THE EXPERIENCES AND COPING STRATEGIES OF SOCIAL WORKERS RENDERING SERVICES IN THE FIELD OF ADDICTION COUNSELLING

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INTRODUCTION AND BACKGROUND

- The Global status report on alcohol and health report that the harmful use of alcohol result in globally approximately 3.3 million deaths every year (WHO, 2014)
- Surveillance statistics (SACENDU) highlight the scourge of substance abuse
- Demand for treatment of substance use disorders increasing as the abuse of substances spiral out of control
- Social work services rendered as part of Multidisciplinary team in in patient treatment centres
- out patient treatment services -fragmentation of services
- Silence in literature on the role of social workers; specifically their experiences and coping mechanisms employed
drug prevention and treatment is a specialist field that requires service providers to be adequately trained (National Drug Master Plan (2012-2016) (South Africa, 2012)

social workers are given little training and support to develop their skills, knowledge and explore their values in relation to substance use (perform poorly, and experience their work as stressful and challenging)

Social workers need to play the roles of a Broker, Enabler, Teacher, Mediator and advocate and Case Manager

The roles are played through the stages of Transition, Stabilization, Early recovery, Middle recovery, Late recovery, Maintenance stage
training needs and supervision (need for constant professional development, training should be part of education programmes, need for multicultural training)

Coping strategies differ from social worker to social worker and their work environment

High incidence of burnout and low work satisfaction

Nature of client systems [many involuntary; high resistance; lack of family support] and challenges wrt resources adding to the challenges in treatment

Literature distinguish between problem focused and emotion focused coping mechanism
RESEARCH QUESTION

- What are the experiences and coping strategies of the social workers rendering services in the field of drug addiction counselling?
The primary goal of this research is to gain a better understanding of the experiences and coping strategies of social workers that are rendering services in the field of addiction counselling.
OBJECTIVES

- To explore and describe the positive and negative experiences of social workers rendering services in the field of addiction counselling.
- To explore and describe the coping strategies to each of the given experiences of social workers rendering services in the field of addiction counselling.
- To explore and describe their views on the success of the coping strategies they apply in the field of addiction counselling.
RESEARCH DESIGN AND METHODS

▪ QUALITATIVE RESEARCH APPROACH

▪ EXPLORATORY-DESCRIPTIVE RESEARCH DESIGN

▪ SAMPLING: Non-probability, purposive sampling

▪ SOCIAL WORKERS WITH MIN 2 YRS EXP IN AREA OF CHEMICAL ADDICTIONS

▪ SAMPLE

7 practitioners (2 male; 5 female)
Both in-patient; out patient; public service, NGO and private practitioners
DATA COLLECTION QUESTIONS

- What is your understanding of drug addiction counseling?
- How do you experience working in the field of drug addiction counseling?
- What do you like about working in the field of addiction counseling?
- What do you not like about working in the field of addiction counseling?
- Describe the client systems that you work with? (for example age, gender, in vs outpatient)
- What are the challenges you have encountered in working with clients with drug/substance addictions?
- How have you dealt with the challenges that you encounter in the field of drug addiction counseling?
- How have you managed to cope with these challenges in your work
- How effective do you think your coping strategies are?
- What will you need to cope better?
- Is there anything else you would like to tell me regarding your experiences, and coping strategies in the drug addiction counseling field?
TRUSTWORTHINESS & ETHICS

- All criteria for trustworthiness considered
  (supervision; audio-recording of interviews-verified against transcript by supervisor; data was coded and independently analysed; verified voluntary participation)

- All measures taken to ensure sound research ethics
RESEARCH FINDINGS & DISCUSSIONS

Theme 1: Participants’ construction of what addiction counselling entails

Theme 2: Participants’ description of their experiences in terms of the range of clients that seek addiction counselling

Theme 3: Participants description of their experiences of working in the field of addiction

Theme 4: Participants description of coping Strategies and resources
Theme 1: Participants’ construction of what addiction counselling entails

- Specialist field (*supported research evidence*)
- Helping the client VS Two way street
- Counselling is goal directed
- Therapeutic process
- Recovery AND Assess the client holistically
  VS
- Overcoming dependence
- Cope with drugs
- Preventative measures
This theme spoke to the type of information presented in the surveillance statistics

- Referrals from court, employers, family
- Voluntary and involuntary referrals
- Teenagers – dagga & tik
- Older clients – heroin, cocaine & crack
- Employed and unemployed
Theme 3: Participants description of their experiences of working in the field of addiction

- Negative experiences outweigh positive

**Negatives:**

- High caseloads *(emotional fatigue; burnout)*
- Limited treatment time
- Lack of resources (esp inpatient facilities) *(access)*
- Fragmented services – frustration abt lack of integrated services
- Clients in denial *(+++)*
- High rate of relapse
- Lack of funding – perception of funders re addiction *(+++)*
- Poor salaries
- Families either under involved and or ignorance on addiction counselling restrict recovery process (e.g, “test the client by giving money)
“uhm look last year I was dealing with a case load of, I was averaging 60 to 80 cases per given time. Uhm and I have four days to deal with this and uh Friday that is reserved for training and admin and all the kinda of work that is associated with everything else except counselling, so you have four days of the week to counsel these people uhm and you have to 60 to 80 cases uhm I don’t how you would see 20 people a day”

In 2013 if I’m not mistaken when social worker salaries were reviewed we were the last um we were the last to get our salaries reviewed and that took place in 2014 where as the other services kind of got preferential treatment
Theme 3: Participants description of their experiences of working in the field of addiction

**Positives**

**CLIENTS wellbeing**

- Progress in clients’ recovery
- Satisfaction when clients complete treatment
- Positive affirmation and feedback received from clients
“It have been very rewarding, because you just see the progression in how you effected change in people’s lives”

“Jah its fulfilling when clients complete their treatment programme and pop in once in a while and let you know about their progress its very fulfilling in that regard you can see the fruit of what you’re doing”
<table>
<thead>
<tr>
<th>Theme 4: Participants description of coping Strategies and resources</th>
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<tr>
<td>• Supervision, debriefing and consultation</td>
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<tr>
<td>• Support from colleagues and other professionals</td>
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<td>• Networking</td>
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<tr>
<td>• Reading more theories on substance abuse</td>
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<td>• Working actively with the parents of the children in denial</td>
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<td>• Innovation</td>
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<td>• Spiritual support</td>
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<td>• Exercising healthy balanced lifestyle.</td>
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<td>• Relaxation strategies which include expression through writing poetry and reading</td>
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<td>• Stress relief exercises.</td>
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Pursue personal studies
“I find new ways, if I see something is not working with a client, I don’t stick with it, I try look for something else or try listen to my client to see what will work with this client.”

“I’m also spiritually you know deeply rooted in Christ. If its strength I need ... I get from the way in which I express uhm my identity in Christ and I cannot see how I would’ve uhm you know been able to function as a human being and also a professional without it.”
CONCLUSION

- Sources were from Western literature and also focused primarily on the challenges and difficulties that addiction counsellors were experiencing.
- The field is understudied and not fully recognized as a specialist field in South Africa.
- Social workers in this field have more negative experiences than they do positive experiences.
- It is also emotionally rewarding.
- There is no sense of multi-disciplinary team whereas in in-patient settings social workers feel a sense of teamwork with multi-disciplinary teams.
- Supervision is very important because it gives an opportunity to debrief on feelings and experiences encountered on a day to day basis.
CPD sessions are a good initiative in supporting social workers but they do not serve the purpose they are supposed to, as its contents turns out to be irrelevant.
RECOMMENDATIONS

- For training: Incorporation in undergraduate health science degrees but also PG diplomas/specialised training in addiction counselling
- For practice: Structured, regular supervision – educational and specifically supportive supervision
- Solution-focused supervision frame = to generate coping resources and innovative approaches to bridging challenges
- Special Board/Association for professionals working in the field of addiction: interdisciplinary exchange of experiences, knowledge, advances in practice NB
- Research to monitor and evaluate effectiveness of interventions
- Evidence based practice interventions not only enhance practice but also “protection” to practitioners
RECOMMENDATIONS

- Comparative studies (other provinces) – could serve as valuable guidance on training and support needs of practitioners
- Practitioners in “out-patient” facilities and private practice—need to have access to multi-disciplinary team discussions
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