

RESEARCH ARTICLE:

Challenges of Social Workers in Involving Parents in the Intervention Process of Young Persons Misusing Substances

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Received: 02 August 2024 | Revised: 11 November 2024 | Published: 07 December 2024

Reviewing Editor: Dr. Joseph Olusegun Adebayo, Cape Peninsula University of Technology

Abstract

Substance misuse among young people is a widespread phenomenon and continues to rise. Even though parents are the primary support system of a young person and unavoidably suffer the consequences of problem, they are often excluded in the intervention of a young person misusing substances. This study sought to understand the challenges of social workers in involving parents in the intervention process of young persons misusing substances. The family systems theory was employed as a theoretical base for the study. Thus, qualitative semi-structured face-to-face interviews were conducted with 11 individual participants. Furthermore, non-probability purposive sampling was adopted to recruit a sample of social workers at the 10 service points of the Gauteng Department of Social Development (DSD), in the City of Tshwane Metropolitan Municipality (CTMM). Five themes emerged from the interviews, namely inadequate information provided by a young person misusing substances, parents' employment status, nature of the social work intervention process to a young person misusing substance, poor parent/child relationship, majority age of a young person misusing substances and confidentiality barriers in the professional relationship, and a lack of parents' insight. To enhance the quality of the social work intervention process to a young person misusing substance, there is a need for parents to be actively involved throughout the recovery process of a young person.

Keywords: challenges; intervention; parent; young person; social workers

Introduction

Globally, substance misuse among young people is a problematic phenomenon and significant growing concern (Smith and Estefan, 2014). In the same vein, Groenewald (2018) found that substance misuse among young people is a global phenomenon. Accordingly, the 2023 World Drug Report of the United Nations Office on Drug and Crime (UNODC) revealed that in South America, more than half of people receiving treatment for substance misuse are young people under the age of 25 years (UNODC, 2023). In addition, this report showed that 70% of individuals misusing substances and receiving treatment in Africa, are young people under the age of 35 (UNODC, 2023). In a related study conducted in Harare, Zimbabwe, it was found that there is an increase in substance misuse among young people attending secondary schools, colleges and universities in many parts of the country (Muwanzi and Mafumbate, 2017). Similarly, South Africa is not spared, as the level of substance misuse among young people is extremely serious to the extent that substance misuse is reported as being at double the global norm (Tshitangano and Tosin, 2016). In addition, young people in South Africa are the most vulnerable population, as they are hit hard due to the alarming rate in the misuse of substances (National Drug Master Plan (NDMP), 2019-2024). A tragic example of the prevalence of substance misuse and the horrific outcome thereof is a case where 21 young South Africans between the ages of 13 and 18 were found dead during the "pens down" party celebration at an East London Enyobeni tavern in June 2022 (Central Drug Authority South Africa, 2021/2022). Following the incident, the Minister of Police in South Africa questioned why parents allowed their young children to be out late in the tavern (Central Drug Authority South Africa, 2021/2022).

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Accordingly, a young person's substance misuse continues to ravage the well-being of those closest to them (Groenewald and Bhana, 2016). Smith and Estefan (2014) point out even though substance misuse presents as a problem of a young person, families, especially parents, are profoundly affected by the family member's problem. Subsequently, parents unavoidably endure the problems associated with a young person's behaviour and misconduct as a result of substance misuse (Masombuka and Mathibela, 2022). Essentially, in South Africa, many young people still reside with their parents, thus, compelling parents to remain guardians for a young person beyond the age of majority (Masombuka, 2021). Nonetheless, a young person in the context of this study refers to an individual who misuses substances between the ages of 14 and 35 and living with the parent/s. Equally, a parent refers to a mother, father, grandparent, foster parent or adoptive parent living with a young person misusing substances in the same household. The study employed the family systems theory as a theoretical base for the study. This theory posits that family is an integrated whole, where each member influences and is influenced by other members (Matheba *et al.*, 2021). Thus, the theory emphasises that if the individual family is misusing substances, the whole family is disrupted. Subsequently, the entire family might be at the verge of collapse resulting from an individual family member's substance misuse problem. As a result, parents as the pillar of the family, might feel compelled to rescue the family from a total breakdown of the entire system (Masombuka, 2021).

Essentially, Braaf *et al.* (2022) found that there is undisputed evidence about the negative effects of substance misuse on family members, especially parents of a young person. Accordingly, Mulaudzi (2018) found that parents of a young person misusing substances felt helpless because they struggled to deal with the problem that fell on them abruptly. Related to the study, Nkosi (2017) opines that families of a young person misusing substances experienced despair, shame and felt helplessness. Furthermore, Mathibela (2017) gives an example of a parent from Cape Flats in the Western Cape Province of South Africa who endured many years of abuse by his son who misused substances. Finally, the parent retaliated by strangling and killing him as a way of ending the misery. Despite the undisputed evidence that a young person's misuse of substances has negative effects on the family, especially parents, most of the social workers' intervention process and support exclusively focused on the young person and little was being done for parents (Mathibela, 2017). In the same vein, the recent study of Shadung *et al.* (2024) found that employed parents of a young person misusing substances were not readily available for social work services due to work commitments. Stated differently, Manthorpe *et al.* (2015) highlight that even though parents are the main support system for a young person misusing substance and unavoidably bear the brunt of a young person's negative behaviour, they rarely feature in either policy documents or in research.

Elucidating this phenomenon, Waini (2015) argues that parents of a young person misusing substances complained that they received inadequate social work services to cope with the challenges associated with the misconduct of a young person. As a result, parents perceived social work services as unsatisfactory and exclusive. As a solution, Groenewald and Bhana (2016) argue for evidence-based strategies that focus on promoting the family as an important ally in the treatment of a young person misusing substances. Thus, these services would go a long way in assisting families to cope effectively and manage a young person misusing substances. Waini (2015) urges social workers to ensure that services are readily available and accessible for parents with a young person misusing substance. Furthermore, social service organisations are urged to ensure parents with a young person misusing substance are capacitated and given information packages, which should include information on substances, treatment processes and the impact of substances on the parents and family (Waini, 2015). Accordingly, a related study was conducted with 31 parents of a young person receiving long-term rehabilitation and it revealed that parents often felt unsupported by the professionals treating a young person misusing substances (Choate, 2015). In addition, parents were disappointed because they were excluded from the services and were refused treatment information about a young person misusing substances (Choate, 2015). In the same vein, Khanyi and Malesa (2022) found that parents of a young person misusing substances felt therapeutically unsupported by social workers employed at the Community-Oriented Substance Use Programme (COSUP). In contrast, the study of Shadung (2024) revealed that social workers provide individual or group therapy to parents of the young person misusing substances. Nene *et al.* (2024) also confirm that the DSD provides support to families with various social problems, including those related to the substance misuser. Anecdotal evidence suggests that many people find it difficult to deal with the consequences of substance misuse within their families.

On the other hand, Kumpfer (2014) concluded that standardised family-based interventions were the most effective way of preventing or treating the substance misuse problem of a young person. Stated differently, Hugue *et al.* (2021) point out that families are powerful resources for enhancing treatment and recovery success of a young person misusing substances. Mathibela and Skhosana (2019) challenge social workers to develop suitable

programmes that will address the needs of the parents of a young person misusing substance and their families. Thus, the programmes should include support to parents throughout the treatment stages of a young person misusing substances. In line with the above conclusions, parents need to be involved in the intervention of a young person misusing substances. Against this background, this study sought to understand the challenges of social workers in involving parents in the intervention process of a young person misusing substances. Thus, the question this study seeks to answer is: what are the challenges of social workers in involving parents in the intervention process of a young person misusing substances?

Methodology

In research there are three types of approaches, namely quantitative approach, qualitative approach and the mixed methods approach (Creswell, 2018). In line with the study purpose, this study adopted a qualitative research approach, which focuses on people's experiences and search for deeper meanings of those experiences (Given, 2015). In the qualitative research approach, researchers are the main instruments of data collection and research is conducted in the participants' natural setting. Thus, the strength of qualitative research is its capacity to illuminate how individuals develop and communicate meaning (Creswell, 2018). In addition, explorative, descriptive and contextual research designs were employed. Explorative research design was employed to understand the challenges of social workers to involve parents in the intervention process of a young person misusing substances. Descriptive research design was used to describe the participants' challenges in relation to the phenomenon being studied. Contextual research design was also adopted to gain an in-depth understanding of the challenges of social workers within their immediate context.

The setting of the study was the 10 service points of the DSD Gauteng, in the CTMM. The respective managers in the 10 service points acted as gatekeepers and assisted with obtaining goodwill permission in order to gain access to the research sites. It is worth noting that, in South Africa, the DSD is the custodian of social work services (Masombuka, 2021). Furthermore, the City of Tshwane is the capital city and economic hub of South Africa and the number of young people misusing substances in the city has reached epidemic proportions (Madiga and Mokwena, 2022; Masombuka, 2021; Mulaudzi, 2018). In addition, it is customary for a qualitative investigation to have a study population, a group of individuals with a set of characteristics in respect to a specific phenomenon that interests a researcher (Adams, Khan and Raeside, 2014). Thus, the population for this study consisted of all social workers in the Gauteng province of South Africa. Due to the nature of the population, time and financial constraints, it was impractical to include everybody in the targeted population, hence there was a need for a sample, a subset of individuals selected from the entire population (Adams et al., 2014). Subsequently, the study sample of this study comprised 11 social workers. Essentially, the sample size was not predetermined, and the principle of data saturation was applied in determining the sample size. Saturation suggests that more data gathering is likely to provide consistent findings and helps validate emergent themes and conclusions (Hennik and Kaiser, 2022).

Purposive sampling was employed to identify and recruit a sample of 11 social workers at the 10 service points of the DSD Gauteng, in the CTMM. Purposive sampling is described by Thorne (2016) as a non-probability sampling method through which study setting and participants are recruited by virtue of the knowledge and experience related to the phenomenon under investigation that might assist the researcher to have more insight about the topic being studied. Accordingly, all participants signed informed consent forms prior the commencement of the study and they voluntarily took part in the study. To avoid the risk of no coercion and ensure that the study was completely voluntary, the independent professional person facilitated the process of signing the informed consent forms. All signed informed consent forms were submitted to allow commencement of the data collection process. Thus, only social workers registered with the South African Council of Social Service Profession (SACSSP), both males and females belonging to any racial group, employed by the DSD at any of the 10 service points within the CTMM, providing services for more than two years at the DSD, willing to participate in the study and conversant in English, Setswana and/or IsiZulu, met the inclusion criteria.

Individual face-to-face semi-structured interviews following an interview guide were used to collect data from the respective participants. In addition, all interviews were digitally recorded with the participants' consent. Each face-to-face interview lasted between 45-60 minutes and was conducted in English, as per participants' preference. In the same breath, all participants were interviewed at their respective offices in the 10 service points of the DSD Gauteng within the CTMM, as per individual choice. In addition, Tesch's eight-step process of analysing factual data was employed during data analysis (Creswell, 2014). As guided by Tesch's framework, the services of an

independent coder were sought throughout the process of data analysis and consensus discussions were held subsequently on the themes presented as research findings. To adhere to the principle of trustworthiness in qualitative research, Guba's model was adopted (Creswell, 2014). Thus, to ensure credibility, different interviewing techniques such as listening, observation, probing and restating were employed. Similarly, transferability was established by showing that the study's findings could be applicable to other contexts. Dependability was also established by involving an independent coder to authenticate all transcribed interviews and subsequently consensus discussions were held on the themes that were presented as research findings. In addition, conformability was established by ensuring that the research findings solemnly represented the views of the participants.

The ethics permission to undertake the study was granted by Health Research Ethics Committee (HREC) of the North-West University. Similarly, to gain entry and cooperation from the study setting at the 10 service points of the DSD within the CTMM in the Gauteng province, formal approval was obtained from the provincial office of the DSD in Gauteng. Furthermore, the ethical principle of anonymity and confidentiality were observed. In adhering to the principle of anonymity and confidentiality, pseudonyms instead of participants' real names were used in writing up the research findings, so that the data collected could not be linked to any specific participant. Essentially, all participants were informed that participation in the study was purely voluntary and that they had the right to withdraw at any time.

Findings

Below is the discussion of the research findings that emerged from the data analysis with 11 social workers from the 10 service points of the DSD Gauteng, in the CTMM. The biographical data of the research participants is presented in Table 1, followed by followed by an overview of the themes in Table 2.

Table 1: Biographical data of participants

Participant pseudonym	Highest qualification	Gender	Race
Participant 1	Bachelor of Social Work	Female	Black African
Participant 2	Bachelor of Social Work	Female	Black African
Participant 3	Bachelor of Social Work	Female	Black African
Participant 4	Bachelor of Social Work	Female	Black African
Participant 5	Bachelor of Social Work	Female	Black African
Participant 6	Bachelor of Social Work	Female	Black African
Participant 7	Bachelor of Social Work	Female	Black African
Participant 8	Bachelor of Social Work	Female	Black African
Participant 9	Bachelor of Social Work	Female	Black African
Participant 10	Bachelor of Social Work	Female	Black African
Participant 11	Bachelor of Social Work	Male	Black African

Table 1 reflects that all participants obtained a Bachelor of Social Work qualification. According to Kirst-Ashman (2017) a baccalaureate social worker is a person who completed an accredited qualification with the required content to prepare for entry level social work. Regarding the participants' gender, 10 out of 11 participants were females while one participant was a male. Zastrow (2017) elucidates this phenomenon by confirming that gender bias exists in the social work profession, as more than two-thirds of social workers were females. In relation to the race, all participants were Black Africans. Accordingly, the empirical data from statistical report by Statistics South Africa for 2022 (Stats SA, 2022), Black Africans account for 81% of the South African population.

Parents play an important role in the intervention of a young person misusing substances. Notable, social workers experience challenges in involving parents in the intervention of a young person misusing substances. Below are themes generated from the interviews with 11 social workers from the 10 service points of the DSD Gauteng, in the CTMM.

Table 2: Themes

Theme 1	Inadequate information provided by a young person misusing substances
Theme 2	Parents' employment status
Theme 3	Nature of social work intervention process to a young person misusing substances
Theme 4	Poor parent-child relationship

Theme 5	Majority age of a young person misusing substances and confidentiality barriers in the professional relationship
Theme 6	Lack of parents' insight

Theme 1: Inadequate information provided by a young person misusing substances

It has been reported that, in some instances, a young person misusing substances would provide social workers with false information, especially about their family circumstances. Notably, incorrect contact information of the parents and an untraceable home address would be provided to the social worker during intake and assessment by a young person misusing substances. In addition, it has also reported been that, in other instances, a young person misusing substances would go to the extent of making false claims about the non-existence of family. Thus, withholding information jeopardies the social worker's efforts to obtain a comprehensive picture and involve parents in the intervention process of a young person misusing substances. The following responses captured the essence of provision of inadequate information provided, as a challenge for social workers to involve parents in the intervention process of a young person misusing substances:

'The main challenge is that most of young people misusing substances are pathological liars and this makes our job extremely difficult. They would provide us incorrect home address and false details of their parents, making it impossible to track their significant others.' (Participant 4)

'Some of the young people find the way to be dishonest with us, despite probing and assessing them thoroughly. Consequently, we tend to find it difficult to include their parents during the intervention of a young person misusing substances.' (Participant 9)

'In some instances, a young person would lie about non-existent of their family, providing us with false contact information of their parents and the residential address.' (Participant 1)

Related to the study, Khanyi and Malesa (2022) opine that a young person misusing substances lie and manipulate, raising questions around the authenticity of the information provided during assessment to initiate therapeutic sessions with the social worker. In other instances, a young person misusing substances goes to the extent of manipulating and using an unfortunate situation, such as lack of food, to get money from social workers and buy substances. For the social worker, a young person misusing substances is the first contact in the intervention process. Thus, dishonesty and deceit of a young person misusing substances means that the social worker would not be able to involve parents in the intervention process. In addition, Masombuka (2021) points out that there is no uniform process followed by social workers in the intervention process with young person misusing substance. Thus, individual social worker discretion is used, which, in turn, might create a loophole for provision of inadequate information by client system.

Theme 2: Parents' employment status

Participants reported that the employment status of parents makes it difficult for social workers to involve parents in the intervention of a young person misusing substances. Accordingly, employed parents are said to be struggling with taking time off at their work to attend therapeutic sessions facilitated by social workers during business hours. In addition, it is said that some parents are afraid of losing their employment if they take time off to attend therapeutic sessions in relation to a young person misusing substances. Subsequently, due to parents' unavailability based on their work commitments, social workers find it difficult to involve them in the intervention process of a young person misusing substances. It is worth noting that in the current study, participants provided therapeutic services during working hours on weekdays only. The following replies capture of parents' employment status as a challenge for social workers to involve them in the intervention process of a young person misusing substances:

'The only challenge lies with employed parents. They have no time for sessions and meeting us due to their work commitments.' (Participant 3, social worker)

'Some employed parents tell us that they are not available because of their work commitments. As a result, we find it challenging to involve them during the intervention process of a young person misusing substances.' (Participant 6, social worker)

'The employment conditions of other parents do not permit them to take time off and attend therapeutic sessions. In such instances, we will normally exempt them from our sessions.' (Participant 11, social worker)

The above is accordance with findings from Mathibela's (2017) study that employment took a lot of parents' time and energy and the tendency was for them to focus more on their careers and less on the children, especially the teenagers, who were then exposed to a higher risk of substance misuse. Similarly, Kalam and Mthembu (2018) state that, in most instances, parents' employment conditions push them away from home, leaving a young person unattended.

Theme 3: Nature of social work intervention process to a young person misusing substance

Participants confirmed that the majority of the efforts in social work intervention are exclusively dedicated to young person's misusing substances. Time and work overload are challenges identified by participants to solely direct the majority of professional efforts to a young person misusing substance. The following sentiments were participants' responses regarding the nature of the social work intervention process to a young person misusing substances:

'We are overwhelmed with many young people misusing substances requiring assistance from few social workers to help them with an application to access in-patient treatment, thus, we exclusively prioritise them in the intervention process.' (Participant 10, social worker)

'We are providing limited services for parents and families due to the high number of young people misusing substances that we have to prioritise for therapeutic services.' (Participant 8, social worker)

'Due to work overload, young people misusing substances are our main focus when it comes to rendering services.' (Participant 5, social worker)

The above resonate with Masombuka's (2021) study which found that the focus of the intervention process was limited to a young person misusing substance, while their parents were excluded from the social work service. In addition, Shadung *et al.* (2024) also opine that social work service tends to be biased, as it purely focuses on a young person misusing substances and very little consideration is paid to parents. In a related study, Mathibela and Skhosana (2019) highlighted that parents were excluded as part of social workers' therapy sessions since the focus of the intervention was purely directed to a young person misusing substances. The study by DeLucia and Solano (2023) showed that social workers in practice are overwhelmed and emotionally depleted due to high caseloads. To overcome the challenge, Ntshongwana and Tanga (2022) suggest that more employment opportunities should be created for social workers.

Theme 4: Poor parent-child relationship

Participants lamented that it is common for the parent-child relationship to collapse as a result of a young person's misuse of substances. Due to the strained relationship between the parents and a young person misusing substances, some parents choose to distance themselves from the situation, as a way of coping. Subsequently, when the social worker intervenes, such parents become reluctant to participate in the process, making the professional efforts a fruitless exercise. The following utterances represent the essence of poor parent-child relationship as described by the participants:

'Other parents are reluctant to participate in the social work intervention process due to the broken relationship with a young people misusing substances.' (Participant 7, social worker)

'Due to the disappointments in relation to a young people misusing substances, some parents have poor relationship with a young person and choose to distance themselves from the situation.' (Participant 1, social worker)

'Some parents are reluctant to support a young person because of the poor parent-child relationship resulting from substance misuse problem.' (Participant 4, social worker)

Masombuka (2021) confirms that a young person's substance misuse problem causes poor parent-child relationship, thus, leading to a lack of parents' cooperation during the social worker's intervention process. Stated differently, Greenbaum (2014) found that stress in parents can have adverse effects on the parent-child relationship, leading to parents' negativity towards social workers rendering substance misuse services to a young

person. Notably, the negative impact of the poor parent-child relationship tends to extend into the social work intervention in which parents become reluctant to support and participate in the process due to the strained relationship with a young person misusing substances.

Theme 5: Majority age of a young people misusing substances and confidentiality barriers in the professional relationship

Accordingly, even though many young people misusing substances have reached the age of majority, they still live at their parents' home, which means that many young people misusing substances are not minors even though their parents continue to take responsibility, as they still perceive them as children and not adults in their home. Due to the majority age of a young person, parents' consent is not a requirement to access social work service. In addition, confidentiality barriers in the helping relationship preclude social workers from divulging information outside the professional fraternity. The following narratives represent the essence of majority age of a young person misusing substances and confidentiality barriers in the professional relationship, as described by the participants:

'Some of the young people do not feel comfortable when we suggest parents' involvement during therapy. Thus, their consent is sought prior the involvement of a parent in the intervention process.' (Participant 2, social worker)

'As much as we educate a young person misusing substances about the importance of parent's involvement in their recovery journey, but we do not impose parents' involvement.' (Participant 5, social worker)

'Because of majority age of young person misusing substances, there is no obligation of parents' involvement in the intervention process.' (Participant 8, social worker)

This is consistent with the finding that the majority age of a young person is the barrier that makes it difficult to manage the substance misuse behaviour (Muzanzi and Mafumbate, 2017). Essentially, many young people in South Africa still live with their parents in their parental homes, beyond the age of majority (Masombuka, 2021). Thus, parents continue to assume full responsibility for the young person and these young persons are still perceived as "children" and not "adults". It is also noteworthy that due to the majority age of a young person, parental consent is not required to seek substance misuse services from the social worker. To exacerbate the situation, Choate (2015) found that professionals were often put in a predicament when a young person misusing substances would not give permission for information to be shared with parents, even though they still assume full parental responsibility.

Theme 6: Lack of parents' insight

According to the participants, some of the parents declined to participate in the intervention process because they do not see themselves having a problem, but only perceive their child as the centre of the problem due to the engagement in substance misuse. Subsequently, parents' lack of insight and resistance to partake in the process pose a challenge for the social workers to involve them in the intervention process of a young person. The following are the replies of participants about the parents' lack of insight:

'At times, parents choose to isolate themselves from the situation because they exclusively perceive a young person to be the problem. Thus, I believe that social work intervention should only be directed to a young person misusing substances.' (Participant 10, social worker)

'A fair number of parents associate a young person's substance misuse problem with witchcraft, therefore, require traditional intervention and not therapeutic intervention.' (Participant 11, social worker)

'Some parents display a know-it-all personality and refuse to collaborate with us in dealing with the situation.' (Participant 7, social worker)

Related to the study, Slabbert challenges all social workers practicing in the field of substance misuse to intensify their knowledge to enable them to deal effectively and empathetically with the client system, experiencing the phenomenon. The study by DeLucia and Solano (2023) emphasised the need for readily available services to parents of young person's misusing substances. Thus, such services will give parents a comprehensive understanding of the phenomenon and the need for collective efforts in eradicating the situation. In another study,

Waini (2015) elucidated this phenomenon, by appealing to social workers and social service organisations in the field of substance misuse, to ensure that parents of the young person misusing substances are included in the process and provided with comprehensive information on substances and its impact on family and parents. This will go a long way in ensuring that parents of a young person are empowered and collaborate with social workers to deal with the situation.

Discussion

The study aimed to understand the challenges of social workers in involving parents in the intervention of a young person misusing substances. Thus, from the empirical data and literature, it was found that a young person's deception about the family situation makes it difficult for social workers to involve parents in the intervention of a young person misusing substances. For a young person, the deception might be motivated by the need to protect themselves from shame brought by their honest disclosure of the situation to their parents. To elucidate this phenomenon, Farber (2020) opines that a young person misusing substances provides false information to the therapist to avoid being judged and feels unready to confront the problem and fear to face the consequences of honest disclosure. In addition, it was also found that a young person misusing substances believes that being honest about the situation is irrelevant to the outcome of the treatment and may be understood as denial of the problem. In a related study, Motsoeneng (2018) highlights that a young person's deception has the potential to trigger emotions of anger and disappointment in the family members and this ultimately leads to a lack of trust.

In addition, it was evident that the parents' employment status made it challenging for social workers to involve them in the intervention process of a young person misusing substances. Related to the study, Nene *et al.* (2024) confirm that substance misuse of the young person has negative impacts on the employability of the parents, whose work commitments are often compromised because they need to attend to various problems related to their progeny. Notably, it was also evident that the working commitments of some parents prohibit them from taking time off to attend therapeutic sessions facilitated by social workers during weekdays on working hours. This is consistent with the finding by Kalam and Mthembu (2018), who cite that in most instances, parents' employment conditions inhibit them from executing their parental duties, leaving a young person unsupervised and exposed to substance misuse. Meanwhile, the study of Mathibela and Skhosana (2019) found that employed parents spend most of their time at work, which leads to them neglecting their parental duties and, in other instances, leaving a young person exposed to substance misuse. The study also revealed that lots of efforts in social work intervention process exclusively prioritise a young person misusing substance. Essentially, time and a high caseload of a social worker play an important role when it comes to exclusively prioritising the intervention services to a young person misusing substances, leading to the exclusive utilisation of parents in the intervention of a young person misusing substances. Consistent with this finding, it was found that social work services to a young person misusing substances takes precedence over the inclusion of the parents in the intervention process (Waini, 2015; and Choate, 2015). Stated differently, Mzolo (2015) highlights that some of the social workers in the field of substance misuse often exclude families during the intervention process of a young person.

Accordingly, it was evident that from the study that the behaviour of a young person misusing substances triggers tense relationship with parents. This tension leads to a poor parent-child relationship, making parents reluctant to be involved in the intervention of a young person misusing substances. Stated differently, Mathibela and Skhosana (2019) opine that due to poor parent-child relationship, it is common for parents to react by distancing themselves from the situation and avoiding talking about the behaviour of a young person misusing substances, as it triggers more pain for them. Groenewald (2018) states that due to a young person's tumultuous behaviours of misusing substances, changes in the mother-adolescent relationship were inevitable. Along the same lines, the study revealed that the majority age of a young person misusing substances and confidentiality barriers in the professional relationship make it difficult for social workers to involve parents in the intervention process of a young person misusing substances. Given the majority age of the young person, the social worker might fear that the young person would likely terminate the professional relationship if confidentiality is breached as a result of divulging information to the parents (Kerwin *et al.*, 2015). To protect the professional relationship, social workers find themselves in a compromised position to involve parents in the intervention process of a young person misusing substances.

Furthermore, it was evident that a lack of parents' insight is a challenge for social workers to involve them in the intervention process of a young person misusing substances. Thus, due to the lack of insight, some of the parents perceived the situation as the problem of only the young person misusing substances, isolating themselves from

the situation and becoming reluctant to collaborate with the social worker in supporting the young person misusing substances. Accordingly, Ngantweni (2018) confirms that parents of a young person misusing substances lack insight into the phenomenon.

Conclusion

It was evident from the study that there are challenges for social workers to involve parents in the intervention process of a young person misusing substances. Thus, it was concluded that the provision of unreliable information by a young person misusing substances is a barrier that prohibits social workers from involving parents in the intervention process of a young person misusing substances. Unfortunately, this jeopardises the social workers' efforts to provide a comprehensive intervention to a young person misusing substances. It is also concluded that parents' unavailability due to work commitments is also a challenge for social workers to involve them in the intervention process of a young person misusing substances. Equally, it is concluded that a young person misusing substances, as an identified client, takes precedence when it comes to the social work intervention process. In addition, it was concluded that the damaged parent-child relationship leads to non-cooperation of parents, which results in the social worker not involving parents in the substance misuse intervention process of a young person misusing substances. Similarly, because of the majority age of a young person and confidentiality barriers, social workers become restricted from divulging information and involving any party outside the professional relationship without the consent of a young person. Finally, it is concluded that parents' lack of knowledge about the phenomenon is barrier for social workers to involve them in the substance misuse intervention process of a young person.

Because social workers are given false information by a young person misusing substance, the following recommendations are made:

- The integration of parents from the initial assessment until termination phase must be made compulsory in the substance misuse intervention of a young person.
- From the onset of intervention, social workers must do a comprehensive assessment, which is to include joint sessions with parents and family as part of client system in the substance misuse intervention.
- Social work intervention is extended to the employers to create supportive conditions for parents of a young person misusing substances.
- Therapy sessions must be provided to a young person misusing substances and parents. Therapy must include providing education on substance misuse with specific reference to its misuse by young persons, the impact thereof on the family and the importance of family support.

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