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Social workers' perspectives on supporting parents of adolescents recovering from substance use disorder

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ABSTRACT

Substance use disorder (SUD) is a widespread issue that has made it difficult for families to maintain their wellbeing, especially for the parents of adolescents who are recovering from SUD. SUD is characterised by the inability to stop using a harmful substance and loss of inhibitory control of the desire to continue the substance abuse. Social workers are vital in supporting these parents with knowledge and skills. The goal of this study was to understand the challenges faced by parents of adolescents recovering from SUD in treatment centres in the Tshwane region, Gauteng province, South Africa. The research study adopted a qualitative research approach and the Intervention Design and Development (IDD) model with purposive sampling to select participants. The data were analysed using thematic analysis. Ethical considerations were adhered to. Findings highlight that holistic support is needed for parents to cope with adolescents recovering from SUD and to support the recovery of their adolescents.

Keywords: adolescents; parents; social work; social workers; substance use; substance use disorder

INTRODUCTION AND BACKGROUND

Social workers have a specific role to play in providing parents with much-needed support and therapy services that are focused on the many parts of a relationship that has become skewed as a result of adolescent substance use disorder (SUD) (Dykes & Casker, 2021). SUD is a condition characterised by significant deficits in psychological, health, social functioning and voluntary control over substance use. It can lead to health issues or challenges at work, school or home (Danovitch & Mooney, 2018). In addition, Volkow and Blanco (2023) note that SUD is marked by an inability to stop using the substance, persistent withdrawal symptoms and a loss of control over the urge to abuse the substance. SUD leads to impaired behaviour, a decreased ability to recognise significant problems caused by the disorder, difficulties in interpersonal relationships, and dysfunctional emotional responses. With adolescent SUD disrupting the family functioning and affecting the whole family system by changing family relations and roles in the family, social workers have the responsibility of supporting parents (Choate, 2015).

According to recent statistics, the global population of substance abusers has grown by 23% in the past decade, with over 296 million individuals reported to have used drugs in 2021 (United Nations Office on Drugs and Crime, 2023). Additionally, the number of individuals who suffer from SUDs has risen significantly, with a 45% increase over the past 10 years, bringing the total number to 39.5 million (United Nations Office on Drugs and Crime, 2023). Africa shows a high prevalence of SUDs among adolescents compared to the general population, which is linked to various physical and psychosocial issues, including strained relationships with family and friends (Jumbe et al., 2021; Mokwena & Setshego, 2021). The phenomenon of SUDs among adolescents in South Africa has turned out to be a significant problem (Mokwena & Setshego, 2021; Walton et al., 2016). For the year 2018 the Substance Abuse and Mental Health Services Administration (SAMHSA) (2019) reported that an estimated 376 000 adolescents in South Africa aged between 12 and 17 were using hallucinogens and heroin.

Adolescence is a critical development stage for parents and adolescents in building healthy relationships. It is also a critical phase of transition in a child's development; during this period, they experience many challenges simultaneously, including physical growth, the drive to be independent, the need for social and peer interactions, and brain development (Case & Paxson, 2013; Csikszentmihalyi, 2024). When an adolescent has an SUD, the family may face ongoing conflict and parents of adolescents with a SUD may suffer greatly as a result of the wide range of negative emotions that adolescents with SUDs frequently feel, including perplexity, guilt, worry and sadness (Hlungwaniet al., 2020).

Adolescent SUD significantly affects the families of users, their loved ones and the wider community (Slabbert, 2015). Parents are tremendously impacted by the behaviour of adolescents recovering from SUD, making it difficult for them to cope (Hlahla et al., 2023). Ngatweni (2018) maintains that parents struggle to handle their substance-misusing adolescents while still having to focus on other family matters, impairing their capacity to cope. Adolescent SUD is prevalent and adversely affects the psychosocial wellbeing of parents (Groenewald & Bhana, 2018). Given the societal stigma and widespread misconceptions around SUD, the parents' professional status, social standing and way of life may be impacted

by living with an adolescent recovering from SUD (Earnshaw, 2020). Parents are faced with numerous difficulties when parenting these adolescents.

Social workers who provide SUD intervention may experience burnout if they lack proper training (DeLucia & Solano, 2023). All social workers, regardless of their practice setting, should have knowledge and insight into various types of addictions. They should also know how to effectively and empathetically work with clients who experience challenges with addiction (Slabbert, 2015). Social workers are stuck with trying to ensure support for parents, which may also include parents struggling with stress, anxiety and health issues, which negatively affect their lives, leaving them struggling to cope (Mathibela, 2017). Social workers, therefore, need to be aware of and have access to more training and exposure to SUD programmes that can be utilised in working with parents of adolescents recovering from SUD (Mpanza et al., 2022).

In South Africa, access to SUD treatment services is usually obtained through Department of Social Development (DSD) district service points and NGOs dealing with SUD (Singwane & Ramoshaba, 2023). The source continues to emphasise the importance of social workers in treating parents and families affected by adolescent SUDs, who offer support and interventions to safeguard and protect the wellbeing of their clients. Social workers are expected to fulfil many roles, including broker, enabler, teacher, mediator, advocate and case manager (Mekonnen & Lee, 2021; Sukmana & Abidin, 2020). Social work is a problem-solving profession and it plays a crucial part in resolving the social and psychological issues that result from the myriad of social maladies that plague our society (Sukmana & Abidin, 2020). Social workers are among the leading service providers for people who have had SUD and are recovering from SUD (Wells et al., 2013). Given the first author's substantial experience in the substance dependency field, she acknowledges that working in this area requires highly skilled and experienced professionals to manage the challenges effectively. Social workers are well positioned to support parents because of their knowledge and skills related to SUD (Choate, 2015). Their critical involvement in working with people recovering from SUD means that social workers' roles and responsibilities within the field of substance dependency impact on the nature and effectiveness of interventions provided to persons with SUD (Singwane & Ramoshaba, 2023). According to Galvani (2017), the following are the key roles that serve as starting points for social workers concerning substance use: discuss SUD with their clients and their families as part of their responsibility to care for them; motivate individuals to consider changing their SUD problematic behaviour and support them and their families in their efforts to do so; and finally support individuals with SUD in their efforts to maintain change in relation to their SUD.

Supporting parents of adolescents recovering from SUD is important and, sadly, social workers working in the SUD field of practice are rarely given the necessary training in that area (Galvani, 2017). The implication is thus that a lot is expected from social workers, even though they are not all well equipped to deal with SUD. In general, social work interventions are procedures and patterns that have been proven effective through scientific enquiry and applications by social workers who work with individuals, groups and communities (Ebue et al., 2017).

PROBLEM STATEMENT

Family support plays a crucial role in treating SUDs, because well-informed parents can provide essential support to adolescents recovering from such disorders (Ndou, 2019). In most family support sessions, the main topics include addiction, the effects of substances and the ways that addiction impacts on relationships with significant others (Ndou, 2019). The above statement indicates that more focus is placed on encouraging sobriety in the users and less is done to focus on supporting the parents, especially those trying to cope with and understand their adolescents' behaviour and lifestyle changes. Parents are expected to continue providing support when the adolescent recovering from an SUD is released from the treatment centre. However, the responsibility becomes too much for the parents to cope with because of the anxiety and worry caused by the lifestyle of the adolescents recovering from an SUD (Tambling et al., 2021). This is because not much is done to adequately support and equip the parents on how to deal with the behaviour of the adolescents recovering from a SUD.

Parent support is mainly seen as an essential factor that enhances the aftercare treatment of an adolescent recovering from an SUD (Mahlangu & Geyer, 2018). Treatment centres are supposed to involve families throughout the treatment process of the person recovering from an SUD (Mzolo, 2015). As mentioned earlier, while there is considerable information on supporting individuals with SUDs, relatively little attention has been directed toward support programmes that address the needs of parents (Groenewald & Bhana, 2018). In other words, interventions have primarily targeted individuals misusing substances, neglecting support for their parents (McKeganey, 2014). Parents require support to effectively manage their lives and family (Maluleke, 2013). Choate (2015) highlights that social workers must also address family needs and create effective interventions, particularly focusing on the support needs of parents. Based on the above information, the authors attempted to clarify what they needed to address the following research problem: There is an absence of research-based knowledge on the support needs of parents of adolescents recovering from SUD.

THEORETICAL FRAMEWORK OF STUDY

The first author utilised Bowen's Family Systems Theory (FST) as a starting point. FST shows that when an adolescent has SUD, that does not only affect their own life but that of the whole family unit (Beckett & Horner, 2016). According to FST, it is understood that the experiences of one family member might affect the rest of the family. This theory views a family as a system where each member has a specific role to play within the system (Johnson & Ray, 2016). FST seeks to understand how people function in relation to interactions with other people within the family unit, the main focus being on how individuals impact on each other's lives in a family (Olson et al., 2019). Within a family system, the structure of roles is seen as essential to strike a balance. This means that parents will have to find better ways to balance their life, work and parenting, while continuing to support the adolescent recovering from SUD. Social expectations about parenting during adolescence can lead to overprotection in some parents, and trying to meet these standards can lead to exhaustion and burnout (Zimmermann et al., 2022).

Complex interventions are based on the FST, with multiple components designed to work together (Masten, 2018). According to Baharudin and Sumari (2017), there is a serious need to find ways to assist families, especially parents, in coping and focusing on their well-being, as families are perceived as the support system for adolescents recovering from SUD. Even though the importance of support for parents is hardly mentioned in policy documents or studies, parents are nonetheless expected to be at the forefront of ensuring the recovery of their adolescent children (Manthorpe et al., 2015). Considering all the challenges faced by parents of adolescents recovering from SUD, effective, holistic treatment for SUD should empower the whole family to cope and support each other (Bisetto-Pons et al., 2016).

Both adolescents in SUD recovery and the entire family system are faced with different challenges (Son, 2019). FST's concept of chronic anxiety can be utilised in assisting family members in avoiding blaming each other and encouraging a way of working together to prevent conflicts and find solutions (Son, 2019). To explore social work support for parents of adolescents who are struggling with SUD, the researcher also investigated other factors in the family that influence the family unit. FST assisted the researcher in focusing on the family holistically to find better ways to support parents.

RESEARCH METHODOLOGY

The first author used the qualitative research approach, which allowed parents and social workers to share their views and ideas on parents' support needs and how parents can be assisted in coping with the lifestyle and behaviour of adolescents recovering from SUD. As a research design, the Intervention Design and Development (IDD) model of Rothman and Thomas (1994) guided the study, culminating in the development of a support programme for parents of adolescents who are recovering from SUD. The IDD model is meant to conceptualise and test innovations, including training programmes, therapeutic interventions, and social science programmes that require such interventions (Roestenburg & Strydom, 2021). Using the IDD model, the authors identified and analysed the research problem and formulated the study's research questions, aims, and objectives. Furthermore, using the IDD model, relevant literature was used to contextualise the study. The study was directed by the following main research question: What social work support interventions do parents of adolescents recovering from SUD need?

The goal of this study may be stated as follows: To develop an in-depth understanding of the social worker's perspective on the support needs of parents of adolescents recovering from SUD.

The population relevant to achieving this goal was all social workers working with parents of adolescents recovering from SUD in all the in-patient treatment centres registered with the DSD in the Tshwane region. The Gauteng province was selected because the first author resides in Gauteng; therefore, concentrating on this region would be economical and time-efficient. Non-probability sampling was considered cost and time effective for conducting this research; however, as it focused only on a small sample, it might be challenging to know how accurately or well the population is represented (Wiśniowski Sakshaug et al., 2020). The first author used a purposive sampling technique to choose the study participants. Purposive sampling is a non-

probability method to strategically select individuals with information pertinent to answering research questions about a particular phenomenon of interest (Grinnell & Unrau, 2014). To implement purposive sampling, the researcher developed inclusion and exclusion criteria to ensure that suitable research participants were targeted for this study. Only those who expressed a willingness to participate were included in this study. The inclusion criteria used were social workers working with parents of adolescents recovering from SUD, social workers in Tshwane regions, and working in the DSD offices.

The first author allowed the participants to share their experiences and perceptions of the needs of parents with adolescents recovering from SUD and their suggestions on how those parents can be supported. She conducted semi-structured interviews to gather data from the research participants (Fouché et al., 2021). All participants were asked the same questions in line with the interview guide. Each semi-structured interview was conducted over 45 to 60 minutes. Furthermore, the participants expressed a preference for conducting the interviews in English. Data collected from the participants was recorded using a voice recorder; however, permission was obtained from the participants before doing so. While the first author adhered to an interview guide, she had the flexibility to ask probing questions based on participants' responses. The first author and the independent coder transcribed the recorded data. The collected data were analysed using thematic analysis, which scrutinises the data collected to the point that discrete themes emerge to analyse and verify the collected data (Fouché et al., 2021). The thematic process was comprised of the following steps (Maguire & Delahunt, 2017): familiarisation with the data, coding, searching for themes, reviewing, defining, naming and writing up. Data verification was ensured by utilising strategies related to confirmability, credibility, transferability and dependability to guarantee the trustworthiness of the research study.

ETHICAL CONSIDERATIONS

The first author sought ethical clearance from the University of South Africa's College of Human Sciences Research Ethics Review Committee (REC#: 2408160-052 CREC Ref # 352970_CRECHS_2020). Permission to carry out the research study was also obtained from the DSD and managers of the SUD treatment centres concerned. The informed consent forms were given and explained to the participants who volunteered to participate in the research. Confidentiality and anonymity were explained to the participants. The first author ensured that the participants' right to privacy was protected, and she always safeguarded their identities. As a qualified social worker, the first author provided first-hand debriefing to participants who needed it and referred those needing further counselling.

RESEARCH FINDINGS

The first author conducted in-depth semi-structured interviews with social workers working at three different treatment centres.

Table 1: Biographical information of the social workers interviewed

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

Social workers in this study were interviewed at the three treatment centres with open-ended questions using the interview guide to explore the support needs of parents of adolescents recovering from SUD. The ages of the social workers who participated in this study ranged from 29 to 52 years. At the time of the fieldwork, fourteen fell into the age group 30 to 49, and only two were older than 50. Based on the age of the participants, one would expect older social workers to have more experience in the social work field; however, it was not like that in this study. The researcher realised that the age of the social workers had nothing to do with their years of experience in the field of practice. This highlights how assumptions based on age and experience do not always hold. This could be explained in terms of various factors, such as varying entry points into the field, different career trajectories, or perhaps even the social workers moving into a different field. This insight emphasises the importance of looking beyond surface-level demographics to understand the complexities within the social work professions.

FINDINGS: THEMES AND SUB-THEMES

Participants were requested to share their experiences of working with parents of adolescents recovering from SUD and their perceptions of the support needs of these parents. Three themes in Table 2 below are listed with the accompanying sub-themes.

Table 2: Themes and sub-themes

THEMES	SUB-THEMES
1. Social workers' accounts of working with the parents of adolescents recovering from SUD	<i>1.1 Parents are tired, discouraged and overwhelmed.</i> <i>1.2 Parents minimise the problem or are in denial</i> <i>1.3 Parents are finding it difficult to cope</i>
2. Social workers' perceptions of the needs of parents of adolescents recovering from SUD	<i>2.1 More information about substance abuse and SUD</i> <i>2.2 Emotional and psycho-social support</i>
3. Social workers' suggestions regarding what interventions can be used to support parents of adolescents recovering from SUD	<i>3.1 Group sessions with parents and adolescents</i> <i>3.2 Self-care for parents of adolescents recovering from SUD</i>

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

The researcher's first question to the participating social workers was to ask them to recount what it is like working with the parents of adolescents recovering from an SUD. When parents are not supported, their health and wellbeing are compromised, which might lead to more challenges and also affect the sobriety of the adolescent recovering from SUD (Russell et al., 2022).

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

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

Parents admitted that they are just sending their children to treatment centres to get a break from all the stress and depression their children are giving them... Some of the parents are not supportive of their children's treatment, although one can understand that they have been through the process several times and they feel discouraged. (SW 1)

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

One parent told me the other day: 'I am tired, and am asking myself, is it wrong for me not to care anymore?' (SW 13)

The social workers shared that parents felt overwhelmed and tired because of the behaviour displayed by the adolescent recovering from a SUD. While the impact of substance abuse on an individual certainly requires intervention, the effects on the family of the person abusing

substances are equally severe and have exceptionally long-lasting emotional consequences (Braaf et al., 2022). Substance abuse and its consequences affect families mainly negatively and disrupt the functioning of the family unit (Mafa & Makhubele, 2020).

A study by Mahlangu (2016) found that parents' inability to make time for interventions and offer support to their adolescents could contribute to their relapse. However, social workers pointed out that parents are often tired and overwhelmed. The absence of parents in supporting their adolescents' recovery is sometimes misinterpreted as a sign that they have given up on them. According to Mahlangu and Geyer (2018), parental support is crucial. Failure to provide this support works against adolescents breaking free from their current situation.

Sub-theme 1.2: Parents minimise the problem or are in denial

The social workers identified that parents of adolescents recovering from an SUD often minimise the problem or are in denial. They indicated that they try to ensure that parents are free to communicate any challenges they face and to provide all the information that can assist in the recovery process of the adolescent. It is confirmed in the literature that social workers should rely not only on the information obtained from the intake, but they should also seek information from multiple sources to ensure the accuracy of the information obtained (Nhedzi & Makofane, 2015). The following storylines refer to parents minimising the problem:

We try to ensure we communicate with the parents to provide better service. However, the problem is that some of the parents minimise the problem ... one can see that the child is deep into substances, but the parent will keep making excuses for the child. (SW 16)

...the parents will tell us that my child is a good boy; bad friends surrounded him. (SW 7)

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

The social workers shared their concerns about how some of the parents are particularly minimising the magnitude of the problems they face with the adolescent recovering from a SUD, making it difficult for social workers to intervene. The social workers pointed out that many parents do not openly discuss the actual issues they face when dealing with an adolescent recovering from SUD. The stigma surrounding parents can impact on the adolescent's recovery progress, the home environment and their access to quality services, making it challenging for them to open up about their problems and avoid feeling ashamed (Gautam & Bhadra, 2022).

Sub-theme 1.3: Parents are finding it difficult to cope

The social workers also highlighted that parents do not understand or struggle to cope with their adolescents.

Some parents do not even know how to handle their children, not only after they have been released but in general. (SW 12)

Other parents who are not coping are single parents. They have to focus on other children and focus on their jobs. Other parents are stuck with the things that happened in the past

(trauma); as a result, when their children experience something that is not good, it triggers their trauma. (SW 5)

What I have experienced is that there is a knowledge gap in terms of parents' understanding of substance dependency... most parents lack knowledge on what to expect after their children have been discharged from the treatment centre. (SW 13)

The inability of parents to cope with the stress linked to adolescent substance use can significantly impact on the quality of life for the family (Curtis Foster et al., 2016). This is due to their unmet support needs, lack of knowledge about how to assist their adolescents and the distress they experience. The social workers stated that some parents opt to avoid interaction with the adolescent recovering from SUD and even avoid anything relating to the recovering adolescent. Mafa and Makhubele (2020) also report that some parents' way of dealing with their frustrations regarding the adolescents' substance abuse behaviour was to direct their anger towards the siblings and other family members.

In this study, social workers found that parents of adolescents recovering from SUD experience significant stress as they struggle to cope. The majority of issues related to adolescents recovering from SUD have a negative impact on parents. Parenting for adolescents in recovery can be stressful, especially since many of them also suffer from substance-related mental disorders. This can be a heavy burden on the entire family, making it more difficult for parents to cope (Smith, 2018). Social workers have pointed out that some parents feel like their lives now revolve around their recovering adolescents.

Theme 2: Social workers' perceptions of the needs of parents of adolescents recovering from SUD

After hearing from the social workers about working with the parents of adolescents recovering from SUD, the researcher asked the social workers what they thought parents needed.

Sub-theme: 2.1 More information about substance abuse and SUD

The social workers also articulated their perception that parents need to be better informed about substances and substance abuse. Ensuring that parents are well informed about SUD will assist parents in understanding and even coping better. Social workers refer to parents' need for knowledge about SUD:

I think parents need to be well informed about addiction, substance use and abuse... (SW 15)

Parents need knowledge about substance abuse because some believe the child is doing that deliberately; they think the child has a choice and can stop easily. They think the child is spiteful; they do not understand. (SW 3)

We can include helping parents understand that they are not responsible for their children's behaviour. To realise that if they do not start taking care of themselves, it will have long-term damage on them. (SW 9)

The social workers continued to share that more needs to be done to ensure that parents understand SUD, as they learned that parents do not have insight into SUD and addiction. Masombuka and Qalinge (2020) highlighted that parents need to be educated on SUD and addiction to empower them to understand and find better ways to cope. The social workers stressed that parents need to be better informed about SUD. They also shared a lot about the importance of parents understanding substance use and SUD to understand more about what the adolescents recovering from SUD are going through. Neglecting the role played by family members and parents in the post-treatment of individuals recovering from SUD can create massive challenge in the support intervention (Braaf et al., 2022). It is essential to ensure and acknowledge the influence of the family in understanding SUDs; they need to be aware of the role they can play in the treatment and support of people recovering from SUD (Terblanche et al., 2021).

Social workers in the study noted that parents are looking for programmes to support adolescents recovering from SUD. These programmes should provide information about the risks of adolescent SUD and offer support for parents in coping with these challenges. It is important for parents to be informed and reassured about the care provided by social workers for their recovering adolescents. Parental understanding of SUD is crucial in reducing relapses among adolescents and supporting long-term recovery.

Sub-theme 2.2: Emotional and psycho-social support

All social workers expressed the perception that parents need emotional and psycho-social support or therapy to deal with their adolescents recovering from a SUD.

Parents also verbalise the issue of their psycho-social support to help them cope and recover from all the stress their children have put them in. (SW 5)

Parents need a support group and one-on-one sessions to understand where they are. Parents need to be supported and cared for, mainly because, as social workers, we also expect them to support their children in recovering well and not relapsing. (SW 11)

Often, parents don't understand what their children go through, and the children don't understand what they put their parents through. Parents and children should be given a platform to share their challenges and how they can try to meet each other halfway. Sessions for parents and children should be introduced as a support system to cater for parents... (SW 1)

Social workers expressed that parents need support for themselves. Schultz and Alpaslan (2020) point out that families need support in dealing with the SUD of family members as their needs are mostly neglected. Mafa and Makhubela (2020) state that parents have a serious need for psychosocial support that will assist them in coping. Parents require support programmes that will help boost and enhance their current abilities. These programmes can also foster the development of new skills, ensuring that parents possess the necessary abilities to effectively carry out their child-rearing responsibilities and provide their children with opportunities and experiences that promote learning and development (Dunst & Trivette, 2014).

Theme 3: Social workers' suggestions regarding what interventions can be used to support parents of adolescents recovering from SUD

After having described the services their centres provide for parents, the social workers were asked to make suggestions as to what programmes can be used to support the parents of adolescents recovering from SUD.

Sub-theme 3.1: Group sessions with parents and adolescents

A predominant suggestion made by social workers was that counselling or sessions with parents and adolescents together should be used to support parents of adolescents recovering from SUD.

Often, parents do not understand what their children go through, and the children do not understand what they put their parents through. Parents and children should be given a platform to share their challenges and how they can try to meet each other halfway. Sessions for parents and children should be introduced as a support system to cater for parents... (SW 1)

The participants stated that to win the fight against substance use, parents need to be included in the treatment. However, they also felt that not much support is given to parents, which needs to change.

I would also suggest that family counselling should include both parents if they are available and the siblings ... It should also include sessions whereby parents and their children could talk about forgiveness, trust issues, anger management, and stress management. When parents can deal with their stresses, they will not take out their stresses on their children, leading them to relapse again. (SW 8)

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Family member struggles with SUD, this approach can be utilised to help treat the adolescent recovering from SUD and the family, as substance use and abuse affect the whole family unit. According to Varghese et al. (2020), the key components of family intervention are offering information, screening family members and the individual with SUD, providing treatment and counselling to the entire family, and figuring out better ways to interact with the adolescent suffering from SUD.

Parents should stay connected with other parents who have successfully managed the stress of dealing with adolescents who are recovering from SUD. This support can help them to develop meaningful relationships with their adolescents in recovery (Bray et al., 2017). Additionally, support programmes should be designed to include the entire family (Smith, 2018)

Sub-theme 3.2: Self-care for parents of adolescents recovering from SUD

Another opinion presented by the social workers is that self-care for parents has to be included, as parents need this if they are going to cope.

Parents also need to take care of themselves. Then, we can address issues like parenting, trust and other matters relating to substance use. However, self-care should be number one. (SW 4)

Most parents complain about their weak health since their child has started using substances or their health has deteriorated since their child is using. They do not have time to focus on themselves as they focus on the child using substances or is forever worried about that child. (SW 6)

Balanced lifestyle, self-care [and] conflict resolution, especially when it comes to parenting, because as a parent you want to help the child, only to find that you need help. How do you neglect yourself but want to take care of your child? Parents need to learn about self-care and understand boundaries when it comes to a world of addiction. (SW 16)

The affected parents are the ones who are faced with the responsibility to support the adolescent recovering from SUD. Those parents also have to deal with stigma and social isolation and need to be supported to cope (McCann et al., 2017). In caring for children, parents need to remember that they themselves also matter. Parents can care for their children if they are at their best; this means caring for one's own mental health and being physically fit.

DISCUSSION

The findings indicate that parents feel discouraged, tired and overwhelmed and find it difficult to cope. Braaf et al. (2022) point out that family members and relatives are often left responsible for supporting the person recovering from an SUD. A lot of these adverse emotional reactions shared by the participants appear to be commonly reported in other studies and seem to reflect the experiences of parents with adolescents battling SUDs (Hlungwani et al., 2020; Mafa & Makhubele, 2020). According to Masombuka (2021), there is a need for more comprehensive and alternative interventions, because the existing strategy to reduce substance dependency is not producing long-lasting positive effects. That makes the work of the social worker more complicated, as they also need the cooperation of the parents to continue supporting the adolescent recovering from SUD to get better results. Social workers also indicated that some parents minimise the problem, indicating that their adolescent child is recovering well. The above statement is supported by Mafa and Makhubela (2020), sharing that sometimes parents struggle to realise that their adolescent child is a problem and needs serious intervention from professionals. Social workers indicated that parents always have to deal with a lot of unresolved issues in the family, which leads to challenges in coping. Social workers had a lot to say about the family's challenges, which they mostly hear about from the adolescents recovering from SUD.

Social workers indicated that parents need more information and emotional and psychosocial support to assist them in coping with the behaviour of the adolescent recovering from SUD. The FST approach, according to Shumway et al. (2011), highlights that understanding

substance dependency and recovery in its context helps families move away from focusing on why or how this happened, and who is to blame and towards focusing on building the family unit. Carpenter (2013) points out that parent participation in the treatment process gives them the coping skills they need, and gives adolescents the structure and support they need to maintain their recovery at home and in the community. This indicates that family participation in the treatment process can help bring about change in the entire family system because, despite the challenges they face, parents continue to play the supporting role for adolescents recovering from SUD. However, the social workers in this study indicated that the issue of stigma affects the parents and also the adolescent's progress and recovery, the home environment and access to quality services, making it difficult for them to disclose their problems and avoid feelings of shame.

Social workers in this study indicated that adolescents' parents could benefit a lot from attending joint support groups for parents and adolescents. They suggested that participation in these group-based counselling interventions can provide parents with the necessary skills, enhance their understanding of SUDs, and increase their willingness to become more open about the problems they experience as parents.

The research findings indicate that when an SUD prevails in the family, parents struggle to cope. Casker (2019) states that parents find it difficult to express their needs, feelings and desires. Family interventions are therefore required to help parents with their support needs. Masombuka (2021) concurs that family interventions can be used to alleviate and resolve tense situations between adolescents recovering from an SUD and their parents. The participants noted that encouraging parents to choose to love and care for themselves is a conscious decision. If parents are not intentional in their thoughts and actions, it is easy to slip into a world consumed by their adolescents' problems. The participants indicated that they would, as part of self-care, encourage parents to reach out to get professional assistance and support. Physical, mental and emotional health care are all components of individual wellbeing, also called self-care (Dysart & Harden, 2022). A study by Casker (2019) indicated that a lack of parental self-care led to emotional and psychological issues, which made it more difficult for parents to manage the SUD issue that developed within the family.

CONCLUSIONS AND RECOMMENDATIONS

This study has promoted a deeper understanding of the challenges faced by social workers in supporting parents of adolescents recovering from an SUD. The findings outlined above indicate the severe concerns expressed by the social workers to find more effective interventions to support parents. The authors recommend that social workers provide more support to parents to assist them in coping. Offering social work interventions that can be used to support parents specifically will instil confidence in social workers in the field. Tailored educational programmes for parents could be effective in assisting them to cope. These programmes could provide information about parental skills and assist them with coping strategies for dealing with stress and other mental issues.

The researchers also recommend that funding should be diverted to empowering more social workers to ensure support for the said parents. Furthermore, organisations and NGOs should

be encouraged to provide workshops and training for social workers in the field of substance dependency on new developments and trends related to SUDs to help improve the quality of services rendered to parents of adolescents recovering from SUD.

Finally, monitoring and evaluation systems are recommended to track the effectiveness of policies and interventions to assess the impact of the services rendered by social workers to parents. This will assist in creating more effective adjustments and improvements to the available programmes.

The findings of this study highlight the implications of not effectively supporting parents of adolescents recovering from SUD, which could have an impact on the successful recovery of the adolescent and the wellbeing of the parents and the family; success in this regard could in turn enhance the job-satisfaction of the service-rendering social worker.

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