers in Substance Abuse Treatment.* Minneapolis, MN: Walden University. (Thesis – PhD).

United Nations Office of Drugs and Crime. [UNODC] World Drug Report 2018: Opioid Crisis, Prescription Drug Abuse Expands; Cocaine and Opium Hitrecord Highs. 27 June 2018.

United Nations Office on Drugs and Crime. 2021. *UNODC World Drug Report 2021: Pandemic Effects Ramp Up Drug Risks, as Youth Underestimate Cannabis Dangers.* https://www.unodc.org/roca/en/news/unodc-world-drug-report-2021_-pandemic-effects-ramp-up-drug-risks--as-youth-underestimate-cannabis-dangers.html

United Nations Office on Drugs and Crime. 2022. *World Drug Report 2022.* https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2022.html

United Nations Office on Drugs and Crime. 2023. *World Drug Report 2023.* https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html

Uranta, D.T. & Ogbanga. M. 2017. Issues in Social Work Methods and Contemporary Project in Africa. *International Journal of Social Sciences and Management Research*, 3(7):60-68. https://iiardjournals.org/get/IJSSMR/VOL.%203%20NO.%207%202017/ISSUES%20IN%20SOCIAL%20WORK.pdf

Valenzuela, F., Lock, J., Le Grange, D. & Bohon, C. 2018. Comorbid depressive symptoms and self-esteem improve after either cognitive-behavioural therapy or family-based treatment for adolescent bulimia nervosa. *European Eating Disorders Review,* 26(3):253-258. https://doi.org/10.1002/erv.2582

Van Niekerk, A., Suffla, S. & Seedat, M. 2012. *Crime, Violence and Injury in South Africa: 21st Century Solutions for Child Safety.* Johannesburg: Psychological Society of South Africa.

Vanclay, F., Baines, JT & Taylor, C.N. 2013. Principles for Ethical Research Involving Humans: Ethical Professional Practice in Impact Assessment Part I. *Impact Assessment and Project Appraisal,* 31(4):243-253. https://doi.org/10.1080/14615517.2013.850307

Varghese, M., Kirpekar, V., Loganathan, S. 2020. Family Interventions: Basic Principles and Techniques. *Indian Journal of Psychiatry*, 62(Suppl 2):S192-S200. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_770_19

Vasileiou, K., Barnett, J., Thorpe, S. & Young, T. 2018. Characterising and Justifying Sample Size Sufficiency in Interview-Based Studies: Systematic Analysis of Qualitative Health Research Over A 15-Year Period. *BMC Medical Research Methodology,* 18: Art. 148. https://doi.org/10.1186/s12874-018-0594-7

Vélez-Agosto, N.M., Soto-Crespo, J.G., Vizcarrondo-Oppenheimer, M., Vega-Molina, S. & Coll, C.C. 2017. Bronfenbrenner's bioecological theory revision: Moving culture from the macro into the micro. *Perspectives on Psychological Science*, 12(5):900–910. https://doi.org/10.1177/1745691617704397

Villicana, A.J., Garcia, D.M. & Biernat, M. 2017. Gender and Parenting: Effects of Parenting Failures on Evaluations of Mothers and Fathers. *Group Processes & Intergroup Relations*, 20(6):867-878. https://doi.org/10.1177/1368430215615683

Volkow, N.D. 2020. Collision of the COVID-19 and Addiction Epidemics. *Annals of Internal Medicine*, 173(1). https://doi.org/10.7326/M20-1212

Volkow, N.D., G.F. & McLellan, T. 2016. Neurobiologic Advances from the Brain Disease Model of Addiction. *New England Journal of Medicine,* 374(4):363-371. https://doi.org/10.1056/NEJMra1511480

Waini, A. 2015. *The Challenges and Coping Resources of Parents Whose Children are Addicted to Chemical Substances*. Pretoria: UNISA. (Dissertation – MSW).

Waldron, H.B., Slesnick, N., Brody, J.L., Turner, C.W. & Peterson, T.R. 2001. Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments. *Journal of Consulting and Clinical Psychology,* 69(5):802-813. https://pubmed.ncbi.nlm.nih.gov/11680557/

Walliman, N. 2017. *Research Methods: The Basics*. 2nd ed. New York, NY: Routledge.

Walsh, F. 2016a. Clinical Views of Family Normality, Health And Dysfunction: From Deficit to Strengths Perspective. In: Walsh, F., (ed.). *Normal Family Processes: Growing Diversity and Complexity*. 4th ed. New York, NY: Guilford Press. pp. 28–56.

Walsh, F. 2016b. Family Resilience: A Developmental Systems Framework. *European Journal of Developmental Psychology*, 13(3):313-324. https://doi.org/10.1080/17405629.2016.1154035

Walsh, J.F. 2013. *Theories for direct social work practice*. Boston, MA: Cengage Learning.

Walton, K.L., Avenant, J. & Van Schalkwyk, I. 2016. Educators' Experiences of Their Relationships with Adolescents Involved in Drug Use. *South African Journal of Education*, 36(3):1-10. https://doi.org/10.15700/saje.v36n3a1188

Weisman, C.B. & Montgomery, P. 2019. Functional Family Therapy (FFT) For Behaviour Disordered Youth Aged 10–18: An overview of reviews. *Research on Social Work Practice,* 29(3):333–346. https://doi.org/10.1177/1049731518792309

Wells, E.A., Kristman-Valente, A.N., Peavy, K.M. & Jackson, T.R. 2013. Social workers and delivery of evidence-based psychosocial treatments for substance use disorders. *Social Work in Public Health,* 28(3-4):279-301. https://doi.org/10.1080/19371918.2013.759033

Wendt, D.C. & Gone, J.P. 2017. Group therapy for substance use disorders: A survey of clinician practices. *Journal of Groups in Addiction and Recovery*, 12(4):243–259. https://doi.org/10.1080/1556035X.2017.1348280

White Paper on Families in South Africa, 2013, *see* Department of Social Development (South Africa). 2013c.

Williams, J.F., Burton, R.S. & Warzinski, S.S. 2014. The Role of the Parent in Adolescent Substance Use. *Pediatric Annals,* 43(10):e237–e241. https://doi.org/10.3928/00904481-20140924-07

Willig, C. & Rogers, W.S. 2017. *The SAGE Handbook of Qualitative Research in Psychology*. 2nd ed. London, UK: SAGE.

Wilson, S.R., Rodda, S., Lubman, D.I., Manning, V. & Yap, M.B.H. 2017. How online counselling can support partners of individuals with problems of alcohol or other drug use. *Journal of Substance Use and Addiction Treatment*, 78:56-62. https://doi.org/10.1016/j.jsat.2017.04.009

Winters, K.C., Botzet, A., Dittel, C., Fahnhorst, T. & Nicholson, A. 2015. Can Parents Provide Brief Intervention Services to Their Drug-Abusing Teenager? *Journal of Child & Adolescent Substance Abuse,* 24(3):134–141. https://doi.org/10.1080/1067828X.2013.777377

Wiśniowski, S., Sakshaug, J.W., Ruiz, D.A.P. & Blom, A.G. 2020. Integrating Probability and Nonprobability Samples for Survey Inference. *Journal of Survey Statistics and Methodology*, 8(1):120–147. https://doi.org/10.1093/jssam/smz051

World Health Organization. 2014. *Fact Sheet on Sustainable Development Goals (SDGs): health targets – Mental Health*. https://iris.who.int/bitstream/handle/10665/340847/WHO-EURO-2018-2364-42119-58012-eng.pdf?sequence=1

World Health Organization. 2020. *International Standards for the Treatment of Drug Use Disorders: Revised edition incorporating results of field-testing*. https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders

World Health Organization. 2021. *Overview: Substance Abuse*. https://iris.who.int/handle/10665/346562.

World Health Organization. 2022. *Adolescent Health*. https://who.int/health-topics/adolescent-health

Wyse, D., Selwyn, N., Smith, E. & Suter, L., (eds). 2017. *The BERA/SAGE Handbook of Educational Research*. Thousand Oaks, CA: SAGE.

Yang, Y. 2014. *Parent-Child Communication in Families with Children Conceived with Assisted Reproductive Technology: Associations with Disclosure and Parent-Child Relationship Quality*. Minneapolis, MN: University of Minnesota. (Dissertation – MA).

Yap, M.B.H., Cheong, T.W.K., Zaravinos-Tsakos, F., Lubman, D.I. & Jorm, A. F. 2017. Modifiable Parenting Factors Associated with Adolescent Alcohol Misuse: A Systematic Review and Meta-Analysis of Longitudinal Studies. *Addiction*, 112(7):1142–1162.

Yin, R.K. 2016. *Qualitative Research from Start to Finish*. 2nd ed. New York, NY: Guilford Press.

Zajac, K., Randall, J. & Swenson, C.C. 2015. Multisystemic Therapy for Externalizing Youth. *Child and Adolescent Psychiatric Clinics of North America,* 24(3):601–616. https://doi.org/10.1016/j.chc.2015.02.007

Zastrow, C. 2013. *Understanding Human Behavior and the Social Environment.* Boston, MA: Cengage Learning.

Zastrow, C. 2017. *Introduction to Social Work and Social Welfare Empowering People*. 12th ed. Boston, MA: Cengage Learning.

Zastrow, C.H. & Kirst-Ashman, K.K. 2016. *Understanding Human Behavior and the Social Environment.* 10th ed. Boston, MA: Cengage Learning.

Zimmermann, G., Antonietti, J.-P, Mageau, G., Mouton, B. & Van Petegem, S. 2022. Parents' Storm and Stress Beliefs About Adolescence: Relations with Parental overprotection and parental burnout. *Swiss Psychology Open*, 2(1):1-15. https://doi.org/10.5334/spo.31

Zulkifli, H., Razak, K.A. & Mahmood, M.R. 2018. The Usage of ADDIE Model in the Development of a Philosophical Inquiry Approach in Moral Education Module

for Secondary School Students. *Creative Education*, 9(14):2111-2124. https://doi.org/10.4236/ce.2018.914153

ADDENDUM A1: PARTICIPANT INFORMATION SHEET

Ethics approval reference number: Rec-240816-052

Research permission reference number: CREC Reference # 35297018_CREC_CHS_ 2020

Dear potential participant,

Thank you for taking the time to read this letter. Please read the information below carefully and ask any questions you may have about it before completing the consent form.

My name is Faith Mathibela (Student Number 35297018). I am a student at the University of South Africa in the Department of Social Work under the supervision of Professor P. Botha. I would like to ask you to participate in a research study about "A Social Work Intervention Programme for Parents of Adolescents Recovering from Substance Use Disorder" (SUD).

This research aims to understand the support needs of parents of adolescents recovering from substance use disorder (substance dependency) and to develop a social work intervention programme to support parents of adolescents recovering from SUD.

I request that you participate in the study that will focus on the support that can be given to parents of adolescents recovering from SUD, as your experience as a parent can make a valuable contribution towards the development of such a support programme. Participation is voluntary. This means that you do not have to participate. Your identity will be protected, and any identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings. If you agree to participate, you have the right to change your mind during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in an informal discussion with you so that the research partnership that was established can be terminated in an

orderly manner. As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

No one, apart from the researcher and identified members of the research team, will know about your involvement in this research, and no one will be able to connect you to the answers you give. With your permission, the interview will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses in the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to protect any identifying information. Please note that my research supervisor and the independent coder will each sign an undertaking to treat the information confidentially shared by you.

I will store hard copies of your answers for a minimum period of five years in a locked cupboard/filing cabinet in the office for future research or academic purposes; electronic information will be stored on a password-protected computer. Your answers will be given a code number or a pseudonym, and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. The consent form will be kept separate from all other documentation and will be in a locked cupboard to which only the researcher has access. Any publications resulting from this research will not mention your name or any identifying information. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study

Your participation will consist of a face-to-face interview. I will interview you individually in a place that is convenient for you. The interview will take approximately 45 minutes to one hour. Due to the COVID-19 pandemic we are facing globally, masks and hand sanitisers will be provided to protect you. Social distancing will be observed. Should the alert level in place at the time of data collection requires it, I will collect data telephonically to avoid physical contact to ensure your safety.

Following is the interview guide to be used for data collection:

Biographical information:
- What is your relationship with the adolescent recovering from SUD?
- Can you please share with me what your family structure looks like (single parent; extended family, two-parent family, foster family)?
- What substances did the adolescent receive treatment for?
- Which treatment centre was he/she admitted at?
- How many times has he/she been admitted to a SUD treatment centre?

Research interview questions:
- Tell me about your experience as a parent of an adolescent recovering from SUD.
- Please share with me your needs for support as a parent with an adolescent recovering from SUD.
- Can you please describe the services you have received concerning your support needs as parents with an adolescent recovering from SUD?
- Can you please share with me how you would like to be supported by social workers in coping with an adolescent recovering from SUD?
- If you were consulted about a programme for parents with adolescents recovering from SUD, what would you suggest should be included?

This study has received written approval from the Research Ethics Review Committee of the Department of Social Work at Unisa. A copy of the approval letter can be obtained if you so wish.

You have the right to ask questions concerning the study at any time. If you would like to be informed of the final research findings, don't hesitate to get in touch with Ms Faith Mathibela at 0829367049 or email at mathif@unisa.ac.za.
Should you have concerns about how the research is conducted, you may contact Prof P Botha at 012 429 6274 / 082 554 7761, email address: Bothap@unisa.ac.za.

Should you have concerns about how the research has been conducted, you may contact the research ethics chairperson of the Department of Social Work at UNISA. His contact details are as follows: Dr KJ Malesa, telephone number: 012 429 6054 or email maleskj@unisa.ac.za.

Based on the above information provided to you and being aware of your rights. You are therefore, requested to give written consent should you want to participate in this

research study by signing and dating the information and consent form provided herewith, initialling each section to indicate that you understand and agree to the conditions.

Thank you for taking the time to read this information sheet and for participating in this study.

Thank you in advance
Ms F Mathibela

ADDENDUM A2: INFORMATION LETTER FOR SOCIAL WORKERS

Ethics approval reference number: Rec-240816-052
Research permission reference number: CREC Reference#
35297018_CREC_CHS_ 2020

Dear potential participant

Thank you for taking the time to read this letter. Please read the information below carefully and ask any questions you may have about it before completing the consent form.

My name is Faith Mathibela (Student Number 35297018). I am a student at the University of South Africa in the Department of Social Work under the supervision of Professor P. Botha. I would like to ask you to participate in a research study about "A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)".

This research aims to understand the support needs of parents of adolescents recovering from substance use disorder (substance dependency) and to develop a social work intervention programme to support parents of adolescents recovering from substance use disorder.

I request that you participate in the study that will be focusing on the support that can be given to parents of adolescents recovering from substance use disorder as your experience as a social worker in the field can make a valuable contribution towards the development of such a support programme. Participation is voluntary. This means that you do not have to participate. Your identity will be protected, and any identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

If you agree to participate, you have the right to change your mind during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits.

However, if you withdraw from the study, you would be requested to grant me an opportunity to engage in an informal discussion with you so that the established research partnership can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

No one, apart from the researcher and identified members of the research team, will know about your involvement in this research, and no one will be able to connect you to the answers you give. With your permission, the interview will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses in the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to protect any identifying information. Please note that my research supervisor and the independent coder will each sign an undertaking to treat the information confidentially shared by you.

I will store hard copies of your answers for a minimum period of five years in a locked cupboard/filing cabinet in the office for future research or academic purposes; electronic information will be stored on a password-protected computer. Your answers will be given a code number or a pseudonym, and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. The consent form will be kept separate from all other documentation and will be in a locked cupboard to which only the researcher has access. Any publications resulting from this research will not mention your name or any identifying information. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study.

Your participation will consist of a face-to-face interview. I will interview you individually in a place that is convenient for you. The interview will take approximately 45 minutes to one hour. Due to the COVID-19 pandemic, we are facing globally, masks and hand sanitisers will be provided to protect you. Social distancing will be observed. Should the alert level in place at the time of data collection requires it, I will collect data telephonically to avoid physical contact to ensure your safety.

Following is the interview guide to be used for data collection:

Biographical information:
- How old are you?

- What is your highest qualification?

- How many years of experience do you have as a social worker?

- How many years of experience do you have working with recovering adolescents with SUD?

Interview questions:
- Tell me about your experience working with parents with adolescents recovering from SUD.

- What do you think are the support needs of parents of adolescents recovering from SUD? information, what I to do to get help, knowledge, where to from here, emotional support, support group (COVID-19)

- What are the services you provide to parents with adolescents recovering from SUD?

- Can you share any suggestions on what programmes can be used to support parents with adolescents recovering from SUD?

- If you were consulted about a programme for parents with adolescents recovering from SUD, what would you suggest should be included?

This study has received written approval from the Research Ethics Review Committee of the Department of Social Work at Unisa. A copy of the approval letter can be obtained if you so wish.

You have the right to ask questions concerning the study at any time. If you would like to be informed of the final research findings, please contact Ms Faith Mathibela at 0829367049 or email at mathif@unisa.ac.za.

Should you have concerns about the way in which the research has been conducted, you may contact Prof P Botha at 012 429 6274 / 082 554 7761, email address: Bothap@unisa.ac.za. Should you have concerns about how the research has been conducted, you may contact the research ethics chairperson of the Department of Social Work at UNISA. His contact details are as follows: Dr KJ Malesa, telephone number: 012 429 6054 or email maleskj@unisa.ac.za.

Based on the above information provided to you and being aware of your rights. You are therefore requested to give written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith, initialling each section to indicate that you understand and agree to the conditions.

Thank you for taking the time to read this information sheet and for participating in this study.

Thank you
Ms F Mathibela

ADDENDUM B: RESEARCHER ACKNOWLEDGEMENT FORM

RESEARCHER ACKNOWLEDGEMENT

Research title: A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)
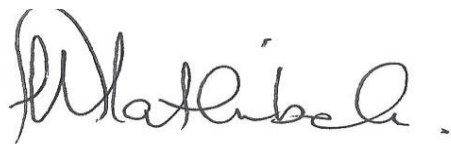
Researcher: Faith Mathibela
Student number: 35297018

I, Faith Mathibela, student number, 35297018, in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

and that I shall conform to and abide by these policy requirements

Signature:
Date:

ADDENDUM C1: CONSENT FORM

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the conversations using an audio recorder.
I have received a signed copy of the informed consent agreement.

Participant Name & Surname…………………… (please print)

Participant Signature……………………………..Date…………………

Researcher's Name & Surname:
Faith Mathibela

ADDENDUM C2: CONSENT FOR ORGANISATIONS

I/ we _____ (representative of the organisation), confirm that Mrs Faith Mathibela has informed me/ us about her study titled: A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD). I/we have been informed about the nature, procedure, potential benefits and anticipated inconvenience of participation. I have read (or had explained to me) and understood the study as explained in the information sheet.

I/ we understand that the organisation's participation is voluntary, and I/we can withdraw at any time without penalty (if applicable).

I / we are aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I/ we agree to the recording of the conversations using an audio recorder.

I/ we have received a signed copy of the informed consent agreement.

Participant Name & Surname…………………………………………………… (Please print)

Participant Signature……………………………..Date…………………

Researcher's Name & Surname:
Faith Mathibela

ADDENDUM D1: INCLUSION AND EXCLUSION CRITERIA FOR PARENTS

INCLUSION CRITERIA FOR PARENTS	EXCLUSION CRITERIA FOR PARENTS
Parent/s of adolescent/s aged between 10 and 19 years who have completed the treatment at an in-patient SUD treatment centre which are registered with the Department of Social Development (DSD) in Tshwane within the past year.	Parents with adolescents recovering from SUD but not receiving any support from treatment centres in Tshwane.
If both parents are available, their interviews are regarded as one.	Parents with children under the age of 10 and over 20 years recovering from SUD
Parent/s who live in the Tshwane region and are staying in the same household with the adolescent recovering from SUD. **Parent/s include biological parents, foster parents, or legal guardians, married and unmarried**	Parents who are not residing in the Tshwane area who are not living in the same household with the adolescent recovering from SUD.
Parent/s who can communicate in English; however, if need be, more clarification will be given to parents in their home languages	Parents who are unable to express themselves
The parents need to have been part of the support groups facilitated by the treatment centres in the Tshwane region	Parents of adolescents who present with psychiatric problems in addition to SUD
Parents who are willing to participate in the study.	

ADDENDUM D2: INCLUSION AND EXCLUSION CRITERIA FOR SOCIAL WORKERS

INCLUSION CRITERIA FOR SOCIAL WORKERS	EXCLUSION CRITERIA FOR SOCIAL WORKERS
Social workers working at any of the SUD in-patient treatment centres in Tshwane.	Social workers not working in SUD treatment centres in Tshwane.
Social workers working with parents of adolescents recovering from SUD.	Social workers who have experience of working with parents of adolescents recovering from SUD for less than a year.
Social workers who have at least one year's experience of working with parents of adolescents recovering from SUD	
Social workers who can understand English as interviews will be done in English.	

ADDENDUM E1: INTERVIEW GUIDE FOR PARENTS OF ADOLESCENTS RECOVERING FROM A SUD

BIOGRAPHICAL INFORMATION: FOR PARENTS	RESEARCH INTERVIEW QUESTIONS: FOR PARENTS
What is your relationship with the adolescent recovering from SUD?	Please share with me how it is for you to be a parent caring for an adolescent recovering from SUD.
Can you please share with me what your family structure looks like (single parent; extended family, two-parent family, foster family)?	Please share with me your support needs as a parent with an adolescent recovering from SUD.
What substances did the adolescent receive treatment for?	Can you please describe the services you have received concerning your support needs as parents with an adolescent recovering from SUD?
Which treatment centre was he/she admitted at?	Can you please share with me what other support would you have liked to be provided by social workers in coping with an adolescent recovering from SUD?
How many times has he/she been admitted to a SUD treatment centre?	If you were consulted about a support intervention for parents of adolescents recovering from SUD, what would you suggest should be included?

ADDENDUM E 2: SOCIAL WORKER'S INTERVIEW GUIDE

BIOGRAPHICAL INFORMATION FOR SOCIAL WORKERS	INTERVIEW QUESTIONS: SOCIAL WORKERS
How old are you?	Tell me about your experience of working with parents who have adolescents recovering from SUD.

What is your highest qualification?	What do you think are the needs of parents of adolescents recovering from SUD?
How many years of experience do you have as a social worker?	What are the services you provide to parents with adolescents recovering from SUD?
How many years of experience do you have working with recovering adolescents with SUD?	Can you share any suggestions on what intervention can be used to support parents with adolescents recovering from SUD?
	If you were consulted about an intervention for parents with adolescents recovering from SUD, what would you suggest should be included?

ADDENDUM F: RISK ASSESSMENT TOOL

<table>
<tr><td style="background-color:yellow">RISK ASSESSMENT</td></tr>
</table>

Complete the Research Ethics Risk Assessment by answering each question below. If you answer **"YES"** to any of the items, the outcome of the risk assessment is considered to vary from a low to high risk level. The UNISA research ethics review system is based on the UNISA Standard Operating Procedure (SOP) for Research Ethics Risk Assessment. If you are an external applicant, a copy of this document can be requested from urerc@unisa.ac.za; internal applicants can click on this link to obtain the document. If you are unsure about the meaning of any of these concepts, please consult your supervisor or project leader.

1	Does your research include the direct involvement of any of the following groups of participants *(Refer to Section 4 in the SOP)*	YES	NO
Place an 'x' in box [if yes, provide details in the space allocated for comments]			
a) Children or young people under the age of 18 Include the parental consent letter and explain how assent will be obtained in section 6.1 of the application form.			X
b) Persons living with disabilities *(physical, mental and/or sensory)*[2]			X
c) Persons that might be considered vulnerable, thus finding it difficult to make independent and/or informed decisions for socio, economic, cultural, political and/or medical reasons *(such as the elderly, the dying, unconscious patients, prisoners, those in dependant relationships, women considered to be vulnerable due to pregnancy, victimisation, etc.)*			X
d) Communities that might be considered vulnerable, thus finding it difficult to make independent and informed decisions for socio, economic, cultural, political and/or medical reasons			X
e) UNISA employees, students or alumni Indicate that you will apply for permission at the UNISA Research Permission Subcommittee (RPCS) in section 3.1 of the application form to involve any of these participant groups in the proposed research.			**X**
f) Persons whose native language differs from the language used for the research Attach the translated data collection instrument(s), interview guide(s), participant information sheet and consent form in the participants' first language, as well as			X

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a letter from the language practitioner certifying the credibility of the translated material. The services of an interpreter may need to be secured for field work activities.		
g) There is a likelihood that a person or definable group will be identified during the research process and it is likely to be of concern.		X
h) Other[3]. Please describe.		X
Comments: If you selected any option above, please describe it in detail here.		

2	Does your research involve any of the following types of activity that could potentially place the participants at risk of harm?	YES	NO
Place an 'x' in the box provided [if yes, provide details in the space allocated for comments]			
a) Collection, use or disclosure of personal, identifiable information <u>without</u> the consent of the individual or institution that is in possession of the required information (with the exception of aggregated data or data from official databases in the public domain)			X
b) Collection, use or disclosure of personal, identifiable information directly from participants <u>with</u> consent			X
c) Personal, identifiable information to be collected about individuals from available records (e.g. employee records, student records, medical records, etc.) and/or archives			X
b) Participants being exposed to questions which may be experienced as stressful or upsetting, or to procedures which may have unpleasant or harmful side effects		X	
e) Participants being required to commit an act which might diminish self-respect or cause them to experience shame, embarrassment, or regret			X
f) Any form of deception of participants, concealment or covert observation			X
d) Examining potentially sensitive or contentious issues that could cause harm to the participants			X
g) Research which may be prejudicial to participants			X
f) Research which may intrude on the rights of third parties or people not directly involved			X
f) Audio-visual recordings of participants which may be of a sensitive or compromising nature (with or without consent)			X

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[3] Form 1 does not apply to plant, molecular or cell research, animal and environmentally related research.

g) Disclosure of the findings of the research could place participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships		X
h) Any form of physically invasive diagnostic, therapeutic or medical procedure such as blood collection, an exercise regime, body measurements or physical examination		X
k)*Psychological inventories / scales / tests		X
q) Other. Please describe		
Comments: All participants will be given an opportunity to participate in a debriefing session with a debriefer should they have issues or feelings arising from participation in this study (see Addendum I). This will be done to minimise the emotional and psychological harm of the participants. The researcher will debrief participants immediately after each session to ensure that the emotions that surfaced during the interviews are addressed. However, if a need arises, the researcher will also refer the participants to the area, social workers, for further counselling and interventions.		

Please add details on copyright issues related to standardised psychometric tests and registration at the HPSCA of test administrator if test administration is in South Africa or of an equivalent board if administration is non South African.

3	**Does your research involve any activity that could potentially place the researcher(s) at risk of harm?**	**YES**	**NO**

a) There is a possible risk of physical threat, abuse or psychological trauma as a result of actual or threatened violence or the nature of what is disclosed during the interaction

b) There is a possible risk of being in a compromising situation, in which there might be accusations of improper behaviour   X

c) There is an increased exposure to risks in everyday life and social interactions, such as working with hazardous materials or sensitive information   X

Comments:

4	**Does any of the following apply to your research project?**	**YES**	**NO**
Place an ' x' in the box provided [if yes, provide details in the space allocated for comments]			
a) Participants will be offered inducements or incentives to encourage their involvement in the research			X
b) Participants will incur financial obligations as a result of their participation in the research			X

c) The researcher(s) can anticipate financial gains from involvement in the research (i.e. contract research)		X
d) Any other potential conflict of interests, real or perceived, that could be seen as compromising the researcher(s) professional judgement in carrying out or reporting on the research		X
e) Research will make use of Unisa laboratories		X
f) Research will be funded by UNISA or by an external funding body that could compromise the integrity of the research project		X
Comments: If you selected any option above, please describe it in detail here.		

5	**Guided by the information above, classify your research project based on the anticipated degree of risk.** *[The researcher completes this section. The ERC critically evaluates this benefit-risk analysis to protect participants' rights]*
	Place an 'x' in the box provided

Category 1 **Negligible**		Category 2 **Low risk**		Category 3 **Medium risk**	X	Category 4 **High risk**	
No to indirect human participant involvement. If you choose this option, stop completing this form and contact URERC@unisa.ac.za		Direct human participant involvement. The only foreseeable risk of harm is the potential for minor discomfort or inconvenience, thus research that would not pose a risk above the everyday norm.		Direct human participant involvement. Research that poses a risk above the everyday norm, including physical, psychological and social risks. Steps can be taken to minimise the likelihood of the event occurring.		Direct human participant involvement. A real or foreseeable risk of harm including physical, psychological and social risk which may lead to a serious adverse event if not managed responsibly.	

(a) Briefly justify your choice/classification

Participants will be given an opportunity for debriefing to minimise any emotional and psychological harm. The researcher will ensure that participants immediately get debriefing if the need arises and will further refer them to the social workers that have been requested to debrief the participants.

(b) In medium and high risk research, <u>indicate the potential benefits</u> of the study for the research participants and/or other entities.

(c) In medium and high risk research, <u>indicate how the potential risks of harm will be mitigated</u> by explaining the steps that will be taken to minimise the likelihood of the event occurring (e.g. referral for counselling, debriefing, etc.).

ADDENDUM G CONFIDENTIALITY AGREEMENT

I hereby confirm that I take note of the importance of confidentiality in this research study: A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)

I agree that what will be discussed in this interview session will be treated confidentially and that I will not share the information out of this session. Therefore, I understand that I am contributing to this research study voluntarily.

Signed: _____ Date: _____

ADDENDUM H: ETHICAL CLEARANCE

UNISA | university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

16 November 2020

NHREC Registration # :
Rec-240816-052
CREC Reference # :
35297018_CREC_CHS_
2020

Dear F Mathibela

Decision:
Ethics Approval from 16 November
2020 to 31 August 2024

Principal Researcher(s): F Mathibela (email: 35297018@mylife.unisa.ac.za)

Supervisor: Prof P Botha (email: bothap @unisa .ac.za)

Title: A social work support intervention for parents of adolescents recovering
from a substance use disorder (SUD)

Degree Purpose: Doctor of Social Work

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *High-Risk application was reviewed* by College of Human Sciences Research Ethics Committee, on **September 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.

Open Rubric

3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.

7. No fieldwork activities may continue after the expiry date **(31 October 2024).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number - **35297018_CREC_CHS_ 2020** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours Sincerely,

Signature :

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature : PP

Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298

ADDENDUM I (1): PERMISSION LETTER FOR DEPARTMENT OF SOCIAL DEVELOPMENT TO REQUEST PERMISSION TO CONDUCT RESEARCH

Ethics approval reference number:
Research permission reference number:

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE SUBSTANCE TREATMENT CENTRES IN TSHWANE

I, Faith Mathibela student researcher am doing research under the supervision of Prof Botha. She is a Professor in the Department of Social Work towards a Doctoral degree (DSW) at the University of South Africa. We are inviting you to participate in a study entitled "A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)".

I am hereby requesting to do research at the SANCA Pretoria/Soshanguve, Clearview Clinic Recovery Centre and Dr Fabian and Florence Ribeiro Treatment centre. The reason for choosing these three treatment centres is because using parents who are beneficiaries in those centres will provide more understanding of the topic under study. The research proposal will be made available for you to make an informed decision. The social workers and parents of adolescents recovering from substance use disorder who are beneficiaries and employees of your organisation will be requested to participate as participants in this study.

The goal of this research study is to develop a social work intervention programme to support parents of parents of adolescents recovering from SUD. The reason for choosing the said treatment centres is to assist the researcher in her research study to get an in-depth understanding on the support needs of parents of adolescents recovering from substance use disorder. The other reason is to engage with social workers at the mentioned treatment centres to get an understanding on the needs of parents of adolescents recovering from substance use disorder as they directly work with them. Their input will also be requested on the development of the planned social work intervention programme.

Based on the sensitive nature of this study, participants may need debriefing and further assistance after the interviews. The researcher has arranged for the debriefing of participants to conduct debriefing sessions with their participants after the interview sessions if the need arise. The researcher will provide the parents and social workers with the necessary information that will assist in understanding the

nature of the research study. The researcher will provide a detailed explanation of the interview guide and address any concerns that might arise. The participants will also be given an invitation letter that will be made available to the organisation. Please also take note of the attached invitation letters to the participants.

The benefits of this study are that it will contribute in terms of documenting support needs of parents of adolescents recovering from substance use disorder. Participants will be able to provide input into the support programme that will be used in supporting parents of adolescents recovering from substance use disorder.

Potential risks are low. The only foreseeable risk of harm is the potential for minor discomfort or inconvenience, thus research that would not pose a risk above the everyday norm. The researcher will debrief participants immediately after each session to ensure that the emotions that surfaced during the interviews are addressed. However, the researcher will also refer the participants to the appointed social worker for further counselling and interventions if a need arises. This will be done to minimise the emotional and psychological harm of the participants.

If you need more clarity regarding this study, you are welcome to contact me at 0829367049 or my supervisor Prof P Botha at 0124296274

Feedback about the research findings will be provided to the participants making the thesis available at the treatment centre for anyone's own reading.

Yours sincerely

Faith Mathibela
(PhD Student)

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 03/02/21

Dear F Mathibela

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application to conduct research on **"A Social work support intervention for parents of adolescents recovering from substance use disorder"** *[University of the South Africa]* has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as stated on the GDSD application form.

You have permission to interview officials and beneficiaries within facilities regulated by the department, conduct observations and access relevant documents where necessary.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Dr. Sello Mokoena
Director: Research and Policy Coordination
Date: 18 – 02 – 2021

ADDENDUM I (2): PERMISSION LETTER TO CONDUCT RESEARCH AT THE TREATMENT CENTRES

Ethics approval reference number:
Research permission reference number:

Dear Sir/ Madam

<u>REQUEST FOR PERMISSION TO CONDUCT RESEARCH</u>

I, Faith Mathibela student researcher, am doing research under the supervision of Prof Botha. She is a Professor in the Department of Social Work towards a Doctoral degree (DSW) at the University of South Africa. We are inviting you to participate in a study entitled "A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)".

I am hereby requesting to do research at your treatment centre/organisation. The research proposal will be made available for you to make an informed decision. The social workers and parents of adolescents recovering from substance use disorder who are beneficiaries and employees of your organisation will be requested to participate as participants in this study.

This research study aims to develop a social work intervention programme to support parents of parents of adolescents recovering from SUD. The reason why your treatment centre/organisation was chosen is to assist the researcher in her research study to get an in-depth understanding of the support needs of parents of adolescents recovering from substance use disorder. The other reason is to engage with social workers at your treatment centre to get an understanding of the needs of parents of adolescents recovering from substance use disorder as they directly work with them. Their input will also be requested on the development of the planned social work intervention programme.

Social workers in your organisation will be requested to assist the researcher in obtaining access to the parents. Based on the sensitive nature of this study, participants may need debriefing and further assistance after the interviews. The researcher has arranged for the debriefing of participants to conduct debriefing sessions with their participants after the interview sessions if the need arises to do debriefing sessions with their participants after the interview sessions if the need arise. The researcher will provide the parents and social workers with the necessary information that will assist in understanding the nature of the research study. The researcher will provide a detailed explanation of the interview guide and address any concerns that might arise. The participants will also be given an invitation letter that will be made available to the organisation. Please also take note of the attached invitation letters to the participants.

The benefits of this study are that it will contribute in terms of documenting the support needs of parents of adolescents recovering from substance use disorder. Participants will be able to provide input into the support programme to support parents of adolescents recovering from substance use disorder.

Potential risks are low. The only foreseeable risk of harm is the potential for minor discomfort or inconvenience thus research that would not pose a risk above the everyday norm. The researcher will debrief participants immediately after each session to ensure that the emotions that surfaced during the interviews are addressed. However, the researcher will also refer the participants to the appointed social worker for further counselling and interventions if a need arises. This will be done to minimise the emotional and psychological harm of the participants.

If you need more clarity regarding this study, you are welcome to contact me 0829367049 or my supervisor Prof P Botha at 0124296274

Feedback about the research findings will be provided to the participants, who will make the thesis available at the treatment centre for anyone to read.

Yours sincerely

Faith Mathibela

(PhD Student)

ADDENDUM J (1): REQUEST LETTER FOR DEBRIEFING SERVICES

My name is Faith Mathibela I am a Doctoral student (student number: 35297018) in the College of Human Sciences at the University of South Africa (UNISA). I am currently conducting a research study on "A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)"in the fulfilment of the Doctoral degree in Social Work (DSW).

Please assist me with the debriefing of my research participants should a need arises for them to require such debriefing.

Prior to conducting research comprising human participants, approval from the College Research Ethics Committee (CREC) is required. The research study will only be conducted following approval from the above-mentioned committee.

If you can assist kindly accept my request in a formal letter as confirmation that I solicited your debriefing services**.**

Please do not hesitate to contact me if you need any clarity.

Your assistance is highly appreciated.

Kind regards

Ms F Mathibela
mathif@unisa.ac.za
012 4296485/ 0829367049

ADDENDUM J (2): ACCEPTANCE LETTER

HEALING CLEARVIEW CLINIC (PTY) LTD

P.O.Box 3031
Montana Park 0159
Plot 79, Bosuil road
Kameeldrift-East, 0035
GPS: Lat:25°39'37.7"S Lon:28°17'55.1"E / Lat: -25.660473 , Lon: 28.298628

Tel: 012 819 1422 / 081 757 3157
Fax: 086 668 5962
Email: clearviewclinic@hotmail.co.za

Registration nr: 2009/001447/07   Vat nr: 4180258321   Practice nr: 047 000 042 7942

27 July 2020

Dear Mrs Mathibela

CONFIRMATION LETTER

This letter serves to confirm that I Caroline Mmamabolo, Social Worker working at Clearview Clinic (Drug and alcohol rehabilitation centre) accept your request to assist in debriefing your research participants should the need arises.

Find attached a copy of my CV as per your request.

Kind Regards,

Caroline Mmamabolo
Social Worker
078 513 8378

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ADDENDUM K: LETTER FROM LANGUAGE EDITOR AND TURN IT IN REPORT

EDITOR'S STATEMENT

19 June 2024

I hereby declare that I have edited this thesis entitled *A social work support intervention for parents of adolescents recovering from a substance use disorder (SUD)* by Faith Mathibela (student number 35297018). The edit entailed correcting spelling and grammar where necessary, and checking for consistencies in style and reference method used, according to guidelines provided by the student. I have not helped to write this document or altered the student's work in any significant way. I will not be held accountable for bad spelling or grammar or incorrect referencing where the student has rejected my editing, ignored my suggestions, or made changes after I had completed my edit.

It was not my responsibility to check for any instances of plagiarism and I will not be held accountable should the student commit plagiarism. I did not check the validity or factual accuracy of the student's statements/research/arguments. Lastly, I was not tasked to check/edit the student's addenda/annexures.

Lindi De Beer

Contact Details:
☎ 083 456 4358
🖥 lindi@grammarsmith.co.za

GRAMMAR SMITH

ADDENDUM L: SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM SUD

SOCIAL WORK SUPPORT INTERVENTION PROGRAMME FOR PARENTS OF ADOLESCENTS RECOVERING FROM SUD

Supporting parents with challenges they face in parenting adolescents recovering from SUD will allow them to cope better. Supporting parents indicates that their well-being matters and empowers them to continue supporting the recovering adolescent. Supporting parents will also encourage them to take care of their well-being. The table below outlines the prototype of the proposed social work support intervention programme for parents of adolescents recovering from SUD, including sessions, topics, expected outcomes, and suggested techniques and tools.

Social work support intervention programme for parents of adolescents recovering from SUD.

SESSION	TOPIC AND THEORY NEEDED FOR DISCUSSION	EXPECTED OUTCOMES	TECHNIQUES AND TOOLS
Session 1 (Parents group) **1hour 30 minutes**	Introductions, getting to know each other, and what SUD is. ❑ Understanding SUD ❑ The types of substances, causes of substance misuse and SUD. ❑ Understanding relapses ❑ Information on SUD treatment services ❑ Debriefing of parents of the adolescents recovering from SUD	The support needs of the parents will be understood and prioritised. Both the parent and the social worker will understand SUD holistically. Parents will be debriefed.	❑ The social worker initiates the program sessions and allows parents to express their concerns and frustrations in a supportive environment. ❑ The social worker asks the parents about their knowledge of SUD, relapses, and types of substances to understand what they know and discuss more on the subject. The following booklet on SUD can be utilised.

			✓ General Substance Abuse Booklet https://www.westerncape.gov.za/assets/departments/social-development/sub_abuse_general_eng.pdf
			❑ The social worker can play the following videos to provide parents with more understanding of SUD. Watch the 6:46-minute videos to assist parents in understanding adolescent addiction.
			https://youtu.be/HDfSx_Q7_Yk?si=IT8o6HSITC_Tu_ql
			❑ In a group discussion, let parents acknowledge that

			parenting is highly stressful. Allow parents to vent their frustrations and overwhelming feelings of anger, guilt, shame, sadness, or worry.
Session 2 (Parents group) **1hour 30 minutes**	Strategies to cope with adolescents recovering from SUD. ❑ Establishing a trusting and non-judgmental relationship with the adolescent through encouraging open communication ❑ Learning to forgive ❑ Finding support from other family members ❑ Setting clear expectations and establishing clear rules and boundaries "this pertains to instances where parents must navigate and resolve conflicts". The parent can be guided to be consistent with consequences if the	Parents will be empowered to identify unpleasant feelings and ways to deal with feelings constructively. Parents will be able to deal with stress and emotions.	❑ Social workers discuss the coping strategies parents have been utilising to cope with adolescents recovering from SUD and what can be improved to cope better. The social worker can play the following video to provide parents with more understanding on strategies to cope with adolescents recovering from SUD. https://youtu.be/yXVFRsloOjo

	adolescent violates the set rules, while ensuring they are fair and reasonable.
	
	❑ Expressing themselves calmly, listen to the adolescent, and try to understand and see things from their perspective without shouting or disrespect.
			❑ The social worker asks the parents to answer the following questions:
			    ✓ "What kind of coping strategies have you been using to cope with the behaviour of the adolescent recovering from SUD?"
			    ✓ How have those coping strategies worked for you (the parents)?
			❑ More discussions in the group on the topic

Session 3 (Parents group)	Communication skills ❑ Managing anger ❑ Expressing your feelings and concerns calmly and assertively ❑ Listening actively to the other person's perspective as well	Parents will be empowered with communication skills.	Discussion on communication skills: The social worker can show the parents a link below to provide them with more understanding of anger management. The link below contains testimonies from other parents which

| 1hour 30 minutes | Avoiding criticising and lecturing Engaging in conversations that encourage critical thinking (asking open-ended questions to promote discussion and exploration) | | can help them manage their anger.https://protect.checkpoint.com/v2/ https://addictionlessons.com/prologue/ .YzJlOnVuaXNhbW9iaWWxlOmM6bzo0NjZiYTlkY2FhMjljMzdkYjdmMzEzMmExMzRmZmIyMTo2OmNlNzg6MDVhMmRhZGY3NTJkM2YxN2RiMWQ1NmY4M2MyY2FkZWRmMzk4YWNlODIwOTEzODE1MWRhNDZkYzY5NGNhNzIzMzpwOlQ

The social worker can provide parents with an illustrative guide below on effectively managing anger.
https://media.licdn.com/dms/image/D4D22AQFS2-G5i6GX4w/feedshare-shrink_800/0/1706120628790?e=1709769600&v=beta&t=5BxGv_- |

			iucr5IxW1a2W3u0d05nQQSC-T9CuhZLRoUGA

			❑ A social worker can discuss the following with parents:
			   ✓ Identify the situations that trigger your anger. Being aware of these triggers can help you prepare and respond more calmly.
			   ✓ Express your feelings and concerns calmly and assertively.
			   ✓ Listen actively to the other person's perspective as well.
			❑ Social workers ask the parents to identify and discuss the situations that trigger their

			anger and practice meditation and breathing techniques to calm it.
Session 4 (Parents group) **1hour 30 minutes**	Mental health issues ❑ Underlying issues that may trigger anger imagined (grief and loss of the child they knew or hoped for), so that they are ready to enter new relational space with the adolescent recovering from SUD. They must also support grief, loss, anger and other emotions within the sibling unit. ❑ The importance of self-awareness ❑ Expressing your feelings and concerns calmly and assertively. Understanding that talking to the adolescent recovering from SUD and other people who have hurt you can	The parents will learn more about mental health and self-awareness.	❑ Social workers head a discussion on mental health issues and self-awareness. The link below indicates a picture that can be used to assist parents in identifying their triggers. https://media.licdn.com/dms/image/D4D22AQErPb6kFjdE2w/feedshare-shrink_800/0/1706755851524?e=1709769600&v=beta&t=NUc12j2CSt-JQCAurVHjdjhFPyWM0E2FAymoH4CGOU8 ❑ The social worker can help talk about when the betrayal is too big to connect to forgiveness (e.g., when the parents

	put everything to rest and clear up any misunderstandings. ❑ Active listening to the other person's perspective. ❑ Forgiveness. Recognise that letting go can provide peace and emotional healing. Parents learn to accept the past (letting go/coming to terms) and set a DIFFERENT, healthy relationship with healthy boundaries and no co-dependent behaviours. ❑ Expressing feelings and emotions. ❑ Mindfulness and meditation		discover significant thefts/pregnancies/ assaults and also in hard relapses ❑ A social worker can also ask parents to practice breathing to calm them down when need be: ✓ Take slow, deep breaths when you feel anger rising. This helps to calm your nervous system and gives you time to think before reacting impulsively. ✓ The social worker can play the following video on mindfulness and breathing. ❑ The social worker can watch the video below and do the exercise practical with parents.

			https://youtu.be/KdYBtOR7d70
Session 5 (Parents group) **1hour 30 minutes** **https://**	Self -care ❑ ME TIME ❑ Prioritising oneself ❑ Self-care practices	Parents will be empowered to gain knowledge on how to prioritise themselves (Self-care)	The social worker discusses the self-care wheel by Olga Phoenix attached below. https://olgaphoenix.com/self-care-wheel/ Furthermore, the social worker will then discuss, me time and self-prioritising and then facilitates that parents watch the 3:21 minutes video on stress management. **https://youtu.be/jaNAwy3XsfI?si=u6Y4gg525r13fSMo** Five-minute video guide to encourage self-care practice.

			https://youtu.be/bARpudRvNgA?si =sC3R3Kq-_Jgb9M7T
?si			A social worker can ask parents to: ❑ Reflect on the video. ❑ Discuss better ways to self-care. ❑ Discuss how they can prioritise themselves. ❑ Self-care practices: ✓ **Sleep** should be prioritised because it is essential for both physical and emotional well-being. Try getting enough hours each night to get a good night's sleep.

			✓ **Regular exercise and healthy eating:** Fuel the body with nourishing meals that provide energy and promote overall well-being. The goal is to eat a well-balanced diet full of fresh produce, whole grains, lean meats, and healthy fats. Regular exercise elevates mood, eases stress, and enhances general fitness. Find something to do, whether it is running, dancing, swimming, or walking.

| | | | ✓ **Set boundaries**: Develop the ability to refuse requests when they arise and create appropriate limits in both personal and professional lives. Energy is preserved, and burnout is prevented. |
| | | | ✓ **Self-compassion** exercises and exceptional actions: Avoid self-criticism and be kind by connecting with family and friends. Keep close ties to your family and friends and maintain good friends; social support is |

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			crucial for emotional well-being and offers occasions for joking about and having deep chats.
			✓ **Spiritual support-** it is crucial to also focus on the spiritual aspects such as attending a spiritual or church group, meditating, joining spiritual or church support groups or joining a prayer group.
			✓ **Learning to manage stress** is essential for maintaining good mental health. Developing stress-management skills

			such as deep breathing, progressive muscle relaxation, and writing a journal can help cope with challenging situations.
Session 6 (Parents group) **1hour 30 minutes**	Parental skills ❑ The 4Cs of parenting, which are Care, Consistency, Choices, and Consequence ❑ Showing interest and emotional involvement in your child, e.g., schoolwork, friends, sports they are involved in, etc. ❑ Respecting their views and being open-minded ❑ Helping parents understand that inter-generational transmission of losses, traumas, and relational	Parents will be empowered with strategies, skills and techniques for understanding and managing their child's transition from childhood to adulthood.	❑ The social worker addresses the issue of enabling behaviours, co-dependency and other family history that might affect parenting. Chapter 8 of the Children's Amendment Act (Act No. 41 of 2007) deals with prevention and early intervention. Section 144 focuses on developing parents' capacity to act in their children's best interests.

		patterns all play a role in the SUD – do the parents understand that and what work has been undertaken to change that?		A social worker can refer to the link below to a booklet that serves as a guide for improving parenting skills.
		❑ Spending time together with your adolescent child		https://www.parentingacrossscotland.org/publications/top-ten-tips/parenting-teenagers
		❑ Co-parenting; working together for the benefit of the adolescent child.		
		❑ Changes in the family and personal routines		❑ The social worker asks parents to do the following:
		❑ Giving your adolescent child space while continuing to monitor		❑ Share their parenting experiences, challenges and successes.
				❑ After hearing from others and their own experiences, reflect on the experiences, challenges and successes and discuss improvements.
				https://media.licdn.com/dms/image/D4D22AQGTXjHwlQf5Lg/feedshare

Session 7 (Parents group) **1hour 30 minutes**	Setting boundaries ❑ Developing the skill to say No to the adolescent recovering from SUD assertively. ❑ Knowing when to say No when the adolescent is recovering from SUD is manipulating situations. ❑ Knowing when not to give in to the adolescent recovering from SUD demands.	Parents will be empowered on how to set boundaries and understand how to avoid being manipulated by the adolescent recovering from SUD	In a discussion, the social worker can ask the parents to answer the following questions: ❑ What are my physical, emotional, and social boundaries? ❑ What behaviours or actions am I willing to tolerate from others, and what behaviours

		or actions are unacceptable?
		❏ What are my values and beliefs, and how do they relate to my boundaries?
		❏ What are some warning signs or red flags that indicate someone may be crossing my boundaries?
		❏ How can I communicate my boundaries effectively to others?
		❏ Social workers can assist parents in understanding the concept of boundaries by visualising the picture below on "my boundaries". This approach can facilitate discussions and lead to a better

			understanding of the importance of boundaries. https://i.pinimg.com/originals/56/38/f2/5638f2f7c52074e2873d4dddc7175688.jpg
Session 8 (Parents and adolescents' group) **1hour 30 minutes**	Relationship building (Parent-Adolescent) ❑ Sharing experiences and challenges to help bridge the generation gap. ❑ Learning to understand what the adolescent recovering from SUD is going through and learning what the parent is going through. ❑ Using communication that both the adolescent and the parents are mostly comfortable with, e.g., texting or messaging, to maintain communication if the adolescent prefers this mode of communication.	Parents and adolescents recovering from SUD will be empowered to build parent-child relationships.	The social worker discusses parent-adolescent relationships, using the family systems theory to examine the family's different aspects and dynamics. The following activities can be used where the parents and the adolescents individually choose one of the three questions to check their relationship. ❑ What is your relationship like with your parent/ adolescent? (Parents can choose any of the following answers)

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	❑ Face-to-face conversations to facilitate essential or emotional discussions. ❑ Open discussions for both the parent and the adolescent recovering from SUD. ❑ Discussions on issues that affect the relationship. ❑ Conflicting views, beliefs and actions within the family and how to resolve those differences.		1. Overall, it's good. We have a very trusting relationship. 2. It is okay, but I feel there is room for improvement. 3. It is rough, and I am unsure how to save our relationship. The social workers can reflect on the responses and what can be done to improve the relationships. ❑ Have an activity for parents and adolescents to text each other on issues of importance. Parents and adolescents can discuss issues that affect them by using "I" statements to express their feelings, e.g. "I feel worried when you do not let me know your whereabouts" instead of "You are always nowhere to be found."

		A pen and a piece of paper are required for each participant.
		❑ Write three positive traits about the other individual on your paper, along with three negative traits.
		❑ When they are both finished, commit to each other that you will do your best to listen to each other without interrupting when they are speaking and that you will give them your whole attention.
		❑ Resolve that neither of you will react disrespectfully during the conversation by getting angry, defensive, or judging. Keep in mind that the purpose of this exercise is to improve the relationship and communication.

			❑ Take turns going over what each of you wrote. Parents can reflect together with the adolescent recovering from SUD: ❑ Top three life experiences that are memorable to them and explore more on those memories.
Session 9 (Parents and adolescents' group) **1hour 30 minutes**	Seeking and aiming for common ground	Parents and adolescents will be empowered on how to jointly solve problems, create plans, and evaluate those plans as a critical component of problem-solving. Also, parents and adolescents are empowered that at times, they will have to agree to disagree	The social worker can ask the parents and adolescents to list as many things they have in common as possible. The parent and the adolescent recovering from SUD need to: ❑ Identify the problem that is affecting them both. ❑ Share their suggestions on how to solve the problem.

			❏ Decide how to deal with the identified problem and find common ground. The social worker can ask the following questions in reflecting on the process: ❏ How easy was it to discover something in common with another person? ❏ What does this reveal about the extent to which we are alike and which we are different? ❏ How can knowing our similarities and differences help us to respect one another? How does this relate to working together to find common ground?

Below is attached is a flyer that summarises the social work intervention programme for parents of adolescents recovering from SUD in the programme.

SOCIAL WORK SUPPORT INTERVENTION FOR PARENTS OF ADOLESCENTS RECOVERING FROM SUBSTANCE USE DISORDER (SUD)

1 Group rules and Expectations

Addressing the expectations of the parents and agreeing on the group rules

2 PSYCHOSOCIAL SUPPORT (PARENTS)

Introducing the program and understanding SUD

Strategies to cope with adolescents recovering from SUD

Communication skills

Mental health issues

Self-care

Parental skills

Seeking common ground and aiming for a middle point

3 PSYCHOSOCIAL SUPPORT JOINT SESSIONS

Relationship building

Seeking common ground and aiming for a middle point

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