

“Like, I didn’t have a relationship with my mother and my father. Going to them and say: listen here can’t I speak to you about this or that. I always just kept to myself.”

“My parents still thought I was on drugs. After a while I thought to myself, is this worth it, because I am not seeing any... I’m not getting anything out of it.”

“My mother and my father had problems over me.”

Adolescents are placed at risk when they have to enter into life roles before the acquisition of the necessary life skills. (Gouws *et al.*, 2000:63). Poor parent-child communication, substance abuse by the parents, poor family management practices, a lack of parental warmth and trust, lack of parental involvement, dysfunctional discipline, absence of parental limit setting and parents being poor role models furthermore place adolescents at risk (Dimoff, 2007:2; Dodgen & Shea, 2000:39; Fraser, 2002:122; Gouws *et al.*, 2000:106; National Institute on Drug Abuse, 2006).

The conclusion to these findings is therefore that the parents of chemically addicted adolescents in recovery need guidance regarding expectations and realistic life tasks of adolescents, as well as the role of their examples, discipline and availability. Relapse can also be linked to poor communication between the parents and their children, further illuminating the need for parental guidance and support.

Sub-theme 2: The role of the peer groups as a precipitating factor to relapses following treatment among adolescents

Apart from the role of parental support, the participants also identified the role of the peer group as a precipitating factor in relapsing, for instance in the following statement:

“I didn’t have friends. I got bullied a lot, so uhm....”

The literature highlights two theories, namely, that if the family fails to give acceptance to the adolescent, the adolescent will turn to other means in order to meet this need, and on the other hand that adolescents have a powerful need to spend more time with their peers and less time with their families. On the one hand, the peer group in adolescence provides support and a reference to develop norms and recreation, but on the other hand, peers also strongly influence the adolescent’s decision to revert back to drug abuse (Bezuidenhout & Joubert, 2003:66; Erikson in McCoy *et al.*, 1996:47; McWhirter *et al.*, 2004:119).

Consistent with the characteristics of adolescence, as described in the literature, the participants referred to the distress caused by tension in their relationship with their peer group. Regarding peer pressure and the lack of supportive peer contacts, adolescents in recovery from drug addiction need to be able to form supportive friendships with peers and to be able to have healthy interaction with peers, in order complete the adolescent life tasks. This area needs to be addressed during their adaptation to a new, sober life after treatment.

Sub-theme 3: The role of feelings as a precipitating factor to relapses following treatment among adolescents

The aforementioned lack of support from parents and peers is related to the emotional precipitating factors to the relapses of the participants.

The statements by the participants regarding positive emotional experiences following treatment are linked to the value of the experience of mastering (Brendtro, Brokenleg & Von Bockern, 2002:43-60). The following statement describes an experience of mastering sobriety,

and accentuates the joy it created, thus supporting the description of positive feelings regarding sobriety after treatment in relation to mastering.

“That time meant something for me. And it is noal nice to be without drugs.”

On the other hand, in line with the statements by the participants, the research indicates that drugs provide the adolescent with an opportunity to escape from emotional problems (Mans, 2000:10).

“I felt worst than I did on drugs, so I used to cry... Why me.”

“During that time, my uncle raped me, and my mommy she did not want to believe me.”

“And you know, worldly stuff, and I thought it would make me happy, but it never worked.”

“I would take people’s phones and I used to sell it and the thoughts of it...that was something that made me relapsed. I felt really bad.”

This sub-theme indicates that adolescents need to address painful emotions, after they leave treatment programmes, and that the fact that they do not learn how to deal with these emotions, and receive no support in this regard, leads to relapses.

Sub-theme 4: The role of reasoning as a precipitating factor to relapses following treatment among adolescents

The participants referred to the impact of reasoning as another precipitating factor to their relapses through the following responses:

“It was almost as if I already accepted that I will not drug again, but then my mind started telling me to take it again..”

“I only stopped because my parents found out.”

“I knew what it meant if I should start again. Problems will come back.”

Precipitating factors in relapsing after treatment for chemical addiction are frequent exposure to high-risk situations, physical or psychological reminders, and recurrent thoughts of the past. Arousal becomes a motivational force in order to maintain homeostasis (Grieve, Van Deventer & Mojapelo-Batka, 2005:176-177). The fact that the participants to this study did not have a replacement for arousal, could therefore contribute to the continued thoughts of missing the drug of choice, and therefore contributed to relapsing.

An internal locus of motivation is needed to enhance the positive reaction to treatment for chemical addiction. With regard to reasoning, the participants noted that knowledge did not prevent them from relapsing, and that the relapses served as confirmation of their addiction. Therefore, they learned from their relapses, but not from the knowledge obtained during the treatment. However, it should be considered that the knowledge enhanced their ability to learn from their relapses (Gorski, 2001:3; Stoppard, 2000:7).

Sub-theme 5: The role of continued drug use as a precipitating factor to relapses following treatment among adolescents

The participants reflected on the impact of the fact that they did not remain abstinent after first treatments and their efforts to recover from their addiction. They showed insight regarding the role this played in their relapses. The followings statements are representative of the findings regarding this sub-theme:

“I was doing it [referring to drugs] underground every now and then, socially, you know.”

“I did not know that dagga was still a problem, you see? I never stopped with the dagga.”

Adhering to abstinence is seen as the long-term goal of recovery, and should therefore be seen as an important aspect in aftercare services (Fisher & Harrison, 2005:188; Gorski, 2001:2; Malhotra, Basu & Guptra, 2007:1).

Sub-theme 6: The role of the lack of life skills as a precipitating factor to relapses following treatment among adolescents

In addition, the participants to this study indicated that they did not have a plan regarding making positive changes in their lives after their first treatments.

“I stayed in the house the whole time, and I fought it. But by Friday I decided I can’t take it in any longer. I had to get out of the house.”

“I was bored and all that came to mind was just tik.”

It was therefore concluded that the participants were not equipped with life skills to create a new lifestyle, when they completed their first treatments. Life skills, including anger management, refusal skills and relaxation, will support the addicted person in his/ her effort to prevent relapse and to adapt to a sober lifestyle (Dodgen & Shea, 2000:119; Fisher & Harrison, 2005:162).

Sub-theme 7: The role of physical factors as a precipitating factor to relapses following treatment among adolescents

The participants also referred to physical factors as a precipitating factor to their relapses. Painful withdrawal symptoms are part of drug addiction, and were identified by the participants as a factor precipitating their relapses.

“It was horrible, because I lied down and my collarbone ached.”

“I really did not plan to go back, but when you have that craving.....”

A relapse occurs as the addicted person is seeking to relieve physical and emotional cravings (Edmonds & Wilcocks, 1994:59; Velasquez, Maurer, Crouch, & DiClemente, 2001:177). It is therefore concluded that chemically addicted persons should be taught skills to deal with cravings and physical discomfort associated with withdrawal, as part of relapse prevention.

On the other hand, one participant reported an improvement in sleeping and eating patterns during the period prior to his relapse, and related it to a positive feeling. This experience is also linked to the value of mastering, relating it to mastering the skill of healthy living, and contributing to a positive emotional experience.

Sub-theme 8: The role of social factors as a precipitating factor to relapses following treatment among adolescents

Concluding this theme, the participants showed frustration regarding their environments while discussing precipitating factors to their relapses.

“As I walked down the road people said here comes the tikkop and they shut the doors”

“Drugs are bad at school, but the teachers don’t know what’s going on.”

“Where I come from all the young people use drugs.”

“It’s difficult to stay sober. To see how your friends use drugs.”

Tolerance for drug use in the community, availability, and high crime rates put the chemically addicted adolescent at risk (Fisher & Harrison, 2005:58; Grieve *et al.*, 2005:177). Therefore, chemically addicted adolescents who receive treatment are placed in high-risk situations when they return home after treatment, if drug use is tolerated, and drugs are available in their immediate environments. When planning aftercare services to chemically addicted adolescents, it should therefore be taken into consideration that the availability of drugs in the communities, as well as tolerance of drug use, harm the efforts to support these adolescents, as the exposure can lead to cravings, which will lead to relapses.

Theme 2: The adolescents' experiences of factors that can assist them in preventing relapses

Sub-theme 1: The adolescents need social support following treatment

"NA meetings, because the people there understand you"

"Having a sponsor... to talk to and who understands what I'm going through, just someone to talk to."

"I must continue to do the 12 Steps." [Referring to the NA programme]

The advantages regarding self-help groups such as Narcotics Anonymous are as follows. The self-help groups provide them with role models to assist them in forming new beliefs regarding substance abuse. These groups assist them to form new, healthy, interpersonal relationships and to learn to function in the community. They provide the adolescents with the opportunity to interact socially, and which leads to independent social interactions. They enhance the feeling of belonging and the ability to adjust norms in a positive way, thus addressing the developmental tasks of adolescence. Self-help groups for the family, such as NARANON and Tough Love ensure that the family members understand the addiction, as well as the recovery process (Barr & Parrett, 2001:26; Brandt & Delport, 2005:168; Focus Adolescent Services, 2006:6; McLeod, 2003:449; McWhirter *et al.*, 2004:126-127; Mental Health Touches, 2006:6).

In addition, the Circle of Courage is a valuable therapeutic tool in helping chemically addicted adolescents (Brendtro *et al.*, 2002:43-60). The key areas are belonging, mastery, independence, generosity, and mending the broken circle. It gives purpose to their lives, while a loss of purpose will enhance relapse potential. Contributions to their communities by chemically addicted adolescents in recovery, will also contribute to the experience of the self as worthy, and will lead to a sense of achievement and accomplishment, thus enhancing self-efficacy.

"I want to be somebody that people can look up to."

"I will take my friends to the social worker so that they can also come here." [Referring to the treatment programme].

The conclusion drawn from the responses of the participants is that chemically addicted adolescents need social support, as well as enhancement of their self-efficacy through their examples and support to other chemically addicted adolescents in their communities.

Regarding social support, the following statement reflects a participant's thoughts on the role it can play in either relapsing, or staying sober:

"If you want to stay sober you must find new friends, because you can't stop and be with your old friends."

Changes in the peer group and environment are important aspects of relapse prevention, and the relapsed chemically addicted adolescent should learn to make different choices when choosing friends (McNeece & DiNito, 1998:218).

Still focusing on the role of social support, one participant referred to positive input from a community member, providing a positive element in his life after treatment, and prior to his relapse:

“I always spoke to the uncle who cut my hair. He used to take drugs and he told my how he stopped.”

The conclusion is therefore made that the aftercare services to chemically addicted adolescents should include self-help groups, positive support and acknowledgement from community members, and contact with positive peer groups.

Sub-theme 2: The adolescents need parental support following treatment

A participant explained that she was able to withstand a relapse while her mother was at home, but relapsed when her mother returned to work. The fact that her mother was home and available assisted her in her efforts to remain sober.

Another participant referred to her mother's example as something that helped her in her efforts to maintain sobriety, through the following statement:

“My mother dances and has fun without using stuff that can poison her body.”

The example of the participant's mother gave her hope that she could experience joy without drugs.

Parental interest, understanding, approval, acceptance, trust, guidance and discipline are factors contributing to the adolescents ability to master developmental tasks (Gouws *et al.*, 2000:68; McNeece & DiNitto, 1998:221).

The participants reported the following needs regarding parental support as part of aftercare services. They need contact with someone with whom they can discuss stress and painful feelings regarding their relationships with their parents. They asked that their parents should be able to trust them again, and to support them in their efforts to remain sober. One participant specifically referred to the need that his parents should learn to help him to learn new life skills. Two other participants referred to their need to experience love and care from their parents, as part of prevention of further relapses.

The researcher concludes that aftercare services should include parental guidance and parental involvement in therapy during aftercare services to chemically addicted adolescents.

Sub-theme 3: The adolescents need a different lifestyle and life skills following treatment

Continuing with the theme of factors that can assist chemically addicted adolescents in relapse prevention, the value of a healthy lifestyle to increase self-efficacy must be noted. A change of lifestyle means that a more productive lifestyle should be adopted, to ensure improved quality of life. In order to adjust their lifestyle, life skills are needed to empower relapsed chemically addicted adolescents (Malhotra *et al.*, 2007:1; Van Niekerk & Prins, 2001:77).

“We [referring to chemically addicted adolescents in recovery who are trying to remain sober] need something to keep our minds off the drugs. Like a place that when you go there you know, ok, when I go there I'm safe. Something else than the police station or the hospital.”

Participants referred to being busy, therefore constructive time management, involvement in church activities, employment, having a sober girlfriend, and participation in sport, were regarded as key areas of positive efforts to maintain sobriety. The participants showed an awareness that their lifestyles did not support their efforts to abstain from drug use. They emphasised at length the importance of change, in order to empower them to withstand the temptations of the drug sub-culture. One participant requested safe places to spend time with sober peers. Three participants continued with this line of thought, and referred to sport activities, outdoor outings and fun days.

The conclusion is therefore made that chemically addicted adolescents should be supported to master the following areas, in order to develop skills to prevent further relapses: guidance regarding education and employment, budgeting, social skills, music, activities to divert the attention away from drugs and the drug sub-culture, and time management.

Sub-theme 4: The adolescents need therapeutic input following treatment

“Like having an open door, like a passage way, where you are walking through towards your goal. And suppose you just make pit stops here and there for encouragement.”

“I could have gone to those places [referring to NA] but if I like knew, or like had more information about the stuff. “

“I need to accept that the world does not revolve around me.”

“How to deal with the cravings.”

“To try and find the root....the cause of the problems. Small things, that I thought it can't be that that made me go to drugs...it can.”

“To become calm, it makes it easier to think.”

The aforementioned statements express the participants' views regarding the need for therapeutic support. In addition, therapeutic services should focus on the four primary goals in recovery, namely recognition of the addiction, recognition of need for abstinence, recognition of the importance of a recovery programme, and the diagnosis of other problems that can lead to relapse (Fisher & Harrison, 2005:155).

Therefore, chemically addicted adolescents should learn to understand themselves, in order to understand the motives behind their behaviour, and to move toward positive change. Therapy, as part of aftercare services, should be available, and focused on information and referrals, family therapy, skills to deal with cravings, forming of new perceptions, and the development of life skills. In conclusion to the aforementioned identified therapeutic needs, the literature emphasises the importance of maintaining change in behaviour and perceptions, as part of the focus of therapy to chemically addicted adolescents (Lewis, Dana & Blevins, 2002:105).

Sub-theme 5: The adolescents need spiritual support following treatment

The participants continued to discuss their experiences of factors that could assist them in preventing further relapses, and emphasised spiritual needs as an important aspect to be addressed in relapse prevention.

“I gave my heart to the Lord and there is just something that I feel there is lots of pressure that came off me and I feel more relaxed.”

“Pray and the cravings will go away.”

“The church. I will join the youth group. I have to be with young people.”

Addressing the spiritual needs of the addicted person is part of total recovery from the addiction, and spirituality gives the adolescent hope and confidence (Gouws *et al.*, 2000:118). The view is that hope derived from spiritual well-being increases the belief that they “can do it”, referring to remaining sober.

The researcher therefore concludes that spiritual support, involvement in church activities and spiritual growth are key areas to address when planning aftercare services to the chemically addicted adolescent.

Concluding remarks

This research enabled the researcher to develop a better understanding of relapsing after treatment, enabling her to identify the aftercare needs of chemically addicted adolescents. Concluding this article, the experiences of chemically addicted adolescents regarding relapsing after treatment focused on the following aspects.

The participants viewed parental and social support as positive elements after treatment, prior to their relapses. However, the participants experienced social, parental and emotional problems that led to relapse. The availability of drugs and the acceptability thereof in the communities were further seen as precipitating factors in relapse. Participants expressed the need for social work intervention, and indicated that a lack of social work input led to relapse. Reasoning needs to be addressed through aftercare services, as this impacts on self-efficacy, motivation to change, and the ability to deal with problems, while maintaining abstinence plays an important role in relapse prevention. In addition, adolescents and their parents need support and guidance to change lifestyles after treatment; the development of life skills is an important element in the ability to change lifestyles. The participants identified time-management and the ability to deal with cravings as important life skills to master as part of relapse prevention. To develop a sense of purpose would be valuable and would contribute to the enhancement of self-efficacy. In addition, the participants explained that knowledge did not prevent them from relapsing, and realised that knowledge should be internalised in order to have an impact on relapse prevention.

- Based on the aforementioned conclusions, the following recommendations to social workers can be made.
- Social workers should coordinate services to chemically addicted adolescents following treatment. Churches, schools, self-help groups, and community leaders should be involved in these services.
- Therapeutic services to chemically addicted adolescents and their parents should include: emotional support; dealing with cravings; life skills; relationships and communication; cognitive therapy to change perceptions and address self-images; development of insight regarding drugs, the damage caused by drugs, and the impact of drug use; and addressing feelings that impact on their recovery.
- Services to chemically addicted adolescents should be available, and these services should focus on the needs expressed by chemically addicted adolescents.
- Social workers should be involved in addressing the issue of availability of drugs and tolerance of drug use in the communities they serve.

- Social workers should mobilise community activities, and ensure that they are available to chemically addicted adolescents. These activities should ensure that the levels of arousal are maintained through activities that will create joy and excitement.

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