

Exploration and description of challenges experienced by social workers when providing out-patient treatment services to individuals with Substance Use Disorders in Gauteng Province, South Africa.

Authors

*Thabisile Happiness Vilakazi¹,

Thobeka Nkomo, PhD¹

¹The Department of Social Work, School of Human and Community Development, Faculty of Humanities, University of the Witwatersrand, Johannesburg, South Africa.

*Corresponding Author:

Thabisile Happiness Vilakazi,

School of Human and Community Development, University of Witwatersrand Johannesburg, South Africa.

Email: thabisilehappiness@gmail.com

Submitted: 14th April, 2023

Published: 30th June, 2023

Abstract

Social workers are increasingly becoming primary service providers to people with substance use disorders (SUDs) and their families. Hence, they face many challenges when providing treatment services. This qualitative study adopted an exploratory descriptive research design to explore challenges experienced by ten social workers during the provision of outpatient treatment services to individuals with substance use disorders in the Gauteng province. The study utilized non-probability purposive sampling to recruit and identify participants. Data collection was conducted through zoom meetings and one-on-one interviews using a semi-structured interview guide. Thematic data analysis was conducted manually to analyze the data collected from participants. This study indicated that outpatient treatment social workers are challenged by

relapse, noncompliance, denial, reluctance and involuntary service users; poor family involvement and unrealistic expectations; safety issues and lack of organizational support. Thus, it is recommended that outpatient treatment organizations employ employee assistance practitioners to support social workers towards coping with challenging workplace experiences.

Key words: *Experiences, outpatient treatment services, substance use disorders, social workers.*

Introduction

Substance Use disorder (SUD) is the most challenging social illness with detrimental ramifications experienced worldwide (Yang, Wong, Grivel & Hasin, 2017). Since the 1980s, there has been a ceaseless and uncontainable increase of SUD. UNODC World Drug Report 2022 highlights that approximately 284 million people between the ages of 15-64 years used drugs while 11.2 million people were injecting drugs worldwide. In South Africa (SA) more than 15% of the population has substance use disorder. Consequently, in SA, SUD has long been a primary factor contributing to multiple challenges counting crime, high rate of traffic injuries, domestic violence, escalation of chronic diseases and poverty (Stewart, 2021). Similarly, other people with SUDs experience inter alia, unplanned pregnancies; dropping out of school; academic failure; contracting diseases; showing antisocial behaviors or violent; poor work performance and personal relationships failure; often having focusing, remembering and thinking problems; as a result, their lives become chaotic and stressful (National Institute on Drug Abuse, 2018). In response to the above highlighted challenges of SUD,

multiple methods have been implemented to curb it with social workers being in the forefront.

South Africa has low capacity of inpatient services, therefore, the overwhelming demand become a burden to outpatient treatment settings, even though other users' level of addiction requires inpatient treatment. Nevertheless, most inpatient treatment centers are private and not affordable to a large number of the population. As a result, the South African Drug Advisory Board (SADAB) stipulated a growing need for interventions towards combating substance use disorder.

The National Institute on Drug Abuse outlines a range of substance abuse treatment services, including long- and short-term inpatient treatment programs, individualized counselling, group therapy, treatment for substance users involved with criminal justice, and outpatient treatment programs (NIDA, 2018). The background of outpatient treatment services in South Africa is rooted on the Prevention of and Treatment for Substance Abuse Act 70 of 2008. The act serves as a state response to fight against substance dependency through treatment, early intervention, prevention, and re-integration services. It also encourages the establishment of public outpatient and in-patient treatment facilities for rehabilitation purposes, skills development and treatment of people with SUDs. Public outpatient treatment centers offer a range of services including screening and assessment, individual and group counselling, family intervention and drug testing (Department of Social Development, 2016).

Social workers employed in outpatient treatment centers works within a multidisciplinary team of doctors, nurses, and

sometimes psychiatrist to provide extensive treatment services to SUD clients, but social workers are the primary entry and the ultimate exit point of the treatment programme (Khanyi & Malesa, 2022). When SUDs are treated holistically, there is a low risk of relapse, leading to a successful adaptation of an individual to the environment. Ndou and Khosa (2019) reported that in providing substance abuse treatment, social workers are regarded as essential service providers because of their knowledge in biopsychosocial intervention.

The South African Community Epidemiology Network on Drug Use asserts that outpatient treatment social workers work with diverse population referred by their families, friends, employers, courts, schools, health care professionals, religious groups and other stake holders (SACENDU, 2018). Social workers are expected to provide holistic interventions to assist and support individuals with SUD and their families (Gxotelwa, 2020), hence, there are numerous challenging experiences attached to working with clients with SUDs.

Stewart (2021) indicated multiple challenges experienced by social workers counting high workload, inadequate work resources, lack of organizational support and low compensation.

Viljoen (2020) also highlights high workload, secondary trauma, and empathy exhaustion as challenging experiences of social workers in treatment of SUDs. Authors indicated that such challenges experienced by social workers are likely to result in occupational stress and sometimes burnout, which again hinders social workers' ability to provide quality services.

Although, it is evident that social workers experience many challenges and high levels of emotional discomfort when performing

their daily duties, which are worsened when they are working with vulnerable individuals with mental health or SUD (Moret, 2019; Ndlela, 2020; Khanyi & Malesa, 2022), yet, the existing knowledge does not accommodate social workers in outpatient treatment settings for SUDs. Since the field of SUDs is unique, demanding and complex in nature, it necessitates specialized personnel adequately trained to render specialized treatment services to the individual they serve (Department of Social Development, 2019).

Some studies explored experiences of social workers in treatment of SUD without paying attention to the experiences of social workers providing out-patient treatment services. Therefore, as the experiences of social workers differs according to their working environment and nature of their client system, this study sought to explore and describe challenges experienced by social workers when providing out-patient treatment services to individuals with SUDs in Gauteng Province. Findings from this study will provide employers and social workers with understanding of various challenges affecting social workers' daily functioning and competency in the out-patient treatment settings, as well as recommended strategies towards supporting social workers in out-patient treatment centers for SUDs.

Methodology

Research approach and design

The study adopted an exploratory qualitative research design to explore and describe the challenges of social workers in the outpatient treatment of SUDs. Exploratory research design allowed the researcher to be flexible towards exploring the perceived, identified and lived experiences of participants in their own environment (Engel & Schutt, 2013). Employing exploratory design also assisted the researcher not only to explore challenges

experienced by social workers, but also to gain subjective understanding of how these challenges impact social workers professional and personal well-being.

Population, sample and sampling

The population of the study was drawn from non-profit organizations providing outpatient treatment services to people with SUDs in Gauteng province. Six out-patient treatment centers were sampled, counting SANCA central rand Diepsloot, SANCA central rand Nuclear, SANCA central rand Eldorado Park, SANCA central rand Alexandra, SANCA central rand Rosettenville and SANCA central rand Westbury. Non-probability purposive sampling was used to recruit and identify participants. In purposive sampling, the sample is selected by carefully taking into consideration parameters of the population (Babbie, 2017).

Ten social workers were purposively selected from the above-mentioned outpatient treatment centers. Social work professionals provide outpatient treatment services to people with SUDs, therefore, are viewed as appropriate participants for the study (Schutt, 2018). All participants were registered with the South African Council for Social Service Professions, employed for two years or more in an outpatient treatment center for SUD in Gauteng Province and willing to participate in the study.

Research instrument and pre-testing

The study used semi-structured interviews as a research instrument for data collection. Interviews were conducted through open-ended questions in the interview guide; hence, the researcher was able to stray from the interview guide in order to follow up on certain issues arose from the conversation (De Vos et al., 2012). The instrument was

used because it allowed participants to present their experiences based on their own perceptions and the interviewer to use probes in a flexible manner.

The pre-testing of the research instrument was conducted with two social workers who met the selection criteria to determine whether respondents understand the questions correctly and to ensure that questions on the guide are not directing participant's responses (Strydom, 2011). However, data collected from the pretesting participants was not included in the report.

Methods of data collection

The process of data collection was conducted through semi structured interviews with social workers in their workplace as permitted by the organization's management, to ensure a peaceful and comfortable environment. Face-to-face interviews were conducted with two participants in their respective offices by making use of an interview guide with open-ended questions, which allowed the researcher to probe for clarity on given responses. This form of data collection also allowed the researcher an opportunity to observe participant's facial expression and body language (Marshall, 2016). However, as social workers were in their offices, there were multiple distractions in relation to colleagues moving around and phones ringing, resulting in participants' poor concentration.

Eight participants were interviewed through zoom virtual meetings which also posed various challenges in relation to poor network, load shedding, and other connection problems, which delayed the data collection process. All interviews were audio recorded with consent given by participants and stored in a password protected audio recording device to ensure the safety and confidentiality of the recordings.

Method of data analysis

The study employed a thematic method of data analysis. Thematic analysis centers on categorizing common themes including ideas, topics and meanings which appear more than once across data collected in response to the research question (Braun & Clarke, 2006). The study engaged this data analysis method because it is relevant to qualitative data analysis especially when researching about people's experiences, knowledge and opinions (McLellan-Lemal, 2008). Braun and Clarke (2006) six steps were followed when analyzing data through the thematic method including familiarization, coding, generating themes, reviewing themes, defining and naming themes, writing up data analysis section.

Ethical considerations

The researcher took full responsibility to ensure that participation in the study was safe and all the rights of participation were explained and respected. Participants were allocated time to read and sign the informed consent forms for voluntary participation in the study prior to the interview. This is in line with the assentation by Rubin and Babbie (2014) that researchers must not force participants to take part in the research project. Permission to conduct the study in the six organizations was obtained from the South African National Council on Alcoholism and Drug Dependence (SANCA) Central Rand organization. The ethics clearance certificate was granted by the Departmental Human Research Ethics Committee from the University of Witwatersrand.

RESULTS

Demographic data of participants

A total of ten social workers employed by six different outpatient treatment centers

participated in the study. Of the ten participants, three were between the ages of 20 and 29, five were between 30 and 39, and the other two were between the ages of 40 and 49 years old. All participants were black African, of which 2 were males and 8 were females. Data collected demonstrated that only one social worker has six years' working experience, four have between two to three years, while five have between four and five years working experience in treatment of SUDs.

Themes

The crisis of relapse among service users

The study essentially found that an individual with SUD completes the treatment programme, stays clean for some time but relapse immediately or at a later stage. Such recurring patterns evoke feelings of demotivation among social workers and make them feel like their effort are worthless. This is supported by the following participants' narratives:

"One of the biggest challenges is when a client successfully completes the treatment programme but few years later, they come back seeking assistance for SUD again and again". (P-4)

"I would say it will be the returnees, always having the same person every year, it actually makes you feel like you're not doing enough, in fact it is demotivating." (P-5)

"Sometimes I feel like I can establish my own land where I can put all those who test negative, so they will not relapse because some of them relapse during the aftercare programme, then you send them for inpatient treatment, but they still come back and relapse again." (P-8)

Findings also revealed that most service users discharged from the in-patient treatment center experiences relapse than those

undergoing out-patient treatment for SUD. One participant narrates:

"Service users' relapse is challenging in this field; we have been trying to implement strategies to deal with relapse but none of them seem to be helping because our relapse rate is still increasing. Mostly, our clients from the in-patient treatment centers experiences relapse more than those completed the out-patient treatment." (P-2)

Inpatient treatment centers prioritize first time applicants, therefore, relapsed users become a burden to service providers. Therefore, relapse can be viewed as the most challenging and disappointing feature affecting social workers in treatment of SUDs.

Service user's non-compliance

Participants reported to be experiencing multiple forms of non-compliance including late arrival, not attending sessions, lack of motivation and inadequate readiness to change. The following narratives were quoted from participants:

"Our clients want to be baby sited; you must follow up with them all the time. They will forget their appointment, if they are not late or out of town." (P-1)

"Sometimes you find those who are always in the office just to see the nurse for medication but does not want to attend therapeutic sessions, they keep on rescheduling until they complete the medical therapy and disappear." (P-6)

"Some are motivated to attend the first few sessions, but they are not willing to complete the entire treatment program. They believe that they can become clean without completing the treatment, which leads to non-compliance." (P-10)

This finding indicates that non-compliance and unmotivated service users have no intention of completing or complying with the requirements of the outpatient treatment programme, which negatively affects the

outcome of the treatment process. These malpractices subvert the efforts of social workers and resources put in place to heal users. Most of the expenditure gets wasted in this process.

Denial, reluctant and involuntary service users

Findings reveals that working with involuntary service users is the most challenging undertaking since they are forced either by court, families, employers or situations to be in the treatment programme, as a result they take out their frustrations on social workers. Participants shared their narratives as follows:

"When a client is in denial, it is challenging to motivate him to change, because that person is not keen to receive the treatment. Some are forced by their families, workplaces or circumstances to enter the treatment, so it becomes a challenge to social workers to work with denial or reluctant clients." (P-2)

"Client referred from court for diversion and clients forced by their families to attend the treatment program are the biggest challenge. They do as they wish and do not comply with the requirements of the treatment program... so we fail with them since they do not follow our procedures towards changing their addiction behaviors". (P-7)

Participant's narratives also indicated that working with involuntary, reluctant and resistant service users discourages social workers, as such, interventions are less likely to produce positive outcomes.

Poor family involvement

Participants also reported poor family involvement and support as a challenge in the treatment process. Some families are not willing to support the recovering individual because of the difficulties they have put

them through. Participant annotations were quoted:

"Some families prohibit any form of communication with the social worker as they do not want to hear anything about the recovering individual." (P-1)

"As much as the client may want to change their life, but due to some circumstances at home, community or family, it becomes very hard for them. They find it difficult to stop using substances or relapse when there is no social support." (P- 5)

"Even if I try to contact the family, they do not come, when doing home visits, they are not available. Sometimes contacting the family does not help as they are not supportive, and they won't even try to be involved." (P-6)

"Some families don't even bother coming for family sessions, they just complain about whatever the client has put them through, and they do not want to be involved in anything concerning the client. Even when you visit their home, you are not welcomed as a social worker, it is a struggle to convince them to support the client." (P-9).

Participants established that lack of family involvement, family withdrawal and stigmatization associated with SUDs leaves the recovering individual vulnerable and prone to relapse.

Additionally, findings also indicated that some families avoid any form of communication with social workers because they have lost hope for the recovering individual. Analytically, lack of family supports derail holistic modus operandi used by social workers to address the problem.

Unrealistic family expectations

Findings from the study indicated that a number of families and community members expect social workers to ensure that service users recover immediately when entering the treatment programme. Those family ideologies constitute unrealistic expectations; therefore, social workers are blamed when those unrealistic expectations are not met. Following are the participant's citations to contrast:

"The community is demanding, they think that we are miracle workers, after bringing a client to us, they want a client to stop smoking immediately, they want to see them changing sooner without considering all the factors involved in the treatment" (P-4)

"One day I had a client's mother shouting at me that I don't know my work just because I conducted an assessment with his son and scheduled the next appointments with him to continue with the treatment programme. The parent got so angry and made me felt like I was not going to assist his son, I tried explaining the requirements of the treatment, but she was not willing to listen." (P-6)

"Some clients don't want to be helped, but families are blaming the social worker thinking that you can just perform magic so the client can stop smoking. So, if the client does not comply with the treatment or doesn't show interest in changing their addiction habit, family members become frustrated and think that there is something wrong you are doing as a social worker and put pressure on you to fulfil their unrealistic expectations." (P-8)

The result shows a considerable confusion about the roles and responsibilities of social workers in out-patient treatment centers for SUDs and expectations of those in need of assistance including service users, families and the community. Thus, such confusion may be the foundation of those unrealistic expectations from the community or families.

Safety issues

The study disclosed that social workers do not feel safe when providing outpatient treatment services. Social workers feel threatened by service users attending sessions while intoxicated, they feel like targets of any action of crime and that their safety is compromised. Following are the quotes from participants:

"I don't feel safe in the office because there's no security, we must open the gate in the morning and close it when we knock off by ourselves. Our service users cannot be trusted, they view us as targets because sometimes there is no one else you are all alone in the office with no panic button." (P-1)

"As we are dealing with clients who are having a substance abuse problem, some come to the office while intoxicated. As a social worker I am also a target for the client. The worst part is that our organization does not have security guards who can see when a person is under the influence or carrying a dangerous weapon. So sometimes it becomes difficult for us to work because our safety is compromised". (P-4)

Participant's responses indicated some notable concerns regarding the safety of social workers in treatment of SUDs, which exposes social workers to helplessness as they are fearing for their lives instead of providing quality services.

High case load vs low human resources

Participants reported to be challenged by high case load which hinders their ability to focus more on an individual client since they have many clients to attend to. The participants also expressed shortage of social workers which make huge workload become burden to the few. Following are what participants have reported:

"We have lots of cases to deal with, so it is challenging to work with unmotivated clients because motivating the client to attend their sessions is time consuming and increases our workload. In a day we work with twelve to sixteen clients, and remember we are only working for eight hours, so squeezing in all clients and provide quality service is difficult." (P-4)

"Our case load is hectic. In fact, I feel like we are chasing numbers because we need stats, so we end up with so many cases but few social workers to attend to those cases." (P-6)

"I personally have a crazy workload and it even hard to focus on the quality of services provided, I turn to work to get the work done because the center is operating with only two social workers but servicing several high-risk communities" (P-8)

Since social workers in outpatient patient treatment centers serves as a primary point of entry to the other forms of SUD treatment including inpatient, aftercare and halfway houses, their case load will continue to rise because of the increase in drugs supply and accessibility.

Lack of organizational support

Participants reported lack of organizational support as another challenge confronting out-patient treatment social workers in SUDs. Some participants added that only supervision is provided by the organization. Following are what participants had to say:

"There is no support from the organization and there is no program being offered by the organization to assist us with our daily challenges. The only support I get is from my supervisor and is not enough." (P-5)

"Even when you seek organizational support, nothing is offered. If we can have more forms of supports from the organization, the treatment would be very effective." (P-6)

"There's no support from the organization because even with our supervisor, we don't do debriefing. Yeah, we are stuck with all the challenges from our work and our client's traumatic stories. It's a difficult experience and we don't debrief; we continue on our own with no support. We get stressed by your personal issues and our work experiences at the same time, it hard." (P-9)

These sentiments indicate poor organizational support as a challenging feature affecting social workers in the outpatient treatment of SUDs. It also appears that social workers are susceptible to secondary trauma from the adversities of their clients, which highly compromises their personal and professional psychosocial wellbeing.

Discussion

Findings from the study demonstrated that social workers are experiencing many challenges when providing outpatient treatment services to individuals with SUDs. Among many issues social workers battle includes the issue of relapse among service users, which has been an ongoing and disappointing challenge facing counsellors in the field of addiction treatment (Ndou & Khosa, 2019). On the same note, most service users go through the relapse stage during the process of recovery or post successful completion of the treatment service, which drains a lot of energy out of social workers and sometimes results in feelings of self-doubt. Findings from this study align with those of a study conducted by Viljoen (2020) stating

that post addiction treatment, above 50 per cent of individuals go through relapse and return to treatment. Other studies highlight that internationally, over 75% of service users relapse in the 3- to 6-month period after treatment (Swanepoel, Geyer & Crafford, 2016). The study conducted by Kabisa, Biracyaza, Habagusenga and Umubyeyi (2021) discovered that in South Africa, 22% of the admitted users relapsed in 2013.

The study also established that most service users discharged from the in-patient treatment center experiences relapse because of non-compliance with the requirements of the treatment programme. Such relapsing patterns seem to evoke feelings of demotivation among social workers (Ndou & Khosa, 2019), and make them feel like their effort towards assisting service users are worthless. Nevertheless, social workers continue to work with the same person over and over due to the nature of social work value of a non-judgmental attitude. Even though relapse is viewed as part of the recovery process (Sekgobela, 2020), clients' patterns of relapse and returning to treatment multiple times could result to dependency in the treatment process.

The study also revealed a challenge of reluctant, denial and involuntary clients that are characterized by lack of motivation, non-engagement and unwillingness to positively participate in the recovery process (Okamoto et al., 2019). Such service users do not acknowledge their addiction problem, have no intention to change, nor to comply with the terms and conditions of the programme. Thus, reluctance, denial and involuntary service users negatively impact the social worker, the recovery journey and the outcome of the intervention process. Rooney (2018) also revealed that the most prominent challenge of social workers in SUD is to

engage with an individual who is forced to undergo an involuntary treatment process. As a result, such service users are exhausting and discouraging to social workers' because such interventions are time consuming and less likely to be successful.

Consequently, the study discovered that families are not willing to support individuals in treatment because of the difficulties that they have put them through, no matter how much the social worker invites them for family therapy. Families either prohibit any form of communication with the social worker or chase them out of their homes during home visits. A study conducted by Ndou and Khosa (2019) also found that family support plays a major role in the recovery process and the positive outcome of the intervention, hence lack of family involvement, family withdrawal and stigmatization leaves the recovering individual vulnerable to relapse due to feelings of being isolated. Experiences of poor family involvement and stigmatization of service users pose a negative impact on the recovery process and put more pressure on the responsible social worker.

Families and communities' unrealistic expectations with the recovery process were also reported amongst the other challenges of social workers in SUD treatment. While recovery from SUD can be understood as a long-term commitment where the user needs to be committed to the recovery journey to benefit from the treatment process (Appiah et al., 2017), on the other hand it is noted that some families of the recovering individuals expect immediate results. Therefore, social workers are overwhelmed by community demands for services while also frustrated by challenges of inadequate resources and poor organizational support to render necessary services (Viljoen, 2020). Moreover, there is a notable confusion about the roles and responsibilities of social workers in addiction treatment centers and expectations of those in need of assistance including service users,

families and the community, which constitute those unrealistic expectations.

Since SUD is a mental illness, therefore the origins of safety for those working with SUD cannot be guaranteed unless there are measures in place towards ensuring the safety of employees. A study conducted by Unegbu (2020) also identified challenges with safety issues along with poor wages as some of the stressful challenges encountered by social workers. Feelings of being unsafe

due to working with intoxicated clients, clients carrying dangerous weapons, and those with mental health issues exposes social workers' vulnerability as they are fearing for their lives, which could also compromise the quality of their services. The absence of security officers and panic buttons in outpatient treatment organizations highly contributes to social workers' vulnerability to become victims of crime and may perhaps increase the emotional burden social workers carry on their workplaces.

Furthermore, the result confirmed that higher caseloads are continuously becoming a concern to outpatient treatment social workers in the field of addiction treatment. The number of social workers in treatment of SUDs is far lesser than the growing number of individuals with SUDs. Therefore, social workers find themselves working with higher numbers of clients, at the same time, prioritizing quantity over quality and compromising the outcome of the treatment service (Hope & Van Wyk, 2018). They become overwhelmed by attending to many cases with little to no organizational support, putting them at a higher risk of experiencing occupational stress or burnout.

Moreover, the findings also demonstrated lack of organizational support as a fundamental challenging experience encountered by out-

patient treatment social workers in SUDs. Consistent with these findings, Biggart (2016) emphasized the importance of organizational support, specifically debriefing, due to the emotionally draining nature of social work. It appeared that case supervision is the only source of support provided by the organization and does not entail any aspect of debriefing. Since the treatment of SUDs is characterized with high levels of secondary traumatic stress, Hall et al (2021), asserted that organizational support must be prioritized to maximize care and support of social workers. Lack of organizational support and neglected support function of supervision affect social workers in delivery of quality services. As a result, outpatient treatment social workers suffer from occupational stress, emotional exhaustion and sometimes burnout due to workplace challenges, which also negatively affects the quality of treatment services provided for SUDs.

Conclusions

In conclusion, social workers providing outpatient treatment services to individuals with SUDs encounter multiple challenges when performing their daily duties. Their challenges include service users' relapse, issues of non-compliance, denial, reluctant or involuntary service users, poor family involvement in the recovery process, unrealistic expectations from the community and family members, compromised safety of social workers and lack of organizational support to social workers. These challenges are perceived to have a remarkable impact on social workers' psychosocial well-being at the personal and workplace level, putting them at a high risk of experiencing emotional exhaustion and professional burnout.

It is recommended that outpatient treatment organizations for SUDs apply extensive

measures to improve social workers psychosocial well-being. The organization should employ employee assistance practitioners for debriefing and other psychosocial needs of social workers, appoint qualified security officers to ensure the safety of social workers in the workplace, ensure the availability of panic buttons for social workers in their offices and while conducting home visits, introduce various team-building activities to ease the impact of work-related stress and enhance interaction levels for social workers to share experiences and learn from each other, as well develop a supervision policy that will ensure that social workers educational, support and developmental needs are addressed.

Further, it is also recommended that future research focus on exploring the challenges of social workers when providing inpatient treatment services to individuals with SUDs. This is because it was evident from this study that inpatient and outpatient treatment social workers do not work under similar conditions; therefore, their experiences are likely to differ from each other, because of their employment setting. Such research would assist in broadening the scope of this research to include other provinces and understanding the overall experiences of social workers when rendering treatment services to individuals with SUDs. Longitudinal studies to explore this phenomenon over time for better understanding are also recommended.

References

- Appiah, R., Danquah, S.A., Nyarko, K., Ofori-Atta, A. & Aziato, L. (2017). Precipitants of substance abuse relapse in Ghana: A qualitative exploration. *Journal of drug issues*, 47(1), 104-115.
- Babbie, E. (2017). *The basic of social research*. 10th edition. Cape Town: Oxford University Press.
- Biggart, L. (2016). Emotional intelligence and burnout in child and family social work: Implications for policy and practice. Centre for research on children and families, University of East Anglia. Norwich, UK: National center for research and families, Norwich.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- De Vos, A. S., Strydom, H., Fouché, C. B., & Delport, C. S. L. (2011). *Research at grassroots: For the social sciences and human services professions*. (4th ed.). Pretoria: Van Schaik publishers.
- Department of Social Development. (2016). *Integrated service delivery model*. Department of Social Development: Pretoria.
- Department of social development. (2020). *National Drug Master Plan 4th Edition 2019 to 2024*.
- Department of social development. Retrieved from: https://www.gov.za/sites/default/files/gcis_document/202006/drug-master-plan.pdf
- Engel, R.J., & Schutt, R. K. (2013). *The practice of research in social work*. Los Angeles: Sage.
- Gxotelwa, A. (2020). *Experiences of social workers in the provision of mental health services in Johannesburg (Masters Dissertation)*. University of Pretoria, Pretoria.
- Hall, M. N., Amodeo, M., Shaffer, H. J., & Bilt, V. J. (2018). Social workers employed in substance abuse treatment agencies: A training needs assessment. *Social Work Journal*, 45, 141-154.

- Hope, W., & Van Wyk, J. (2018). Towards a culturally competent health professional: A South African case study. Retrieved From: <https://doi.org/10.1186/s12909-018-1187-1>.
- Kabisa, E., Biracyaza, E., Habagusenga, J. D. A., & Umubyeyi, A. (2021). Determinants and prevalence of relapse among patients with substance use disorders: case of Icyizere Psychotherapeutic Centre. *Substance Abuse Treatment, Prevention, and Policy*, 16(1), 1-12.
- Khanyi, V., & Malesa, K. J. (2022). Challenges faced by social workers in rendering services to Nyaope substance users. *Social Work/Maatskaplike Werk*, 58(1).
- Marshall, C. (2016). Face-to-Face Interviews: Advantages and Disadvantages. Retrieved from: <https://www.linkedin.com/pulse/face-to-face-interviews-advantages-disadvantages-charlie-marshall>
- Masiko, N., & Xinwa, S. (2017). Substance Abuse in South Africa, its linkages with Gender Based Violence and Urban Violence CSVR Fact Sheet on Substance Abuse in South Africa. Centre for the Study of Violence and Reconciliation. Johannesburg.
- McLellan-Lemal, E. (2008). Transcribing data for team-based research. In G. Guest & K. M. MacQueen (Eds.). *Handbook for team-based qualitative research* (pp. 101-118). New York: Altamira.
- Moret, R. M. (2019). *Experiences and Challenges of Social Workers Providing Services to Elderly Veterans*. USA, Washington: Walden University.
- National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research based guide*. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>.
- Ndlela, J.N. (2020). *The Experiences and Coping Strategies of Social Workers Rendering Services In The Field Of Addiction Counselling* (Doctoral Dissertation). Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
- Ndou, N., & Khosa, M. P. (2019). *Factors influencing relapse in individuals with substance use disorders: views of social workers employed in treatment centres* (Masters Dissertation). University of Stellenbosch, Cape Town.
- Okamoto, A., Dattilio, F., Dobson, K., & Kazantzis, N. (2019). The therapeutic relationship in cognitive-behavioural therapy: Essential features and common challenges. *Practice Innovations*, 4. Retrieved from: <http://doi.org/10.1037/pri0000088>.
- Rooney, R. (2018). Effectiveness with involuntary clients. In R. H. Rooney & R. G. Mirick (Eds.), *Strategies for work with involuntary clients* (pp. 47-68). Columbia University Press. <https://doi.org/10.7312/roon18266-005>
- Sekgobela, M. A. (2020). *The Experiences of Social Workers Regarding Occupational Stress: A Study in the Department of Social Development, Capricorn District, Limpopo Province* (Masters Dissertation). University of the Witwatersrand, Johannesburg.
- South African Community Epidemiology Network on Drug Use (SACENDU). (2018). *Monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa*. Medical Research Council, 3, 36-54.
- Stewart, C. R. (2021). *Experiences of Social Workers in Outpatient Treatment with Young Mothers* (Doctoral Dissertation). Walden University, USA.

- Stringer, E. T. (2014). *Action Research*. Thousand Oaks, California: SAGE
- Strydom, H. (2011). The pilot study in the quantitative paradigm. In: De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (Eds.). *Research at grassroots: for the social sciences and human service professions*. (236-247). Pretoria, Van Schaik.
- Swanepoel, I., Geyer, S., & Crafford, G. (2016). Risk factors for relapse among young African adults following in-patient treatment for drug abuse in the Gauteng Province. *Social Work*, 52(3), 414-438.
- The Prevention of and Treatment for Substance Abuse Act, No.70 of 2008. Pretoria, South Africa: Government Printers. <http://www.info.gov.za/gazette/acts/2008/a61-03.pdf>
- Unegbu, R. O. (2020). *Exploring the Role of Social Workers in Substance Abuse Exploring the Role of Social Workers in Substance Abuse Treatment (Doctoral Theses)*. Walden University. USA.
- Viljoen, C. (2020). *Challenges faced by social workers rendering services to adult homeless individuals (Masters Dissertation)*. University of Stellenbosch, Cape Town.
- Yang, L. H., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: an international phenomenon. *Current opinion in psychiatry*, 30(5), 378-388.