

conclusions. In line with Objective 3 of this study, these recommendations aim to guide further exploration and inform practical applications within the field.

5.2 SUMMARY

The research question guiding this study was: “What are the experiences of social workers regarding the use of the TTM in involuntary treatment of a SUD in the Western Cape?” In order to answer this question, the researcher endeavoured to explore and describe social workers’ experiences of the use of the TTM in involuntary treatment of a SUD in the Western Cape. The objectives identified to achieve this aim were formulated as follows:

- Objective 1: To explore the experiences of social workers regarding the use of the TTM in involuntary treatment of a SUD through individual qualitative interviews (addressed in Chapter 4).
- Objective 2: To develop an in-depth understanding of the experiences of social workers regarding the use of the TTM in involuntary treatment for SUDs through the analysis of the findings and literature control (addressed in Chapter 4).
- Objective 3: To make recommendations regarding the effectiveness of the TTM for involuntary treatment of a SUD (addressed in Chapter 5).

With the above objectives in mind, this section presents a summary of the research methodology and the findings to introduce the conclusions and recommendations.

5.2.1 Summary of the Research Methodology

The constructivist paradigm was employed as the framework for this study to facilitate the selection of participants who could offer valuable insights into the utilisation of the TTM by social workers in their work with involuntary clients (cf. Bisman & Highfield, 2012). Within this paradigm, the researcher explored the different social realities as experienced by social workers working at different organisations in the field of substance use, and with different levels of experience in the field (cf. Bryman, 2016).

To construct the meaning that social workers attach to the use of the TTM to support involuntary clients (cf. Tuffour, 2017), the researcher followed a qualitative approach to explore and describe their experiences and perceptions regarding the research

findings of the study effectively addressed the research question. The conclusions regarding the findings are described next.

5.3.2 Conclusions to the Findings

In this section, the conclusions based on the findings of the study are presented based on the themes that emerged from the data analysis.

Theme 1: Descriptions of experience in the field of SUDs

- Social workers in the field of substance use exhibit a strong interest and passion for working with clients affected by a SUD.
- Possessing knowledge and understanding of the TTM and the field of SUDs contributes to effective practices.
- Ongoing education and training play a crucial role in keeping social workers up to date with the latest developments in the field of SUDs.
- Specialised education and training are considered beneficial for social workers working in the field of SUDs.
- Experience is gained through working within organisations such as NGOs, treatment centres, and the DSD.

Theme 2: Perceptions regarding the difference between voluntary and involuntary treatment

- Voluntary treatment, according to the participants in this study, refers to services provided to individuals who request such services, or who show some form of insight that they may benefit from services.
- Involuntary treatment is described by the participants as services provided to individuals who did not request these services but are compelled to do so by external factors, such as families, employers, or the law.
- Voluntary clients are those who have insight and who acknowledge that they have a substance use problem, which leads to a willingness to receive the intervention based on a motivation for change.
- Involuntary clients are those who are in denial about their problem, with poor insight into the problem, and an unwillingness to participate in interventions. These clients may be mandated by the court or pressured by their families to participate

in services. Social workers experience working with involuntary clients as a challenge due to their reluctance to engage with interventions and their resistance to change.

Theme 3: Description of experiences related to what works well, challenges, and requirements regarding the use of the TTM

- As an advantage, the TTM supports social workers to guide involuntary clients to develop insight into their substance use problem.
- A further advantage is that the social worker is enabled to develop an understanding of where the client is at in terms of the stages of change, and providing services that are aligned with the stages of change.
- When using the TTM, one can identify the client's readiness to change.
- A challenge when using the TTM is that it is time-consuming, and that social workers need to accept that clients will progress and regress between the stages of change.
- Requirements for using the TTM are that social workers need to understand the context of the client system for realistic goal setting, to provide assistance so that clients can reach goals, and to focus on behaviour modification that will support recovery.

Theme 4: Description of experiences and perceptions related to intervention in the precontemplation stage

- The inclusion of the family in the precontemplation stage is important because SUDs impact the family as a subsystem and not only the individual.
- Creating awareness through education in the precontemplation stage could initiate harm reduction while the client is still not ready for change. This is also needed to create awareness about the impact and negative consequence of the substance on the client system and others, including the family.
- The use of MI can play a significant role in the precontemplation stage to explore internal and external motivation, and to support a movement towards the contemplation stage.

Theme 5: Description of experiences and perceptions related to intervention in the contemplation stage

- In this stage, clients exhibit a growing willingness to consider the potential benefits of change. This could support a movement towards voluntary contemplation of change.
- Through contemplating the benefits and disadvantages of both continued use and abuse of substances and the option of change, clients start to develop insight into the consequences of substance use and abuse.
- Social workers play a crucial role in this stage by focusing on the client's motivation for change, encouraging a thorough consideration of the benefits associated with behavioural changes.
- The support system surrounding the client holds great importance during this stage, as it aids in fostering insight, contemplating the possibility of change, and facilitating the transition towards the preparation stage.

Theme 6: Description of experiences and perceptions related to intervention in the preparation stage

- Once the benefits of change inform a readiness to pursue change, the client starts to become motivated.
- This stage is characterised by the client starting to explore options and to plan on how to start implementing behavioural change.
- In this stage, clients will make appointments with the social worker, and/or attend sessions based on their own choices and not due to being pressured to do so.
- In the preparation stage, the role of the family is again accentuated in terms of addressing how they have been affected and obtaining their involvement and support when their family member actively engages with treatment interventions.
- To support motivation for change and a full movement towards voluntary participation in interventions, realistic goals to take small steps are aimed at the client experiencing victories.

Theme 7: Description of experiences and perceptions related to intervention in the action stage

- Upon expressing readiness for change, the client progresses into the action stage. Here, they transition into a voluntary role and actively participate in planned interventions at micro, meso, and macro levels.
- Clients in the action stage continue their recovery journey through inpatient or outpatient treatment, actively working towards achieving their self-defined recovery goals. This process directly relates to the client's sense of self-efficacy.
- Social workers, alongside the support of the client's family and community, play a crucial role in providing assistance and support during this stage. Their collective efforts aim to prepare the client for behavioural changes that promote and maintain their sobriety.

Theme 8: Description of experience and perceptions related to intervention in the maintenance stage

- The maintenance stage is a continuation of services that assist clients to maintain sobriety.
- Levels of support required during this stage must be identified and planned for by both the social worker and the client.
- Because clients are trying to reintegrate into their families and society during this stage, they might not view this stage as an essential part of the TTM. Therefore, social workers should regularly check in with the client to identify challenges that could lead to a relapse, and to find solutions for these challenges. As such, relapse prevention should be a central focus in the maintenance stage.
- As in the previous stages, the family needs to be involved in this stage to maintain lifestyles that support sobriety.
- Employment opportunities are important in the maintenance stage to provide clients with a daily routine and to achieve independence. Clients require social workers to support them in this regard through, for example, networking with opportunities in the community.

The findings highlighted how involuntary clients can be accommodated within the TTM, and how a movement towards voluntary participation in interventions can be

stimulated in the precontemplation, contemplation, and preparation stages. Table 9 below provides a framework for the use of the TTM when working with involuntary clients.

Table 9: Conclusions to the findings

TTM stage	What works well	Challenges to address	Things to avoid	Relevant literature
Pre-contemplation	<ul style="list-style-type: none"> ▪ Motivational interviewing and a non-judgemental attitude towards the client. ▪ Education towards awareness. ▪ Exploring advantages and disadvantages of using substances. ▪ Identifying losses due to substance use. ▪ Including families. 	<ul style="list-style-type: none"> ▪ Refusal to participate or to engage. ▪ Not attending appointments. ▪ Families not being willing to support the process towards change. 	<ul style="list-style-type: none"> ▪ Judgement of the client. ▪ Not considering where the client is at. 	Bischof et al. (2021); Wangithi & Ndurumo (2020); Jimenez-Zazo et al. (2020); Rodgers et al. (2021); Prochaska & Prochaska (2019); Pettersen et al. (2019); Opsal et al. (2019); Volkow et al. (2016); September (2015); DSD (2013); Hall et al. (2012).
Contemplation	<ul style="list-style-type: none"> ▪ Developing insight regarding the impact of substance use. ▪ Evaluating positives and negatives of usage. 	<ul style="list-style-type: none"> ▪ Uninvolved families. ▪ Inconsistency in moving forward. 	<ul style="list-style-type: none"> ▪ Impatience. ▪ Judgement when the client is inconsistent. 	Pennington (2021); Zebrowski et al. (2021); Mahlangu & Geyer (2018); Azmi et al. (2018).

	<ul style="list-style-type: none"> ▪ Exploring positives and negatives of change. ▪ Exploring reasons for change. ▪ Identifying and including support systems. 			
Preparation	<ul style="list-style-type: none"> ▪ Preparing clients to enter treatment. ▪ Including families. ▪ Setting goals. 	<ul style="list-style-type: none"> ▪ Not having resources to support recovery. ▪ Avoid giving clients too much work. 	<ul style="list-style-type: none"> ▪ Setting unrealistic goals. ▪ Not taking the context into consideration. 	Pennington (2021); Zebrowski et al. (2021); Williams et al. (2019);
Action	<ul style="list-style-type: none"> ▪ Client engages with treatment. ▪ Self-efficacy. ▪ Support groups. ▪ Including families. 	<ul style="list-style-type: none"> ▪ Dropping out of treatment. ▪ Psychiatric conditions such as depression. 	<ul style="list-style-type: none"> ▪ Ignoring context-related recovery needs. ▪ Not addressing other conditions through interdisciplinary work. 	Zebrowski et al. (2021).
Maintenance	<ul style="list-style-type: none"> ▪ Relapse prevention. ▪ Aftercare services. ▪ Employment opportunities. 	<ul style="list-style-type: none"> ▪ Relapse. ▪ Not attending sessions. ▪ Boredom. 	<ul style="list-style-type: none"> ▪ Not checking in even if clients indicate that they are not requiring further services. 	Ritonga et al. (2022); Zebrowski et al. (2021); Kabisa et al. (2021); Wangithi & Ndurumo (2020); Azmi et al. (2018); Mahlangu & Geyer (2018);

The above conclusions informed the recommendations that are presented next.

5.4 RECOMMENDATIONS

As a conclusion to this research document, this section presents a set of recommendations based on the findings of the study. These encompass areas for further research as well as suggestions for social work practice.

5.4.1 Recommendations for Further Research

The following recommendations are proposed for further research:

- Conduct similar studies in regions outside of the Western Cape Province in South Africa.
- Explore the application of the TTM in the field of substance use from a multidisciplinary perspective, involving various disciplines to promote an interprofessional approach.
- Investigate the experiences and perceptions of clients and their families regarding the use of the TTM.
- Conduct research focusing on individuals with substance use disorders who transitioned from being involuntary to voluntary clients, aiming to identify successful strategies and factors that facilitated their positive outcomes to contribute to the effective use of the TTM.
- Explore the experience and perceptions of voluntary clients in the field of SUD regarding the use of the TTM.

5.4.2 Recommendations for Social Work Practice

The following recommendations are proposed for social work practice:

- Social workers to use the TTM as an intervention strategy and MI as a technique for involuntary clients referred for interventions in terms of Section 33 of the Prevention and Treatment of Substance Abuse Act 2008.
- Continuous professional development opportunities be made available for social workers in the field of substance use to develop knowledge, understanding, and skills to use the TTM and IM effectively.
- Specialised training and education to be viewed as a requirement for social workers rendering services in the field of substance use.

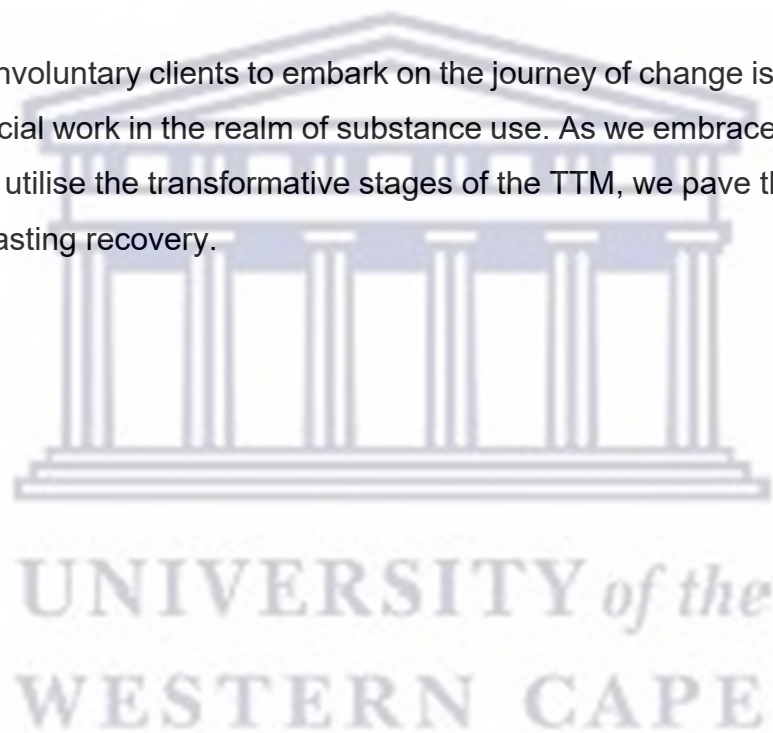
- Organisations in the field of substance use to have policies and practices in place to ensure services are rendered to involuntary clients, considering that resistance to change is a characteristic of a SUD.
- Consideration of clients' contexts when providing services using the TTM to guide macro services that address contextual needs and challenges.
- Families to be included and motivated to participate in services throughout the interventions in the stages of the TTM.
- Networking to ensure collaboration with other stakeholders in the support of clients' recovery journey, such as churches, support groups, and organisations that could support the creation or networking with employment opportunities.
- The maintenance stage be considered as an integral and not an optional part of the intervention process.

5.5 CONCLUDING REMARKS

In conclusion, the literature highlights that SUDs negatively affect the individual, family, community, and society at large. Within the South African context, the exposure to poverty and the lack of resources are often prevalent among individuals who are affected by a SUD. The recovery process may be influenced by the clients' contexts and also hindered by a lack of motivation to change based on the characteristics of SUDs. Therefore, services are often directed towards supporting the family, while those suffering from SUDs are left behind due to their unwillingness to engage in these services. The findings of this study demonstrate the significant role the TTM can play in enhancing treatment accessibility for involuntary clients and facilitating a transition towards voluntary participation in interventions. The TTM enables clients to move through the different stages of change, starting where they are and guiding them to develop insight into the consequences of their SUD, consider behavioural changes, and ultimately become motivated to voluntarily participate in treatment and the maintenance of recovery. Moreover, the findings underscore the crucial influence of the clients' families on treatment outcomes. With a sound understanding of the TTM and IM, social workers, who are often the first line of service delivery, can effectively support involuntary clients to become motivated to change. This study sheds light on substance use as a specialised field in social work, emphasising the necessity for specialised education and training in this area.

The growing demand for and supply of substances, along with the associated health, crime, and developmental challenges linked to SUDs, underscore the significance of including involuntary clients in service provision. In light of this, social workers should adopt a more client-centred approach when working with involuntary clients. The utilisation of the precontemplation, contemplation, and preparation stages of the TTM can greatly support social workers' endeavours in assisting involuntary clients and encouraging their active involvement in the action and maintenance stages. It is the researcher's aspiration that this study contributes to the knowledge base of the social work profession, enabling the delivery of effective services in the field of substance use.

Empowering involuntary clients to embark on the journey of change is the cornerstone of effective social work in the realm of substance use. As we embrace a client-centred approach and utilise the transformative stages of the TTM, we pave the way for hope, healing, and lasting recovery.



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ANNEXES

ANNEXURE A: ETHICAL CLEARANCE LETTER



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14 October 2021

Mr J Cupido
Social Work
Faculty of Community and Health Sciences

HSSREC Reference Number: HS21/8/11

Project Title: Social workers' experiences regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder

Approval Period: 14 October 2021 – 14 October 2024

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology, and amendments to the ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via:

<https://sites.google.com/uwc.ac.za/permissionresearch/home>

The permission letter must then be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

NHREC Registration Number: HSSREC-130416-049

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

ANNEXURE B: LETTER OF PERMISSION TO CONDUCT RESEARCH



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FACULTY of
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HEALTH SCIENCES
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: Social workers' experiences regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder.

Dear Sir/madam

My name is Jonathan Cupido, I am a Masters of Social Work (MSW) student in the Department of Social Work at the University of Western Cape. For the purpose of this degree, I am conducting a research study that has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee. The research aim is to explore and describe the experiences of social workers regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder in the Western Cape.

I am requesting permission to gain entry into the community through your organisation. This would entail that you provide me with an opportunity to have an information session at your organisation with social workers to provide them with information regarding the project and to invite them to participate. Those who are interested will be provided with an information letter that will also be provided to you. Those who agree to participate will then be requested to meet with me to discuss the nature of the project, and to arrange a time and place for me to interview them. Please note that participation is voluntary and that ethical practice of limitation of harm, availability of debriefing opportunities, privacy, confidentiality and anonymity, as well as the management of data will be implemented.

Your willingness to support me will be much appreciated. I am also providing you with the information letter to the participants, as well as proof of ethical clearance for you to be able to make an informed decision to support me.

You can also contact the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee: (ref **HS21/8/11**). Tel: 021 959 4111; E-mail: research-ethics@uwc.ac.za.

Should you have any further questions regarding this study and the rights of the research participants or if you wish to report any problems you have experienced related to the study, please contact:

Prof Marichen van der Westhuizen Department of Social Work: Head of Department Faculty of Community and Health Sciences University of the Western Cape Tel: 021 9592851 Email: mvdwesthuizen@uwc.ac.za	Prof Anthea Rhoda Dean: Faculty of Community and Health Sciences University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za
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Thank you for your consideration and support.

Thank you.

Mr Jonathan Cupido
E-mail: 3114659@myuwc.ac.za



ANNEXURE C: INFORMATION LETTER



UNIVERSITY of the
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FACULTY of
COMMUNITY AND
HEALTH SCIENCES
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: Social workers' experiences regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder.

What is this study about?

This research project will be conducted by Jonathan Cupido, for a Master of Social Work degree at the Department of Social Work at the University of Western Cape. The research aim is to explore and describe the experiences of social workers regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder in the Western Cape. You are invited to participate in this study because you have been identified as a person who could provide relevant information on the topic to assist the research to attain the aim of this study.

What will I be asked to do if I agree to participate?

You will be requested to sign a consent form which confirms your decision to participate voluntarily. The researcher will conduct an individual interview with you, which will last between 40 to 60 minutes. You will be asked to share your experiences and perceptions on the topic of the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder.

Would my participation in this study be kept confidential?

You will be asked permission that the researcher can audio-record the interview. Should you choose not to give permission for this, your answers and contributions be recorded by means of field notes. The recording will be transcribed immediately after interview, and the recording will be locked into a safe space to which only the researcher and his supervisor will have access. The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, your name will not appear on the transcript of the interview. A number will be assigned to your name, for example 'Participant 1', and a list will be made that links the numbers to the identity of the participants. This list will be stored on a password computer to which only the researcher will have access. All documents will be destroyed five years after that study was completed. If I write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, any disclosure of abuse or harm made during the research process by you or any other participant,

has to be reported. In this event, I will inform you that I have to break confidentiality to fulfil my legal responsibility to report to the designated authorities.

What are the risks of this research?

Discussing personal experiences and perceptions carry some amount of risks. The researcher will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention. Participants has the right to withdraw from the study at any time.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher to make recommendations for the use of the Transtheoretical Model of Change for involuntary treatment of substance use disorder in the Western Cape. In this way, social workers and service users could benefit from your participation.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised in any way.

Is any assistance available if I am negatively affected by participating in this study?

Should you feel, at any stage during the interview uncomfortable or afraid to continue, your participation will be stopped even though you consented. Even though your experience and insight are valuable to this research, the researcher will respect your decision to terminate. Should you wish to terminate your participation because you feel uncomfortable due to any form of disclosure, the researcher will refer you for counselling.

What if I have questions?

This research is being conducted by Jonathan Cupido under the auspices of the Social Work Department at the University of the Western Cape. If you have any questions about the research itself, please contact the researcher at: 081 717 9265 (cell phone number) or at 3114659@myuwc.ac.za (email address). You can also contact the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee: (ref **HS21/8/11**). Tel: 021 959 4111; E-mail: research-ethics@uwc.ac.za.

Should you have any further questions regarding this study and the rights of the research participants or if you wish to report any problems you have experienced related to the study, please contact:

<p>Prof Marichen van der Westhuizen Department of Social Work: Head of Department Faculty of Community and Health Sciences University of the Western Cape Tel: 021 9592851 Email: mvdwesthuizen@uwc.ac.za</p>	<p>Prof Anthea Rhoda Dean: Faculty of Community and Health Sciences University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za</p>
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Thank you for your consideration and support.

Mr Jonathan Cupido
E-mail: 3114659@myuwc.ac.za



ANNEXURE D: CONSENT FORM



**UNIVERSITY of the
WESTERN CAPE**



**FACULTY of
COMMUNITY AND
HEALTH SCIENCES**
UNIVERSITY of the WESTERN CAPE

DEPARTMENT OF SOCIAL WORK

Title of Research Project: Social workers' experiences regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I agree to participate in the research study _____

I do not agree to participate in the research study _____

I agree to be audio-recorded _____

I do not agree to be audio-recorded _____

Participant's name.....

Participant's signature.....

Date.....

ANNEXURE E: INTERVIEW GUIDE

Title of Research Project: Social workers' experiences regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder.

The aim of this interview is to explore and describe your experiences regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder.

The Transtheoretical Model of Change consists of 5 stages to support a client to engage with the treatment of a substance use disorder, namely: 1) Precontemplation (not considering change), 2) contemplation (considering change), 3) preparation (developing change plan), 4) action (implementing change plan), and 5) maintenance (sustaining change). For the purpose of this study, I am particularly interested in the first three stages, but would like to hear your opinion on the implementation of all the stages.

The following questions will be asked during this interview:

General questions:

- In your opinion what is the difference between the treatment of a voluntary and involuntary client?
- Have you ever used the Transtheoretical Model of Change?
 - If yes, what would be, in your opinion, the advantages of this model?
 - If yes, what would be challenges in the implementation of this model?


Transtheoretical Model of Change-related questions:

- In your experience what should be the focus of intervention during the precontemplation phase where a client is not ready for treatment?
- In your experience what should be the focus of intervention during the contemplation phase where a client is considering to participate in treatment?
- In your experience what should be the focus of intervention during the preparing for change phase where a client is planning to participate in treatment?
- In your experience what should be the focus of intervention during the action phase where a client is participating in treatment?
- In your experience what should be the focus of intervention during the maintenance phase where a client is supported to sustain changes that were made?

Sub questions:

- What techniques have you used to assist a client in this phase?
- What works well?
- What challenges do you experience?

ANNEXURE F: EDITOR'S LETTER



PROOF-READING

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6 July 2023

TO WHOM IT MAY CONCERN

RE: LANGUAGE EDITING

This letter serves to confirm that I have edited the thesis titled:

Social workers' experiences regarding the use of the Transtheoretical Model of Change in involuntary treatment of a substance use disorder

UNIVERSITY of the
By
Jonathan Cupido
WESTERN CAPE

Note: This certificate does not cover any alterations made subsequent to the editing process.

Please feel free to contact me if you need any further information.

Yours sincerely,

Dr Lee-Anne Roux