was able to give appropriate responses to the questions that guided the researcher during the group interviews. The interview allowed the researcher to identify possible misunderstandings in posing the research questions to the participants and she could therefore note areas of clarification for further interviews as postulated by Neuman (2011:304).

3.10 Data Collection

Research interviews are used to collect accurate data about a human phenomenon (Yegidis & Weinbach, 2002:130). In qualitative studies, the researcher hopes to bring to light the lived experiences, behaviour, attitude and perceptions related to a particular issue with the participants. The researcher used focus groups, as well as group and individual interviews as the method of data collection. It should be noted that the researcher initially intended to conduct two to three focus group separate session with different participants based on their availability, but these methods had to be adapted due to availability of participants. Each participants only attended one session. Focus groups, which are research settings where multiple participants are interviewed together, have a distinct advantage over other available research methods when the researcher does not have knowledge related to the issue of the topic (Hesse-Biber & Leavy, 2011:163–165). It is a unique form of data collection and generates information through interaction of more participants over a shorter time frame (Yegidis & Weinbach, 2002:130; Neuman, 2011:459).

In the current study, data collection took place over the course of a year from when ethical clearance was granted by the University of the Western Cape Research and Ethics Committee to conduct interviews. Qualitative studies rely greatly on the narrative and during data collection the researcher uses emotional encouragement to further draw on participant experiences for better understanding (Yegidis & Weinbach, 2002:131). Marshall & Rossman (2011:149) state that focus groups are selected because they share certain characteristics that are relevant to the research question. The researcher employed interview skills and communication techniques to effectively ignite the participant's involvement in the focus group. The researcher, being an employee of the facility, also had to prepare participants with regard to her role for the purpose of the interviews: that she was, in this case, an independent researcher and not a member of the therapeutic team of the facility. She further encouraged them by emphasising that their input during the study added richness not only to the study, but to the treatment programmes as a whole. The researcher made use of a whiteboard and flipchart to note key points and used them as a visual tool. This enabled the research

participants to track the conversation and to provide feedback on whether their inputs were captured correctly. The visual mapping furthermore not only triggered new ideas, but also served as scaffolding to similar ideas and perceptions. All interviews were audio-recorded and permission to do so was requested verbally from the participants. For the most part participants were proficient in either English or Afrikaans. One session was conducted with two Xhosa-speaking participants. During this session the researcher made use of an interpreter. The interpreter was one of the child-care workers at the centre. He was familiar with the content of the subject matter and for this reason was approached to facilitate the translation because of his ability to be able to generate qualitative data through translation processes and was competent to do so (Squires, 2008:265). Permission was requested verbally from the participants to utilise the interpreter and they insisted on following this approach as they did not feel confident about conducting the interview and expressing their experiences in English. The downside to this was that responses were significantly condensed. However, relevant content was still shared.

The researcher employed two methods of data collection which entailed two focus group interviews consisting of five participants each, and three semi-structured interviews with groups of two parents per session. In conducting the focus group interviews, notes were taken and reflection was done on points identified during the group interviews. The researcher employed probing, clarification, reflecting and summarising as interview techniques to validate responses. The researcher initially wanted to conduct only focus group interviews but due to logistical reasons and availability of participants, opted for the group interviews as well. Besides the pilot interview no one-on-one interviews were conducted as the researcher wanted the interaction between participants to serve as catalyst for sourcing information and reflection. The purpose of utilising small group settings is supported by literature to gain an in-depth understanding of research topic (Hesse-Biber & Leavy, 2011:45). Some earlier scheduled group sessions were not attended and as a result the later sessions had to be adjusted: instead of aiming for big groups of eight participants, the researcher tried smaller groups with five members and ended up having two parents participating at a time. This did not have the same effect as when the bigger group exchanged views and ideas but still produced valuable information.

3.10.1 Research setting

The research project took place in Port Elizabeth in the Eastern Cape, South Africa where there are two registered treatment programmes for children. One was an in-patient treatment facility while the other was an outpatient programme. In the course of the study one of the facilities was closed down so participants were sourced from only one facility. Since many of the adolescents also hailed from outside the area, the researcher considered conducting interviews outside the boundaries of the city should data saturation not be met, but this was not necessary.

3.11 Data Analysis

During data collection the role of the researcher needs to create a supportive environment with focused questions that will encourage discussion through interviews which may be conducted several times with different individuals. The researcher then identifies trends in the perceptions and opinions expressed. The strength of the focus group is that it is socially orientated, where participants are studied in a reassuring and more relaxed atmosphere than in a one-on-one interview. After the data were collected, analysis followed according to the steps described by Engel & Schutt (2005:386).

3.11.1 Documentation of the data

Data for qualitative studies is collected through observations and field notes obtained in interviews and transcribed from recordings. Documentation is critical as it provides a way to outline the analytical process, conceptualisation, and forming strategies about the text (Engel & Schutt, 2005:386–387). For this study all interviews were recorded electronically and then transcribed into workable documents. Other documentation included field notes the researcher collected through participation of the group during the interviews. Data collection took a place in a workshop format and ideas as main themes were written down on a flipchart and used for reflection and expansion.

3.11.2 Organising and categorisation of the data into concepts

Conceptualising, coding and categorising are an important component of the qualitative process and includes identifying and refining key concepts (Engel & Schutt, 2005:386–387). From the transcriptions the researcher went page per page noting concepts mentioned by the

participants from the individual interviews, focus group sessions and the group interviews. From these notes they were grouped into similar topics and themes.

3.11.3 Connection of the data

Examining the correlation of data is a key part of the analytic process as it explains why things happened within a certain setting. The use of a matrix allows the researcher to ascertain linkages between different concepts (Engel & Schutt, 2005:389). After identifying the different topics and themes, the researcher used a matrix scale to note similarities, and to understand why they appear to be possibly connected.

3.11.4 Corroboration and legitimisation

In authenticating the conclusions, the researcher needs to consider the evidence and methods carefully and assess the information based on the credibility of the participants, how the involvement of the researcher in the process influenced actions and statements and whether those statements were as a result of the researcher's questions, or a spontaneous result (Engel & Schutt, 2005:391). Although the researcher had a set of questions prepared for the study, questions were open-ended and responses were used to build on and extract more information. There was much accord among the participants which also resulted in their building and elaborating on each other's responses.

3.11.5 Representing the account

For the most part the biggest challenge the researcher encountered was managing to conduct the interview. Since this was a group setting it was difficult to find an appropriate time that would suit everyone scheduled for a particular interview session. For some participants transport would be a problem they would commit to attending the session but then they would not come. The researcher offered to transport some who indicated that they would like to participate but they did not have transport. Most participants had insight into the subject matter, they could think about and respond on their experiences which was encouraging to the researcher, especially when it took some effort to have an interview session. Interviews were generally conducted at the organisation as this was a central venue. A few could not attend sessions, although they would commit, as most interviews took place on a Saturday afternoon. When parents could not attend for various personal reasons, they tendered their

apologies. One interview focus group was hosted by one of the families at their home, offering a larger group of 5 participants. This had a significant impact on the dynamics of the group, and members were relaxed and interacted well.

3.11.6 Reflexivity

Reflexivity refers to the confidence the researcher has in the conclusions derived from the field study. It gives an account of what the experiences of the researcher during the study, how challenges were overcome, what learning took place and how this illuminates the context of the study (Engel & Schutt, 2005:393). Erlinda, Palaganas, Sanchez, Molintas, & Caricativo (2017:427) refers to reflexivity as the researcher's investigative and logical attention to their role in the research process. That it is a continuous process and entails self-awareness and introspection. The authors further state that reflexivity infers of the role of subjectivity by the researcher as well as their reflection on their values (Parahoo, 2006 in Erlinda et al. 2017:427).

3.12 Ensuring Trustworthiness

The value of any research study is the fact that it is a true and reliable interpretation of the subject. Guba (1981, cited in Krefting, 1991) identified truth value, applicability, consistency, and neutrality as four criteria applicable to the assessment of research of any type.

3.12.1 Truth value

In validating the truth value of research, it is necessary to determine whether the researcher has established confidence in the truth of the findings within the context of the study and how confident the researcher is with the truth of the findings based on the research design, informants and context.

3.12.2 Applicability

Applicability refers to the degree to which the findings can be applied to other contexts and settings or with other groups. Guba (1981, cited in Krefting, 1991) recognise two perspectives to applicability that are appropriate for qualitative research. It define each situation as unique and thus less open to generalisation and also refer to “fittingness, or transferability”, as the decisive factor against which applicability of qualitative data is assessed. This criterion is met when the research findings fit into contexts outside the study situation and is determined by

the degree of similarity or goodness of fit between the two contexts. The selection criterion for participants is that they have been through the experience. This implies that the data that were collected are deemed to be appropriate and applicable.

3.12.3 Consistency

The consistency of the data is the extent to which the repeated administration of a measure will provide the same data and the value of repeatability of the testing procedures does not alter the findings as postulated by Guba (1981, cited in Krefting, 1991:215). The key to qualitative research is to learn from the informants rather than control them and that the instruments that assess the consistency in qualitative research are the researcher and the informants. Consistency is measured by data collected by the participants as well as comparing from literature collected on the subject. The researcher endeavours to determine whether the data collected from the participants and the perceptions shared will be mostly similar.

3.12.4 Neutrality

Neutrality is the freedom from bias in the research procedures and results and refers to the degree to which the findings are a function exclusively of the informants and conditions of the research. They are free from other biases, motivations, and perspectives. Qualitative researchers attempt to increase the worth of the findings by decreasing the distance between the researcher and the informants though prolonged contacts and lengthy interviews. The researcher had several contact opportunities with the participants to establish rapport and to create an environment for trust, ensuring that the data collected would be interpreted in context.

3.12.5 Credibility

Truth value is obtained by lived human experiences as they are perceived by those persons subjected to the study. When research is conducted it needs to focus on testing the findings against different groups of data collection or those persons who are familiar with the phenomenon being studied. Credibility therefore requires sufficient submersion in the research setting in order to identify and verify recurring patterns (Krefting, 1991:214–216).

3.12.6 Transferability

The extent to which conclusions can be applied in other contexts, populations, demographic and geographic, and how observations are defined in the context in which they occur is referred to as transferability (Babbie & Mouton, 2011:277; Thomas & Magilvy, 2011, cited in Abdulla 2014:75).

3.12.7 Dependability

Dependability is ensured when the study is conducted in a similar or same context involving likewise subjects, the findings would be alike (Babbie & Mouton, 2011:278). The study was done in different group settings and still yielded results that were similar in nature.

3.12.8 Confirmability

Confirmability refers to the degree to which the findings are related to the inquiry and not the particular influence of the researcher (Babbie & Mouton, 2011:278) but also how this study can relate to others. The researcher triangulated and verified the findings against the research question, objectives and the interview questions to ensure confirmability and could therefore provide evidence that confirms the research findings and interpretation thereof.

3.12.9 Presentation of the researcher

The researcher is a social worker in the Department of Social Development in the Nelson Mandela Metropole, Eastern Cape. She is employed in the special programmes section – Restorative Services in the substance abuse treatment and rehabilitation section. The need for the study was identified based on her involvement in this unit.

3.13. Ethical considerations

Ethical considerations are the set of guiding principles that determine the professional conduct of the researcher but more than that should also be consistent with the values of the social worker as a professional (Corby, 2006: 139). The study was conducted under the auspices of the University of the Western Cape, clearance was granted by the University, and ethical considerations and aspects complied with the requirements of the Senate Higher Degrees research regulatory body ensuring the safeguarding of researchers and participants, ethical

and scientific quality and preventing poor performance and misconduct. Formal approval was obtained from the researcher's employer as this was the research setting (see Appendix G). Permission to use participants from a public service facility was also requested. Permission was granted by the relevant department in the head office of the researcher's employment on condition that the information would be available to disseminate and for future use.

3.12.1 Voluntary participation

Research participants should have the right to withdraw from a study if and when they wish (Corby, 2006:140). The principle of voluntary participation was explained to the participants prior to the interview. The researcher informed them that they had the right to withdraw at any time should they choose (see Appendix B).

3.13.2 Informed consent

In order to protect the subjects and participants of a study, consent needs to be obtained from persons regarded as potential participants to the research (Friedman, 2006:62). They must be told what will be investigated, what will be done with the information gained, and assured that their privacy will be protected. If they agree, they will sign a consent form. In the current study, each participant signed an informed consent form which confirmed this agreement (see Appendix C).

3.13.3 Preparation of participants

Participants were informed of the nature of the study and well as their role in gathering the information. They were invited to share their own experience and perceptions on the subject. Participants were informed that this study would not attempt to offer additional treatment, but rather that the information gathered during this study would be related to the relevant organs of Government.

3.13.4 Anonymity

Anonymity must be safeguarded to ensure that participants' identity is not revealed by the research (Fox et al., 2007:103). It can be challenging when data collected may make a participant identifiable but effort should nevertheless be made to protect the identity of the participant (Marshall & Rossman, 2011:150; Fox et al., 2007:103). The participants remained

anonymous throughout the study and beyond. Participants were not identified in the transcriptions. The only distinction was that between participant and researcher.

3.13.5 Confidentiality

Along with anonymity, confidentially plays a vital role in the protection of the participants' identities. The participants were assured that the information gathered would remain confidential and only used for the purposes intended, as explained to them: to explore and describe what their experiences had been as parents of SUs in the substance abuse treatment programmes. Participants were also informed that the anonymity and confidentially of each person is highly valued and that particular care should be taken in sharing any information regarding the study. In addition, the researcher would ensure that any possible identifying information will not be published (Engel & Schutt, 2005:299) to a wider audience. Confidentiality was also discussed in the beginning of each interview session with participants.

3.13.6 Beneficence

Beneficence refers that the research will do no intentional harm to the individual and will provide opportunity to benefit the individual or the groups the individual represents in society, and that possible risks will be minimised (Friedman, 2006:65). Special care was taken by the researcher to protect the respondents from any form of harm. Participants in a study are considered a vulnerable population in their communities therefore the researcher has to ensure that the all ethical aspects are adhered to. Although participation was voluntary in this study, that researcher informed participants of what the study would entail as well as how she aimed to interpret the data collected. Consequently, the researcher anticipated that the participants would be comfortable in the study knowing that their contributions would add value to their situation rather than harm them.

3.13.7 Debriefing

Debriefing means that once the interviews have been conducted participants will be probed on their experience of the interview as suggested by Babbie (2010:69). The author further supports that this process is aimed at ensuring that the participants do not leave the interview feeling wanting, but that the process has been completed (Babbie, 2010:69). Debriefing is

aimed at terminating the interview in a manner that the participants feel empowered in the end. The researcher will also refer the participants to appropriate organisations should the need arise for any form of supportive intervention. In this study, the researcher also requested two social workers, a veteran and social worker in non-profit practice, to assist with debriefing of participants where and when needed.

3.13.9 Ethics of sensitivity

Weaver et al. (2008:607) define ethics of sensitivity as the ability of "professionals to recognize, interpret and respond appropriately to the concerns of those receiving professional services". In the research setting, with particular care of the participant as a client, and the researcher as a helping professional, a deliberate effort was made by the researcher to take cognisance of the participant's vulnerability to the study. The researcher ensured, as far as possible, to have participants understand their role as data collection agents rather than as clients advocating for services. Inference is made to the participant the researcher referred to alternate services and how the researcher found she needed to balance the separation of social worker and researcher especially in the light of being employed at the organization, although she was not directly involved with the participants as she is directly involved with services to them.

3.14 Dissemination of Results

Corby (2006:152–153) argues that in determining the value of research, practitioners should be engaged in the discussion and dissemination of research, otherwise there would be no point to the research. These practitioners are the people who will ultimately implement that which have been researched. The research should be put out in the public domain but also in an in-house report (Fox et al., 2007:160). In the case of this study, results will be disseminated through a research report to the Department of Social Development, Eastern Cape Province but also presented at conferences, seminars, workshops and journal publications.

3.15 Chapter Summary

In this chapter the methodology and research process were discussed. The significance of each of the components of a research study adds to the value of the results. In applying all the methods and procedures, the researcher ensured that the integrity of the process, the value of

the study, the protection of both participants and researcher and the credibly of the study were safeguarded. The research process followed in this study was explained to gives insight into the steps the researcher took to gain information and reach conclusions about the research question. The next chapter presents the research findings.

CHAPTER FOUR

DISCUSSION OF FINDINGS AND LITERATURE CONTROL

4.1 Introduction

The purpose of this chapter is to share the findings that emerged from the data analysis, supported by the relevant quotes by the research participants and discussed against a literature control. Although the study had four main objectives, the richness of the data resulted in nine themes, each of which will be discussed in sequence as per Table 4.3.

The sample comprised 17 parents. The biographical information of the participants is categorised under gender, marital status, and parental/care giver position in the table below.

Table 4.1: Biographical profile of the research participants

Biographical profile of the research participants					
Gender		Marital status		Relations to the adolescent	
Male	Female	Single	Married	Parent	Caregiver
4	13	11	6	14	3

The biographical profile of the research participants reveals that the majority of participants were female (13 females compared to 4 males). The dominance of female participants is an interesting observation which could resonate with the research findings about the absence of fathers in the lives of adolescents presenting with at risk behaviours. This furthermore concurs with the majority of participants being single/not married, which underscores the findings that single parenthood is closely associated with adolescent at risk behaviour (Katouziyan, 2017:13). Only three of the participants were not biological parents of the adolescents and were grandparents.

4.2 Revisiting the Research Objectives in Relation to the Research Themes

Table 4.2 below provides a mapping of the research objectives and research themes introduced in section 4.3.

Table 4.2: Mapping of the research objectives and themes

Research objectives	Themes
	Theme 1
To explore and describe the experiences of parents regarding their adolescents children's substance abuse	Themes 2 and 3
To explore and describe the experiences of parents regarding their adolescent children's participation in the substance abuse treatment programmes	Theme 4
To explore and describe the perceptions of parents regarding their role in the aftercare of adolescent children who have participated in treatment programmes for substance abuse	Themes 5 and 7
To explore and describe the expectations parents have of support structures for their adolescent children and the family as a whole	Themes 6, 8 and 9

The table illustrates that only theme 1 was not directly linked to any of the research objectives. The theme is included notwithstanding, since it provides the context against which the other themes were interpreted.

4.3 Overview of the Research Themes, Subthemes, and Categories

The interviews with parents generated rich data. Analysis of the data resulted in the emergence of nine main themes and related subthemes, as outlined in Table 4.3 below.

Table 4.3: Themes, subthemes and categories

Themes	Subthemes	Categories
Theme 1: Understanding of the term 'aftercare'	Sub-theme 1.1: Ongoing services an integral part of treatment	
	Sub-theme 1.2: Inclusion of the family	
Theme 2: Reasons for adolescents' substance abuse	Sub-theme 2.1: Contributing factors to adolescent substance abuse that impact on aftercare	Exposure to trauma
		Acceptability and tolerance towards substances
		Influence of peers and gangsterism
		Parental substance abuse
	Sub-theme 2.2: Reflection on parenting	Efforts made to provide the best for the adolescent
		Parent experience of a sense of failure
		Impact of absent parents
		Parent–child relationship influenced by the substance abuse
Theme 3: Experiences of parents during adolescents' substance abuse	Sub-theme 3.1: Disappointment	
	Sub-theme 3.2: Fear for the child's safety	
	Sub-theme 3.3: Influence on household and other children	
	Sub-theme 3.4: Previous efforts and experiences of treatment opportunities	
Theme 4: Experiences of parents when adolescents return home from treatment	Sub-theme 4.1: Stress, owing to fear of relapse	Fear resulting in a lack of trust
		Signs of possible relapse
	Sub-theme 4.2: Hope, owing to signs of change	Behavioural change
		Linking with support systems
		A change in parent-child relationship
	Sub-theme 4.3: Obstacles experienced when adolescents return home after treatment	Lack of information
		Not being available all the time
		Lack of support
		Adolescents' attitude and behaviour

		Trust
		Unrealistic expectations
		Dealing with disappointment
Theme 5: Parents' expectations of adolescents after treatment	Sub-theme 5.1: Taking responsibility	Stop blaming others
		Choosing company carefully
	Sub-theme 5.2: Being honest about past	
Theme 6: Parental roles and responsibilities in recovery	Sub-theme 6.1: Awareness and observation	
	Sub-theme 6.2: Parental involvement and interest	Interest relates to showing respect for his/her opinion
	Sub-theme 6.3: Having hope	Related to spirituality
		Related to trust
	Sub-theme 6.4: Communication	Encouragement and motivation
	Sub-theme 6.5: Love, support and care	
	Sub-theme 6.6: Discipline	
Theme 7: The needs of adolescents in recovery	Sub-theme 7.1: Role models	
	Sub-theme 7.2: Guidance	Information
		Advice
		Assistance with time management
		Motivation
	Sub-theme 7.3: Support systems	From family and friends
		Support groups
	Sub-theme 7.4: Opportunity to be an example to others	
	Sub-theme 7.5: Trust	
Theme 8: Informal support for the adolescent and his/her parents	Sub-theme 8.1: Working together as a family	
	Sub-theme 8.2: External support systems	
	Sub-theme 8.3: Support groups	
Theme 9: The role of social workers regarding aftercare	Sub-theme 9.1: Experiences with social work services	Unsure about the role of the social worker and the term 'aftercare'
		No experience of support by the social worker
	Sub-theme 9.2: Expectations from social workers	Contact
		Motivate parents to become involved in the whole process
		Work with the whole family
		Accept without judgement
		Give advice and information
	Sub-theme 9.3: Reference to resources	
		Structured support

	Sub-theme 9.4: Support for adolescent	Time management support
		Emotional support
	Sub-theme 9.5: Establishment of community education and awareness programmes	

4.4 Discussion of the Research Findings

4.4.1 Theme 1: Understanding of the term 'aftercare'

To explore and describe this research theme in terms of the lived experiences of the participants, it was important to ascertain parents' understanding of aftercare and its related services. It was on this basis that the first scheduled interview could not be conducted. The specific adolescent had not participated in a treatment programme; therefore, the parent would not be able to infer on her experiences or perception. The question posed to participants during the interview sessions was: What is your understanding of aftercare?

The majority of parents were able to give some indication of what they think aftercare was. Responses included statements recognising that it is part of the treatment programme and should include a component of empowering parents to deal with adolescents post discharge. The two subthemes which emerged from the analysis will be discussed below, supported by quotes from participants and a literature control.

4.4.1.1 Sub-theme 1.1 Ongoing services an integral part of treatment

Section 1 of the Prevention of and Treatment for Substance Abuse Act,70 of 2008 (RSA, 2008) defines aftercare as the ongoing professional support to a service user after a formal treatment episode has ended. This sentiment was supported by the majority of participants who indicated that aftercare services are essential to ensure the adolescent's best possible chance of sustaining a successful pathway to recovery.

"Aftercare also mean supporting that child every step of the way."

In the practice setting it is also apparent that aftercare cannot serve as a treatment or maintenance intervention, but needs to build upon or be considered an extension of a structured programme. This essentially means that the therapeutic groundwork has already

been done and what follows during aftercare is the maintenance of that which has previously been imparted in the service user.

Participants also indicated that additional external support is needed to monitor and supervise the adolescent's reintegration and recovery progress. This monitoring function is supported by Maluleke (2013:33) who suggests that regular monitoring and supervision of clients in aftercare not only supports sobriety, but also assists with support and identification of additional services. The following comments were made by parents regarding the monitoring function of aftercare:

> *"For me the supervision is about the child and the circumstances at home."*

> *"My understanding would be, aftercare would mean that there would be people that is the people that, uh, the child went to for treatment that will also be part of this aftercare programme – who will at times come and see how he is doing."*

Naobes (2016:102–103) and McNeece & Dinitto (2012:149) support the need for follow-up visits and contact, which they view as essential for maintenance, monitoring and adjusting treatment needs. The reality is, however, that organisations often do not have enough resources to conduct such activities, which frequently results in parents experiencing a lack of support. It also emphasises the importance of the role of caregivers as support and safety net.

4.4.1.2 Sub-theme 1.2 Inclusion of the family

Aftercare programmes should target the families of adolescents, not only to render therapeutic support, but also to enable family members to deal with the challenges associated with aftercare and recovery (McNeece & Dinitto, 2012:251). The findings revealed that parents generally felt overwhelmed by adolescents' return to the family environment after discharge from the treatment centre. They reported feeling ill-equipped to support adolescents in their recovery and thus requested that they be empowered with skills for managing the challenges adolescents may face when reintegrated into the community environment. The following are reflections from parents regarding this need:

> *"And it also involves you as a parent or the family to see that the child, whatever the child has learned in that centre, to apply it in his or her life."*

"While the child is going through that programme, maybe have the parents also go through a programme to equip them better with the tell-tale signs."

"Uhm, my understanding is that, uhm, if the child was in rehab, that the rehab should actually send us as the parent on a programme or something to be able to deal with the children."

In addition, a smaller group of parents specifically indicated the need for some preparation on what to expect once the child was discharged. The narratives of the following two parents reflect on the anxiety they experienced, feeling that the treatment programme ended abruptly, and that treatment was possibly not completed:

"You know. Uhm, we do, the… the… like… with this time around, the… the programme wasn't, I feel it wasn't finished. Finished… And then we were just given these kids… and, uh, a few of, uh, uh, the parents that I walk into, bump into… They say they are still knocking their heads with the kids, you know. And I'm also still knocking my head."

"You know, and… and… and… nobody is telling what is going on. They went in there, they came out… And that was it."

The anxiety experienced by parents could possibly be due to insufficient preparation by the social worker regarding reintegration. It could also be ascribed to parents sometimes not feeling ready to receive the child, thinking that the treatment programme should extend to a longer period. Parents, having experienced how structured and efficient the treatment environment was, may also perceive that they might not be able to provide the same environment and feel ill-equipped to continue treatment. In studies conducted by Abdulla (2014) and Jarman (2017), parents also identified the need for support in monitoring adolescents with regard to their specific statutory or therapeutic interventions.

4.4.2 Theme 2: Reasons for adolescents' substance abuse

In the previous theme, participants established their understanding of aftercare and what it should entail. In the following two themes the data respond to the first objective of the study, which is to explore and describe the experiences of the parents regarding adolescents' substance abuse. During the interviews, parents were able to specifically identify reasons why

they thought their children were using substances. Two subthemes emerged from the data, namely the contributing factors to adolescent substance abuse that impact aftercare and a reflection on parenting.

4.4.2.1 Sub-theme 2.1 Contributing factors to adolescent substance abuse that impact aftercare

Four categories of contributing factors to adolescent substance abuse were identified, namely (i) exposure to trauma, (ii) acceptability and tolerance towards substances, (iii) the influence of peers and gangsterism, and (iv) parental substance abuse.

(i) Exposure to trauma

The association of trauma in substance abusing adolescents is supported by Feldstein and Miller (2006:637) who state that the use of substances may aid as coping mechanisms in victimised adolescents. The lack of sufficient support after traumatic events is often identified as a contributing factor to substance abuse, as is also experienced in the practice setting. The correlation between substance abuse and trauma is further supported by Van der Westhuizen (2010:11) and McNeece & Dinitto (2012:446–447) who identify traumatic experiences as a prevalent factor in substance abuse which should be treated in aftercare as well. The following observations by parents reflect their perceived connection between trauma and adolescent substance use:

> *"Die een sister se boyfriend het sy pa, toe hy vyf jaar is, dood gesteek … maar hy't nie counselling gehad nie."*
> [The one sister's boyfriend stabbed his father to death when he was five … but he never received counselling.]
> *"Yes, this children used drugs, yes, they were raped."*

The practice setting often shows that the majority of female service users have been subjected to sexual trauma, while in most cases the males have witnessed acts of violence that eventually contributed to substance use and further risky behaviour. McNeece & Dinitto (2012:447) suggest that trauma-specific interventions be implemented to support service users with these co-occurring disorders.

(ii) Acceptability and tolerance towards substances

Most communities in South Africa show general acceptance of and tolerance towards substance abuse, regardless of the negative effects thereof (Van der Westhuizen, 2010:161, Goliath, iv:2014 and Moloi, 16:2017). In a study conducted by Van der Westhuizen (2010:160), participants identified the availability of and tolerance towards substances in the community as obstacles to recovery. Substance abuse is often normalised in certain social settings. Such settings provide ideal opportunities for adolescents to engage in substance use – everyone is using – thus, the setting itself normalises the usage (Hayman, 2013:93–94). Parents identified substance use as something that happens around them in their communities as either a trend or a normal part of life.

"Weed[1] is half n trend."

"...and I mean die kinders rook dagga asof dit niks is..."

[...and I mean the children are smoking dagga as if it is nothing...]

In many settings the phenomenon of substance abuse has become part of life and is often not even viewed as dysfunctional anymore. This poses a challenge, particularly to adolescents in communities where recreational resources are limited, and where peer influence still plays a major role in development. The normalisation of substance use in communities discourages the adolescent to go against the norm, especially when there are certain risks involved, as described in the next section.

(iii) Influence of peers and gangsterism

The parents identified peer influence as a significant contributor to substance use. Peer acceptance plays an important role in developing adolescents. The need of belonging and self-identity is what makes them vulnerable to fall prey to negative peer influence or gang involvement. Substance use may be significantly influenced by gang involvement, especially when adolescents are selling drugs as well (Reisinger, 2004:252). While this was not

[1] Weed is a commonly used street name for cannabis.

specifically identified during the interviews, the reality in most vulnerable communities is that many youths do fall prey to substance abuse because of gang involvement (Carelse, 2018:131–132). This view is supported by Morojele et al. (2012:202) who identify substance use as a feature of adolescent gangs.

"He was friends with gangsters' brothers in Jacksonville."

The combination of the need for peer acceptance and gang involvement not only contributes to substance use and risky behaviour, but also impacts on recovery when the adolescent does not have the necessary support structure in place to deter from and replace involvement and substance abuse with positive activities.

(iv) Parental substance abuse

Studies have shown that children who are raised in an environment where parents use substances have a higher chance of following that pattern later in life, especially when parents fail to recognise the severity and influence of their substance use (Mudavanhu & Schenck, 2014:380). This view is supported by Morojele et al. (2012:202) and Goliath (2014:282) who postulate that adolescents who are exposed to parents who use substances are likely to model that substance-using behaviour and that these parents ultimately act as negative role models. The substance use in the family, especially if it is not in a controlled environment, creates the opportunity for the child to imitate parental behaviour or use opportunities within the setting to also consume. For instance, adolescents will consume alcohol or cigarettes with their parents or steal these items from their parents. The following narratives reflect on parents' perception of their substance use:

"I drink but I drink red wine... but for me it's, it's nothing…because I can go weeks without it. But evens my smoking, I don't smoke in the house."

"It's to relax, then my husband drinks his beer."

One parent also reflected on the changes she felt she needed to make regarding her substance abuse.

"My smoking, I wish I can stop. Really, because, like now I need to be an example."

The abuse of substances by parents has a detrimental effect on adolescents and their recovery as there is often lack of control and limited insight into the specific set of challenges adolescents face daily. One of the caregivers, for instance, directly attributed the adolescent's inability to achieve success in recovery to the substance abuse by the biological parent.

> *"But now with me there's a obstacle… the mother. The mother is continuously using drugs. When I ask her, 'What are you doing? Why? Where are you taking this child to?'"*

It is interesting to note that only a minority of the parents who participated in the study admitted to using substances and thereby exposing their adolescent children to domestic substance use. It could, however, mean that those adolescents were exposed to substances in the other categories previously mentioned.

4.4.2.2 Sub-theme 2.2 Reflection on parenting

Overall, the parents were able to introspect on parenting with regard to adolescent substance abuse as supported by Bertrand, Richer, Brunelle, Beaudoin, Lemieux & Ménard (2013:27). The general consensus was that parents had tried their best to rear their adolescent children in a nurturing and positive developmental environment.

Participants' reflection on parenting comprises four categories, namely (i) the efforts made to provide the best for the adolescent, (ii) parents' experience of a sense of failure, (iii) the impact of absent parents, and (iv) how the parent–child relationship is influenced by the substance abuse.

(i) Efforts made to provide the best for the adolescent

The literature suggests that differences exist between parents' perceptions of child rearing best practices and those of adolescents (Kuar, 2013:17). Dunn & Keet (2012:90) conclude that certain factors, like socio-economic environment, also have a significant impact on what parents will perceive as good parental practices, as opposed to the perceptions of their children. In lower income communities, such as the community from which the sample of the current study is drawn, mothers play the dominant parental role, often characterised by focusing on meeting the basic needs of the adolescent rather than providing support to master developmental challenges (Dunn & Keet, 2012:89). The literature further indicates that

adolescents generally respond positively to parental warmth (Deković & Meeus, 1997:163; Bertrand et al., 2013:29; Kuar, 2013:23; Mogonea & Mogonea, 2014:190) and monitoring. Moreover, they usually react to their perception of parenting as opposed to the actual parenting (Kuar, 2013:17). This is echoed in the participants' sentiments that, in spite of providing for their adolescent children to the best of their ability, they still engaged in substance abuse.

> *"I did my best as a mother. For my daughter. I didn't abuse her… I didn't neglect her. I gave her, I put her in a good school…"*

> *"Me as a mother, I must struggle, I must strive, I must do everything I can for my children."*

Practice experience informs that parents often approach child rearing according to their own frame of reference, as opposed to the individual needs of the adolescent. They apply practices based on their own upbringing and thus make child-rearing decisions regardless of the relevance or environmental factors. This is echoed by the following narrative of a parent regarding the adolescent's request to have a sleepover at her cousin's house:

> *"Then I will say because my mother always said, a dau … a teenager never sleep out of the house."*

The researcher does not discredit the child-rearing practices of participants, but, literature suggests (Goliath, 2014: 32), that efforts by parents should relate to the needs of the adolescent rather than the perceptions of the parent. The researcher therefore concurs with the literature.

(ii) Parent experience of a sense of failure

Some parents expressed that, despite their best effort, they feel pressure regarding their child's substance use and recovery goals and felt responsible for their failure. Feelings of shame, guilt, and failure are often experienced by parents when their children show signs of disturbance and dysfunction (Smith & Estefan, 2014:427) as parents generally want their children to succeed and develop into successful adults. Fear of failure after discharge and during the aftercare period was identified by parents as a major area of concern.

"And it's, you're the, you the parent, it's your responsibility. So, what is gonna happen if this child is starting to use again? It will just show that you are not competent, not a good parent because the child wasn't even long in your care, and there he or she goes again and using. So there's that expectation."

"That's why maybe sometimes I feel like I'm the failure maybe that is why he is being like that."

This links to the previous category which showed that parents do experience a sense of failure when their child-rearing expectations are not met because of differentiating perceptions on what support the adolescent needs.

(iii) Impact of absent parents

The significant impact of absent parents was mentioned by several participants. This usually meant that there was inconsistency in rearing methods and most often a lack of support from the absent parent. The research sample was comprised of eleven single parents. Some of these parents had hopes that, with the onset of substance abuse, the absent parent would become more involved, and that such involvement would render some support for the adolescent. However, the disappointment was greater when the absent parent remained uninvolved.

"The … my difficult part is, my son and his father doesn't have a relationship. And I will tell him (father), you know what? A … a … a son's identity comes from a father, not from the mother."

Support from spouses usually helps parents to cope with their role (Mulford & Redding, 2007 in Abdulla, 2014:114). However, most of the parents who participated in the study were single parents who felt the absence of the other parent with great frustration. Absent and uninvolved parents are not involved in the lives of their children, either because they do not accept their parental responsibilities, or are so involved with their own issues that there is little time and energy left for their children (Mudavanhu & Schenck, 2014:379).

"He know his father doesn't care … care for him, he knows that. And it's very painful to them."

The strain of single parenting can be particularly difficult. There is a lack of a supportive structure to share the caring responsibility, while all rearing issues are dependent on one parent.

(iv) Parent–child relationship influenced by the substance abuse

A particular parenting style will often determine how parents respond to adolescents engaged in substance abuse (Hayman, 2013:89) and will have a direct influence of the parent's ability to a particular stressful situation. According to Groenewald (2018:8), the relationship between the parent and adolescent is significantly affected by the adolescent's substance use, which often leads to feelings of confusion and frustration. In many cases it leads to a diminished parent–child relationship. The majority of participants expressed frustration at and disappointment in the broken relationship that ensued once the child started using substances.

> *"When my husband is there then he will know exactly how to behave him, really. And I will tell him no it seems like you're also against my child ... But it's not ... No, no, not to him. I was protect, like protecting my child but in a wrong way ..."*

> *"And I just need to deal with it, and like I said, when I, when I heard X is doing all these things, I had to came down to earth."*

In practice it has also been found that the relationship between the parent and adolescent is affected by the substance use due to the parents' perception of a loss of control. Parents feel that they were not able to protect their child from the substance abuse as well as the effects thereof, and consequently experience strain on their relationship.

4.4.3 Theme 3: Experiences of parents during adolescents' substance abuse

Four subthemes emerged from the data on parents' experiences during adolescents' substance abuse, namely disappointment, fear for the child's safety, the extent to which the household and other children are influenced, and previous efforts and experiences of treatment.

4.4.3.1 Sub-theme 3.1 Disappointment

Studies have shown that the attitudes of some parents significantly change towards their substance abusing adolescents in an effort to motivate them to self-actualisation regarding the

consequences of their actions (Groenewald, 2018:8). Parents in this study shared their disappointment in their children and how their children's substance use reflected badly on them as parents. They also indicated their disappointment in their unfulfilled expectations for their children.

> *"I'm telling you, the places – I couldn't believe a child of mine … can go into places like this. When I came back (from finding the child), I just, I cried so much."*

> *"Because I had high expectations for her. Because I wanted my daughter, ask my husband … She was supposed to go to NMMU this year. She was supposed to been driving this year. All these things I had that, but unfortunately it didn't happen."*

> *"Maybe I'm pushing hard; maybe I want them to live my life. Maybe that's a reason. That's why I'm saying like sometimes I feel like I'm blaming myself."*

Parents often do not know how to deal with the disappointment of an adolescent child abusing substances. One participant reported that she almost felt ashamed, while another blamed herself for doing what parents are supposed to do, namely to believe in their children and expect the best for them.

4.4.3.2 Sub-theme 3.2 Fear for the child's safety

Because of the social environment where substance abuse takes place, many parents expressed their concern for their child's safety. Bertrand et al. (2013:29) maintain that inadequate monitoring not only contributes to increased opportunities for substance use, but also heightens risks for the adolescent's safety. Of the respondents, two families were directly affected by gang involvement due to the adolescents' substance use. Consequently, they experienced a genuine grounded fear for the lives of the family members and the adolescents.

> *"Every night I went after, I came out of work and then I went to go look for her with the police Van. I couldn't find her and this one day, the third day I think, I said, now, tonight, I'm not gonna rest, until I find her."*

> *"Nou dink ek, al die goete gaan deur my mind. Waar was die kind? Wat het die kind oogekom?"*

[Now I think, all the stuff going through my head. Where was the child? What happened to the child?]

Some parents also expressed fear for their own safety as they often had to go out and look for their children, not knowing where they were, fearing confrontation with gangs.

"Nou staan hy op, maar nou met ek weer bid, Here asseblief laat hy ook tog nie iets oorkom nou in die nag… Daar waar hy nou gaan loop en soek nie. Want obvious loop hulle by die verkeerde plekke…"

[Now he gets up, but now I have to pray again: God, please do not let anything happen to him during the night …There where he is going to now. Because obviously they are going to the wrong places …]

"You can't fight because they're really going to hurt you."

Innate to the parent's caring and monitoring role is the desire to protect the adolescent from harm, as well as the family from consequent risks. From the narratives of some of the parents is was clear that the fear for the safety of their children caused them great distress, as did endangering their own lives in search of them.

4.4.3.3 Sub-theme 3.3 Influence on household and other children

Evidently, the impact of the adolescents' substance abuse is not only experienced by parents, but also by other members of the household, especially the siblings. Parents reported that they needed to juggle managing one child while maintaining control over the other children. The influence of substance abuse on sibling relationships is underpinned by research which shows that central to the substance use is the loss of relationships, loss of trust, the perception of being selfish and not considering the needs of the family, conflict, embarrassment, being ashamed, and exposure to substance abuse (Barnard, 2005:17–21). One of the respondents, for instance, was called to the school because the younger sibling had experienced a change in school progress.

"Ja, and you have to be careful because the other one is gonna worry a lot. Like my one, his schoolwork did went behind. And so, they phoned me, and I told the Sir there what's going on."

"Uhm, sister and brother can't get along. Brother swears 'N's' and 'P's' and stuff to sister. They don't get along. They just wanna kill each other all the time. So family intervention is... is... is... is the main thing."

It can be stressful for parents to maintain order in the household while focusing on supporting a substance abusing adolescent. The challenge is to support the substance abusing child while not appearing to favour that child to ensure that the remaining siblings do not engage in harmful attention seeking behaviour.

4.4.3.4 Sub-theme 3.4 Previous efforts and experiences of treatment opportunities

Not all adolescents who formed part of this study had received multiple treatment opportunities. However, parents of those who have had the opportunity expressed their frustration at not seeing results, with the consequent relapses. Reisinger (2004:249–250) notes that adolescents who are addicted and had moved past denial of their addiction are not vested in how others experience their use, but rather in how they view their own use. For the developing adolescent with an impaired sense of judgement, that fine line between recreational use and addiction, the frequency, and the environmental contributors and tolerance towards use often negate the guilt from relapsing.

"I send X to, three, three times, she was in a private rehab. Three times … That doesn't help at all."

"You pay thousands of rands for … private rehabs, you can take you daughter. No when she was, no she was fine, it's a hotel that mommy. She goes in with a packet of cigarettes. Every night you can take her something … luxuries, uhm … it didn't help, and every time … It just got worst."

In the practice setting, relapse and readmission is generally not viewed as a failure but rather as an opportunity for the treatment programme and skills to be emphasised. Yet, Hennessey and Fisher (2015:92) maintain that readmissions can be costly if the services are paid for services, and state that community-based programmes could offer a cheaper or even free solution to treatment interventions.

The second objective of the study was to explore and describe how parents experience their children's participation in the substance abuse treatment programmes. In this regard, one main theme emerged from the data and will be discussed in the section that follows.

4.4.4 Theme 4: Experiences of parents when adolescents return home from treatment

Three subthemes became apparent when analysing the data for parents' experiences after their children had returned home from treatment: stress, owing to fear of relapse; hope, owing to signs of change; and obstacles experienced when adolescents return home after treatment.

4.4.4.1 Sub-theme 4.1 Stress, owing to fear of relapse

The majority of parents expressed anxiety caused by a fear of relapse. As they felt responsible for avoiding a relapse, they were in a constant state of vigilance and needed to be attentive of the adolescent's every move.

> *"From my side, to be totally honest it is a bit nerve wrecking."*

Stress experienced by parents can be categorised into (i) fear resulting in a lack of trust and (ii) signs of possible relapse.

(i) Fear resulting in a lack of trust

The lack of trust following treatment intervention is supported by previous studies that included the narratives of parents (Groenewald, 2016:88) and adolescents (Van der Westhuizen, 2010:155). These studies highlighted the challenging dynamic of parents being cautious to trust their children again and adolescents perceiving that their parents do not trust them. Overall, most of the participants were cognisant of the fact that the adolescent had participated in the treatment programme and that change had occurred; however, they also indicated that at times they could not fully trust the adolescent because of fear of relapse.

> *"No, trust is not easy. It's a challenge. Because miskien kan ek pretend* [maybe I can pretend] *I trust but I will also … It's the doubt … it's the doubt."*

From the narrative of this particular parent is was evident that, owing to the adolescent's previous behaviour, the parent doubted whether real change had taken place.

(ii) Signs of possible relapse

Most of the participants shared that they were vigilant for changes, due to the reality of relapse. Some of the parents indicated that they would sometimes confront the adolescent about possible changes they observed, while others were just hoping that what they were observing was normal. This is supported by the narrative of parents in similar studies who shared that post treatment they started to adopt a more watchful, controlling and responsive approach (Groenewald, 2016:93).

> *"He is still not eating like he should. He won't eat for two three days and it makes me worry ... are you using?"*

Yet, being observant post treatment could mean that parents were now more willing to engage their adolescent child in constructive communication rather than using an accusative tone, as might have been the case before treatment. This is supported by previous studies which indicated that better communication skills between parents and their children were attained consequent to the adolescents' participation in a treatment programme (Katouziyan, 2017:84).

4.4.4.2 Sub-theme 4.2 Hope, owing to signs of change

Although many parents experienced anxiety towards subtle changes, most of them also expressed their sense of hope when they saw positive changes in the adolescent. The following narrative echoes the sentiments of participants who experienced hope at seeing changes in their adolescents:

> *"And then you also have feelings of, when you uh, when you see the child and you see how much the child have changed for that time between when the child was at home and in the programme – it also gives you great joy to see how the child have changed."*

As parents experienced changed behaviour, especially in the first weeks after discharge, it was evident that they mostly experienced a sense of relief as hope crept in, guided by the fact that change was possible. Ultimately, that hope had a positive effect on the relationship.

From the data. three categories came to the fore from the subtheme of hope, namely (i) behavioural change, (ii) linking with support systems, and (iii) a change in parent–child relationship.

(i) Behavioural change

Relationships started to improve when behavioural changes were experienced, and these changes contributed towards rebuilding trust in the parent–child relationship. The joy these parents shared were contrasted by the frustration shared by parents in a similar study regarding their frustration and disappointment when the treatment programmes their children participated in had not changed their lives or behaviour (Mathibela, 2017:88).

> *"Okay, some of the changes, before he did the, uh, I, I teach him everything, like to clean, to cook. He knows everything so he didn't do that before. But now he do everything. If I came home late, he's gonna cook."*

> *"I didn't, I never lock my room. I just leave and I can even leave my wallet. If he wants maybe R1 to buy chips, he is gonna ask for it."*

However, it was observed by the researcher that parents were perceptive to previous issues of trust and measured the adolescent's current behaviour against that to determine whether actual change had taken place.

(ii) Linking with support systems

Most parents expressed the need for support systems in helping to maintain a successful recovery. This sentiment is supported by parents and adolescents in a related study regarding aftercare needs. The study identified substance-free environments and activities as an essential factor in recovery and maintaining abstinence (Acri, Gogol, Pollock & Wisdom, 2012:124). In the current study, one parent, for instance, indicated how the church and religious activity serve as an additional support system to her adolescent.

> *"And, he's going to church and things that he didn't wanted to do, don't come tell me about what, but now, no when you tell him come to church or he would get up on his own – I want to go to church now, mommy, let's go."*

> *"It's still God's Word, if he wants to go to that church, go with him, just to you know, he need a shoulder to lean on."*

Although religious activities had been identified as the main source of substance-free activities, other sources like sport and art may also be explored. Unfortunately, in practice settings it has been found that these activities are not always available in most communities.

(iii) A change in parent–child relationship

As parents observed behavioural changes, they were able to discuss it with their children, and consequently their relationship was able to grow. The importance of this is highlighted by previous research that identified poor communication between parents and adolescents as a possible cause of relapse (Van der Westhuizen & De Jager, 2009:81). Conversely, improved communication between the parent and adolescent contributes to an improvement in the relationship and can ultimately support recovery needs. This is illustrated by one of the participants as follows:

> *"Now the child is better than before. Because I'm not sure, if, if there's something wrong I just, uh, calm down and sit with him, talk to him nicely, then it goes, all the things goes well. Before, he didn't talk if he want something …"*

From the responses by the parents it was evident that the parent–child relationship suffered immensely because of the substance use. Yet, it was observed through the narratives that parents were eager to restore the relationship post treatment and were seeking opportunities do to so. This initiative is supported by literature that indicates that, despite substance abuse, parental love and care does not subside (Katouziyan, 2017:29).

4.4.4.3 Sub-theme 4.3 Obstacles experienced when the adolescent returns home after treatment

From the data it became apparent that most parents experienced unexpected challenges once the adolescent was discharged and back in their care. These challenges are encapsulated in the following categories: (i) lack of information, (ii) not being available all the time, (iii) lack of support, (iv) adolescents' attitude and behaviour, (v) trust, (vi) unrealistic expectations, and (vii) dealing with disappointment.

(i) Lack of information

Some parents felt out of their depth with the substance abuse phenomenon and needed some education on the subject. The need for substance abuse training and workshops is supported by studies conducted by Swartbooi (2013:42), Groenewald (2016:97) Mathibela (2017:126) and Katouziyan (2017:40). Most treatment programmes for adolescents have a parental education component and are geared towards empowering parents and families to identify and deal with substance abuse (NIDA, 2008:16–17). Yet, the general sentiment from parents were that, although it was prevalent in their communities, they still lacked the necessary information to really deal with substance abuse.

"*I don't even know how tik looks like."*

"I never even have heard about it, uh, they tell me how they use it but I don't know anything about it."

These narratives are supported by a similar study by ahead Swartbooi (2013:44–45) which identified parents' lack of knowledge about substances and substance abuse, as well as how to access resources, as area of contention. The study indicated how this lack of knowledge added to parents' disappointment, feelings of guilt, and being ill-prepared for the challenges that lay. Practice experience has highlighted that parents who participate in support groups and services rendered by professionals not only feel more empowered but are also able to support other parents dealing with the same challenges.

(ii) Not being available all the time

As monitoring becomes an important part of the role of the parent in aftercare, some parents were worried about whether their children were coping on their own, as they were not available all the time. Social ills and environmental and economic factors contribute to parents' concern about not being able to continuously supervise their adolescents (Swartbooi, 2013:83). From the narratives of parents, it was evident that they worried about receiving bad reports regarding their children since they were unable to be available at all times.

"And even at work I'm worried if I came back I'm gonna get bad news."

"Because I'm working I can't do that, because he is alone the whole day."

The guilt of not being available and the worry about the adolescent relapsing or getting into trouble need to be carefully navigated so that when parents do check up on their children it is not viewed in a negative light. Monitoring should be carried out in a constructive and caring fashion, minimising the potential conflict that might arise.

(iii) Lack of support

Although most parents received support from their families, some felt that the lack of support from extended family members made the journey a lonely one. The lack of support, especially from extended family, often leads to emotional exhaustion for parents. This provides an opportunity for manipulation from the adolescent, often resulting in further conflict between family members (Swartbooi, 2013:11–12). The following narrative from one parent illustrates her need for support from family members:

> *"My wish was always that the support of the family would be so that if they see that I'm weak in that area there would be someone that can step up and be a support. You need someone who act, for example, you are a woman, you need someone like a man who can also talk some sense into, if it's a boy or a girl, talk some sense into that person."*

The additional support from extended family can strengthen the parent's ability to not only deal with the recovery needs of the adolescent, but also tap into a network of support for their own emotional needs, as well as the needs of the adolescent.

(iv) Adolescents' attitude and behaviour

Changes in behaviour, mood swings, poor communication and manipulation are often the signs of substance abuse (Goliath, 2014:207). However, these characteristics can also be ascribed to normal adolescent development (American Psychological Association, 2002:15–18), which is why in many cases parents do not relate such changes in behaviour to substance abuse (Mathibela, 2017:10). Parents described their observations of their adolescent children's behaviour as follows:

> *''She's got a bad attitude. She don't know how to talk to people."*

> *"And he knows how to push my buttons, you see?"*

"You know and ... uhm ... he's manipulative. How to stop that. That is difficult to deal with ..."

Post treatment parents are generally more aware of these behavioural challenges and are able to address them in the hope that the adolescents will change their behaviour. Parents who participated in a similar study supported this, but also identified additional feelings like guilt and blaming themselves for not being more involved in order to influence behaviour (Mathibela, 2017:83–84). Van der Westhuizen (2010:135) maintains that aftercare programmes should focus on helping the adolescent acquire new skills that will develop better coping skills and improve behaviour. However, changing the behaviour of the adolescent will also require the necessary parenting skills for fostering such change, as identified by the participants of the study. This will be discussed later in more detail.

(v) Trust

The substance use of the adolescent not only puts stress on the family dynamics, but also affects lower levels cohesion between members (Van der Westhuizen, 2010:179). Parents expressed their concern with trust and the negative effect thereof on the relationship between themselves and the adolescents. Some participants disclosed that they were conflicted between wanting to believe that the adolescent would make the better decisions and thinking that not enough time had passed in their recovery. Others felt that they should be more trusting, but feared that they might be taken advantage of and that the adolescent would start using again.

"Explaining it to child: "Ja you are not at the point, I am not at the point where I am at ease when you go out. Give me some time, give me at least two months… So we can build this relationship up. Uhm, so you need to also get that, help me now, this is for me, help me. Just give me time so I can also get to the point where you are. In our trust."

"I trust him but I don't trust him fully, because I have that fear if I give him that trust, that's whereby he'll say, okay, I can do this thing and my mother won't know because she trust me."

These narratives may also indicate that parents are concerned that their children might not honour the trust they so much wanted to demonstrate towards them, which might end up in a lack of respect. Parents feared being manipulated if they trusted too much in the early stages of recovery.

(vi) Unrealistic expectations

Although not all parents verbalised it, some parents felt that they needed to take the recovery process in their stride and not expect a full recovery without incidents. This is supported by literature which shows that parents will often experience a sense of disappointment when their children fail to meet their expectations of sobriety, as they believe that their own strengths and believes should be a moral compass for their adolescent children (Swartbooi, 2013:45–56). The following narrative from a parent who felt that they still needed to support the adolescents through their struggles and not have unrealistic expectations of recovery or restored relationships is a sentiment shared by other participants:

> *"Maybe we ... we ... we expect too much. You see? You think that when the child comes back from (the treatment centre), he ... he must be super. But it's not like that. That is not natural."*

Parents realised that they needed patience to deal with the recovering adolescent.

> *"You need to have patience."*

Realising that they need patience with the recovery journey of adolescents, parents will put less pressure on them to achieve recovery results and establish a more realistic set of recovery goals. This is supported by the treatment guidelines of the SAMHSA (SAMHSA, 2015:23). These guidelines indicate that unrealistic expectations from parents can result in feelings of not being able to live up to expectations or just giving up trying.

(vii) Dealing with disappointment

Learning to deal with the disappointment and embarrassment of adolescent substance abuse was an issue most parents could identify with. Parents who participated in a related study also indicated their disappointment at their substance abusing adolescent children who were hindering their own chances of a successful life. The hopes and dreams they had for their

children were challenged by the substance use (Mathibela, 2017:87–88). This stems back to the fear they have of the adolescent relapsing and not being able to manage it.

> *"And I just need to deal with it, and like said, when I, when I heard X is doing all these things, I had to came down to earth."*

> *"You need to accept that there will be disappointments also."*

Learning to be patient, supportive and realistic about recovery goals will enable parents experiencing disappointment to deal with challenging recovering needs. In addition, it will create a safe environment for adolescents to meet those needs, even should they lapse or relapse in the process.

The third objective of the study was to explore and describe the perceptions of parents about their role in the aftercare of adolescents who have participated in treatment programmes for substance abuse. During the interviews, monitoring of behaviour of both the parent and the adolescent and the need to educate themselves were identified by parents as what they considered to be their role in the aftercare process.

4.4.5 Theme 5: Parents' expectations of adolescents after treatment

From the theme of parents' expectations of adolescents after treatment, two subthemes emerged, namely taking responsibility and being honest about the past.

4.4.5.1 Sub-theme 5.1 Taking responsibility

In Chapter 2 we discussed that in adolescent development the prefrontal cortex, the part of the brain which regulates behaviour and emotions, is not yet fully developed. This influences the adolescent's ability to make informed decisions based on consequential outcomes. Most parents in the current study believed that their adolescent children needed to take responsibility and not blame others for their actions. In addition to parents' expectations of their children to be accountable for their own role in their substance abuse, other factors also influence parents' perception regarding taking responsibility. These factors will be discussed in more detail in this section. The undertone of the narrative below again illustrates a sense of disappointment in the adolescent's substance use.

"But they … need to take responsibility. We can do just so much for our children."

This sentiment is echoed in related studies where parents indicated that they felt they were judged for the actions of their adolescent children when they had done their best to rear them well (Mathibela, 2017:97).

Regarding taking responsibility, parents expected that their children should (i) stop blaming others and (ii) choose their company carefully.

(i) Stop blaming others

One parent in particular felt that they had made the best effort to rear their adolescent child to the best of their ability and could not be blamed for any actions the child entered into while being alone. In this regard, literature shows that it is not uncommon for substance abusing adolescents to blame others, including their parents, for the problems they experience in life. Consequently, parents feel angry and victimised (Usher, Jackson & O'Brien, 2007:427). The following narrative echoes the frustration of a parent at being blamed for the adolescent's substance abuse:

"All these children want to blame the mothers and the fathers… There's nothing wrong, most of us we don't do these things, but we gets the blame for …"

While this sentiment was only shared by a minority of the participants, others also expressed a sense of frustration at being held accountable for the adolescent's substance use. In addition to the adolescent's developmental ability to make sound and mature decisions, literature suggests that low self-image can also cause inability to take responsibility for mistakes and accepting blame and may thus also be a contributor to substance use (MacTavish, 2004, cited in Van der Westhuizen, 2010:336). When taking into account that the adolescent might use substances to deal with difficult situations, a well-founded reason for blaming the parents (even from the adolescent's perspective) could be discovered during therapeutic intervention. This dynamic can often be used as an intervention starting point, as often experienced in practice setting.

(ii) Choosing company carefully

Most parents shared concern regarding their adolescent children's choice of friends and hoped that post treatment they would rather chose peers that would add value to their lives and could assist in their recovery. Peer influence, a major component in adolescent development, can lead to risky behaviour. In this regard, studies have found that increasing self-esteem amongst adolescents would have a greater impact in promoting healthy behaviours than providing opportunities for change or fostering healthy peer relationships (Wild, Flisher, Bhana & Lombard, 2004:1464). The following narratives from parents illustrate their concerns regarding their adolescent children's ability to choose and maintain supportive and positive peer groups:

> *"Because he's gonna mengel [*mix*] with those friends and you know, they're on the right path and that."*

> *"Sometimes he wants to be with his friends, then he has to… to change his ways now."*

> *"For me, she needs to be responsible and she needs to be matured."*

Conflicting perceptions of a positive peer group often become an area of contention between parents and adolescents, as experienced in practice setting. Parents and adolescents may have different views on acceptable friends, either because of compatibility or different interests.

4.4.5.2 Sub-theme 5.2 Being honest about the past

Two parents expressed the desire to know about their adolescent children's substance abuse. They felt that they had better communication lines with their children post treatment and were ready for a discussion about what had led to the substance abuse. They expressed that although it was difficult, learning about what the adolescent experienced gave them empathy and improved the relationship.

> *"Waar het dit begin, wat het sy alles gedoen, wat het sy deur gegaan, hoekom het sy dit gedoen het. Ek wil ook graag dit weet*."

> [Where did it start? What did she do? What did she go through? Why did she do it? I would also like to know.]

"Sy sê ma, dan sit ons heel nag daar. Haai tyd wanneer ma-hulle ons so gaan soek, ma gaan mos nie daar kom soek nie."

[She says mom, then we sit there all night. Those times when you guys went looking for us, mom won't go looking there.]

One participant said that she wanted to impart on her son what she had learned from life and wanted him to have a better life.

"The purpose of this is to make him, uh, uh feel secure, his family is there for him, he don't have to go mengel [mix] *with wrong friends because he see now, now my parents guide me in a better way. And, beforehand, they told me about wrong friends… And I didn't listen and now I got a picture, because look now, they have to run around with me, where's the friends? And, I hurt my parents and I don't want to do it anymore else, so I will follow now in their footsteps*."

The need to know and understand why the adolescent became involved in substance abuse as well as to be informed about their experiences may be driven by the parents' own sense of guilt or sense of failure for not being able to protect them or steer them away from the harm of substance use. Research narratives suggest that parents generally raise their children with the hope and expectation that they will mature into successful adults but feel their dreams are shattered by the negative effects of substance abuse (Usher et al., 2007:427).

4.4.6 Theme 6: Parental roles and responsibilities in recovery

Parental influence is believed to have a significant role to play in the general and, in particular, emotional wellbeing of the adolescent and may promote various supports depending on how they choose to exercise that influence. (Acri et al., 2012:120).

From the data on parental roles and responsibilities in recovery, three subthemes emerged, namely awareness and observation, parental involvement and interest, and having hope.

4.4.6.1 Sub-theme 6.1 Awareness and observation

Most treatment models and practice guidelines incorporate a component of equipping family members and significant others, especially in aftercare care and the identification of early

signs of relapse (Rawson & McCann, 2006:29; Groenewald, 2016:103). Empowering parents to identify the possible signs of relapse might prevent it. Parents shared the following narratives on how they became more aware of adolescents' behavioural patterns post treatment, fearing sings of relapse:

> *"You must just observe sometimes, you know?"*

> *"For the signs, because, joh, the drugs have a lot of signs, you know your child…"*

> *"You know mos your child only, but now he's eating normal."*

Observation and vigilance is a typical protective sign of parenting. Although it might not always be appreciated by adolescents, knowing that their parents are observant towards behavioural changes can be a deterrent for relapse. In this regard, literature indicates that parents should be trained to support adolescents in dealing with stress, to motivate them to maintain changes towards recovery, and to identify and avoid triggers (Barber, 2002 & Keegan & Moss, 2008 cited in Van der Westhuizen, 2010:201).

4.4.6.2 Sub-theme 6.2 Parental involvement and interest

Increased interest and involvement in the adolescents' activities had a positive impact on most of the parents, and consequently the adolescents as well. Participants disclosed how they realised that sharing experiences can improve relationships. Through interaction they were also able to encourage adolescents to adopt healthy habits and learn new socialisation skills which are essentially part of the aftercare integration process. The following narratives of parents reflect the shift that had taken place in their own approach to engagement:

> *"When the child is at home you must like give him some chores to do, uhm, you must participate with him in, in stuff like go shopping, play with him or reading or watch TV together, go to church. Maybe play in the yard, maybe tennis…"*

> *"Be involved, and like reading, maybe he ask you, mommy, read for me or daddy read for me. Don't say no because although he's big, read, because maybe something he want to see…"*

"And that's how you participate and maybe when he's washing the dishes, you say, come let me help you wipe off your dishes. Come let me help you or you clean that room or you would say, I'm gonna clean that side and that side, it's fine."

Parental involvement and interest are directly related to protective factors in parenting and integrated with parental monitoring, which is considered an important intervention tool aimed at reducing adolescent risk behaviours (Li et al., 2003:56). By being involved in the lives of adolescents, parents are able to foster channels of communication, understand the adolescents' emotional and other supportive needs, and to positively engage them. However, this continuous intended involvement might also pose a challenge to some parents, especially single parents or parents in complex family dynamics where parental time, energy, or emotional wellbeing and support may be strained or lacking.

(i) Interest relates to showing respect for his/her opinion

One of the identified roles of parents was that they needed to demonstrate more interest in the in the adolescent as a person. Parents revealed that showing interest in the adolescents not only gave them a sense of importance but also left the impression that their parents cared about their wellbeing. McNeece & DiNitto (1998), Gouws & Mans (2000, cited in Van der Westhuizen, 2010:204) argue that reintegration services with families should include parental interest, understanding, approval, acceptance, trust, guidance, role modelling, and discipline in order to foster developmental and interactional skills to aid in recovery. The following narrative demonstrates the parent's view on how her interaction with the adolescent can lead to greater communication and understanding:

"Don't say no to him and that and maybe you got a garden in the yard, help out there, he's helping you out there. What must I plant or so? Don't say no, you can't plant that and that. Help him and so, that's how the child, you know, and there are sometimes outside, outdoors sports and such things like that. Let him participate in that and go with him. It will, you know, he will feel like, ooh, my parents are here. I see they got interest."

In demonstrating interest in the adolescent, the parent not only fosters the prospect for improved communication and interaction, but also the opportunity to influence behaviour and understanding. This is supported by the narrative of a mother in a similar study who shared

her experiences of changing her attitude and mind-set regarding her interaction with her child. She realised that she had not succeeded in controlling his behaviour, but then shifted her approach to treating him with the respect he needed in the hope of influencing his behaviour in that way (Usher et al., 2007:425). For many parents the shift does not always happen and the methods they use to gain trust are not always effective, resulting in frustration and eventually disinterest by both parties.

4.4.6.3 Sub-theme 6.3 Having hope

Hopelessness is experienced by many parents when they first realise their adolescents are involved in substance abuse and they lack services and support. However, the strain in the relationship does not negate the parent–child bond, which upon the successful completion of the treatment programme receives a new injection of hope (Van der Westhuizen, 2010:200). The following narrative from a parent is a sentiment that is shared by most of the participants in the study:

> *"En wat ek sê is, jy is nooit te goed om sleg te raak nie… En jy is nooit te sleg om goed te raak nie."*
>
> [And what I say is, you are never too good to become bad … And you are never too bad to become good.]

Many parents do remain hopeful that their children will recover and encourage them to endure the journey of recovery. This hope is evident in their interaction with and care of the adolescent, which is often the lifeline adolescents need to realise that their parents are there to support them and will be there for them unconditionally.

Having hope can be related to (i) spirituality and (ii) trust.

(i) Hope related to spirituality

Most South Africans have spiritual connectedness and find a source of strength, comfort and hope though their religious and spiritual beliefs. It is ingrained in many of our cultural and value systems (Carelse, 2018:189) and for many communities an essential part of everyday activities and life.

"Bidden bly vir onse kinders. Net nie hoop op gee nie, ja. Net vertrou."

[Keep praying for our children. Not give up hope. Just trust.]

"So, ons moet net in ons se spiritual life ook kyk …"

[So, we must only look at our spiritual life too …]

"En ons moet glo. Dat dinge gaan weer regkom."

[And we must believe. That things will come right again.]

For the majority of participants in this study, that set of beliefs was an important component of remaining hopeful for change.

(ii) Hope related to trust

Rebuilding trust was one of the challenging areas that most parents could identify with and a recurring theme when it comes to aftercare and recovery. Parents' hyper vigilance towards their children's activities and movement can be a result of a lack of trust and consequently become a source of anxiety when parents fear relapse (Groenewald, 2018:7). The following narratives illustrate how parents exercise and understand the trust component of the relationship:

"So but, most, mostly is, you, you just need to trust that she will make the right decisions and trust that she doesn't go with the wrong people or meet the wrong people and all that."

"And I gave her the R2. She said to me, come stand by the gate. Ek se, jy het lus vir rook, neh? Wil jy n pakkie cigarettes se geld hê? Nee ma. [I say, you really crave to smoke, hey? Do you want money for a packet of cigarettes? No mom] *You're know, that child again, and I opened the door and I was standing at the gate and she came back with this two R1 packets of chips … And she came to go sit again. She's still a child."*

More stringent monitoring of behaviours and activities become an additional role parents needed to adopt in order rebuild trust.

4.4.6.4 Sub-theme 6.4 Communication

Most parents agreed that communication had improved post treatment. This can be ascribed to new skills learnt during treatment where assertiveness and communication are encouraged. Parents also realised that they needed to make effort to reach out and communicate with the adolescent in order to maintain good communication lines. Choi, Miller-Day, Shin, Hecht, Pettigrew, Krieger, Lee & Graham (2017:27) argue that parents who discuss substances with their adolescent children have a better chance of a positive outcome regarding substance abuse. Parents noted the following:

> *"Ons het nooit gepraat oor haar nie. Sy het party keer vertel ja hoe was dit daar, en lekker, en wat het hulle gedoen … Maar dan luister ons maar. En so wat sy agterna vry gevoel het …"*
>
> [We never spoke about her. She sometimes spoke about how it was there and it was nice and what they did … But then we just listened. And so afterwards she felt free.]
>
> *"As ons was miskien eet, ons sit en gesels almal in die huis in oor enige ding … En dan kom agterna sy ook in die ding in … En toe kom sy sommer self uit met die goeters."*
>
> [If maybe we are eating and we are sitting down, everyone in the house is chatting about anything and everything … And then afterwards she also joined in … And then she came out with the things herself.]
>
> *"I make sure that I give him the time, you see? I sit with him, I talk to him."*
>
> *"And I think what's easy was, was that you could, can communicate with them better, this time around."*
>
> *"Your communication should be different now from accusing, uhm shouting, getting angry – to knowing how to deal with someone who have been in a, in a, in a*

rehabilitation programme. So, there is a different approach, so it is very important because it depends on how you approach, how you, uhm, approach that person."

From these narratives it was evident that changes in the parents' approach to communication also had a positive effect on their relationship with the adolescents. The following category was identified under communication.

(i) Encouragement and motivation

Acri et al. (2012:126) identify lack of motivation as one of the contributors to relapse. During the interviews, one of the most important roles parents identified was to motivate and encourage their adolescent children in order to maintain a positive self-image, but also to promote their recovery. Parents had the following to say in this regard:

"And you need to encourage them."

"En wanneer jy ook iets sê, sê dit in n goeie ding. Moenie laat hulle minderwaardig voel nie."

[And when you also say something, say it in a good way. Don't let them feel inferior.]

"Dit, om ook net acknowledgement te gee want sy was weg van julle af gewees. Because dit was nie maklik vir my kind nie. En ons sê nogal vir haar, neh, baie, ons is proud oor haar…"

[This, to also just give some acknowledgement, because she was away from you. Because it was not easy for my child. And we often tell her we are proud of her.]

"Give compliments or something."

Adolescents do not always have the emotional intelligence for self-motivation and therefore rely on external 'cheerleaders' to give them a sense of accomplishment.

4.4.6.5 Sub-theme 6.5 Love, support and care

Parents, being the legal custodians of adolescents, principally remain responsible for their physical, emotional and psychological wellbeing (Douglas & Michaels, 2004, cited in Smith & Estefan, 2014:427). Before treatment, the parent–child relationship had been severely affected by feelings of frustration, hopelessness and disappointed in the adolescents' behaviour. However, this changed significantly for most parents post treatment as they made concerted efforts to re-establish bonds of love, support and care.

> *"You need to show love."*
>
> *"And say, come give Ma a drukkie."*
>
> [And say, come give Mom a hug.]
>
> *"Uhm, uhm, asking them, maybe how their day was."*
>
> *"To show that I am here, I support you and whatever you do I will assist you."*
>
> *"Like with… then like, even at night when he go to … when he go to bed, I will go to him and I will tell him, I will kiss hiss and I will tell him you know what? I love you."*

Literature often supports the notion that adolescents engage in risky behaviour and substance abuse because they experience a lack of care and love from their parents (Mathibela, 2017:65). Although this generalisation is true in most instances of adolescent substance abuse, the researcher through practice experience has perceived that this notion is based on circumstantial perceptions of the adolescent. Substance use and it causes often contribute to frustration, disappointment, and adolescents and parents feeling isolated from each other; however, very few cases demonstrate hate and animosity. Literature, research studies and practice experience show that, regardless of the challenging behaviours and breakdown in relationships, adolescents still express their need for love, care and support from their parents as a contributing factor to support recovery (Van der Westhuizen & De Jager, 2009:85).

4.4.6.6 Sub-theme 6.6 Discipline

Most parents agreed that their approach to discipline had become more stringent post treatment. It was, however, not clear whether this was because of new skills they had acquired through professional intervention or if it was a natural progression of the reintegration process. Acri et al. (2012:120) maintain that parents of adolescent substance abusers need to set rules in order to fulfil their role and have a positive effect on their recovery journey. Clear boundaries and roles influence nurturing and caring as opposed to a strict environment where the parental emphasis is on enforcing respect and consequently diminishing the parent–adolescent relationship (SAMHSA, 2015:119). Parents had the following to say in this regard:

> *"And then sometimes you have to be strict because you love them."*
>
> *"You need to set the boundaries …"*
>
> *"And then discipline … I can like maybe give him the phone and if he's not behaving, take it away."*
>
> *"When you that to say, okay, this is what I'd like you to … to do or to improve on because the thing is … is wrong and it's gonna lead to this."*

It is a common misconception that adolescents who abuse substance lack discipline or are not disciplined by their parents. This often refers to parents using corporal punishment on their children. Most of the participants in the current study offered a nurturing environment with expectations and set boundaries they expected the adolescents to adhere to. However, external and environmental factors influenced the control measures and after the treatment period parents generally felt that they needed to 'reset' the terms of boundaries.

The fourth objective of the study was to explore and describe what parents expected from support structures for their adolescent children and the family as a whole. During the interviews, parents were able to indicate the needs of adolescents in recovery, the need for informal support to the adolescents and their parents, and what was required of social workers in aftercare.

4.4.7 Theme 7: The needs of adolescents in recovery

Most parents could articulate what they felt the adolescents needed to support them in their recovery. The principles of relapse prevention consider the family as an integral part of the recovery capital (Van der Westhuizen et al., 2011:359). In this section we discuss the mechanisms required by adolescents to aid them in a successful recovery, as indicated by participants. Parents identified these mechanisms as: role models, guidance, and support systems.

4.4.7.1 Sub-theme 7.1 Role models

Parents noted that in the current milieu of the adolescents' environment there were not many positive role models. Since peer influence still plays a significant role in the development of the adolescent, parents felt that they needed to step up to fill that role. According to literature, parents identify the social worker as having a role in role modelling (Van der Westhuizen, 2010:126); however, in reality few adolescents really ascribe that attribute to the social worker. Hence, the onus falls on the parent to demonstrate healthy lifestyle habits to foster positive and desirable role modelling. The following narratives echo parents' insight into their role modelling function:

"And children needs, uhm, people to look up to."

"They need, uhm, like example…"

"Let's start with your behaviour in… in the home itself, parents now. How you conduct yourself and all of that."

"You need to set the example."

"He was telling the social worker he would like to go back to church, so there we come in as parents, by the spiritual aspect. There we come, so we must lead by example."

Besides the fact that adolescents need positive role models to imitate desirable behaviour, they need to be role models themselves, especially for younger siblings. This could set right the poor role modelling displayed while they were still actively using substances, which often

leads to guilt and regret once the adolescent is in recovery (Barnard, 2005:26; Groenewald, 2016:34).

4.4.7.2 Sub-theme 7.2 Guidance

From the data, adolescents' need for guidance can be categorised into (i) information, (ii) advice, (iii) assistance with time management, and (iv) motivation.

(i) Information

Parents pointed out that adolescents do not consider the dangers of the substances they consume and felt that a better understanding of the harmful effects may be a deterrent to usage. Literature shows that when parents and adolescents have information about the substances and their effects, it helps them to cope better and minimise the feeling of helplessness (Groenewald, 2016:8–10). Parents shared the following regarding how they tried to bring their adolescent children to insight on the dangers of substance use and its effects on the body:

> *"X* (adolescent who received treatment) *told me about that child* (who was admitted to hospital). *Now, what, what's the cause of that child? She asks me. I said, 'You know what, that stuff went into her lungs most probably or into the intestines or it's blocking somewhere.'"*

> *"We sit and talk. I said, it's dangerous that stuff, it will eat your liver up. It will eat your intestines up."*

Although it can be generally accepted that adolescents are able to identify the different types of drugs available, very few know the harmful effect of the drugs. Prevention campaigns aimed at drug awareness will often briefly focus on the identification and symptoms to wide audiences comprising of users and non-users. During treatment, information about substance use and its harmful effects on the physical, psychosocial and psychological compartments is provided more in detail. It should however be noted that, even with education and multiple warnings available, such information is not necessarily considered a deterrent for substance use.

(ii) Advice

One parent specifically shared the challenge her daughter had experienced when she was due to return to school – how she would be received back and how she would account for her absence. The parent was able to encourage and motivate her by giving her advice on how to handle the situation. This intervention turned out to have a successful outcome in the end.

> *"Dit was 'n bietjie, uh, ongemaklik toe X mos nou vir die eerste keer huistoe kom en veral waar sy mos nou moes terug gaan skool toe. En as, sy was ook n bietjie ongemaklik hoe gaan sy aanpas by die mense en, uh, ma hoe moet ek nou sê waar was ek? En, uh, gaan die mense nou nie praat van my en haai nie? Ek is n bietjie bang. Nou se ek, nee baby, jy hoef nie bang te wees nie, ek dink die beste is die, as hulle vir jou vra waar was jy, want die skool het mos nou al oopgemaak en toe was sy mos nou by die rehab en haai … So, jy gee vir hulle self die informasie, so, dan gaan hulle nou nie nog agteraf praat en dan gaan jy ongemaklik voel en haai nie. En sy sê vir my toe sy terugkom, ma, dit was nogal baie beter om dit te doen …"*
>
> [It was slightly, uh, uncomfortable when X came home for the first time, especially where she had to go back to school. And as she was also slightly uncomfortable regarding how she would adapt to the people and, uh, what will I now say regarding where I was? And, uh, are the people not going to talk about me? I am a little scared. Now I say, No baby, you don't need to be scared. I think the best is that if they ask you where you were (because the school has opened while she had been in rehab) … So you yourself give them the information so then they cannot speak behind your back and then you will not feel uncomfortable. And on her return she said to me, Mom, it was actually much better to do that.]

Adolescents who participated in a similar study also identified the need to be able to talk to their peers about substance abuse and their recovery journey (Van der Westhuizen, 2010:138–139). They wanted to know how to talk to their peers about substance use, not only to tell them about the dangers of substance use but also to create a platform to share their own story. When considering the value peer acceptance has on the adolescent, identifying and meeting this need is well founded by the parents.

(iii) Assistance with time management

Parents indicated that during the treatment programme the adolescents participated in skills development, and that time management was one of the areas that received specific attention. This created the platform for change and accountability upon reintegration. Recognising the need to manage and acquire new skills to support the recovery plan, which should include time management, building relationships and dealing with finances, is supported by relapse prevention guidelines as well as literature (Van der Westhuizen et al., 2013:9; Witkiewitz & Marlatt, 2004:228). One parent particularly reflected on the way they were able to use the existing information to implement strategies at home.

> *"It's the first thing, but, in his, when he … when he gets out of bed he used to make his bed up … he wanted ... But now he wants to go and watch tv first … So he did that in the first week and then there … After that, the third week … He used to slip. Then he tell, mommy my arms are so sore and say make up my bed. I say no, make up your bed and your arms will become right. Because the moment I was thinking the moment I'm gonna make up your bed, you're gonna relapse again."*

> *"Because the first thing is to … to … to be bored, then you will … will … will relapse."*

> *"Because wake up in the morning, quiet time, reading your Bible, after that you're watching movie, after that you go and … and … and … and … give the dogs food and then you go to gym, you come back, twelve o' clock you wash. And like on Tuesday and Thursday we … we … he will go play soccer by the church. The church have its own soccer team … So I organise him there."*

Effective time management involves more than just filling the day with activities, but also needs the support from families and significant figures to populate activities. The goal of time management is not to occupy time, but to use time meaningfully and to be able to report at the end of the day that it had been spent productively. Parents therefore need to play an active part in ensuring that the adolescent is able to execute set goals and avail the resources to achieve them. For example, if the youth plays soccer, parents should make sure that he has means to get to the place of practice as well as the necessary gear to play with, ensuring that a lack of these resources will not cause the adolescent to loiter and end up with the wrong group again.

(iv) Motivation

Most parents agreed that motivation had a positive impact on the adolescent. Being able to believe in their ability to change would give them the confidence needed in their recovery. The following narratives were offered by parents:

> *"We must never stop motivating our children."*
>
> *"Ons sê, hulle gaan nie weer drugs gebruik nie. Ek sê, my kind gaan nie weer drugs gebruik nie. 2018 is haar jaar, ek sê vir haar, You will prosper."*
>
> [We say they will not use drugs again. I say, my child will not use drugs again. 2018 is her year, I told her, you will prosper.]

During aftercare, parents often need to navigate the delicate balance between motivating adolescents in their recovery journey and not pushing them too hard, expecting unrealistic results, as discussed earlier in this section. They need to remain patient, caring and warm regarding recovery goals, especially when a lapse or relapse occurs.

4.4.7.3 Sub-theme 7.3 Support systems

Parents identified multi-tiered support systems as a source of strength for sobriety. This is supported by literature which indicates that various levels of support increase the recovery potential of the adolescent and negate the need for re-admission to treatment services (Van der Westhuizen et al., 2013:2). The data from the current study indicated that the support systems required by adolescents can be categorised into (i) support from family and friends and (ii) support groups.

(i) From family and friends

Although not all of the participants enjoyed active support from their extended families, most of them had the support of immediate family and friends. Emotional support from family and friends has the potential to promote long term sobriety for the service user (Witkiewitz & Marlatt, 2004:228–229). Parents identified the following coping mechanisms to deal with support from family and friends:

"And my wife is alone at home with her."

"With her sister and with her cousin …"

"Want ons het al klaar by die families gepraat ook al. Hoe hulle moet optree met haar en goete. En dit het nogal uitgewerk, neh? Toe sy daar gaan slaap en goete, nee heelwat rustig tot nou toe. Ek kan my oë nie glo nie."

[Because we already spoke to the families. How they must act towards her and such. And it actually worked. When she went to sleep there and stuff, no quite calm up until now. I cannot believe my eyes.]

"But, they (friends) *give me a lot of support, and even with him also, when he did came out, they were also there for him, gave him lot of support. And, that, that make him really strong … Because they were there for him, beforehand they were also there but that time he didn't mos, now when he's with them also he's interacting and he's understanding them."*

As adolescents still greatly rely on the acceptance and influence of peers, ensuring that a positive peer group supports the adolescent becomes imperative.

(ii) Support groups

Due to lack of service support, groups have not been available to adolescents during aftercare. Parents felt that participation in such programmes and groups would have been beneficial to them. In addition to assisting a lot in the adolescent's recovery, parents would have been supported in their caregiving responsibility. Van der Westhuizen (2010:159) highlights the advantages of support groups, namely that they provide the service users with role models, provide the opportunity to form new and healthy interpersonal relationships and gain understanding of the addiction and the recovery process, allow them to interact socially, give them a sense of belonging, and provide an opportunity of shared experiences of recovery. The following narratives illustrate the parents' identified need for support groups geared towards the adolescent:

"I think when they came out, they must start to be part of the support group immediately."

"It should have been also nice if there were a support group. I mean, the children coming from that centre in that period of time, have a, have a support group running in a certain area. There must still be a link attached … that something that attach that child to the centre."

Because participating in support groups is a voluntary activity, practice experience has found that adolescents do not always see the need for the service as much as adults do. Support groups must therefore be geared towards attracting and maintaining the interest of the adolescent. Unfortunately, organisational resources are not always available for such interventions.

4.4.7.4 Sub-theme 7.4 Opportunity to be an example to others

As part of recovery, many adolescents used their experiences as an opportunity to be an example for others. This gave them a sense of meaning and purpose. Parents were particularly proud when these opportunities were created and felt that this enhanced sense of responsibility might have a positive effect on the adolescent.

"*Sien jy, sy is 'n testimony vir anders nou weer."*

[You see, she is a testimony for others now.]

"Wat een outjie sê, hy kom by die trappe af nou sit sy onder by die trappe met ander meisiekinders, en hy hoor haar praat maar hy staan doodstil, en sy praat met die kinders, sy sê vir hulle, weet julle wat doen rook alles? Joh, weet jy wat doen die tik en dit? En sy lê netso uit… en hy staan doodstil, hy staan en luister. Toe hy afkom sê hy, joh X, maar jy praat mos mooi jong."

[What one guy says, he came down the stairs and there was a girl the bottom of the stairs speaking to other girls, and he heard her talk, but he stood still. And when she spoke to the other children, she told them, do you know what smoking does? Joh, do you know what tik and that does? And she laid it all out … and he stood still and listened. When he came down he said, Joh, X, but you speak well.]

"En jy kan net reg mense, uhm, bemoedig wanneer jy deur dit gegaan het. So, hulle, die Here, hulle is gebruik gewees om dit te doen… Sodat hulle ander mense se kinders

se oë oopmaak. En dan in haai geval sê ek, dankie Here dat Jy my kind gebruik het …"

[And you can only really, uhm, encourage people if you have been through it. So, they, God, they were used to do that … So that other people's children's eyes can be opened. And then in that case, I say, thank you God that you used my child …]

Van der Westhuizen et al. (2013:6) report that adolescents identify the need to be able to relate to their peers. Hence, it is important that service users are able to comfortably share their story and act as role models to others during the recovery stage.

4.4.7.5 Sub-theme 7.5 Trust

Trust was an issue that manifested in many areas in the recovery process. Parents acknowledged that in order for the adolescents to grow, they needed their parents to be more trusting towards them. Parents needed to let go of their own fears and act towards the needs of the adolescents, regardless of the outcome.

"It will always be trust and communication, really, because I would ask him to go to shop – can I trust this child with this money? And then you see this child come back with this loaf of bread, with the change and everything. So then you realise I need to change here also in this area."

"So trust becomes very important, because you need to show them… you, that child have went for that programme but now the child comes back and then he sees certain things that didn't change in, in this house with the parents or whatever because my mother is now checking the change or she is asking questions, things that happened before when I was on drugs and now it's still happening."

Adolescents who participated in a similar study confirmed this. In addition, they also indicated that they needed help from their social worker to assist them in restoring trust with their families (Van der Westhuizen et al., 2013:6).

4.4.8 Theme 8: Informal support for the adolescent and his or her parents

The informal support required by adolescents and their parents can be divided into three subthemes, namely working together as a family, external support systems, and support groups.

4.4.8.1 Sub-theme 8.1 Working together as a family

Literature supports the evidence that parents and families play a significant role in treatment and outcome. Furthermore, studies have shown that families of adolescents who commit to participate in a programme are more likely to benefit from the intervention (Row & Liddle, 2003 and Liddle, 2004 cited in Baharudin, Hussin, Sumari, Mohamed, Zakiria, & Sawai, 2014:304). Research has indicated that the service user's ability to benefit from a treatment programme is enhanced by the involvement of the family who is also affected by the member's use and may, as a result of the intervention, create the necessary environment for change (Winek et al., 2010:46). The following narratives by parents confirm what literature suggests:

> *"So, the whole family needs to be on board."*

> *"It's a team effort, because it's not the wife and the husband alone in the house… There's other children also."*

> *"I received a lot of support from my husband."*

The advantages of including the whole family in aftercare services is that they get exposure to the same information and are able to participate collectively in the intervention. As the effect of substance use is not isolated to the adolescents, the process of recovery should involve the whole family to create the best possible opportunity for change.

4.4.8.2 Sub-theme 8.2 External support systems

Literature in the South African context suggests that current support models do not adequately recognise the significance of support to parents (Groenewald, 2018:8). Studies on parental monitoring revealed that in their effort to solicit external support, parents enlisted extended family and even teachers to monitor adolescents (Abdulla, 2014:102). Trout et al. (2012:310)

highlight that services and support for families in terms of relationship building, education and health would enhance adolescent recovery. Parents in the current study shared how they were able to source external support systems to help them cope:

> *"Is, party mense het ek 'getrust' maar daar is party wat sy nie 'getrust' het nie en wat sy ken…En ek begin praat want daai een het n pobleem dan kom hulle probleme ook uit."*
>
> [I trusted some people, but there are other people that she did not trust and people that she knows … And I start to talk because that person also has a problem and then their problems also come to light.]
>
> *"Haai mense was so oop met my gewees, elke dag gevra, gaan dit all right daar met jou? Nee dit gaan all right, is dit wat ons doen, dit probeer ons doen. En ons het mekaar begin help."*
>
> [Those people were so open with me, asked every day, are things going alright with you over there? No, everything is alright, it is what we do, what we try to do. And we started to help each other.]
>
> *"My church group, my friends, you can see mos in times of difficulties…"*

For many South African families, religious and spiritual support act as an important coping mechanism. As reflected by the parents in this study, and echoed by participants in a similar study, the religious practices and environment to which they adhere to became a source of strength when the challenges of their adolescent children's substance use became overwhelming (Swartbooi, 2013:156). Single parents who do not have a supportive family system or whose family system is absent turn to this kind of external support as a source of strength. Previous research has highlighted the need for multifaceted interventions and support services for parents. It is imperative that such services include mechanisms that empower them with the skills to identify and prevent the adolescent's relapse (Groenewald, 2016:103).

4.4.8.3 Sub-theme 8.3 Support groups

Trout et al. (2012:310) argue that families will benefit from and commit to structured support groups for up to a year if the service is offered. Smith & Estefan (2014:421) concur that parental involvement in support groups contribute to increased skills and positive recovery potential. In the current study, parents expressed the identified need for support groups and showed the source of strength they had found them to be.

> *"But when I attend the support group, I do get something, what to do, for example, before he came here, I used to shout at him … uh, but when I attend the support group."*

> *"I think the worse part for a parent is that, that is the worse part, going through it alone and you obviously you feel like you are going through it alone. That's why I attend support group every time because I'm alone."*

In support of this, participants in a related study pointed out that support groups offer a sense of comradery, revealing that other parents are experiencing similar challenges and that they are therefore not going through this alone (Katouziyan, 2017:78).

4.4.9 Theme 9: The role of social workers regarding aftercare

For most treatment interventions, referrals for adolescent services were done by social workers. These professionals are essentially responsible for facilitating the application process, ensuring that the adolescent accesses services, rendering support to the family while the adolescent is in treatment, and formulating reintegration strategies together with the family and residential case manager. The majority of parents who participated in the study shared that they experienced poor support from social workers during aftercare and reintegration. From the data, six subthemes emerged regarding the expectations and perceptions of parents with respect to the role of the social worker in aftercare, namely their experiences with social work services, their expectations from social workers, reference to resources, support for adolescents, and the establishment of community education and awareness programmes.

4.4.9.1 Sub-theme 9.1 Experiences with social work services

In this section some of the direct experiences parents shared regarding social work services and their perception of the social worker's role and support in aftercare are discussed. Participants' experiences with social work services can be divided into two categories, namely (i) that they are unsure about the role of the social worker and the term 'aftercare', and (ii) that they have no experience of support by the social worker.

(i) Unsure about the role of the social worker and the term 'aftercare'

Recently, several studies have been conducted to determine the role of the social worker in aftercare in the South African context (Van der Westhuizen, 2010; Maluleke, 2013; Naobes, 2016 and Carelse, 2018). The roles identified included case management and support, motivating clients, providing emotional support and ensuring linkage with relevant resources (Maluleke, 2013:100–101). In addition, it is important that the social worker addresses clinical issues, such as the service user's readiness for change (Naobes, 2016:130). This requires a professional assessment before the service user completes the treatment programme. Furthermore, the social worker must have insight into and understanding of the systems in which the service user interacts, such as family, peers, work and the community in order to provide appropriate support and skills development in these areas (Carelse, 2018:134). The role of the social worker in aftercare further includes providing psycho-education, identifying warning signs, empowering the service user to develop skills to deal with risks, promoting lifestyle changes, and enhancing self-efficacy (Dodgen & Shea, 2000, cited in Van der Westhuizen, 2010:10). One of the parents in the current study shared the following opinion of service delivery during aftercare:

> *"Is die social worker… Hulle doen nie dit* (aftercare) *nie."*
>
> [It's the social worker… They do not do it (aftercare).]

From this narrative and the general tone of the parents, as well as the following themes and categories in this section, it is evident that most parents did not receive any services from social workers post treatment and therefore had negative experiences regarding their service and role.

(ii) No experience of support by the social worker

From the interviews it also became apparent that many parents felt abandoned by the social worker and particularly felt the lack of support for a task they felt was somewhat overwhelming. In the following narratives, parents share how they could not get hold of the social worker when they would call or that social workers did not bother to follow up on the progress of the child:

> *"My social worker antwoord nie eens nie die phone baie keer nie."*
>
> [My social worker does not even answer the phone most of the time.]
>
> *"Because, uhm, even my social, my outside social worker… Didn't phone me when my child was out. Since then till now. She doesn't know how is the child, the child doing."*
>
> *"I went to the social worker, I phoned several times but she was not picking up the phone, you see? Then I only got to see her when I overhear that they will be an intake on the fourth. That is, that is the only time I got to see the social worker, you see? Otherwise there was never any follow-up after the child was released from, from, from the treatment."*

This sentiment is not restricted to parents, as adolescents who participated in a similar study also reflected on their negative experiences with social workers (Van der Westhuizen, 2010:115–116).

The lack of support by the social worker can be particularly demotivating as parents may feel isolated in the recovery journey of the adolescent. One parent felt that, had the social worker been in contact, the relapse might not have happened or be prolonged.

> *"Not having the contact. Then after he was released, I had those expectations that he is going to be a good child, he's gonna behave. Yes, for the first four or five months he behaved."*

Parents reflected on their initiatives to keep the external social worker up to date with progress, but not all parents were successful in this endeavour.

"Nee, ek hou my social worker op hoogte van sake."

[No, I keep my social worker up to date on the situation.]

"I went to the social worker, I phoned several times but she was not picking up the phone, you see? Then I only got to see her when I overhear that they will be an intake on the fourth. That is, that is the only time I got to see the social worker, you see? Otherwise there was never any follow-up after the child was released from, from, from the treatment."

The challenge or misconception regarding the expectations of the social worker can be ascribed to the social workers not knowing what is expected of them and how to go about rendering aftercare services. This is supported by previous studies on the perceptions of social workers in aftercare in which they identified the lack of a manual or standard operation procedure on how aftercare services should be rendered (Maluleke, 2013:101). This is very much unlike the structured programme followed in the treatment setting.

4.4.9.2 Sub-theme 9.2 Expectations from social worker

From the data it was evident that social workers were expected to (i) make contact, (ii) motivate parents to become involved in the whole recovery process, (iii) work with the whole family, (iv) accept without judgement, and (v) give advice and information.

(i) Contact

Literature suggests that, regardless whether the social worker is rendering direct aftercare or services or has linked the service users with additional referral resources, it is recommended that contact, even telephonically, is made at least once a week (Maluleke, 2013:33). During the interviews, parents indicated the type of contact they expected from the social worker.

"Ons verwag net daar moet n phone call gemaak word of, uh, of gesê word of gevra word, gaan alles goed en is daar enige probleme."

[We only expect that a phone call is made or that we are told or asked, is everything fine and are there any problems.]

"Like in our case, you need to be in contact with, let's say, CMR and the centre just for feedback… But, uhm, the problem is, I think there should be uhm a home visit of some sort…"

The researcher is not sure whether the desire for contact was conveyed to social workers or whether parents experienced the lack of contact on their own without verbalising it to the relevant social workers. In practice setting, the lack of resources often makes it difficult for social workers to do weekly visits; however, most social workers have access to telephones which could be utilised to negate some of the isolation anxiety parents were experiencing.

(ii) Motivate parents to become involved in the whole process

Because aftercare takes place in the family environment, parents felt that they had a responsibility to be involved in the intervention process instead of relying on the social worker alone. Previous studies highlight the social worker's role in motivating the family system as an essential part of reintegration services (Van der Westhuizen, 2010:120; Maluleke, 2013:75).

"The parent have a responsibility even if it's outside aftercare or the, if it's still during the programme. The parent have a responsibility so it can be, uh, compulsory."

"When you really are involved from the beginning, things will be easier for you, because then you won't have that fear. You do your things on your own and live with this thing on your own that the child might be ba … relapse and now you are so embarrassed, scare… embarrassed, scared or whatever to go back to the people. But, if you were involved from the beginning, you know there is a, a relationship that was built, not only between you and, and your child but between the professionals as well. It's a relationship that was built, is, is something that is gonna make it easy."

(iii) Work with the whole family

During the treatment period of the adolescent it is expected that similar services will run concurrently with the family as well. Parents have expressed the need for social workers to also render services to the family that would ultimately offer a more conducive support network for the adolescent upon discharge. Literature supports the involvement of any significant individual, group, or family member who may benefit from social work services

aimed at supporting the user's recovery journey, as the adolescent's substance use generally affects the persons in these spheres as well (Carelse, 2018:6,139). This is echoed by the following narratives of parents who identified the need that services should extend to the whole family:

> *"Also, I would think you would emphasis on the family unit because I think it's important to see how the child is … is … is behaving in the family unit."*

> *"The family intervention is, look, mother and father can't get along … So how's the child gonna get better? So, you know, to look at this family intervention."*

Thus, the social worker is expected to render services to the family as a whole, addressing specific dynamic and relational issues between family members (Van der Westhuizen et al., 2011:359). The adolescent, as part of a family system, should receive services aimed at supporting recovery goals within the family context so that the family support system is able to recognise recovery threats and negate challenges.

(iv) Accept and no judgement

Participants felt that they also needed affirmation on their role as parents as well as support from the professionals to be able to take care of their adolescent children. Social work values prescribe that an acceptance of and respect for client systems should always be upheld regardless of class, race, ethnicity, religion, sexual orientation and age (Carelse, 2018:115). Smith & Estefan (2014:425–427) postulate that parents of substance abusing adolescent are already faced with feelings of guilt, shame, and failure which can be exasperating when the professional is not empathic of compassionate. The responses below reflect on parents' need for support.

> *"I think they've* (parents) *got that fear … That you are considered a failure…"*

> *"I've sometimes I feel like I've failed as a parent, but I can't figure it out how did I fail, you see? I think it's a element of like I do need uh, uh, support as a parent."*

Supporting the parent in this regard can deter them from employing self-protective coping mechanisms which may be detrimental to the intervention.

(v) Give advice and information

Participants indicated a need for more information about substances and felt that social workers played a vital role in educating them. The Matrix Model for Intensive Outpatient Treatment (Rawson, & McCann 2006) identifies the importance of incorporating family education in their treatment programmes in order to educate them on the effects of drugs, not only with respect to the pharmacological and psychical consequences, but also on how the dynamics of relationships, social functioning, and socioeconomic status are affected (Rawson & McCann, 2006:16). Parents shared their concerns about insufficient education on how to deal with substance abuse upon discharge and were also able to identify specific methods for gaining information and having a tool to assist them in aftercare.

> *"Or the previous children that was on the rehab, you can help the parents of, like what we did after she came out of rehab. What we did as parents … Help maybe that people also because maybe they are clueless. It's a on-going process."*

> *"Maybe come up with a maintenance plan together of how we do thi s..."*

> *"On … on … on the … on the substance abuse and then how handle children."*

Based on this observation, the need of the participants for assistance during aftercare treatment to deal with cravings must be seriously considered, as also supported by literature (Van der Westhuizen, 2010:148). A maintenance plan is a prerequisite of any aftercare plan and needs to identify specific plans, persons and recourses that can be accessed as part of recovery capital. In addition to the need for these resources, parents also identified the need for the social worker to provide them with parenting skills, as evident in the responses below.

> *"Ons moet nou ons leer hoe om nou die kinders te handle."*

> [We now need to learn how to handle the children.]

> *"Ja, I think the, the, the most important thing is, mostly for, for me, I never worry about me, because I'm always. I always have something, but for them, to keep them busy…"*

"Education. Also how to act, when to act, and how to act if, with aftercare and if it's not working out. Like sometimes you will notice something and you will just let it slip you but maybe that was a time for you to act, you know, so you need to be educated on things like that. And where you start doubting yourself. It's very difficult actually, because you can so easy just let it go and then it might have been the wrong move."

The researcher was inspired and encouraged by the parents' realisation that they needed guidance on how to deal with their adolescent children. This meant that they were conscious of the fact that the approaches they had previously applied in child rearing needed support. It also meant that they were willing to change in order to support the recovery of the adolescent. As discussed in Chapter 2, parenting style has a significant impact on risk and protective factors of the adolescent. The fact that parents indicated that they needed assistance in applying parenting methods supports the argument that parents need to be involved in services aimed at aftercare. Mathibela (2017:127) argues that parenting sessions rendered by social workers or members of a multidisciplinary team can be utilised to improve parenting skills and resolve relationship issues between parents and adolescents. These programmes result in improved childrearing practices and enhance support for the adolescent during transitional challenges.

4.4.9.3 Sub-theme 9.3 Reference to resources

As social workers work in the field and have access to more information, parents expected to be referred by them to available resources in their respective communities. The Minimum Norms and Standards for Inpatient Treatment Centres (Department Social Development, 2008:35) mandate adequate referral and linking of the service users to their original referral social workers, local community services and groups prior to discharge. This should also include appointment dates, addresses, and contact details of the respective support agents. This need was expressed by the parents as follows:

"For parent as well as … referral, uhm, as in an outside support group. I mean, if they can have that where they know where to refer the child as well as the parent to, because aftercare support groups is important."

"Because they expect you as a parent to know these things."

Widening the support network not only minimises the treatment burden on the social worker, but also makes provision for a variety of appropriate services.

4.4.9.4 Sub-theme 9.4 Support for adolescents

Participants indicated that during aftercare adolescents required (i) structured support, (ii) time management support, and (iii) emotional support.

(i) Structured support

The legislative mandate for substance abuse treatment, Prevention of and Treatment for Substance Abuse Act, 70 of 2008 Section 30 (2) (e) (RSA, 2008), states that aftercare services should be based on structured programmes. Parents expressed the need for a structured aftercare programme as part and extension of the treatment programme that would support the recovery needs of the adolescent. They believed that a structured aftercare programme would afford adolescents the required support to prevent relapse and maintain recovery.

> *"My wish after the child was released was to get, uh, uh, more structured, uh, programmes for the child …"*

> *"Social worker, because there was no follow-up – as a result my child relapsed again, you understand? So, I kind of blame, you see, the social worker for not doing a follow-up."*

A structured programme communicates to adolescents what their recovery plan entails and provides access to services based on the intervention strategies. Carelse (2018:163) substantiates research findings which indicate that structured interventions by social workers should assess and plan recovery goals for service users in order to prevent and deter the onset of relapse. These interventions should also include empowering parents to develop and implement activities that will create structure in the familial environment.

(ii) Time management support

Since many of the adolescents did not attend school anymore, participants viewed time management as an important component of aftercare. Parents felt that if the social worker

provided support for keeping it manageable and relevant, adolescents would be able to find more meaningful activities to occupy themselves with.

"Or like … something like activities …"

"Something like a timetable, or time management, to put it that way, how to manage your time …"

Learning how to effectively manage time is generally one of the skills covered in treatment. Therefore, upon discharge the adolescent does not need to acquire a new skill of time management, but should, together with the parents and social worker, formulate a schedule of activities aimed at optimal utilisation of time.

(iii) Emotional support

Being emotional is part of adolescent development. Research findings indicated that adolescents felt more prepared for aftercare than their parents (Trout et al., 2012:309). The researcher supports this from her experience in practice setting. However, this does not mean that adolescents are fully capable of implementing recovery goals, but rather that they are more cognisant of the challenges that lie ahead upon discharge.

"I think handling their emotions …"

Emotional development is very much part of adolescent development and programmes should include providing the adolescent with the necessary skills to be able to appropriately deal with everyday emotions. It is also important that parents also be educated on the emotional development of the adolescent so they are also better equipped to deal with the emotional needs as this often also becomes frustration to both parties as experiences in practice setting.

4.4.9.5 Sub-theme 9.5 Establishment of community education and awareness programmes

Parents identified the need for community intervention in creating awareness and education of substance abuse. This would shorten the risk period as people would immediately know what to look for and where to access services. In addition, the availability of resources would

help to promote healthy lifestyles to families, which could aid in emotional and even economic upliftment (Mudavanhu & Schenck, 2014:387–389).

> *"To equip and educate the community with the children that are, are, are, are, are residing in those community, so that they can be exposed in, in, in more drug activities, you see? And, and, and, and, and the recovery and the relapse, so that they can know more about substance abuse."*

> *"The communities aware and where they can go to for help."*

Similar to the findings in this study, participants in a study by Usher et al. (2007: 426) also expressed concern at being perceived by society as being responsible for their adolescent children's substance use. This caused them to shy away from much needed support.

4.5 Chapter Summary

During data collection for the study it was evident that parents experienced adolescent drug use with great stress. They were able to identify the causes for use as well as the requirements for recovery and their role in the process. Participants also indicated the need for support in various aspects of the recovery process. The study provided the researcher with the opportunity to explore and describe the perceptions of these parents regarding their role in the aftercare of their children, but also regarding auxiliary issues contributing to challenges experienced.

The themes that emerged from the data collection could be linked to the objectives of the study and could be supported by a sufficient literature base. Participants were able to define their understanding of the term 'aftercare' and reflected on reasons for substance abuse by adolescents. They commented on their experiences when adolescents returned home and verbalised their expectations post discharge. Participants were also able to state what adolescents needed during recovery, identify their own roles and responsibilities, and indicate the different levels of support needed to maintain a successful recovery journey.

This chapter was preceded by an introduction to the study, a literature review, and a dissemination of the methodology employed in the study. The following chapter will present the summary, conclusions, findings, and recommendations to relevant entities.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In this chapter the researcher presents a summary and conclusions derived from the research, and discusses the strengths and limitations of the study as well as recommendations for further research, practice and policy implementation. The findings of the study are discussed against the goal of the study and the objectives the researcher aimed to achieve.

5.2 Summary and Conclusions Derived from the methodology

The researcher is of the opinion that the research question, "*What is the role of parents in the aftercare of adolescents who participated in substance abuse treatment programmes?"* has been answered sufficiently through the methodology employed to conduct the study. The qualitative research approach allowed for a richer data collection process as the narratives from participants enabled the researcher to explore the research topic. The exploratory and descriptive research design prompted the researcher to collect thick descriptions since the subject matter was still new and needed further exploration on the phenomenon. The most significant conclusion from the applied methodology was to ensure that gatekeepers had a comprehensive understanding of the research topic and process, failing which, for the researcher to build in an orientation session with the research participants before the data generation process started. The focus group interviews were deemed a suitable data collection method as participants were able to share common experiences and build on each other's responses through the sharing of their own experiences. During the data collection process, however, the researcher also conducted both focus group and group interviews, involving two different parents. The latter was a consequence based on logistics and availability of participants.

The sample size of 17 participants was sufficient for data collection until saturation. By the second last interview the researcher experienced duplication of responses which was an indication that data saturation had been reached. The variation in the research participants' profiles and relationship to the adolescents contributed to a variety of viewpoints regarding the participants' experiences. The data analysis method was suitable for the selected research

design and culminated in the emergence of nine research themes. Ethical principles were adhered to and several measures of trustworthiness were employed to enhance the reliability and validity of the study.

5.3 Summary and conclusions derived from the literature

Both international and national sources were consulted, and it was concluded that there is insufficient research evidence on specifically the role of the parent in aftercare of an adolescent with a chemical addiction. The available literature emphasised aftercare as an essential component of the treatment process following the completion of the formal treatment programme. It was further found that there was no indication of how long aftercare service should take place. The literature confirmed the vulnerability of adolescents to substance abuse given their developmental phase which is associated with more risk-taking behaviour and closer association with peers as opposed to parental figures.

5.4 Summary and conclusions derived from the research findings

The research goal of the study was to explore and describe the role of parents in the aftercare of adolescents who participated in treatment programmes for substance abuse. The researcher derived the following conclusions with regard to each of the objectives:

5.4.1 Objective 1: Explore and describe the experiences of the parents regarding their adolescents' substance abuse

In exploring the experiences of parents regarding their adolescents' substance abuse most of the participants shared a sense of disappointment in the adolescent. They experienced the substance use as a significant stressor in the life of the family with negative effects on sibling and parental relations and the family at large. Parents attributed the adolescent's' substance use mainly to poor decision-making ability, negative peer influence and in some cases involvement in gangsterism. A minority of the parents attributed the adolescent's substance use to parental modelling and influence despite parental substance use by some of the participants themselves. Another factor contributing to the substance use was the experience of trauma to which some of the adolescents had been subjected. Reports of the adolescent's exposure to violence and rape were cited during the interviews. Parents reported experiencing an overwhelming sense of failure in their child-rearing practices and expressed the wish to

rear the adolescent in a healthy environment. Many of them felt that the parent–child relationship had been negatively influenced by the substance use. Their frustration was exacerbated by the absence of a supporting parent, and their unmet expectation of parental control during times of crisis triggered by the adolescent's substance abuse.

Families were further fearful for the adolescent's safety, and in some cases, that of the family too. This emanated from parents often encountering dangerous situations involving confronting gangsters or fleeing from them; trying to locate adolescents late at night, fearing their whereabouts and safety. A minority of the parents was able to reflect on multiple treatment interventions but this was shared with a general sense of frustration that the first intervention had not been successful.

Parents were able to sufficiently explore and describe their experiences regarding their adolescent's substance abuse, articulate reasons they perceived as causes of the substance use, its effect on the adolescent's family relations as well as the impact on the parent as well. It is concluded that adolescent substance abuse has far-reaching consequences for the parent and family as a whole, thus necessitating preparation and support for aftercare with the whole family unit.

5.4.2 Objective 2: Explore and describe the experiences of parents of their adolescent's participation in the substance abuse programmes

Parents' overall sentiment in exploring and describing their experiences of the adolescent's participation in the substance abuse programmes was that they (the parents) were anxious upon the return of the adolescent after treatment. The majority of parents shared a sense of fear that the adolescent would relapse. This fear further resulted in a lack of trust between the parent and the adolescent, and was often associated with heightened vigilance toward possible changes in behaviour that in some cases resulted in direct confrontation.

Parents also shared their sense of hope over signs of change which were evident in behavioural changes observed by the parents. These changes included the adolescent doing household chores, being able to trust them with money and an improved attitude towards the parent–child relationship. Parents were also able to link the adolescent with support systems, especially in the religious segment that offered an additional activity towards sobriety.

The findings revealed the following: parents were anxious about the adolescent relapsing due to their discharge from the sheltered treatment centre into high- risk environmental conditions; parents' inability to provide 24-hour monitoring; the absence of support systems to the parents; and the eroded trust between the parent and the adolescent. Parents expressed the desire for more information and education on the treatment programme to enhance their own level of preparation to support the adolescent in aftercare. The lack of support from the extended family identified the need for additional input other than the parents in the hope that these members might be able to have a positive impact and influence on the adolescents.

The conclusion is that parents need to be more actively included during the adolescents' engagement in the treatment programme, and that parents should be linked to support systems to transform their anxieties into capabilities and to give them active hope in supporting adolescents in aftercare.

5.4.3 Objective 3: Explore and describe the perceptions of parents about their role in the aftercare of adolescents who have participated in a treatment programme for substance abuse

Parents expected the adolescents to take responsibility for lifestyle choices they had made while the majority felt that peer influence was a significant factor and the adolescents needed guidance in choosing friends that would add value to their lives. They demonstrated insight into the reason for drug use as well an improved relationship with the adolescents. Parents were more protective, expressing support challenges.

Roles and responsibilities were identified in managing and preventing relapse and they felt the need to familiarise themselves with the behavioural patterns of the adolescents in order to observe changes and be able to act on them. Consequent to becoming more observant of their behaviour, parents felt the need to demonstrate interest and involvement in the lives of the adolescents in order to foster a trusting relationship that yielded an improvement in the relationship. This was mainly achieved through sharing experiences and activities together as well as showing respect and considering the opinion of the adolescents as having worth.

Parents felt they needed hope support the adolescents' recovery journey. This was mostly related to their spiritual and religious connectedness. Related to this was that parents realised they needed to make a concerted effort to trust the adolescents again, which was supported by more stringent measures of monitoring behaviour and activities. Communication improved

after treatment which was enhanced by parents' efforts to encourage and motivate the adolescents by giving compliments and encouraging them. Parents identified the need for them to demonstrate love, care and support to re-establish broken relations and affirm the bonds of love between parent and child. They believed they could achieve this by being more affectionate, showing interest in their activities and affirming their intent to support the adolescent.

In summary: the perceptions of parents about their role in the aftercare of the adolescents showed they were cognisant that their intended role was to be aware and observant of behavioural changes, be involved and show interest, have hope, foster open channels of communication, be supportive, demonstrate love and care, and set up disciplinary measures in order to support recovery needs.

5.4.4 Objective 4: Explore and describe the expectations of parents of support structures

The final objective of the study was to explore and describe parents' expectations of the support structures. Parents primarily expressed the view that the adolescent needs positive role models and education about the dangers of substance abuse to build on their recovery capital. Parents also need assistance to advise the adolescent on how to deal with difficult situations and to assist with life skills associated with boredom, like managing time. Family and friends were found to be a source of support together with the support groups.

Included in the trust were the informal support systems parents identified that included starting with the family and involving them as part of the therapeutic intervention. The substance use of the adolescent affected the whole family therefore the unit as a whole should be beneficiaries of services. This is specifically relevant when there are dysfunctional and broken relationships in the family that could have a ripple effect on other members. Most parents viewed the support from religious and spiritual groups as vital, and also mentioned available resources in the community as well as neighbours and community members who shared the same challenges.

Parents felt it was necessary for families to have access to support groups that provide the necessary care in enable them to support the adolescent. Support groups also offered parents an educational medium on how to deal with the adolescents as well as a sense of understanding knowing that other parents shared experiences similar to theirs.

With reference to services and support experienced by social workers, parents overwhelmingly shared a negative experience in this regard. They expressed uncertainty of what the role of the social worker was in the aftercare since they received little or no support from them and would often struggle to get hold of them. They indicated that they expected the social worker at least to make regular contact with them once the adolescent had returned home, that they would motivate parents to become involved in the process, and that they would render services to the family as a whole in supporting the needs of the adolescents by enhancing a positive and well-functioning familial environment. This would mean that parents would be supported in their own challenges and feelings of failure through the social worker's display of acceptance and non-judgement and giving advice and information on what to expect and how to deal with challenging situations related to the adolescents' recovery needs. Parents particularly also expressed the need for parenting skills in the light of the adolescents' acquiring new skills during the treatment period.

It was found that the social worker, as information resource, was to link parents with other resources in the community as part of an extended network of services. Related to this, the parents identified structured support in the form of planned activities as part of aftercare services for the adolescents. Those activities should include time management and emotional intelligence as part of the recovery capital available to the adolescents.

Lastly, parents identified the need for community education and awareness to offer a further support network for the recovery of the adolescents and to safeguard against future relapse.

In terms of the fourth objective of the study, the researcher concluded that parents were very well aware of what their general expectations of support structures were. They were able to identify not only what the adolescents needed to prevent relapse, but also what extended systems like the family and community needed to put in place in order support the recovery of the adolescents.

5.4 Strengths and Limitations of the Study

The research afforded parents an outlet through which they could express their experiences, fears and hopes to other parents during this facilitated research process. It should be noted that while this was not the aim and or objective of the study, parents found it to be an outlet.

The researcher was a practitioner in the field and could therefore interpret the parents' experiences using relevant theoretical lenses.

Limitations of the study included that the participants were sourced from one institution only as the other possible source for participants had closed just weeks into the initiation of the interview and a database was never provided to include these participants. Another limitation was the difficulty to secure collective appointment with the parents that suited all, thus the researcher elected to interview them in pairs when group interviews were not possible. The study also only included the voices of parents in Port Elizabeth and Uitenhage in the Eastern Cape.

5.6 Recommendations

Based on the study, the following recommendations are put forward:

5.6.1 Recommendations for further research

- Future practitioner research should be conducted with organisations rendering aftercare services to evaluate the efficacy of their programmes.
- Future postgraduate studies could explore the role that Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and similar support organisations play in aftercare and the efficacy thereof in helping the adolescent maintain sobriety.
- Future postgraduate studies could explore the efficacy of the punitive disciplinary practice endorsed by the Department of Education to suspend learners from school for using or testing positive for substance.
- Practitioner research could explore the influence of exposure to gangs and violence in the onset of drug use.
- Similar studies by universities in South Africa could also be conducted in other provinces and areas of South Africa or other countries in order to test the outcomes.
- Practitioner research and postgraduate studies could explore the influence of different parenting styles on recovery.

5.6.2 Recommendations for practice

- It is suggested that field practitioners and organisations in collaboration with academic institutions develop a training programme be put in place for social

workers in a CPD activity that will include better strategies for aftercare services and to make community-based resources available.

- Utilisation of the community-based (CB) approach to supporting aftercare services should be implemented by practitioners and substance abuse sector- and CB organisations.
- Parenting programmes that focus on current rearing practices should be made available and cultural, societal and economical dynamics should be included in interventions by practitioners.
- Evidence based approaches in dealing with challenges facing parents in the current milieu should be considered practitioners/social workers/organisations offering substance abuse services to adolescents and their parents.

5.6.3 Recommendations for policy

- Resources ought to be made available for capacity building for social workers, linking services in the relevant communities, and transport.
- Substance abuse treatment should be a designated activity and substance abuse registered as a specialised field of practice.
- The community-based model should be strengthened by funding organisations in the communities. This will result in a greater network at grassroots level, and government will then monitor that services are in line with legislation.
- There should be effective collaboration especially between Departments of Health, Education, Labour and Social Development since recovering service users will need some sort of industry and mental health support in maintaining sobriety.
- Intervention plans should be put in place for the current practice in Department of Basic Education with regard to expelling a learner for using or testing positive for substance in South African schools.

5.7 Concluding Statements

Through this research study the researcher found that parents do in fact perceive what their role is, although it might not always be practised. However, there are multifaceted components of what that role would entail, based on the support structures of the parents themselves. Parents are living in a constant state of fear: fear that the adolescent will relapse, that there is not enough support, and fear for the adolescent's safety. Trust is a major issue

related to fear: there is an innate desire to trust the adolescent, but it is difficult and needs to be a concerted effort. Parents expect adolescents to take responsibility for their actions but the adolescents often do not have the emotional maturity to do so. Consequently, this becomes a point of conflict. It would be interesting if the outcomes from this research study could be tested in a programme to confirm or challenge its findings.

5.8 Reflexivity

The study was a very good experience. The researcher set out to explore and describe how parents can play a part in the recovery from substance abuse of their adolescent and engaged in a very enlightening conversation with these parents regarding their experiences. The researcher is eager to apply these findings to the practice settings in the aim of helping adolescents and their families fight the detrimental effects of substance abuse.

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Appendix A

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19 April 2017

Ms K Felkers
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS16/5/45

Project Title: Exploring the role of the parent in the aftercare of adolescents who participated in treatment programmes for substance abuse.

Approval Period: 13 April 2017 – 13 April 2018

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and 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 in good time for annual renewal.

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

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

PROVISIONAL REC NUMBER - 130416-049

Appendix B

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INFORMATION SHEET

[Instructions: This template can be used to assist you in preparing your information sheet. Please ensure that your information sheet addresses any of the ethical issues that you feel participants of your study should be aware of. Bolded, italicized text found throughout this document offers guidance and suggestions. Replace this text with the appropriate wording for your study.]

Project Title:

Exploring the role of the parent in the aftercare of adolescents who participated in a treatment programme for substance abuse

What is this study about?
This is a research project being conducted by Karen Felkers at the University of the Western Cape. We are inviting you to participate in this research project because you a parent/caregiver of an adolescent who has participated in a substance abuse treatment programme. The purpose of this research project is explore your perceptions and expectations on your role in the aftercare of the programme.

What will I be asked to do if I agree to participate?
You will be asked to participate in a focus group with other parents/caregivers like yourself. The purpose of the group is to discuss the topic and here what are your views.

Would my participation in this study be kept confidential?
We will do our best to keep your personal information confidential. To help protect your confidentiality, the interviews and audio data will be kept in my possession. Your name will not be included on the surveys and other collected data and a code will be placed to each item. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. The group will also be briefed to keep all information confidential and to protect the identity of each person involved including their children.
If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities. This study will use focus groups therefore the extent to which your identity will remain confidential is dependent on participants' in the Focus Group maintaining confidentiality.

What are the risks of this research?
There may be some risks from participating in this research study. You might feel embarrassed to share your story with others.

All human interactions and talking about self or others carry some amount of risks. We 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.

What are the benefits of this research?
The results may help the investigator learn more about the perceptions of the role of parents in the after care of their children. The results of the study will be used to guide future parents and social services practitioners in their role in the aftercare of adolescence after the have participated in substance abuse treatment programmes. We hope that, in the future, other people might benefit from this study through improved understanding of the challenges they face.

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 penalized or lose any benefits to which you otherwise qualify.

What if I have questions?
This research is being conducted by Karen Felkers in the Department of Social Work at the University of the Western Cape. If you have any questions about the research study itself, please contact Karen Felkers at: 0723125593
Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof C. Schenck Head of Department University of the Western Cape Private Bag X17 Bellville 7535 cschenck@uwc.ac.za	Prof José Frantz Dean of the Faculty of Community and Health Sciences University of the Western Cape Private Bag X17 Bellville 7535 chs-deansoffice@uwc.ac.za

Appendix C

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2011, Fax: 27 21-959 2911
E-mail: cschenck@uwc.ac.za

CONSENT FORM

Title of Research Project: **Exploring the role of the parent in the aftercare of adolescents who participated in treatment programmes for substance abuse**

The study has been described to me in 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.

Participant's name.....

Participant's signature.....

Date.....

Appendix D

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2011, Fax: 27 21-959 2911
E-mail: cschenck@uwc.ac.za

FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: **Exploring the role of the parent in the aftercare of adolescents who participated in a treatment programme for substance abuse**

The study has been described to me in 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 by the researchers. 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 understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality.

I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

Participant's name.....

Participant's signature.....

Date.....

Appendix E

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 3674, Fax: 27 21-959 2845

Interview Guideline

Title of Research Project: Exploring the role of the parent in the aftercare of adolescents who participated in a treatment programme for substance abuse

1. What is your understanding of aftercare services?
2. What do you think aftercare entails?
3. What has been your experiences of aftercare as a parent whose adolescent has participated in a treatment programme for substance abuse?
    a. Was it easy?
    b. Was is difficult?
    c. Elaborate why you say so?
4. What was your perceptions of aftercare?
    a. What has worked?
    b. What hasn't worked?
    c. What is needed to enhance the success of aftercare?
5. What would you as parent, consider your role to be in the aftercare of your child?
    a. What made it easy/difficult for you to fulfil your role?
    b. What did you need to fulfil your role as parent:
    c. If you were giving advice to another parent, what would you tell them about how parents could assist their adolescents in the aftercare to help their adolescent's recovery from substance abuse

Appendix F

22 May 2017

The Superintendent General
Department Social Development
Eastern Cape

Subject: Request for research participants

My name is Karen Felkers and I am a Social Worker in Substance Abuse Treatment at the Ernest Malgas Treatment Centre. I am currently also a Masters student at the University of the Western Cape. My research title: *"Exploring the role of the parent in the aftercare of adolescents who participated in a treatment programme for substance abuse"* aims to explore the role the parent plays is maintaining the sobriety of their adolescent.

The study focusses on parents and care givers in the Nelson Mandela Metro whose adolescent children participated in treatment programmes for substance abuse. As the Ernest Malgas Treatment Centre is a treatment facility for such programmes I would like to request if I could recruit participants from their data base in order to participate in the study. The participation is voluntary and would involve a minimum of 8 and maximum of 20 persons for at least 2 contact sessions, 1) introduction and confirmation of participation and 2) focus group interview. Participants should meet the following criteria:

1. Be the parent or care giver of an adolescent (14-17years) who have participated in substance abuse treatment programmes within the last 18 months
2. Have been living with them since the completion of the programme

The focus group interview will be conducted in a neutral venue that will be accessible to all participants. Please note the study is not aimed at evaluating the services of the organization, but the parents' general understanding and perception of their role in the aftercare of their adolescent.

Should you have any questions regarding the study, you are welcome to contact either myself or my study supervisors Prof Catherina Schenck of Dr Veonna Goliath at the contact details listed below. The study has been approved by the Research and Ethics Committee of the Department of Humanities and Social Sciences at the University of the Western Cape (see attached letter). Should your questions or concerns not sufficiently addressed by me, you are free to contact the Chairperson of the Research and Ethics Committee as indicated on the letter.

In light of the above, I would like to request your assistance to introduce me by means of a data list to parents and caregivers who meets the criteria above in view of participation in this study.

Kind regards

Karen Felkers
072 312 5593
Karen.Felkers@ecdsd.gov.za

Prof Catherina Schenck
HOD Department of Social Work
University of the Western Cape
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Dr Veonna Goliath
Senior Lecturer
Social Development Professions
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South Campus
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Appendix G

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

Beacon Hill Office Park - Corner of Hargreaves Road and Hockley Close – Private Bag X0039 – Bhisho – 5605 – REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)43 605 5265 - Fax: +27 (0)43 605 5427 - Email address: Dolores.tatchell@ecdsd.gov.za - Website: www.ecdsd.gov.za

29 May 2017

Ms K. Felkers
Department of Social Development
Port Elizabeth
6000

Dear Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH: EXPLORING THE ROLE OF THE PARENT IN THE AFTERCARE OF ADOLESCENTS WHO PARTICIPATED IN TREATMENT PROGRAMMES FOR SUBSTANCE ABUSE

The Department considered your request for permission to access departmental files on parents whose children participated in the treatment programme at Ernst Malgas Centre.

Permission for the research is hereby granted with the following conditions:

1. Adherence to confidentiality at all times.
2. Voluntary participation and observance of research ethics.
3. You must laisse with the social work manager, Ms Grace Nqwabe (Mobile Nr: 0824444262) and Mr Jacobs, Head of the Treatment Centre, to obtain access to the database as requested.
4. The Department must be afforded a fair opportunity to respond to any issues that might arise from the research.
5. After completion of your research, you must provide the Department with a written report for the Department to consider integration of your findings and recommendations in our programmes.
6. You avail yourself, should the need arise, to make a presentation of the findings and recommendations to the Department.

The Population and Research directorate is looking forward to working with you and assures you our support. We wish you all the best with the proposed study.

Please acknowledge receipt and agreement to the above by counter signing and returning the correspondence via e-mail to the undersigned.

Yours sincerely

D.TATCHELL
DIRECTOR: POPULATION POLICY PROMOTION
DATE: 29/8/17

MS K. FELKERS
M.A. CANDIDATE: UWC
DATE: 8 June 2017

Appendix H

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DECLARATION

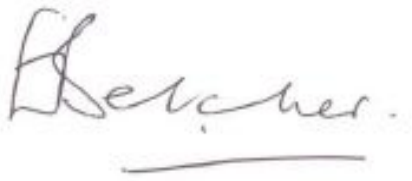
I hereby certify that the Master's thesis mentioned below has been properly language edited. The author was responsible for the final checking of the references.

Title of thesis

'Exploring the role of the parent in the aftercare of adolescents who participated in a treatment programme for substance abuse'

Student

Karen Felkers
Student number 3111417
University of the Western Cape



ELLA BELCHER
Somerset West
27 May 2019