Best practices of employee wellness programme affiliates in South Africa in managing substance abuse

by

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Acronyms and abbreviations

BSW:	Bachelor in Social Work
Dr:	Doctor
EAP:	Employee Assistance Programme
EAPA-SA:	Employee Assistance Association of South Africa
EWP:	Employee Wellness Programme
ICAS:	Independent Counselling and Advisory Services
CPD:	Continuing Professional Development

CHAPTER 1

1 Introduction

Employee Wellness Programme (EWP) service providers manage substance abuse on a daily basis. This is done through holistic interventions involving many role players to ensure the best potential outcome of the substance abuse management interventions. For the purpose of this study the researcher will focus on the ICAS affiliate network, which provides therapeutic interventions to manage substance abuse within the short-term framework of the ICAS Employee Wellness Programme. More specifically, the affiliates' perceptions of best practice for substance abuse management models will be explored.

Over the last few years substance abuse has been on the rise in South Africa not only impacting the home but the workplace as well. It poses a risk to the employee, the employer, the family and the community as a whole. In 2012 at least 15% of South Africans were found to have a substance abuse problem and research suggests that this number is expected to rise. Most recently, it was found that one Rand in four Rands, in circulation in South Africa is linked to substance abuse (World Drug Report, CDA-Bayever 2012:1).

On a global platform, the illegal drug trade is a $3 billion (R391 billion) industry and the illegal trade of substances continues to rise. As more and more individuals are developing substance abuse challenges, holistic intervention models are required to identify, treat and prevent the phenomenon (National Geographic Channel, Drugs Incorporated, 2010).

Employee Wellness Programmes in organisations offer holistic supportive interventions to a large number of employees presenting with substance abuse problems. Due to the fact that there are stringent guidelines for substance abuse management relating to EWP case managers, investigating best practice for substance abuse management by the EWP affiliate network may assist to streamline substance abuse management for greater efficiencies.

The International Labour Organisation estimates that 15% of all fatal workplace accidents and 25% of all workplace accidents are substance abuse related (Hämäläinen, 2010:51). Previous research found that the complex, multi-dimensional nature of substance abuse and the difficulty to match clients with appropriate interventions and the criteria for matching to existing resources lacks a strong empirical case (Ramchand, Pomeroy & Arkes, 2009:23-26). There is a need to investigate what constitutes best practice for substance abuse management by EWP/EAP affiliates in an attempt to standardise interventions offered by EWP/EAP service providers. The interventions used to manage substance abuse should address the challenges posed by substance abuse to identify potential best practice models (Roberts & Ogborne, 1999:51-65).

Research indicates that it is possible to define limitations between the phenomenon of substance abuse and the environment (Berger, 2013:34). Best practices on the part of EWP/EAP affiliates in the process of identifying these limitations are not clear. Given the broad range of models to substance abuse management, a need exists to identify best practice for substance abuse management interventions within an EWP/EAP framework by EWP/EAP affiliates (Van Belle, 2008:1-3).

1.1 Key concepts

Best practice

Best practice for the purpose of the proposed research is a concept, technique, methodology or solution that has proven to be reliable in achieving a desired objective for substance abuse management, through experience by EWP affiliates, research and best available knowledge that has proven to be effective through replication (Chui & Wilson, 2006:1; Rabaiah, 2010 in Vandijck & Musa, 2010:58).

Employee assistance programme

Employee Assistance Programme (EAP), may be seen as the organisation's resource grounded on core technologies or tasks focussed on enhanced employee and workplace effectiveness. This is achieved through "prevention, identification and resolution of personal and productivity issues". The EAP's core technologies are training and development, marketing, case management, consultation to work

organisation, networking and monitoring and evaluation (Standards Committee of EAPA-SA, 2015:1).

Independent Counselling and Advisory Services Employee Wellness Programme service provider

Independent Counselling and Advisory Services (ICAS) is an EWP service provider. It encompasses Employee Assistance Programmes as defined by the Standards Committee of EAPA-SA, whilst also including integrated services focussing on employee wellness and employee work-life (Standards Committee of EAPA-SA, 2015:1; Attridge, Herlihy, & Maiden 2013:31).

Substance abuse

A problem can be defined as substance abuse, where a client's use of alcohol or other mood-altering drugs has undesired effects on their own life or on the lives of others (Lewis, Dana & Blevins, 2010:4).

Employee Wellness Programme Affiliate

The ICAS affiliates are a network of professional counsellors, social workers and psychologists (Gatchel & Schultz, 2012:49). They are external contact personnel involved in delivering ICAS EWP services. Hereinafter, referred to as EWP/EAP affiliates.

1.2 Rationale

Given the continued rise in the prevalence of substance abuse and subsequent referral to the EWP/EAP service providers the need for best practice guidelines are pressing (Ramchand, Pomeroy & Arkes 2009:23-26; Roberts & Ogborne, 1999:51-65; Richard, Emener & Hutchison 2009:5-30). Best practice provides guidance in the interventions utilised in managing substance abuse by the EWP/EAP service provider, with a short term solution focus. The aim of these solutions is to positively influence the systems involved.

The study aims to identify best practice for substance abuse management by EWP/EAP affiliates in South Africa, in order to promote the use of best practices amongst EWP/EAP affiliates. The study intends to make relevant recommendations

to promote the adoption of best practice substance abuse management models by EWP/EAP affiliates. The research will also potentially assist in overcoming challenges faced by EWP/EAP affiliates with regards to substance abuse management.

1.3 Research question

What are the best practices for substance abuse management by EWP/EAP affiliates in South Africa?

1.4 Goal and objectives

The goal of the study is to explore best practices for substance abuse management by the EWP/EAP affiliates in South Africa.

The study has three objective:

- To explore and describe the content for best practices for EWP/EAP substance abuse management;
- To explore the perceptions of EWP/EAP affiliates regarding best practices in managing substance abuse within the EWP/EAP framework; and
- To identify strengths and challenges of EWP/EAP substance abuse management models to inform best practice.

1.5 Research approach

The study will utilise the mixed method research approach, i.e., quantitative and qualitative research approaches will be utilised in the form of focus groups and questionnaires.

1.6 Structure

The following paper is structured as follows. Chapter one provides a brief overview of the study and rationale for the study. Chapter two provides literature supporting the rationale for the study. The literature review includes the current substance abuse management models currently in existence for the treatment of substance

abuse. Chapter three provides detailed information on the research methodology followed for the study, including any ethical considerations relevant to the study. Chapter four provides the results from the focus groups and questionnaires. Chapter 5 provides the key findings, and recommendations.

CHAPTER 2

2 Literature study on best practices of employee wellness programme affiliates in South Africa in managing substance abuse

2.1 Introduction

Employee Assistance Programmes have been providing substance abuse interventions for many years. EWP/EAP service providers were established as a result of early substance abuse, mainly alcoholism, intervention strategies and programmes (Attridge, Amaral & Hyde, 2003:23-25). Programme offerings have grown to offer integrated services through a holistic approach incorporating extensive affiliate networks. Little is known on how EWP/EAP affiliates treat or refer for substance abuse treatment with regards to best practice (Sharar, 2008:32; Richard, Emener & Hutchison, 2009:5-30).

For many years, the workplace has been found to be the cause of some of the behavioural health problems in an organisation, problems such as substance abuse (Richard, Emener & Hutchison, 2009:392). It is therefore important for EWP/EAP affiliates in the field and line-managers of employees to remain informed, in order to identify troubled employees, in order to be able to refer them to the EWP/EAP. However, some employees challenged by substance abuse have been able to deceive affiliates and employers for many years. Research shows that interventions provided for substance abuse management need to be able to identify, treat and prevent substance abuse (Sharar, 2008:32). Although research shows that EWP/EAP service providers must remain focussed on early detection, resolution and relapse prevention among employees with substance abuse struggles (National Business Group on Health, 2009) best practices have not been identified.

Research has shown that brief interventions for substance abuse problems have been used for many years (Babor, 1994:1127). EWP/EAP affiliates find many brief intervention techniques effective in addressing substance abuse of clients who are unable or unwilling to access specialty care. In addition brief interventions are used

as an aftercare support intervention, for individuals who access speciality care. Based on a prior study, brief substance abuse management interventions include: encouraging abstinence to see if the client can stop on their own; encouraging interventions directed toward attending a self-help group (e.g., Alcoholics Anonymous [AA] or Narcotics Anonymous [NA]); and engaging in brief, structured, time-limited counselling sessions to help clients overcome substance abuse (Babor & Grant, 1992:194).

There is little to no research identifying what model can be seen as best practice by EWP/EAP affiliates for employees to return for more successes in substance abuse management. Clients who succeed at making small changes generally return for more successes (SAMHSA, 1999). EWP/EAP affiliates continue to work towards assisting clients to overcome substance abuse challenges.

There is much to mention on the importance of adherence to guidelines to deliver the highest quality of EWP/EAP interventions for substance abuse management by EWP/EAP affiliates. Research found that there is no accountability for EAP standards compliance or enforcement beyond the forces imposed by the free market (Kelly & White, 2010:304). The lack of accountability enforcement and identification for best practice by EWP/EAP affiliates of the EWP/EAP substance abuse management systems poses a challenge (Sharar, 2008:71).

Clinical affiliate management remains important for the success of the EWP/EAP clinical service delivery (Kinder, Hughes & Cooper, 2008:187). Case management is therefore enlisted to support the EWP/EAP affiliate. Hereby ensuring maximum benefit for the employee (Kinder, Hughes & Cooper, 2008:190). Of note is that research found that the areas for improvement within EWP/EAP service providers mainly related to the area of the EWP/EAP affiliate network and level of EWP/EAP affiliate's service delivery (Maiden, 2014:69). Best practice for substance abuse management by EWP/EAP affiliates directly relates to service delivery and effectiveness of EWP/EAP affiliates. EWP/EAP affiliates are required to have competencies in all areas within which they practice for the EWP/EAP (Maiden, 2014:146). This study will look at best practices for EWP/EAP affiliates in South Africa in managing substance abuse as one of the EWP/EAP affiliate's roles within the EWP/EAP programme.

2.2 Theoretical framework

The theoretical framework that will be used for the study will be the Systems Theory.

2.2.1 Systems Theory

The systems theory will describe substance abuse in terms of complex systems. The premise of the systems theory is based on the idea that an effective system is based on a process of exchange and cooperation at all levels of existence with an infinite respect for life (Arnold, 2013:108). Therefore families, couples, employees and organisation are directly involved in exchange and cooperation processes to restore an individual into a balanced whole again (Arnold, 2013:108). The systems theory framework will create a platform to understand the multiple systems related to best practice for substance abuse management. System theory constructs will be used to explore different models to substance abuse management (Patton & McMahon, 2014:234).

The study explores best practice for substance abuse management by EWP/EAP affiliates in South Africa. The interventions provided by the EWP/EAP affiliates aim to restore and enhance challenges experienced due to substance abuse. Challenges may be found within various systems forming part of the substance abuse management process. Substance abuse management aims to restore a fit between the various systems. These systems include the individual challenged by substance abuse, their family and friends, their employer and the environment they live in (Greene, 2011:168).

There is interdependence between the role players being considered for best practice for EWP and substance abuse management. This includes the interaction and interdependence at varying levels between the EWP/EAP affiliate, the EWP service provider, the client, the client company, friends, families and other holistic role players.

Substance abuse management relates to actions and outcomes at a collective level that emerges from actions and interactions of individuals that make up the whole (Sawyer, 2007:316, Titelman, 2014:7).Substance abuse management is designed to

deal with these complexities; as such the systems theory is most relevant for the study.

The study will look at the different models used by EWP/EAP affiliates to manage substance abuse. Improvements may be observed with regards to substance abuse in response to the substance abuse management interventions perceived as best practice from the EWP/EAP environment. Substance abuse remains complex and dynamic, and therefore opportunities exist to develop EWP/EAP substance abuse management and to explore best practice substance abuse management.

An EWP uses a holistic approach and recognises the importance of synergy. Substance abuse management models acknowledge that the whole are greater than the sum of parts (Csiernik & Rowe, 2010:136). The systems theory emphasises interaction and interdependence between multiple systems (Barbra, 2010:17). The theory also states that individuals exist within layers of social relationships (Duncan, Naidoo, & Pillay, 2007:106). This theory will form the base of this study, as it acknowledges that the holistic substance abuse management interventions include all role players in order to explore best practices. The study will be guided by two specific systems theories, the general systems theory and the ecological systems theory.

General Systems theory

Von Bertalanffy's General Systems theory is based on the premise that patterns are observed in nature, specifically emphasising relationships. The General Systems theory is committed to establish interrelationships to enhance perspectives of wholeness (Von Bertalanffy, 1969 in Thomas, 2006:50). The study will be guided by the General Systems theory in order to investigate potential patterns within substance abuse management models utilised by different EWP/EAP affiliates in order to inform best practice. The General Systems theory will be used to explore patterns in relation to substance abuse management models utilised by EWP/EAP affiliates. In order to explore best practice, all the different treatment interventions to be explored utilising the General Systems theory (Hendrickson, 2014:46).

Ecological Systems Theory

The Ecological Systems theory focusses on an individual's development within a community or society. This study will be guided by the Ecological Systems theory to

explore how the substance abuse management models utilised by EWP/EAP affiliates may inform best practice development. The Ecological Systems theory differentiates between the micro, mezzo, macro, exo and chrono systems (Bronfenbrenner, 2009:4), which will be explored in this study. The different systems are explained as follows:

- **Micro systems**

The immediate system of which the Individual is part constitutes the micro system (Duncan, Naidoo, & Pillay, 2007:106). The microsystems for the purpose of the study refer to the EWP/EAP affiliate, the client presenting with substance abuse and also the substance abuse management models. The microsystem therefore also refers to processes and recurring patterns within best practice for EWP/EAP substance abuse management.

- **Mezzo systems**

The mezzo system is the set out linkages that exists between the various micro systems within which the individual is located (Duncan, Naidoo, & Pillay, 2007:106). The mezzo systems within the study refers to groups such as the EWP/EAP affiliate network, the family members of clients, the social circles of clients, the support groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

- **Macro systems**

The macro system includes the large scale societal factors that impact an individual (Duncan, Naidoo, & Pillay, 2007:107). In the case of this study, the macro systems refer to the EWP/EAP service provider, the communities the EWP/EAP provides substance abuse management services, and the community within which the clients resides/operates.

- **Exo-systems**

Exo systems are systems impacting on the micro systems. Individuals do not have direct contact or influence over exo systems (Duncan, Naidoo, & Pillay, 2007:107). Social structures, formal and informal, with no face to face interaction are the exo systems of this study. The exo systems is found to

have great influence on substance abuse. These influences include, South African politics, the economy, substance abuse policies, the social work field, the EWP/EAP field and all related research just to mention a few (Nelson, Batalden & Godfrey, 2011:215; Zastrow & Kirst-Ashman, 2009:49; Benekos & Merlo, 2008:163).

- **Chrono-system**

The chrono-system refers to the dimension of time in relation to an individual's environment. The system exists out of both external and internal elements. An external element includes how time that has passed influences an individual's relationships. An internal element includes the individual's feelings of lost opportunities as a result of the time that has passed. The chrono-system provides contextual meaning to explain how addiction treatment is influenced by dimensions of time. Both historical and multigenerational life spaces are impact stressors that increase the use of substances and subsequent treatment thereof (Cook, 2015:239). The chrono-system will assist the study to explore various substance abuse management models being used by EWP/EAP affiliates in relation to time dimensions.

A change in any one of these systems will result in a change in the other systems (Van Belle, 2008:9-10). The current study therefore seeks to investigate the systems that interact during substance abuse management, with an emphasis to explore best practice achieving optimal positive change in the systems involved.

2.3 Prevalence of substance abuse

Substance abuse is a problem that has been present for a long period. Dr. David Bayever from the government drug control organization, known as the CDA-Bayever says that at least 15% of South Africans have a drug problem; this number however is expected to rise. This is twice the world norm. The 2013 United Nations World Drug Report named South Africa as one of the drug capitals of the world (World Drug Report, CDA-Bayever, 2012:1-3). South Africa faces critical substance abuse related issues (Miller & Weisner, 2012:1). Substance abuse plays an aggravating role in both poverty and crime in South Africa. Furthermore it has shown to increase child abuse and gender violence (Stein, Ellis, & Meintjes, 2012:1-5).

Given the pivotal role EWP/EAP affiliates play in substance abuse management, it is important to establish what can be deemed as best practice for substance abuse management.

2.4 Description of concept "best practice"

Best practice can be seen as a feature of accredited management standards. A model or intervention is seen as a best practice when the impact of such a model or practice is recognised through demonstrated efficacy within the industry (Morgan & Lizke, 2013:25). MacArthur is in agreement suggesting that best practice is guided by core concepts, emphasising the need for the core practices to be evidenced based (MacArthur, 2010:3). The practical implications of this need to be carefully considered given that we do not yet have clearly identified best practices identified through research in South Africa.

Research found where a practice represents alignment of maximum satisfaction for the client with a maximum contribution to the organisation it can be seen as an ideal practice (Rice, Marlow & Masarech, 2012:2-4). Further research supports the notion of alignment indicating that strategic planning processes should be shared to better understand the core competencies required for best practices and create opportunities to continuously develop such practices (Paladino, 2010:347). Although researchers are in agreement on the outcome of a best practice they are unclear regarding the practical steps or roles. To be considered as a best practice the decision must be arrived through a comparative process. This relates to comparing available practices with each other. Through this comparison best practice criteria can be identified (Peden, 2015:299).

2.5 The role of the EWP/EAP affiliate

In order to enhance or identify potential best practices it is important to consider what the EWP/EAP affiliates' understanding of best practices is.

The EWP/EAP affiliates face challenges. EWP/EAP affiliates observe directly the impact their chosen substance abuse management intervention has on their clients. Csiernik explains the need to identify a standard that can be quantified. The chosen

practice should have reliable outcome indicators to be both educational and informative for the EWP/EAP affiliates (Csiernik, 2014:178).

As the EWP/EAP affiliates are contracted or affiliated to various EWP/EAP service providers at any given time the outcome indicators may differ from one service provider to the next. A further concern is that research has found that only a small percentage of EWP/EAP service providers have produced workplace specific outcomes (Csiernik, 2014:178). It might then be argued that EWP/EAP affiliates should ensure that they are aware of the specific EWP/EAP service providers' workplace outcomes to work towards with their clients.

It is postulated that all role players in the EWP/EAP field, which includes the EWP/EAP affiliates, must be aware of not only of the programme elements but also the possibility of unexpected elements that impact on change and the effectiveness of practices (Feit & Holosko, 2012:90). Furthermore, it remains feasible only to pay for a service that produces positive workplace outcomes (Csiernik, 2014:178). It might therefore be argued that it is the EWP/EAP affiliates' responsibility to remain aware of the service provider's strategy to ensure their practices are aligned therewith to work towards positive workplace outcomes. Where EWP/EAP affiliates align themselves with the service provider it is found that the EWP/EAP then has proven effectiveness in dealing with substance abuse through clinical interventions facilitated by the EWP/EAP affiliates (Feit & Holosko, 2012:241).

2.5.1 Competencies of the EWP/EAP affiliate

The EWP/EAP affiliate plays an integral role for EWP/EAP service providers. They are often the face of the service provider. The roles and competencies of EWP/EAP affiliates have been found to be diverse. Utilisation of the EWP/EAP affiliates' services is also the most extensively used services (Kinder, Hughes & Cooper, 2008:187). For the purpose of the study the literature review will focus on those roles and competencies linked to potential best practices for substance abuse management. EWP/EAP affiliates are required to demonstrate competencies in all EWP/EAP practices (Maiden, 2014:54). Research has not outlined best practice to enforce high levels of competencies amongst EWP/EAP affiliates.

2.5.2 Reporting risk

EWP/EAP affiliates must always assess for any immediate risk (Csiernik, 2014:215). Responsibilities include mandatory reporting relating to substance abuse and all other forms of risk. Reportable criminal behaviour is outlined for EWP/EAP affiliates. EWP/EAP affiliates are also required to keep accurate records which remain the property of the EWP/EAP. These records must be available at all times for auditing (Maiden, 2014:131). One could argue that reporting of risk is a vital practice to inform best practices for substance abuse management by EWP/EAP affiliates.

Should reporting of risk not be followed as per EWP/EAP service protocols a review by a third party may be initiated. Risk should be reported as soon as is practicable (Flewett, 2010:184). Reporting of substance abuse risk is also accompanied by the professional burden of not being able to control outcomes. Research found that it is normal to review a poor outcome wanting to include blame on one self as the EWP/EAP professional (Flewett, 2010:181). One can argue that reporting risk in a timeous manner and putting necessary substance abuse management practices in place aides to lesson unnecessary professional blame for the EWP/EAP affiliate.

2.5.3 Formulation of treatment plans

The treatment plan can be seen as the agenda that emerges following the first face to face assessment conducted by the EWP/EAP affiliate with the client or following the first in depth telephonic assessment that took place. The treatment plan clearly outlines the goals related to the substance abuse intervention for the client. The EWP/EAP affiliate in turn will have associated clinical practices designed to achieve each of the goals. Each treatment plan will be unique and matched to the relevant client (Connors, DiClemente, Velasquez & Donovan, 2015:97). The affiliate is responsible to support the client to develop the relevant treatment goals.

Research found certain common qualities in well formulated treatment goals. Including: significant and meaningful; incremental and manageable; clear, concise and behaviour driven; enhancing desired outcomes; inclusion of broadminded steps to realise goals; realistic and attainable; apparent as necessitating work and focus; appropriate for the estimated treatment period (Connors, DiClemente, Velasquez &

Donovan, 2015:101-102). This treatment plan approach is particularly useful in circumstances where clients are being supported with substance abuse.

The treatment plan is personalised and focussed. The EWP/EAP affiliate plays a pivotal role in supporting, educating and empowering the client. During the formulation of substance abuse treatment plans the opportunity is created to identify potential best practices. The treatment plan must reflect the client's goals as opposed to only the EWP/EAP affiliate's goals (Connors, DiClemente, Velasquez & Donovan, 2015:102).

Palmer found that developing performance measures for substance abuse management remains in its infancy but that the development for concrete measurable performance indicates its importance for substance abuse management (Palmer, 2016:15). Such indicators may well assist in informing best practices for substance abuse management treatment plans.

2.5.4 Interactive case management

Clinical affiliate management remains important for the success of the EWP/EAP clinical service delivery (Kinder, Hughes & Cooper, 2008:187). Case management is therefore enlisted to support the EWP/EAP affiliate. Hereby ensuring maximum benefit for the employee (Kinder, Hughes & Cooper, 2008:190). One may then argue that the EWP/EAP affiliate must remain in contact with the case manager to ensure critical information sharing on the clinical progress of the client.

Of note is that research found that the areas for improvement within EWP/EAP service providers mainly related to the area of the EWP/EAP affiliate network and level of EWP/EAP affiliate's service delivery (Maiden, 2014:69). Best practice for substance abuse management by EWP/EAP affiliates directly relates to service delivery and effectiveness of EWP/EAP affiliates. EWP/EAP affiliates are required to have competencies in all areas within which they practice for the EWP/EAP (Maiden, 2014:146).

2.5.5 Working closely with the EWP/EAP industry

In order to have a strong understanding of expectations and the role of an EWP/EAP affiliate a connection is required between the affiliate and the EWP/EAP service

provider. The very first affiliate, the Council, first USA affiliate, realised the importance to work closely with industry (Richard, Emener & Hutchison, 2009:17).

Working closely with one's relevant industry enhances engagement, motivation and commitment resulting in higher levels of service delivery (Rice, Marlow & Masarech, 2012:2-4). The practical implications of a close working relationship need to be carefully considered. The research is implying that a close working relationship with the EWP/EAP service provider by the EWP/EAP affiliate may result in practices of a higher quality.

2.5.6 Adherence to high performance standard and credentials

A further exceptionally important role of the EWP/EAP affiliate is adherence to high performance standards and training credentials (Maiden, 2014:130). The EWP/EAP affiliate is responsible to provide proof of registration with their relevant professional council or body to be allowed to practice in their relevant area of expertise. The EWP/EAP affiliate will only be utilised to provide substance abuse management interventions if they have experience and a proven skillset to do so within a solution focussed framework. Exposure to training and development opportunities for comprehensive focussed training to enhance the services offered is important (Maiden, 2014:130).

EWP/EAP affiliates remain responsible to continuously engage in learning opportunities. They are responsible to engage in continuing professional development (CPD) for which they earn CPD points to maintain their registration (Halton, Scanlon & Powell, 2013:11). This means that only qualified EWP/EAP affiliates whom expose themselves regularly to further training and development are involved in substance abuse management practices within the EWP/EAP.

2.5.7 Compliance with all applicable laws and ethics

EWP/EAP affiliates are obliged to comply with all laws and ethics. This includes supporting clients in a therapeutic manner when they face legal implications due to substance abuse (Maiden, 2014:130). It is also very important to adhere to ethics and values of the EWP/EAP affiliate's given profession in all matters related to delivery of services (Halton, Scanlon & Powell, 2013:134). The EWP/EAP affiliates

compliance to the laws and ethics offers protection not only to the EWP/EAP affiliates but to the clients and EWP/EAP service providers.

2.5.8 Record maintenance and data collection

The Standard of Record Keeping is outlined by the Standards Committee of EAPA-SA (2015:10). The EWP/EAP service providers are responsible to put necessary measures in place to request record maintenance from the EWP/EAP affiliates. The EWP/EAP service provider is to inform the EWP/EAP affiliates of formats and turnaround times acting in the best interest of the individual clients, affiliates, service providers and client companies. The EWP/EAP affiliate is responsible to keep accurate records. Such records must adhere to data collection specifications from the various EWP/EAP service providers (Maiden, 2014:130).

Record maintenance also creates opportunities for research and growth (Dziegielewski, 2013:192). We can therefore infer record maintenance and data collection creates opportunities for future research to inform potential best practices for substance abuse management.

2.5.9 Provision of face to face counselling

EWP/EAP affiliates play a pivotal role in rendering face to face services within an EWP/EAP programme. Affiliates are qualified to provide substance abuse management practices within the EWP/EAP framework (Maiden, 2014:74). EWP/EAP affiliates must conduct standardised, comprehensive face to face assessments. This includes a face to face assessment for any immediate risk (Csiernik, 2014:215).

The EWP/EAP affiliate needs to be acutely aware of the importance of managing time factors with clients. Clients should be made aware of the amount of time allocated to a session. Researchers agree on clear time parameters to be discussed with the EWP/EAP affiliate and the client. The voluntary nature of the face to face counselling must also be clarified and discussed (Burnard & Campling, 2013:88). This research is supported by Hough who found that time keeping and voluntary participation is directly linked to behaviour and expectations during the face to face intervention (Hough, 2010:24-28). It is of utmost importance to maintain

confidentiality as it permits the foundation for employee trust in the EWP/EAP service provider (Feit & Holosko, 2012:235).

2.6 EWP affiliate qualifications

Research indicates having qualified EWP/EAP affiliates is a core component to enhance effective substance abuse management. Furthermore these affiliates need to be qualified to implement the specific techniques of the EWP/EAP service provider (Fisher & Roget, 2008:359). Affiliates of EWP/EAP service providers are contracted or affiliated to adhere to the policies and procedures of the specific EWP/EAP service provider.

The EWP/EAP service provider cannot affiliate a professional if they are not in possession of proof of registration with their relevant governing body or council. Any professional working with substance abuse is required to be honest and open about their educational training, qualifications and registration (Fisher & Roget, 2008:370).

Affiliation with a set association is not enforced. Affiliation with EAPA-South Africa is not mandatory. The EWP/EAP service providers will ensure that they only affiliate professionals who are actively registered with their governing bodies, whether it is the South African Council of Social Service Professionals or the Health Professions Council of South Africa. An affiliate needs to either be: a licenced social worker; a licenced psychologist; or a registered counsellor (Kinder, Hughes & Cooper, 2008:187). It could be argued that although provision is made to ensure affiliates are appropriately qualified it does not provide for clearly defined experience in managing substance abuse within a short term framework.

The EWP/EAP service provider must remain informed of their need for qualified EWP/EAP affiliates to manage substance abuse. It is suggested that having sufficient qualified affiliates can increase the number of clients exposed to treatment interventions for substance abuse which could inform best practice. The EWP/EAP affiliates' qualification is also linked to fulfilling the treatment demands with relevant experience and skills (Ghodse, Herrman & Maj, 2011:1).

2.7 Current substance abuse management practices

Before best practices can be identified the research will explore existing substance abuse management practices utilised by EWP/EAP affiliates.

2.7.1 Brief interventions/solution focussed interventions

Researchers postulate that brief interventions for substance abuse problems have been used for many years (Babor, 1994:1127). EWP/EAP affiliates find many brief intervention techniques effective in addressing substance abuse with clients who are unable or unwilling to access specialty care. Brief interventions are even used for those who do access speciality care as an aftercare support intervention. Brief substance abuse management interventions mentioned in previous research include encouraging abstinence to see if the client can stop on their own; encouraging interventions directed toward attending a self-help group (e.g., Alcoholics Anonymous [AA] or Narcotics Anonymous [NA]); and engaging in brief, structured, time-limited counselling sessions to help clients overcome substance abuse (Babor & Grant, 1992:194).

Brief interventions are research proven procedures for working with individuals with at risk use and less severe abuse brief behaviours. Research found that these models can be successful when implemented in specialist treatment settings and performed by alcohol and drug counsellors (Boyle, Loveland & George, 2010 in Kelly & White, 2010:236). Research has not been conducted to identify if all these mentioned models may be seen as best practice by EWP/EAP affiliates and if so why. There is not yet a substance abuse management behavioural treatment plan for EWP/EAP service providers within the short term solution focussed model utilising brief interventions.

Research found that solution focussed interventions for substance abuse remains beneficial. The solution focussed intervention describes the standard of care, demonstrates how solution focussed therapy exceeds the standard and shows how it can be effectively used by EWP/EAP affiliates (Pichot & Smock, 2011:17). This finding is supported in research and suggesting that solution focussed substance abuse practices adapts to the change processes of the client rendering positive outcomes from the chosen substance abuse practices (Franklin, 2011:267).

There are a variety of solution focussed substance abuse practices available. In order to explore and describe possible content for best practices the different practices available to EWP/EAP affiliates for substance abuse management are explored below:

2.7.2 Gabbard's substance abuse management model

Gabbard's model involves relapse prevention and harm reduction strategies. Individuals are asked to quit drugs after a "slip". Individuals are also asked to report relapses promptly when they occur. Drug refusal skills including friends and family members are promoted. Soliciting telephonic support from a designated support person who will be available during "high risk" events or time intervals are encouraged. Participation in "healthy pleasures" in a group setting is promoted. This model requires a lifelong commitment from the individual (Gabbard, 2007:372). However, Gabbard's model does not appear to take account of client specific perceptions nor does it clearly identify possible best practices. Substance abuse practices should address perceptions of both clients and affiliates. Both the clients and affiliates perceived consequences of substance abuse treatment may influence treatment outcomes (Miller, 2009:145).

2.7.3 Behavioural treatment model

The behavioural treatment model for substance abuse involves identifying specific risks and solutions for the client. This model is opposed to generic treatment. The model introduces drug refusal and coping to clients. This model focuses on relapse prevention and how to identify high risk situations as well as the avoidance of such high risk situations. Guidance on coping with lapses is provided. Individuals are guided on how to cope with low motivation. This model indicates that it requires on-going monitoring and long term commitment (Bellack, Bennett & Gearon, 2013:167). This model places a lot of emphasis on on-going monitoring but fails to provide best practice guidelines for possible solution focussed on-going monitoring practices.

2.7.4 Evidence based substance abuse model

The evidence based substance abuse treatment models include the four main case management models: the brokerage or generalist model; the assertive community treatment or intensive case management model; the clinical or rehabilitation model; and the strength-based case management model.

The generalist model

The generalist model entails assistance being provided by the EWP/EAP affiliate for need identification by the client. The EWP/EAP affiliate can broker support by connecting the client with a network of support structures to deal with the substance abuse challenges. The intervention lasts one or two sessions (Vanderplasschen, Wolf, Rapp & Broekaert, 2007 in Leukefeld, Gullotta & Gregrich, 2011:175-178).

Research postulates that the needs the client presents does not only relate to the substance abuse but also to challenges and general functioning. The need identification process can become complex (Miller, 2009:147). The EWP/EAP affiliate will therefore play a prominent role in guiding the client to prioritise the identified needs.

The assertive community treatment or intensive case management model

The model involves a high level of coordination. Specialised services, complex service systems and the EWP/EAP affiliate support additional client involvement (Vanderplasschen, Wolf, Rapp & Broekaert, 2007 in Leukefeld, Gullotta & Gregrich, 2011:175-178). Research found that clients' involvement in additional support structures serves as a protective measure for substance abuse relapse (Miller, 2009:149.)

The clinical or rehabilitation model

This model relates to assertive outreach and direct counselling services. As the client's problem severity increases the resources decreases. In such circumstances it requires a more intense case management model (Vanderplasschen, Wolf, Rapp & Broekaert, 2007 in Leukefeld, Gullotta & Gregrich, 2011:175-178). Further research supports this notion and emphasises the importance of intensive case management (Miller, 2009:348-349). The model involves a team comprising out of a case

manager; an EWP/EAP affiliate; and all other relevant healthcare professionals. The EWP/EAP affiliate plays an integral role to promote intensive case management.

The strength based case management model

The strength based model focuses on the client's strength, self-direction and informal help networks as opposed to pure professional networks. The EWP/EAP affiliate's role reduces whilst the client is the responsible and primary decision maker (Vanderplasschen, Wolf, Rapp & Broekaert, 2007 in Leukefeld, Gullotta & Gregrich, 2011:175-178).

2.7.5 Curriculum or manual based treatment

Various trends are identified in research that are utilised by EWP/EAP affiliates for solution focussed substance abuse management. These include curriculum or manual based treatment. Such treatment relates to all treatment practices that have manuals to guide the EWP/EAP affiliate. This includes worksheets, exercises and psycho-education. Secondly it includes self-improvement and change strategies. For example it can be a 12 month relapse prevention exercise that the EWP/EAP affiliate obtains the clients commitment to during the intervention (Pichot & Smock, 2011:4-5).

Whilst the positives are clearly visible it does limit flexibility and individualisation for each client presenting with substance abuse challenges. It is found that best practice for substance abuse management can identify a number of contradictions. A simultaneous push for manualised/curriculum treatment and another push for individualised treatment highlight the conflicting beliefs (Pichot & Smock, 2011:6-7).

2.7.6 Motivational interviewing

A popular solution focussed substance abuse management practice is motivational interviewing. Strength based practices focus on solving problems, focussed values and seeks client's strengths as part of the solution. Motivational interviewing increases motivation to produce change (Pichot & Smock, 2011:9). Research also emphasise the importance to focus on the client's strengths to produce change (Miller & Rollnick, 2012:229). Motivational interviewing is not a counselling

intervention but a method to completely confirm the client's autonomy (Fisher & Roget, 2008:140-141).

There is a lot of conflicting views around motivational interviewing. Other researchers state that motivational interviewing and brief interventions are not the same although both foster positive outcomes.

2.7.7 12 step Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) programme

The 12 step approach is used by both the NA and AA. This is known as a solution focussed intervention practice. This substance abuse intervention focuses on the possibility for change by the client; explains the disease concept; and formulates treatment goals (Pichot & Smock, 2011:10). It has been found that the 12 step program can assist to pace thinking and join views regarding the substance abuse challenge (Walter & Peller, 2013:202). There is however not clear research available to identify how the EWP/EAP affiliates may utilise the strengths of this program during substance abuse management practices.

2.7.8 Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) involves a variety of practices, this includes functional analysis, coping skills and developing relapse prevention strategies (Pichot & Smock, 2011:11). CBT also looks towards a better understanding of the psychological, emotional, behavioural, cognitive as well as social functions of the client challenged with substance abuse (Mehta, & Sagar, 2015:184). One question that might need to be asked is whether best practice for substance abuse by the EWP/EAP affiliates will involve the variety of CBT practices or focus on specific practices.

2.7.9 Harm reduction practices

The International Labour Organisation estimates that 15% of all fatal workplace accidents and 25% of all workplace accidents are substance abuse related (Hämäläinen, 2010:51). The harm reduction practices could therefore be seen as an integral part of EWP/EAP services by the EWP/EAP affiliates.

Harm reduction practices shifts the focus from pure prevention to preventing potential harms related to drug use or substance abuse. This entails equipping clients with self-management strategies to minimise the harm on self, others and environment linked to substance abuse (Pichot & Smock, 2011:11; Emmelkamp & Vedel, 2012:203). A particular strength of this practice is the possibility for the EWP/EAP affiliate to promote ownership of the challenge by the client whilst preventing further harm.

2.7.10 Considering possible alterative practices

Whilst research find that EWP/EAP service providers must remain focussed on early detection, resolution and relapse prevention among employees with substance abuse struggles best practices are not identified (National Business Group on Health, 2009) best. Research is limited in identifying best practice in this regard other than stating that consideration should be given to alternative treatment regiments by EWP/EAP affiliates and professionals (Rittter & Lampkin, 2011:312). A question that might need to be asked is what alternative treatment regimens can be seen as best practice.

2.8 The search for best practices for substance abuse management

In 2012 research found that at least 15% of South Africans presented with substance abuse challenges (World Drug Report, CDA-Bayever 2012:1). Given the significant impact substance abuse has on South Africa and globally, various research studies have been undertaken over the years. The core concepts of such research are set out below:

2.8.1 Holistic treatment

Canada and the United States of America have developed research driven best practice guidelines for substance abuse management (Fisher & Roget, 2008:865). Such best practice guidelines includes and can be summarised as: use of medication; behavioural therapies; community reinforcement approaches; marital therapy; social skills training; stress management interventions; flexible tailor-made individual treatment; group therapy; outpatient programmes; residential programmes;

holistic interventions addressing multiple individual needs simultaneously; brief interventions; strong fit between client and EWP/EAP affiliate (Fisher & Roget, 2008:865-866). A particular strength of this research is that it emphasises the importance of holistic interventions. One further key aspect of this research is that simultaneous interventions are provided to address presenting challenges.

Research has seen continued growth resulting in holistic interventions within the South African context. Programme offerings have grown to offer integrated services through a holistic approach incorporating extensive affiliate networks. This research fails to provide any clearly defined best practice for substance abuse management within a short term solutions focussed framework by EWP/EAP affiliates within South Africa. Little is known on how EWP/EAP affiliates treat or refer for substance abuse treatment with regards to best practice (Sharar, 2008:32; Richard, Emener & Hutchison, 2009:5-30).

2.8.2 Building relationships

Research found that it is critical to access, solicit, develop and invest in professional relationships by EWP/EAP affiliate networks for holistic interventions (Buchbinder & Shanks, 2011:249-521). Networking forms part of the core technologies as set out by the Standards Committee of EAPA-SA (2015:1).

EWP/EAP service providers offer varied and diversified services (Attridge, Herlihy & Maiden, 2013:79). As such trusted relationships in the industry may add value to substance abuse management practices. The EWP/EAP affiliates engage in assessing the client, creating a treatment plan, engaging in face to face counselling, goal setting, skills development, aftercare strategies as well as facilitating rehabilitation where necessary or linking clients with support groups. In order to promote a smooth intervention an existing network is most valuable. Various EWP/EAP professionals will be recruited to meet differing credentials. When such professionals interact and establish rapport amongst them a strong supportive network can be established to enhance treatment outcomes. Networks form a vital part of holistic EWP/EAP service delivery (Winston & Winegar, 2014:102). This creates the opportunity to consider whether best practice for substance abuse management by EWP/EAP affiliates could be enhanced through networking.

2.8.3 Evolving interventions

Research warns that the relationship may be lost between alcoholism treatment and EWP/EAP service providers unless managers and EWP/EAP service providers maintain a high commitment to substance abuse management (Richard, Emener & Hutchison, 2009:387). The research fails to define what high commitment entails or what best practices for EWP/EAP affiliates could be recommended. Furthermore commitments can be broken down to relate to various role players involved. Of particular interest are the commitments being referred to relating specifically to EWP/EAP affiliates. Interventions continue to grow and develop for substance abuse management by EWP/EAP affiliates. Research remains unclear on the practices resulting in desired outcomes informing the evolution of practices (Richard, Emener & Hutchison, 2009:388).

The practical requirements must be carefully considered. Emphasis is placed on the on-going evolution of comprehensive substance abuse management practices to remain comprehensive and holistic practices benefitting all involved (Valentine & Dejong, 2014:54).

2.8.4 Striking a balance

Research suggests that EWP/EAP service providers may feel “in the middle” where client companies want more specific outcomes for substance abuse management for the benefit of the company. On the other hand the EWP/EAP affiliate may feel more compelled to do what is best for the individual employee (Richard, Emener & Hutchison, 2009: 390). Best practice by EWP/EAP affiliates for substance abuse management is not defined to address the mutual needs that arise from EWP/EAP substance abuse management.

The workplace has been found, for many years, to attribute to some of the causes of behavioural health problems such as substance abuse (Richard, Emener & Hutchison, 2009:392). The interrelatedness of the needs for the employee, their line manager, the employer and community to overcome substance abuse should be investigated (Richard, Emener & Hutchison, 2009:392). Research does not identify best practice substance abuse management aspects by EWP/EAP affiliates that

could meet the interrelated substance abuse management needs (National Business Group on Health, 2005; Richard, Emener & Hutchison, 2009:392).

2.8.5 Solution focussed intervention

The responsibility is placed on the client by the EWP/EAP affiliate to reach their individualised goals. The EWP/EAP affiliate plays a role to create opportunities for enhancements. Successes are celebrated with the client. The client is acknowledged as a capable individual with an inherent ability to realise their solution focussed goals (Fisher & Roget, 2008: 669).

Delivery of solution focussed interventions can take place by any EWP/EAP affiliate. This is based on the premise that the EWP/EAP affiliate is well trained and working towards recognised standards (Kinder, Hughes & Cooper, 2008:187). EWP/EAP affiliates work towards the Standards as set out by EAPA-SA. However, research fails to clearly identify recognised standards for substance abuse management to inform best practice.

2.8.6 More successes

EWP/EAP affiliates continue to work towards assisting clients to overcome substance abuse challenges. Clients who succeed at making small changes generally return for more successes (SAMHSA, 1999). Research does not identify what model can be seen as best practice by EWP/EAP affiliates for employees to return for more successes in substance abuse management.

2.8.7 Aftercare

Systematic follow up is strongly recommended after the EWP/EAP service providers refer clients for specialist treatment to maintain recovery and prevent relapse. Aftercare support is implemented by some EWP/EAP service providers, but not clearly defined as a best practice by EWP/EAP affiliates within research (Sharar, 2008:71; Peden, 2011:270).

Aftercare has shown to be far more effective than no aftercare. Furthermore, the cost of waiting for a relapse to take place is more costly than providing aftercare

services. Aftercare was found to be equally effective when done telephonically or in person (Muskin, 2015:334). Continued engagement on the part of the EWP/EAP affiliate is required in order to formulate an aftercare treatment plan with their client being treated for substance abuse challenges (Winston & Winegar, 2014:98). Aftercare treatment planning is especially important to assist clients to live outside of a residential treatment facility. The plan should promote adaptive and functional behaviours for the client (Winston & Winegar, 2014:100 and 132). The responsibility lies with the EWP/EAP service provider to provide aftercare services (Maiden, 2014:173). Research fails to clarify what responsibilities lies with the EWP/EAP affiliate specifically.

2.9 Strengths and challenges of substance abuse management by EWP/EAP affiliates

The most effective treatment for substance abuse by EWP/EAP affiliates depends on professionals treating substance abuse, clinicians and clients (Mignon, 2014:1). For this reason it is important to explore the various research studies that are available to identify potential best practices for substance abuse. In order to do so we will look at strengths and challenges the EWP/EAP affiliates are presented with.

2.9.1 Strengths

Strengths, for the purpose of the study under investigation, will refer to practices, influences and outcomes rendering a positive change for substance abuse management by EWP/EAP affiliates. Strengths are those elements that enhance the situation for the better (Glasner-Edwards & Rawson, 2010:93). Below strengths relating to substance abuse management by EWP/EAP affiliates are explored.

Identification of change strategies

The presentation of the client's substance abuse challenges creates an opportunity for the EWP/EAP affiliate to identify personalised change strategies. The solution focused goal will remain to minimise impact on work and personal life (Smith, 2015:320). Researchers further support this notion in that change strategies were found to be identified during the various stages of change linked to substance abuse. Change strategies result in a heightened awareness of the substance abuse

problem; realisation of consequences and the impact substance abuse has on others; creating opportunities for positive peer influence and modelling; inviting and being open to feedback from significant others; and exploring contrast of current life goals (Connors, DiClemente, Velasquez & Donovan, 2015:126).

Ambivalence is resolved

Resolution of ambivalence may have multiple positive outcomes. There is no longer a loss of concern but rather an ability and willingness to make decisions. Resolving ambivalence is accompanied by a heightened level of commitment and abilities to prioritise. The client moves towards being able to clearly identify different problems. Resolving ambivalence also increases motivation and commitment to treatment strategies. Clients are enabled to explore pros and cons of their substance abuse intervention (Connors, DiClemente, Velasquez & Donovan, 2015:140 and 211).

Research has made it measurable through outcomes practices that can be observed. Secondly, addressing ambivalence results in behavioural changes to address clients' substance abuse challenges. Solution focused therapy; motivational interviewing; and the two chair process are recommended to be used by EWP/EAP affiliates in resolving ambivalence (Sperry, 2010:49). Overcoming ambivalence results in positively resolving tension experienced by the client. A client is assisted by the EWP/EAP affiliate to make a decision regarding the choices they need to make (Johnson, 2010:771).

Client carry out and are compliant with solution focussed goals and strategies

EWP/EAP affiliates encounter clients who present compliant behaviour. These behaviours reflect an adherence to the solution focussed goals. Compliant behaviour creates a platform to build on each success achieved by the client. Compliant clients have been found to be more open and engaging during treatment interventions. Furthermore resulting in actions reducing environmental pressures associated with non-compliance (Pallone & Sims, 2012:40-41).

Compliance allows the EWP/EAP affiliate to enable the client to incorporate the substance abuse management goals into their lifestyle. The intervention may then have a lasting effect outside of the solution focussed intervention for the presenting substance abuse challenges. Compliant clients are open to overcome habits that work against healing. Importantly research emphasises that the level and ability for

compliance varies from client to client. The individualised treatment goals and strategies assist to ensure goals are reachable, linked to clients' interests, abilities, strengths and current substance abuse challenges (Carlstedt, 2009:454).

Research suggests making use of novel approaches is advised to foster compliance and enhance it. Novel approaches are recommended especially if there is a history of non-compliance or if the EWP/EAP affiliate observes resistance or failure to engage within the process. The Trojan Horse method is suggested where the EWP/EAP affiliate uses diversionary tactics to motivate the client to focus on objective signals. The EWP/EAP affiliate motivates the sceptical client that they are able to control their mind and body responses (Carlstedt, 2009:204). Research fails to indicate if this method can be linked to higher levels of compliance or not. This research only spoke about the Trojan Horse method as being a supported practice.

Consequences/costs and benefits of change are learnt

EWP/EAP affiliates engage with clients with holistic approaches. Research found that many clients struggling with substance abuse challenges also present with reduced fitness; stress; anxiety; weight gain; reduced physical and mental health; reduced quality of life; shorter life span; broken relationships; limited support structures; and financial stressors (Carlstedt, 2009:193).

Importantly to note is that every negative habit is also accompanied with a perceived benefit for the client. If these perceived benefits did not exist there would not be bad habits. However, most short term benefits are accompanied by long term costs and consequences (Carlstedt, 2009:183). Research makes suggestions for EWP/EAP affiliates on how to achieve this strength in therapy, by providing a list of values and beliefs; highlighting the costs and consequences of no change and highlighting the discrepancies between their values/beliefs – all of which may result in action.

EWP/EAP affiliates have varied practices that are applied to support clients in identifying costs and benefits linked to change. Such practices have been found to be a strength within substance abuse management treatment practices. Positive post treatment functioning is recalled by clients (Connors, DiClemente, Velasquez & Donovan, 2015:240).

Change is reinforced through maintaining motivation to continue on a path of recovery

Motivation plays an integral role in a client's decision to change or stay the same. EWP/EAP affiliates are to strive to maintain client's intrinsic motivation as change cannot be imposed. Combinations of motivation, enhanced self-efficiency and understanding enable clients to change and overcome their substance abuse behaviours (Carlstedt, 2009:182,784).

EWP/EAP affiliates are encouraged to motivate clients to carry out the treatment goals and associated tasks or activities even when they feel they do not have the required energy to do it. The reasoning being that the motivation will follow after the action is completed (Carlstedt, 2009:297).

Research also found that mandated treatment resulted in strong engagement, but results in low levels of motivation (Connors, DiClemente, Velasquez & Donovan, 2015:155, 219 and 351). Clients who are forced to participate in substance abuse interventions are most likely to be noncompliant (Carlstedt, 2009:204). Although mandated treatment results in more engagement it does not result in more favourable outcomes. EWP/EAP affiliates are faced with challenges to maintain the client's motivation without forcing interventions. The ability of EWP/EAP affiliates to enhance clients' motivation remains a strength within substance abuse management practices.

Risk of harm is reduced

Clients' struggling with substance abuse challenges all present with a certain level of risk. The EWP/EAP affiliates are trained professionals to assess the level of risk and intervene appropriately. A strength of EWP/EAP affiliate interventions for substance abuse management is the reduction of risk. Through the facilitation of treatment by the EWP/EAP affiliate, harm reduction takes place (Connors, DiClemente, Velasquez & Donovan, 2015:325).

The EWP/EAP affiliate takes into consideration the level of risk the client may have to him/herself as well as risk to others. The risk of turning to self-defeating sources of support remains a reality. Substance abuse practices should aim to minimise such inappropriate behaviour (Carlstedt, 2009:253). The research is not clear on how to prevent self-defeating support but emphasis is placed on steps to reduce

harm. An increase in the number of client follow ups; motivating clients; promoting clients to limit substance intake; abstinence from the substance; as well as client education is recommended (Domino & Baldor, 2013:165, 378 and 502).

In South Africa the EWP/EAP affiliates face the reality of a diversified clientele as is the rest of the world. Different social influences in different cultures can create risk situations linked to substance abuse (Daugherty & Leukefeld, 2013:154).

Goals are set and solidified

The client is supported to identify their needs. The explicit goals that are set in a collaborative way based on the client are used to evaluate progress, success and areas for further development. Where goals are set in a positive manner, possibilities are created to produce behaviour changes (Connors, DiClemente, Velasquez & Donovan, 2015:101). Collaboration is an important part for goal setting (Carlstedt, 2009:296).

Goal setting is also an important skill that the clients will benefit from in the long term. The ability to goal set may be linked to the client's enhanced self-control, enhanced self-esteem and increased self-reinforcement (Daugherty & Leukefeld, 2013:77). An alternative explanation might be that goal setting between the EWP/EAP affiliate lays down the platform for the client to solidify their path to overcome substance abuse through agreed upon practices.

Client accepts responsibility for own recovery

The EWP/EAP affiliate supports and enhances the client's commitment towards acceptance of responsibility for their own recovery. Acceptance of responsibility in turn results in more motivation and willpower for the client. The intervention must validate the client's personal choice and responsibility for their recovery (Connors, DiClemente, Velasquez & Donovan, 2015:134 and159).

A client is to be supported by a professional to develop their own sense of autonomy and responsibility. The client can then decide if change will occur. If the client decides that it will change, the client can also decide how and when for any of their future behaviour changes (Carlstedt, 2009:192). It could then be argued that the EWP/EAP affiliates must allow clients to move at their own pace upon accepting responsibility for their recovery.

Clients are prepared for relapses

EWP/EAP affiliates engage with clients during substance abuse practices to not only address the challenge but also prepare clients. EWP/EAP affiliates provide psycho-education addressing as many aspects of substance abuse as possible. Overcoming substance abuse is the first step in a long road of recovery. Managing client expectations are vital. The reality of relapse must be explored as well as a plan of action for when this occurs. It is reported that as many as 90% of clients will relapse after being treated for substance abuse within a year of treatment (Lewis, Dana & Blevins, 2010:156). With such high percentages it can be argued that relapse prevention should form part of best practice for substance abuse management. Not acknowledging the impact of the reality of relapse could be argued to be dangerous practice given the majority of clients will at some point in time relapse (Lewis, Dana & Blevins, 2010:157).

Relapse in essence refers to returning to previous problematic behaviour. Research suggests that a relapse should be explained as a process that can be influenced and not an event. Multiple influences are found to simultaneously lead to a relapse. The EWP/EAP affiliate should assist a client to identify high risk situations (Connors, DiClemente, Velasquez & Donovan, 2015:229, 231, 236 and 238).

Researchers suggest explaining a relapse as return to mindlessness to a client. Clients are to be prepared that the possibility remains that they may encounter or avoid a too challenging experience and return to old habits. Another aspect to be aware of is that an unfulfilled desire for a quick fix may emerge. EWP/EAP affiliates may expect to see doubts within clients in the first three weeks. Thereafter change occurs as positives results appear (Cayoun, 2011:119-126). It might be argued, however, that relapse prevention practices should be individualised.

Support networks are re-established

The EWP/EAP affiliates are encouraged to set goals with clients to enhance and utilise support networks. These goals are not the primary focus as the main goal is addressing the substance abuse. Secondary goals could include extending social support networks (Connors, DiClemente, Velasquez & Donovan, 2015:97). EWP/EAP affiliates still need to remain mindful of delicate homeostasis in family or social set ups for clients. The client may be feeling inhibited to reach out for support due to a fear of breaking a family or social network rule of silence on using

substances (Lewis, Dana & Blevins, 2010:191). It might be argued that managing perceptions surrounding support networks should form part of the treatment plan as well as a possible best practice.

Involving a significant other of the client in the treatment process is vital. The significant other becomes even more critical especially when resistance is met from the client. EWP/EAP affiliates do not only facilitate the re-establishment of support networks for the client's long term recovery but also for the immediate successes in the treatment process (Connors, DiClemente, Velasquez & Donovan, 2015:212).

2.9.2 Challenges

Substance abuse is seen as a complex configuration of many challenges. Substance abuse is engaged in overlapping and interlocking patterns of relationships with the environment (Sawyer, 2007:317). EWP/EAP affiliates are faced with the challenge that the same substance abuse practices included for one client's intervention may not have the same effect on another. A higher level order may result from relatively complex lower level substance abuse interventions (Sawyer, 2007:317, Berger, 2013:124-125). There are a number of substance abuse management challenges that are common amongst the various practices that this study has explored so far. These include, but are not limited to:

Lack of commitment and accountability

Research found that there is no accountability for EAP standards compliance or enforcement beyond the forces imposed by the free market (Kelly & White, 2010:304).

The lack of accountability enforcement and identification for best practice by EWP/EAP affiliates of the EWP/EAP substance abuse management systems poses a challenge (Sharar, 2008:71). Research has found that accountability is extremely important for the achievement of outcomes linked to the substance abuse practices. This is a move away from the previous focus on provider-controlled practices (Lewis, Dana & Blevins, 2010:199). Sharar, Lewis, Dana and Blevins fail to fully acknowledge the importance of accountability for any form of substance abuse practices to have a positive outcome.

Non-compliant or disruptive clients

A client's resistance to a given treatment plan has been a historical challenge for EWP/EAP affiliates and other clinicians (Connors, DiClemente, Velasquez & Donovan, 2015:6). Clients who are forced into substance abuse interventions are more likely to be non-compliant. Clients may not follow treatment plans as they might perceive weakness on their part for giving in to a suggested treatment intervention. This perception from clients is further exasperated by a heightened sense of control characterised by their substance abuse. The outcomes of substance abuse interventions for non-compliant clients compared to complaint clients often differ. The outcomes are based on the drug or drugs' known effects, yet the differences are clearly recognisable (Carlstedt, 2009:204). Treatment plans are most effective where the least disruptions take place. Disruptive clients result in the need for treatment alternatives. This is often due to the non-compliant nature of the client or the client being disruptive towards the agreed upon goals (Lewis, Dana & Blevins, 2010:208).

Research is not clear on when the EWP/EAP affiliate should decide to stop the substance abuse intervention when clients present to be disruptive and non-compliant as treatment cannot be enforced.

Limited or non-existing support structures

Clients support networks often brake down severely. When treatment is initiated some of the expected support might not be forthcoming. The EWP/EAP affiliate will assist the client as these are one of many unanticipated factors that play a role in substance abuse management practices (Connors, DiClemente, Velasquez & Donovan, 2015:135). However, research has also found that clients who are supported within their autonomy tend to show positive outcomes (Lewis, Dana & Blevins, 2010:65). One question that might be asked is how much focus and energy does the lack of a support structures require for best practices.

Limited third party holistic intervention resources

The availability and access of resources are directly linked to successful change during substance abuse management practices. The more precise the treatment plan is formulated, including referrals to third party resources, the greater the

likelihood of attaining identified treatment goals (Connors, DiClemente, Velasquez & Donovan, 2015:97).

Resources have been found to be a factor that directly changes the prevalence of substance abuse in clients. Research postulates that sufficient resources are required not only to initiate change but also to maintain change for the client receiving substance abuse interventions (Lewis, Dana & Blevins, 2010:232). EWP/EAP affiliates are faced with the reality that clients face substance abuse challenges across South Africa.

The absence of government or private resources is often attributed to inconsistent social policy or mere lack of infrastructures (Lewis, Dana & Blevins, 2010:233).

Inconsistent information regarding the client's substance abuse

Clients may present with a number of behaviours in an attempt to deceive the EWP/EAP affiliate. Research found that clients may minimize, blame, rationalise, defend, be hostile or lie wilfully about substance abuse (Connors, DiClemente, Velasquez & Donovan, 2015:42).

EWP/EAP affiliates rely on the truthfulness of the client to ensure the treatment plan is personalised to adequately address the client's substance abuse challenges. When clients are deceitful or intentionally dishonest regarding their personal substance abuse it has a direct impact on the feasibility of the formulated treatment plan. EWP/EAP affiliates may need to alter the treatment plan to firstly work on the client's trust and honestly moving towards addressing the substance abuse thereafter. This in essence could be seen as deflecting from the presenting challenge. However, the presenting challenge cannot be adequately addressed without the client's honesty. This challenge is twofold for EWP/EAP affiliates. Research found that professionals treating clients with substance abuse struggle to behave credulously when their perception of the client is one of dishonesty (Lewis, Dana & Blevins, 2010:104). Not only does the EWP/EAP affiliate then struggle to compile the most feasible treatment plan but they also experience challenges with their own professional orientation towards the client.

Clients present with multiple pathologies

EWP/EAP affiliates are tasked to do a thorough assessment of their clients presenting with substance abuse challenges. A challenge faced by EWP/EAP

affiliates is working with clients who present with multiple pathologies. Some clients have been diagnosed and receive treatment for mental illnesses whilst others remain undiagnosed.

It is therefore vital to connect clients with resources for appropriate diagnoses, treatment and medication if necessary. The research further found that it is not always possible to identify if substance abuse occurred before or after other pathologies were diagnosed within a client (Alterman, 2014:20).

EWP/EAP affiliates will inevitably deal with clients who do not fit in other systems. For example clients presenting with multiple pathologies accompanied by substance abuse (Jacobs & Steiner, 2016:175). Some clients may not present with significant mental illnesses. The client may be impaired due to character pathologies. Such clients can be violent and unmanageable requiring inpatient psychiatric treatment. Research warns EWP/EAP affiliates to remain balanced. Too much of a focus on individual pathologies may result in overlooking systemic challenges (Jacobs & Steiner, 2016:262). Practical implications must be considered for EWP/EAP affiliates. The EWP/EAP affiliate would need to rely on their professional judgment on whether to treat the substance abuse or whether to refer the client for psychiatric treatment or both.

Clients unwillingness to consider lifestyle changes or adherence to treatment requirements

Part of the role of the EWP/EAP affiliate is to support the client to make lifestyle changes. Steps include assisting the client to identify for themselves substance abuse-free sources of satisfaction (Connors, DiClemente, Velasquez & Donovan, 2015:48). EWP/EAP affiliates find that many clients fail to make necessary lifestyle changes. This may be directly linked to cognitive processes. High risks are linked to those clients who present with lifestyle imbalances (Lewis, Dana & Blevins, 2010:166-172).

The EWP/EAP affiliate must take a number of factors into consideration when dealing with client's lifestyle challenges. The ideal client for outpatient treatment would be a client who can function independently, willingly make lifestyle changes and who has the ability and motivation to adhere to the treatment plan. Clients with high level of unwillingness to adhere to outpatient treatment plans but a true desire to change may be more suitable for inpatient support (Lewis, Dana & Blevins,

2010:27). Research fails to provide more insight into factors to inform best practices for substance abuse management with regards to lifestyle changes.

Conflicting mandates from different role players

Clients are not stand alone entities. Clients are linked within their environments. The client's existing interlocking environment and relationships impact on their treatment engagement and outcomes (Sawyer, 2007:317). Clients may feel a variety of pressures during treatment. Such pressures may become challenges if the client is not able to overcome these. Many clients seen by EWP/EAP affiliates may have been referred by their client companies. The client is then also faced with the added pressure of their line management needing them to return to being a fully functioning and productive team member. The client is faced with keeping their employment as their sense of livelihood. Other pressures outside of the work environment include family and social pressures as well as financial pressures. Many clients struggle from the outset with interpersonal conflict when dealing with substance abuse (Connors, DiClemente, Velasquez & Donovan, 2015:237).

Clients may then face mandates from financial institutions, work institutions or even legal mandates. Social pressures and social conflict adds to these growing challenges and pressures of the client (Connors, DiClemente, Velasquez & Donovan, 2015:89). The research is not clear on the impact these mandates have on the client's treatment interventions or the possible link to inform best practices for substance abuse management.

Relapse or continued substance use

There are high rates of clients returning to substance abuse after completion of treatment (Connors, DiClemente, Velasquez & Donovan, 2015:229). As discussed under clause 0 the reality faced by EWP/EAP affiliates are that as many as 90% of clients relapse as part of the substance abuse phenomenon (Lewis, Dana & Blevins, 2010:156). Relapse on its own is not the greatest challenge for EWP/EAP affiliates. The challenge arises when a client relapses and does not seek out support. This may be due to clients feeling ashamed, overwhelmed or relieved to no longer supress the urges to use substances. Relapse appears to be a rule rather than an exception (Lewis, Dana & Blevins, 2010:156).

EWP/EAP affiliates are also faced with challenges such as clients continuing to use substances. Again the EWP/EAP affiliate cannot enforce honesty. Working hard at establishing rapport with the client creates the platform for honesty. Clients who do not fully buy in to the treatment plan may struggle to cease using substances. All scenarios should be explored with the client. High risk situations are to be identified by the EWP/EAP affiliate and client. The client is responsible to remove themselves from such scenarios (Connors, DiClemente, Velasquez & Donovan, 2015:236). It could be argued that this challenge is more a reality than purely a challenge.

Clients existing support network use substances

Constant exposure to social events and friends or family using substances may increase the desire to use substances again. Research found a link between the level of consumption and the type of partner a client has (Connors, DiClemente, Velasquez & Donovan, 2015:342). Substance abuse management practices are less successful when treating a client who is involved with a partner or friends who uses substances. Steps to achieve substance abuse treatment goals must be solidified between the EWP/EAP affiliate and the client whether it involves friends or family. The substance abuse management approach must always be comprehensive requiring multiple strategies (Lewis, Dana & Blevins, 2010:231-232).

2.10 Conclusion

Substance abuse remains highly prevalent within the South African context requiring ongoing management. EWP/EAP affiliates play an integral role in managing substance abuse. EWP/EAP service providers recruit EWP/EAP affiliate with the required professional qualifications and training to support client companies with substance abuse challenges. It might be argued that guidelines on best practices could further inform the ideal EWP/EAP affiliate profile to manage substance abuse more efficiently. There are numerous substance abuse practices available to be implemented in managing substance abuse. Existing substance abuse management practices all have different strengths and challenges.

One question to be asked would be if these strengths and challenges could be explored within the South African EWP/EAP framework to identify practices more suited for the South African context. Most EWP/EAP service providers' substance abuse practices incorporate a variety of approaches to provide holistic interventions

within a short term framework. Best practices for substance abuse management within the South African context have not been extensively researched.

CHAPTER 3

3 Empirical investigation into the best practices of employee wellness programme affiliates in South Africa in managing substance abuse

3.1 Introduction

This chapter reveals the empirical investigation relevant to the study under investigation. The goal of the study is to explore best practices for substance abuse management by the EWP/EAP affiliates in South Africa. The empirical study sought to explore the practices, perceptions as well as strengths and challenges with regards to substance abuse management by EWP/EAP affiliates in South Africa.

3.2 Research methodology

The study addresses problems faced by EWP/EAP affiliates in practice, when it comes to identifying perceptions of best practices and evaluating best practice for substance abuse management (Hall, 2008:14). Applied research will therefore be used to determine what model for substance abuse management may be deemed as best practice.

Similarly, the relevant research design for this study is the triangulation mixed methods research design. Both quantitative and qualitative approaches will be used by combining methods and procedures to determine a more complete picture of the proposed study (Delport & Fouché, 2012:434**)**. By doing so biases inherent to single methodologies are avoided (Williamson, 2005:7). Data collection will be conducted via a survey, which includes a write up, and focus group interviews.

3.2.1 Study population

The population of the study was the ICAS EWP/EAP practitioners working with substance abuse management in South Africa.

3.2.2 Sample

The sample for the study was the ICAS EWP/EAP practitioners from the ICAS EWP/EAP affiliate network. Affiliates are the social workers, psychologists and registered counsellors who implement substance abuse management interventions within the EWP/EAP framework. It is noted that the ICAS EWP/EAP affiliates may also at any given time be affiliated with ICAS as well as other EWP/EAP service providers.

3.2.3 Sampling

Based on the ICAS database, there were a total of 720 EWP/EAP affiliates on the ICAS affiliate network who work with substance abuse. Electronic communication was sent to these affiliates in order to obtain consent on a voluntary basis to participate in the study. This method sampling is called probability sampling, as there was probability that some affiliates may agree to take part in the study. Based on the responses received, the sample was organised into various strata based on the province within which they were managing substance abuse - stratified random sampling was used.

Due to the location of the researcher, the Gauteng strata were identified for the focus groups. Based on the initial sampling 24 respondents based in Gauteng were identified for the focus groups. The respondents were split into four groups, one of which formed the focus group for the pilot study. There were 80 respondents identified using the sampling method discussed in clause **Error! Reference source not found.** to receive questionnaires.

3.3 Data collection

3.3.1 Questionnaire to collect quantitative data

A questionnaire was developed based on the literature review and is included in Annexure G. It was sent out to the sample using the Qualtrics IT software from the University of Pretoria. Included in the questionnaire was a sector for respondents to provide a narrative. Although the questionnaire was sent from an electronic link, the Qualtrics IT software provided protection of privacy, anonymity and confidentiality for

the respondents. Responses were automatically captured on the Qualtrics programme's central data base.

3.3.2 Focus group interviews to collect qualitative data

There were four focus group interviews to collect qualitative data. Research has found that focus groups are advantageous in that they allow a researcher to obtain multiple perspectives and responses on a specific topic (Greeff, 2012:361). Focus groups of between 4-8 members created optimal opportunities to enhance participation (Liamputtong, 2011:43), therefore each focus group consisted out of 6 participants in the form of EWP/EAP affiliates within Gauteng. The focus groups were facilitated by the researcher, a research assistant and a qualified social worker, all of whom took notes during the sessions. However the main role of the research assistant was to observe non-verbal communication during the focus group sessions.

In order to aid the discussion within the focus groups, questions were compiled based on the literature review. Each session ran for approximately an hour to an hour and a half, and a recording device was used to record the sessions with permission from the participants. The recordings were transcribed by the researcher after each session. Session notes were taken during the sessions and refined after each group. Notes were also taken whilst reading the recording transcriptions. The transcriptions, session notes and memos were scanned and saved electronically. All handwritten notes are saved and stored securely. Both the electronic and hardcopy versions of the sessions were submitted to the University of Pretoria for safe storage, where there will be kept for a period of 15 years in accordance with all of the University of Pretoria's data storage policies.

3.3.3 Triangulation

Triangulation for data analysis was used to incorporate the questionnaire, narrative and focus group interviews during data analysis. The process of triangulation required that the mixed method data analysis took into consideration trustworthiness for the qualitative data analysis and validity and reliability for the quantitative data analysis.

The researcher enhanced trustworthiness and credibility of the findings during data analysis by making use of triangulation. Analysing various data sources separately enhanced trustworthiness (Shalin, 2014:220). Trustworthiness was enhanced through a number of methods. Including the selection of the most appropriate research method to answer the research question; selecting an adequate sample size obtaining sufficient data; choosing a sampling design that allowed the researcher to make scientific conclusions; and adhering to ethical guidelines (Hesse-Biber, 2010:54-55). The researcher collected and analysed persuasively and rigorously both qualitative and quantitative data based on the research topic making use of triangulation (Hall, 2008:78).

3.4 Qualitative Data analysis

Qualitative data obtained from the focus group interviews and narrative within the questionnaires was analysed. The primary aim of describing the experiences and perceptions of the research participants namely the EWP/EAP affiliates was analysed (Guest, MacQueen & Namey, 2012:11).

In order to analyse and interpret the qualitative data the researcher read the transcriptions drawn up from the recordings made with the digital recorder during the focus group interviews. The participant observation field notes, memos and narrative at the end of the questionnaire were qualitatively analysed. The researcher generated categories, themes and patterns from the transcripts.

The emergent understandings from the analysis were tested with literature given that possible alternative explanations of what were identified were explored. The researcher made use of simultaneous coding using both descriptive codes to identify themes and process codes to analyse similar perceptions around best practice substance abuse management. Simultaneous data analysis assisted the researcher to explore meaning, identified the purpose of pattern detection if any, categorisation and built potential findings of best practice for substance abuse management. The researcher used descriptive codes to highlight similar models perceived as best practice both from the focus group transcriptions and the narrative in the questionnaire (Saldana, 2013:4-6).

The researcher remained aware that the chosen first cycle codes potentially needed to be re-assessed during the data analysis process. The researcher made use of a second cycle of coding to rearrange or reclassify the coded data where it was needed. The outcome of the coding process identified themes. The researcher used a manual process (Saldana, 2013:11). Thematic data analysis was used for the qualitative data analysis. The researcher was guided by the various themes that were identified in order to meet the research goal and objectives (Ross, 2012:191).

Trustworthiness of qualitative data

Trustworthiness of qualitative data related to considerations towards the creditability, transferability, dependability and confirmability of the data (Lincoln & Guba, 1985 in Heppner, Wampold & Kivlighan, 2007:294). Data was held separately until it was analysed as a whole at the end of the study to enhance trustworthiness. The qualitative data obtained during the focus group interviews was kept and analysed separately from the narrative qualitative data on the questionnaire and the quantitative data on the questionnaire. The sampling method for the study ensured that participants were sourced across South Africa and not just from one area which enhanced the trustworthiness of the qualitative data (Shalin, 2014:220).

Credibility was enhanced by checking participant's dialogue and the meaning they attach thereto during the focus group interviews. The researcher facilitated the focus group sessions to create a platform for participants to confirm that their words mean what they intended. A clear unambiguous description of the study was provided to the participants at the outset to enhance credibility (Shalin, 2014:503).

- **Transferability of qualitative data**

In order to enhance trustworthiness in the form of transferability, there had to be a possibility to apply the findings of the research to other contexts under similar conditions. The researcher took steps to enhance transferability for this study by compiling detailed information regarding the study in order for this information to be made available to be applied to other contexts under similar conditions (Shalin, 2014:503).

- **Dependability of qualitative data**

The researcher enhanced trustworthiness through dependability. The researcher consistently worked towards maintaining a level of dependability by documenting the research process concisely. The researcher also documented any changes that occurred and how that may potentially affect how the researcher approached the study (Shalin, 2014:503).

- **Confirmability of qualitative data**

Trustworthiness can be enhanced through confirmability. Confirmability was measured in relation to the degree to which the data was corroborated by others. The researcher demonstrated how the findings were derived from data collected from the participants for the qualitative data and not from preconceptions (Shalin, 2014:503).

3.5 Quantitative Data analysis

The quantitative data collected from the questionnaires was analysed.

In order to analyse and interpret the quantitative data the researcher made use of the Qualtrics IT software. The Qualtrics IT software automatically captured the data from the online survey. Thereafter the software analysed all responses received. The researcher then incorporated thematic data analysis. Thematic data analysis was used in order to work within the framework of the research goal and objectives (Ross, 2012:191). The responses and subsequent analysis was directly saved onto a central data base at the University of Pretoria.

The researcher remained mindful within the study that reliability did not ensure validity (Rubin & Babbie, 2009:87). Reliability and validity was required for the quantitative data obtained.

- **Reliability of quantitative data**

Reliability was a function of consistency. The researcher enhanced reliability through consistent application of the quantitative data collection and analysis methods. The researcher provided transparent data to reflect the quantitative data findings based on data collected from respondents who were selected through the consistent sampling method relevant to the study (Rubin & Babbie, 2009:88).

- **Validity of quantitative data**

The researcher enhanced construct validity through the use of triangulation as it called on multiple sources of data for the study under investigation. Validity was proven when the findings of the research could be applied to a purpose (Rubin & Babie, 2009:90). External and internal validity was enhanced by looking at the findings of the study and made generalisations compared with existing research (Shalin, 2014:484).

3.6 Pilot study

In order to maximise validity the researcher conducted a pilot study. Six participants for the focus group and two respondents for the questionnaire were selected amongst the ICAS EWP/EAP affiliate network using the sampling techniques mentioned earlier.

The first six EWP/EAP affiliates who responded positively to volunteer for the focus group interview pilot study were selected. The first two EWP/EAP affiliates who responded positively to complete the questionnaire was included in the pilot study.

The pilot study participants were provided with a consent letter to sign. They were also informed that the data collected would be included in the main study findings. The pilot study focus group interview took place at the ICAS Johannesburg premises. The two respondents were sent the questionnaire for completion.

The pilot study participants were asked to provide feedback regarding the focus group interview, the interview schedule and the questionnaire. The feedback provided informed the researcher whether the research design achieved what it intended to. Feedback was invited to create an opportunity to adjust the research design pending the outcome of the pilot study if necessary. As the pilot study achieved its goals and no issues were identified, the focus group interview schedule and the questionnaire remained unchanged.

3.7 Ethical considerations

The researcher remained mindful of all ethical considerations within the study under investigation. The ethical considerations identified the principles and guidelines the researcher adhered to in order to determine and uphold to what is morally justifiable. The researcher had ethical responsibilities towards the respondents, participants and non-human aspects that participated and responded within the study under investigation. The researcher had a responsibility to the discipline of social work and remained accurate and honest in the reporting of the research (Gravetter & Forzano, 2003:60).

Avoidance of harm

The researcher prevented physical or emotional harm as far as possible by ensuring the focus group interviews took place within a safe and confidential setting at the ICAS Johannesburg premises. Emotional harm was prevented as far as possible within the questionnaires through a thorough literature study and concise questions. The researcher made provision for debriefing sessions with all participants.

There was a possibility of harm given that interaction with human participants and respondents took place during the study under investigation. If the researcher observed signs of harm prompt action would have been taken by offering counselling support services. This was set out in the informed consent letter.

Voluntary participation

The researcher established contact with EWP/EAP affiliate participants and respondents, who responded electronically that he or she was willing to engage in the research. The participants and respondents were informed that their participation and response within the study remained voluntary. The researcher

reminded the EWP/EAP affiliates that they may at any time withdraw from the study. Voluntary participation was clarified within the informed consent letters which each of the participants and respondents received. The researcher explained to participants and respondents that participation or non-participation would not advantage or disadvantage them as EWP/EAP affiliates (Rubin & Babbie, 2005:71, Babbie 2007:63).

Informed consent

The researcher drew up two thorough informed consent letters where the participants and respondents were made aware of potential risks. The participants and respondents were informed of an opportunity to withdraw from the research under review at any point. The voluntary nature of participation was highlighted. Information was handled by using a coding system to protect confidentiality. The informed consent letters and questionnaires were not put together. This prevented similar handwritings being identified, potentially affecting confidentiality.

Each participant was offered a debriefing session. The researcher used the debriefing session to clarify any misconceptions and confirmed understanding. The debriefing sessions were also used to identify any potential harm that needed to be addressed by counselling interventions. The informed consent letter alerted participants of compensation that will be offered to cover travel costs following the AA rates to participate in the focus groups. This was offered to EWP/EAP affiliate participants required to travel to ICAS Johannesburg premises for the focus group interviews.

Deception of participants and respondents

Potential deception of the participants and respondents was prevented through open and clear discussions regarding the goal of the study under investigation. The informed consent letters was specific highlighting the possibility of emotional harm and limitations of the study. The researcher communicated these steps clearly to demonstrate how the breach of this principle of deception was prevented as far as possible.

Deception was prevented as the researcher did not withhold information (Yegidis & Weinbach, 1996:34; Morris, 2006:246; Babbie 2007:67).

Privacy, anonymity and confidentiality

The researcher allowed each participant and respondent the right to decide to whom they will disclose information through the informed consent letters and promoted voluntary participation. Privacy, anonymity and confidentiality were enhanced by distributing the questionnaires to the respondents electronically making use of Qualtrics IT software available from the University of Pretoria for the study under investigation. On completion the questionnaire was automatically submitted with the data captured on the Qualtrics central data base.

During the focus group interviews the researcher was mindful that the participants were known to the researcher. The researcher discussed with the participants that the researcher handled the information in a confidential manner. The participants within the focus group interviews were informed that the focus group interview were to be recorded using a digital recorder.

The participants were requested not to refer to each other by name during the focus group interviews. Where this occurred the researcher ensured during transcription that each participant was given a number and not a name using a coding system. The coding system was explained to the participants. The coding system protected confidentiality (Babbie, 2007:64; Grinnell & Unrau 2008:37).

The researcher acted with the necessary sensitivity to safeguard confidentiality by using coding systems for both qualitative and quantitative data. Participants and respondents were informed of the coding system that was used. The researcher hereby had measures in place to prevent violation of privacy and confidentiality. Anonymity could not be ensured as there was face to face contact during the focus group interviews and names were made known to the researcher and research assistant using the ICAS EWP/EAP affiliate network of 720 EWP/EAP affiliate contact details. Anonymity was explained and discussed with the participants and respondents (Morris, 2006:246; Babbie, 2007:67).

Compensation

The researcher did not offer compensation to the participants or respondents within the study as an incentive to participate in the study under review. The only form of compensation paid was through reimbursement of travel to the ICAS offices for the focus groups at the AA rate per kilometre. Compensation was clarified in the informed consent letter (Strydom, 2012:122).

Cooperation with contributors and sponsors

A written agreement between the researcher and ICAS was drafted which clarified that ICAS was not financially responsible for the study. The agreement highlighted the authorisation provided for the researcher to conduct the research by making use of the ICAS EWP/EAP affiliate network. This formal written contract avoided any misunderstandings between ICAS and the researcher.

3.8 Limitations

Limitations were identified within the study. Through further research and execution of the proposed study some of these limitations or unanswered questions became more focused.

3.8.1 Current research limitations

Best practice was seen as an acknowledged standard or level of service agreed upon in the professional industry. As such an agreement did not exist in South Africa it was difficult to motivate. The chosen practices differed as well as the presenting substance abuse challenges of the clients. This impacted on third party referrals that were or were not made (Stephens, Scott & Muck, 2012:163). Differing EWP/EAP affiliate preferences attributed to different substance abuse practices used by different EWP/EAP affiliates. This limitation was addressed by comparing the data on outcomes where similar practices were used by EWP/EAP affiliates.

3.8.2 Methodological limitations

The researcher identified a number of potential methodological limitations with regards to the study under investigation. These methodological limitations are set out below:

Lack of prior research studies on the topic

Best practice was seen as a concept, technique, methodology or solution proving to be reliable in achieving a desired objective through best available knowledge (Chui & Wilson, 2006:1; Rabaiah, 2010 in Vandijck & Musa, 2010:58).

There was no current research available to define best practices for substance abuse management by EWP/EAP affiliates in South Africa. This limitation in its own right motivated further research on the proposed topic.

Stratum for focus group participants

The researcher was not in a position to conduct focus group interviews with EWP/EAP affiliates across South Africa. Due to this limitation the study was limited to the stratum for the focus group participants within Gauteng only. The researcher was aware that there might have been EWP/EAP affiliates in Gauteng who had resided in other provinces of South Africa prior to the research being conducted and would therefore some of their responses would be based on prior experiences.

Self-reported data limitations

Self-reported data is a limitation as it can rarely be independently verified. The responses during the focus groups and from the questionnaire have to be taken at face value. The self-reported data may have contained several potential sources of bias as well as other factors such as selective memory, telescoping, attribution and exaggerations (Bynner & Stribley, 2010:152).

3.8.3 Limitations related to the researcher

The researcher did not have direct access to the EWP/EAP affiliate network. Access to the affiliates was sourced through ICAS. ICAS assisted by sending consent requests to their EWP/EAP affiliate network. Similarly, the researcher did not have unlimited time within which to conduct the research. The study must be completed during 2017.

3.9 Results and key findings

The results highlighted in this section provide insight into the possible best practices for substance abuse management, based on information obtained from EWP/EAP affiliates. The data will be presented in line with the research methodology used, i.e. qualitative and quantitative research methods.

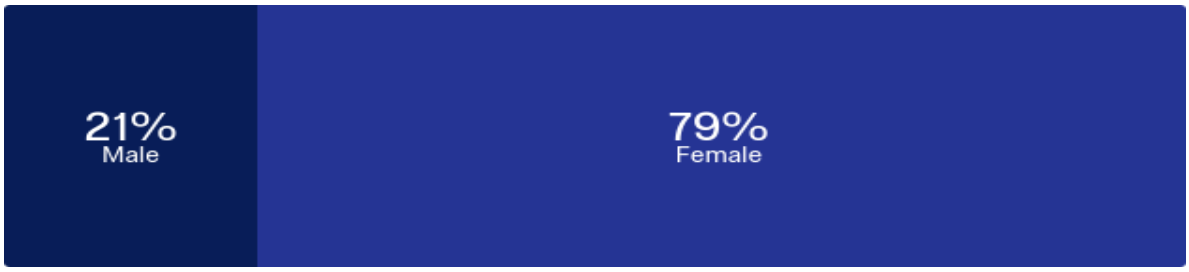
3.9.1 Quantitative results: Survey

The electronic survey was set out in 6 different sections, demographic and general information, content, perceptions, practices, strengths and challenges. The data is presented for each section as follows:

3.9.1.1 Section A: Demographical and general information

Question 1: Gender of the respondents

Figure 1: Gender (N=42)

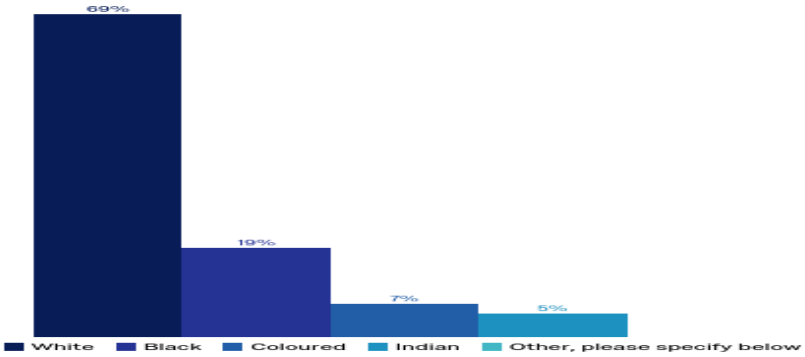


Discussion of data

From a total of 42 survey respondents, females (79%) formed the majority. This may be attributed to the gender makeup of the profession of Social Work, Psychology and Registered Counsellors. Research shows that women in South Africa are largely represented in nurturing professions in the health sectors as opposed to their male counterparts. This includes Social Workers, Psychologist and Auxiliary Workers (Van der Westhuizen & Wessels, 2010:174).

Question 2: Ethnicity of the respondents

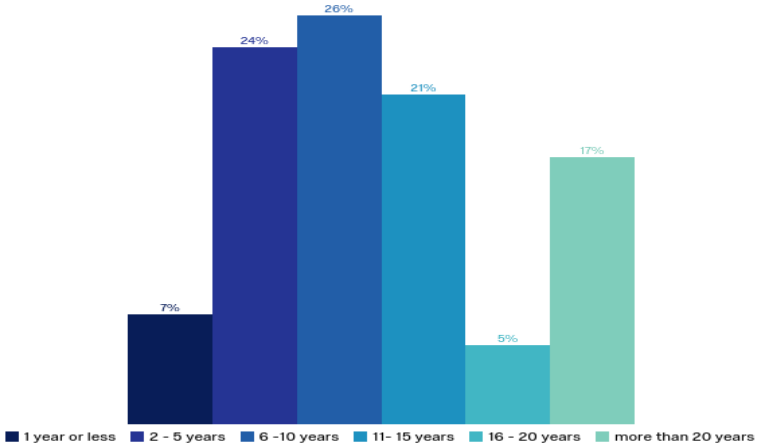
Figure 2: Ethnicity (N=42)



The majority of Respondents were white (69%) with the least Respondents being Indian (5%). This ethnicity representation of the Respondents is not representative of recent South African ethnicity statistics. South African statistics shows the distribution being Africans (80.3%), Coloured (8.7%), Whites (8.4%) and Indians (2.6%) (Statistics South Africa, 2014:3). Therefore the White, Coloured and Indian populations are over represented. The disparity may be attributed to education being structured along racial and language lines prior to 1994 in South Africa which may have impacted on the ethnical makeup of the respondents (Makhanya & Botha. 2015 in Blessinger & Anchan, 2015:126).

Question 3: Years of experience

Figure 3: Years of experience (N=42)

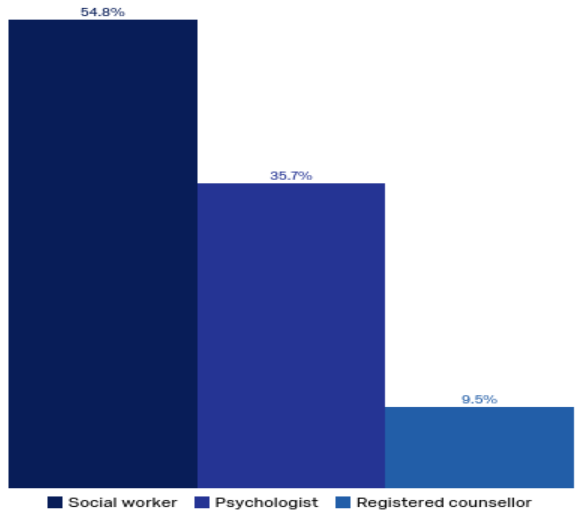


The majority of Respondents had between 6-10 years of experience (26%) with substance abuse practices within the EWP/EAP framework. This is representative of recent research findings for the past decade. EWP/EAP service providers have been found to have gained more momentum over the last decade in relation to substance abuse management practices as demanded by client organisations (Maiden, 2014:14-15). It therefore makes sense that EWP/EAP service providers

would have focussed on EWP/EAP affiliate professionals with the desired skillset over this timeframe with a focus on substance abuse practices.

Question 4: Profession

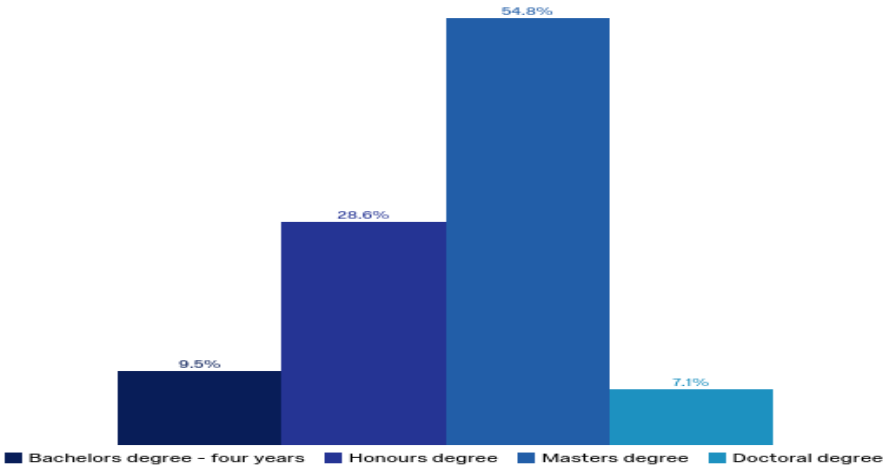
Figure 4: Profession (N=42)



Social workers made up for the most Respondents (54.8%). Currently EWP/EAP affiliate networks comprises out of multidisciplinary teams including social workers, psychologists and registered counsellors. Previously social workers were referred to as the discipline of choice for EWP/EAP affiliates. This explains the higher distribution of Social Workers as opposed to Psychologist and Registered Counsellors amongst Respondents (Jacobson & Hosford-Lamb, 2008:18-19).

Question 5: Highest level of qualification

Figure 5: Highest qualification (N=42)

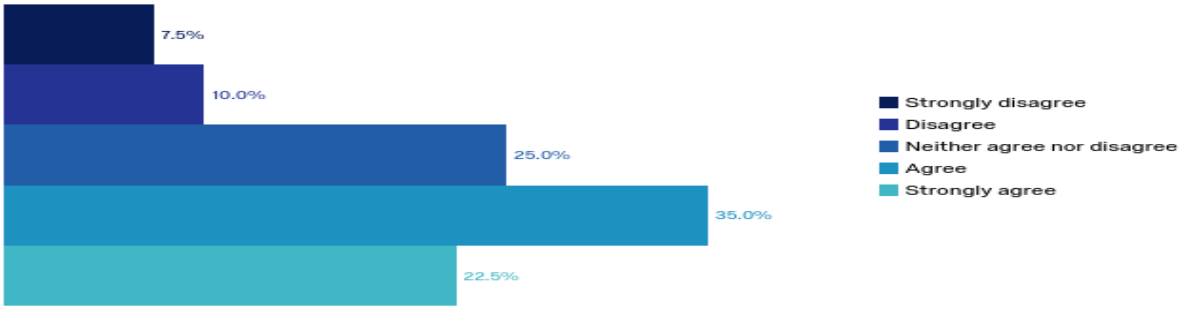


The majority of Respondents had obtained Masters Degrees (54.8%) whilst only (7.1%) obtained a Doctoral Degree. When industries grow the skill requirements also evolve. The value of a service is often determined by the quality, experience and qualification of the professional providing the services. Research found that professionals will change in response to worker or organisational needs (Maiden, 2013:103). This is proven by the higher percentages of Respondents with post graduate qualifications within this study. Further support is found within research for hiring professionals with a specified skillset. The likelihood of selecting a higher qualified candidate may be attributed to avoiding costly litigation as well as ensuring job related abilities. These factors in turn may enhance the services and outcomes (Vance & Paik, 2015:211).

3.9.1.2 Section B: Content

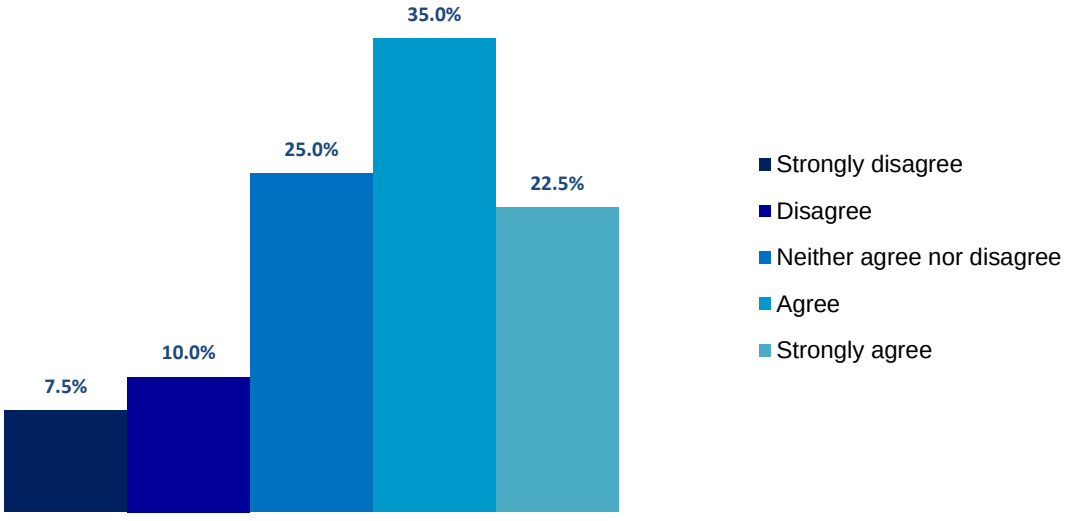
The aim of the questions in this section was to explore and describe the content for best practice substance abuse management.

Figure 6: Content (6.1 N=40; 6.2 N=41; 6.3 N=41; 6.4 N=42)



The majority of respondents strongly agreed that aftercare support (85.7%) forms an integral part of best practices for substance abuse followed by holistic approaches to enlist support (82.9%); relapse prevention strategies (73.2%); and lastly inclusion of predetermined modules (22.5%).

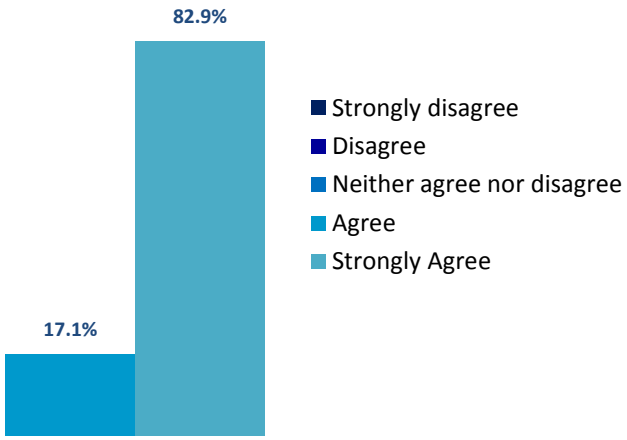
Figure 6.1 Consistent application (N=40)



The least number of respondents strongly agreed that a predetermined module (22.5%) should form part of the content for best practice substance abuse management.

Question 6.2:

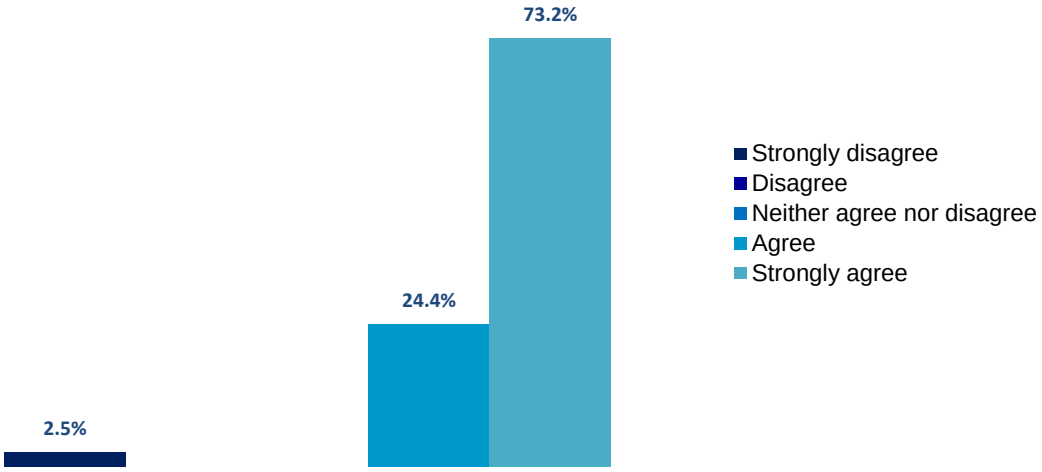
Figure 6.2 Holistic approaches (N=41)



For the statement “Holistic approaches enlisting support from doctors, psychiatrist, rehabilitation facilities and support groups forms part of best practices for substance abuse”, the responses was very skewed towards strongly agree or agree. 82.9% strongly agreed with the statement. No respondent disagreed with the statement.

Question 6.3: Inclusion of relapse prevention strategies forms part of best practices for substance abuse management.

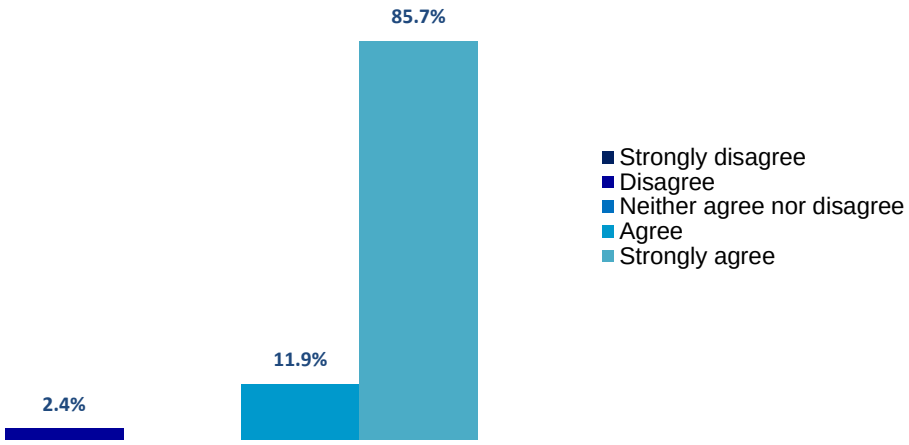
Figure 6.3 (N=41)



Respondents strongly agreed that relapse prevention strategies (73.2%) should form part of the content for best practice substance abuse management. These results concur with research finding that proactive approaches by EWP/EAP professionals are required during substance interventions for relapse prevention (Maiden, 2013:155).

Question 6.4: Aftercare support forms an integral part in best practices for substance abuse practices.

Figure 6.4 (N=42)



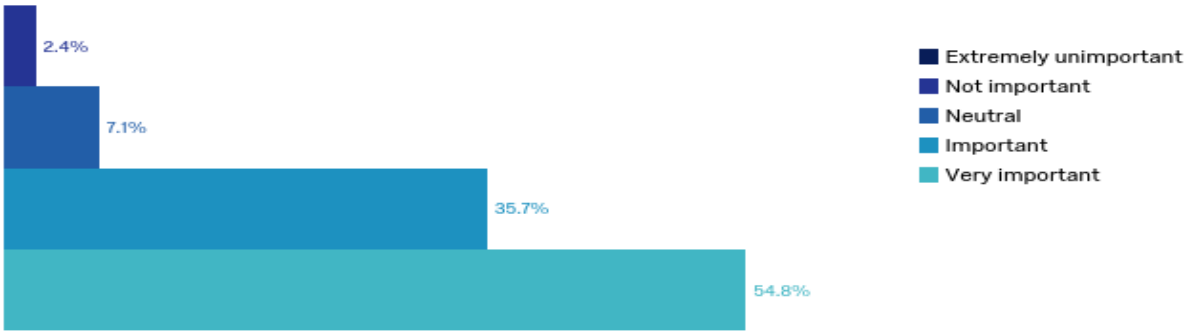
The majority of respondents strongly agreed that aftercare support (85.7%) should form part of the content for best practices for substance abuse management. Expansion of traditional EWP/EAP services has become important. This expansion on traditional EWP/EAP services is to provide aftercare services within the EWP/EAP framework as substance abuse is a chronic condition requiring long term support (Maiden, 2013:155). The findings are also in agreement with other studies who found long term changes for substance abusers in cognitive functioning. Aftercare support creates opportunity to harness these changes to develop positive coping mechanism over longer timeframes (Miller, Strang & Miller, 2010:240).

3.9.1.3 Section C: Perceptions

The purpose of Section 3 was to explore the perceptions about best practices for substance abuse management by the EWP/EAP affiliates.

Question 7: Perceptions of best practices

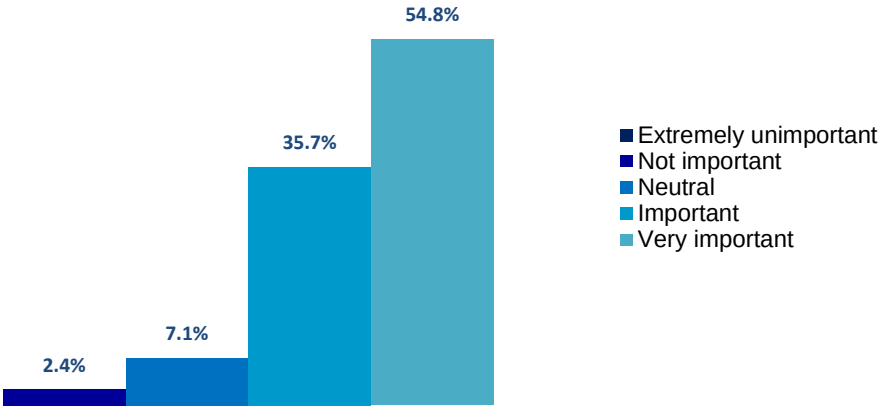
Figure 7: Perceptions (N=42)



The majority of respondents' (54.8%) perceptions indicated that they felt it was very important to have clear communication; clear understanding of EWP framework; alignment of substance abuse practices with EWP framework; solution focussed interventions; and a strong working relationship with the EWP as part of best practices.

Question 7.1: Clear communication of EWP framework and strategy forms part of best practices for substance abuse management.

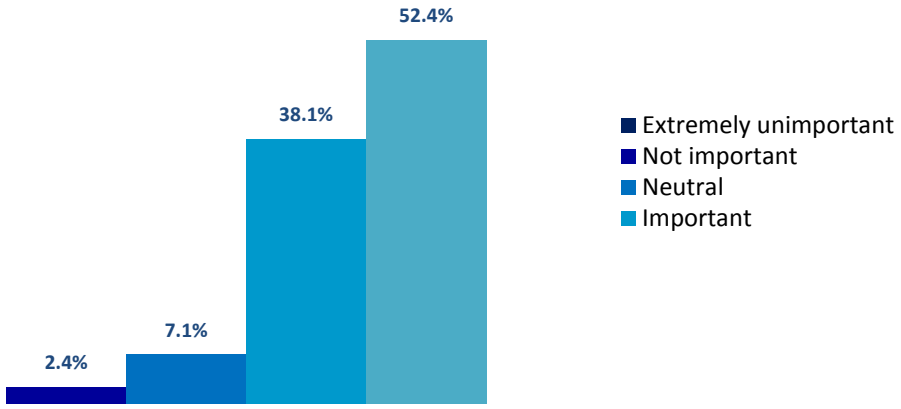
Figure 7.1 (N=42)



Majority of respondents (54.8%) perceived clear communication of EWP framework and strategy as very important to be part of best practices. Research supports this as communication within organisations is used to share information and resources amongst networks. Strategy and organisational framework are influenced through organisations communication. In order to have a persuasive strategy, communication is vital. Communication of frameworks and strategies are found to influence knowledge and compliance within organisational networks (Harrison & Williams, 2015:205, 252, 319 and 367).

Question 7.2: A clear understanding of the EWP framework should be cultivated for best practices for substance abuse management.

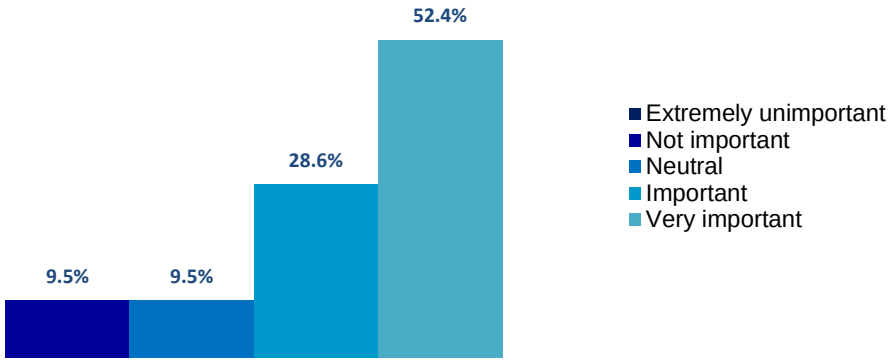
Figure 7.2 (N=42)



Cultivating a clear understanding of the EWP framework was perceived to be very important by 52.4% of the respondents. The data obtained is in agreement with other studies which have shown that an understanding of the framework is required for comprehensive evaluation. A clear understanding of the EWP framework places the EWP/EAP affiliate in a position to evaluate effort, outcome, adequacy, efficiency and process (Feit & Holosko, 2012:151). However, a limitation of this finding is the limited available research on how to cultivate EWP/EAP affiliates understanding of the framework.

Question 7.3: Chosen substance abuse management practices should be aligned with the EWP framework and strategy.

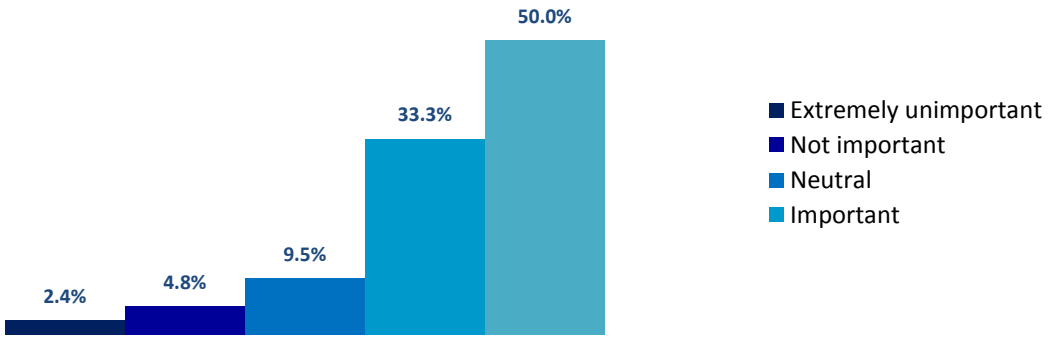
Figure 7.3 (N=42)



The perception of 52.4% of respondents was that aligning their chosen substance abuse management practices with the EWP framework and strategy was very important. The data supports recent research indicating that alignment creates opportunities for clinical professionals to "incorporate themselves in the solutions" (Kant, 2014 in Martinez & Fleck-Henderson, 2014:42). Of note is that there were 9.5% respondents who felt that alignment was not important. Research warns against networks that are not aligned with organisations. The lack of alignment hinders maximisation of value and hampers solving troublesome problems (Sharar, 2008:59).

Question 7.4: Solution focussed substance abuse management interventions as part of the EWP framework should outline best practices for substance abuse management.

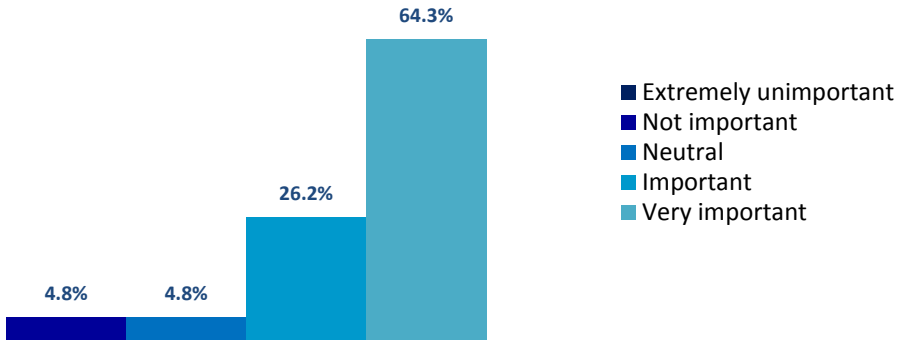
Figure 7.4 (N=42)



50% of the respondents perceived that it is very important for solution focussed substance abuse practices to outline best practices. There were also 2.4% of respondents who indicated that it is extremely unimportant for solution focussed substance abuse management interventions to outline best practices. These contradictory findings may have an important impact on the effectiveness of chosen substance abuse practices. Research found that a good alliance can "predict ultimate treatment outcomes". The lack of alliance may result in ineffective therapy (Isabaert, 2016:28-32). The Respondents' perceptions towards solution focussed practices and their substance abuse intervention can therefore directly impact treatment outcomes.

Question 7.5: A close working relationship between me as EWP/EAP affiliate, the EWP/EAP case manager, EWP/EAP service provider and all third parties for holistic interventions are required for best practices in substance abuse management practices.

Figure 7.5 (N=42)



The majority of Respondents felt it was very important to cultivate a close working relationship between all parties involved within the EWP/EAP framework for best practices (64.3%) followed by Respondents who felt it was important (26.2%). Strong support is indicated within the data. There were Respondents who felt that it was not important (4.8%) to do so. Networking is outlined as one of the core technologies by the Standards Committee of EAPA-SA (2015:1). Networking has been found to have a number of positive outcomes within the EWP/EAP field. Emphasis has been placed on EWP/EWP programs offering a complete multidisciplinary team.

The EWP/EAP affiliates form part of this multidisciplinary team. United participation amongst professionals has been proven to contribute towards quality improvement within the EWP/EAP field (Winston & Winegar, 2014:102). This supports the data under consideration. Furthermore cross functional teams are encouraged to be in contact to discuss open cases, with client's consent, to enhance EWP/EAP treatment outcomes (Winston & Winegar, 2014:64).

The Respondents (4.8%) who felt it is not important highlights a need for best practices for substance abuse management within the EWP/EAP field to be available. Consideration should be given to the limitation of this study not exploring the reasoning behind the EWP/EAP affiliates perception. Investigations have found that poor communication and lack of team work impact on the EWP/EAP programme outcomes (Johnson-Faniel, 2011:132).

3.9.1.4 Section D: Practices

The aim of Section 4 was to explore the perceptions about existing substance abuse intervention practices to inform best practices for substance abuse management by EWP/EAP affiliates.

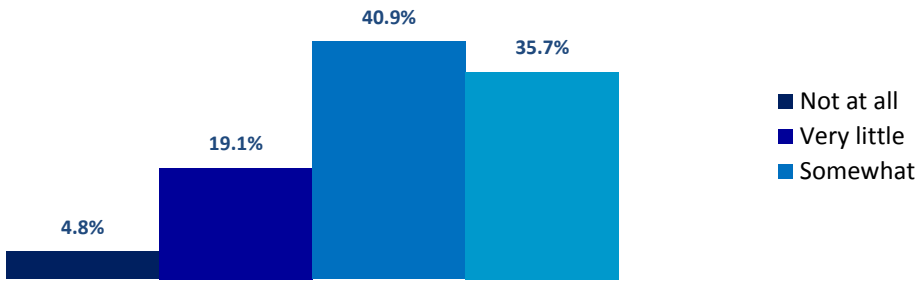
Question 8: Exploring best practice

Figure 8: Exploring best practice (8.1 N=42; 8.2 N=42; 8.3 N=42; 8.4 N=41; 8.5=40)

The data set indicates that the Respondents perceive themselves as making use of existing practices (to a great extend 35.7% and somewhat 40.5%). With fewer Respondents not making use of existing practices stated in the study (very little 19.0% and not at all 4.8%).

Question 8.1: Do you make use of the assertive community treatment or intensive case management practices; this practice entails a high level of coordination. Specialised services are enlisted from third parties. Complex service systems are promoted for a holistic approach and the EWP/EAP affiliate supports additional client involvement.

Figure 8.1 (N=42)

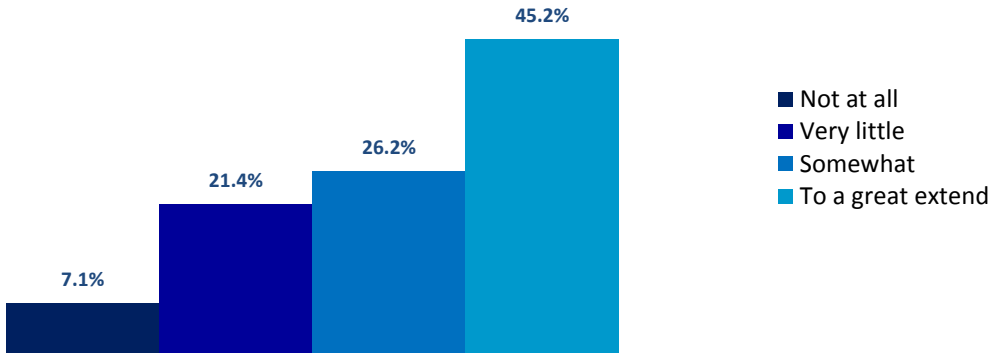


The data revealed that Respondents make use of the assertive community treatment or intensive case management practices (40.9%) somewhat and (35.7%) to a great extent. This corresponds with research postulating the intensive case management practices as ensuring the most intensive treatment at the lowest cost without sacrificing the quality of the intervention within the EWP/EAP framework especially for substance abuse management (Feit & Holosko, 2012:238).

There are however Respondents who indicated that they do not make us of it as much, very little (19.1) and not at all (4.8%). This again is supported by recent research. Research warns us that accountability of professionals is not yet at the desired sophisticated level with regards to case management practices (Feit & Holosko, 2012:238).

Question 8.2: Do you make use of the clinical or rehabilitation model; this model relates to assertive outreach and direct EWP/EAP counselling services. The model involves a team comprising out of a case manager and an EWP/EAP affiliate and all other relevant health professionals. As the client's problem severity increases the resources decreases to become more focussed.

Figure 8.2 (N=42)

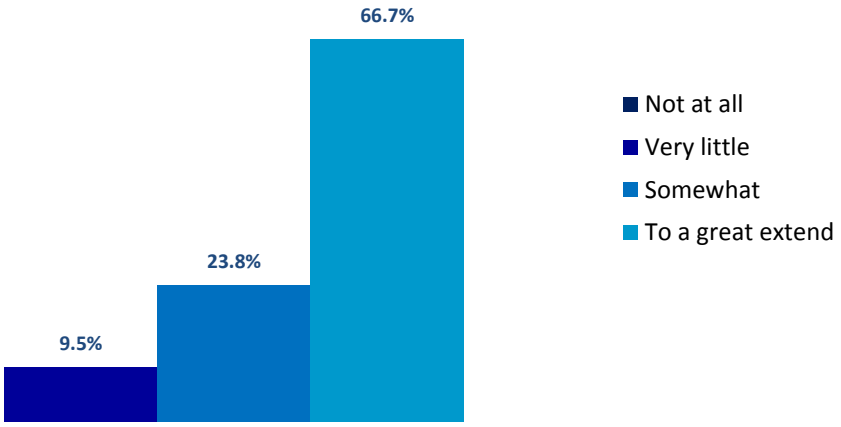


The data shows strong support to make use of the clinical or rehabilitation model. The majority of Respondents make use of the clinical or rehabilitation model with (45.2%) to a great extent and (26.2%) somewhat. The data is in line with current research. Involving rehabilitation services where clinically needed has been found to be important to enhance joint professional participation whilst improving the quality of the intervention (Winston & Winegar, 2014:102).

The data also shows Respondents who indicated that they make use of the clinical or rehabilitation model either very little (21.4%) or not at all (7.1%). This could raise concern. Rehabilitation may not always be required. However the EWP/EAP programmes assist with high numbers of substance abuse cases. The likelihood of never coming across a case requiring rehabilitation is low. Rehabilitation has been found to be an essential multifaceted practice entailing all facets of human functioning (McPherson, Gibson & Leplege, 2015:9).

Question 8.3: Do you make use of the strength-based case management model; this substance abuse management practice entails a focus on the client's strength, self-direction and informal help networks as opposed to pure professional networks. The EWP/EAP affiliate's role reduces whilst the client is the responsible and primary decision maker.

Figure 8.3 (N=42)

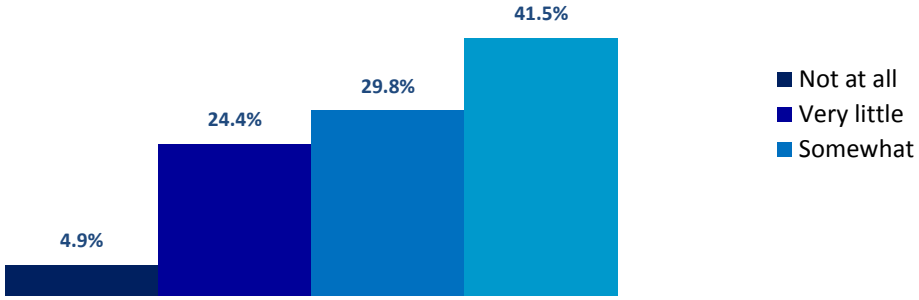


The data reassuringly reflects that the majority of Respondents (66.7%) to a great extent and (23.8%) somewhat make use of the strength-based case management model forming the core of EWP/EAP interventions. "A strength-based, solution-focussed, empowerment-orientated, ecological program model is more relevant for the diverse needs of employees" (Van den Berg, 2000:1). Solution focussed models are recommended to be used by EWP/EAP service providers to address employee needs (Richard, Emener & Hutchison 2014:177).

As can be seen from the graph at figure 8 there are Respondents making (9.5%) very little use of this fundamental model. Reassuringly though the graph shows that none of the Respondents is not using this practice at all.

Question 8.4: Do you make use of the behavioural treatment model; this model identifies specific risks and solutions for individuals. This model is opposed to generic treatment. The model introduces drug refusal and coping to individuals with a focus on relapse prevention.

Figure 8.4 (N=41)

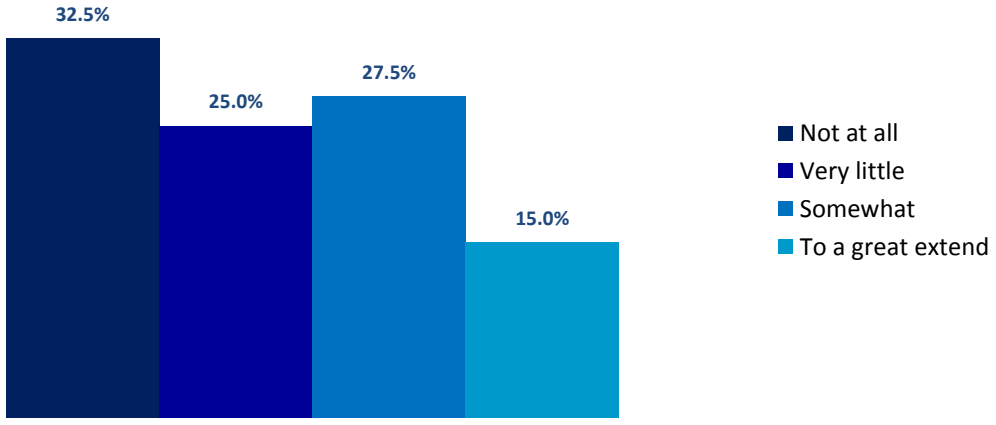


The data shows that the majority of Respondents (41.5%) to a great extent and (29.8%) somewhat make use of the behavioural treatment model. Behavioural treatment model is effective to identify the tipping points for change (McPherson, Gibson & Leplege, 2015:263).

Interestingly the data depicts that there are Respondents who uses the model (24.4%) very little or (4.9%) not at all. Research suggests breaking down intricate social behaviours into components to assist clients to develop new skills (Bellack, Bennett & Gearson, 2013:22). Research states that behavioural therapy can only be applied if the client recognises that they have a problem (Hall, Wasserman & Havassy, 1991 in Bellack, Bennett & Gearson, 2013:22). This could explain why many Respondents are not making use of this model.

Question 8.5: Do you make use of Gabbard's substance abuse management model; the model involves relapse prevention and harm reduction strategies. Drug refusal skills and enhancement of social networks are promoted. Soliciting telephonic support from a designated support person is provided as a resource for "high risk" events. Participation in "healthy pleasures" in a group setting is promoted.

Figure 8.5 (N=40)



Fewer of the Respondents make use of Gabbard's substance abuse managed model (15.0%) to a great extent and (27.5%) somewhat. The majority of Respondents make use of this model (32.5%) not at all or (25.0%) very little. Gabbard's brief therapy is found to be most effective where the client does not present with more severe or a combination of psychodynamic challenges. Candidates with more complex challenges may benefit more from longer term

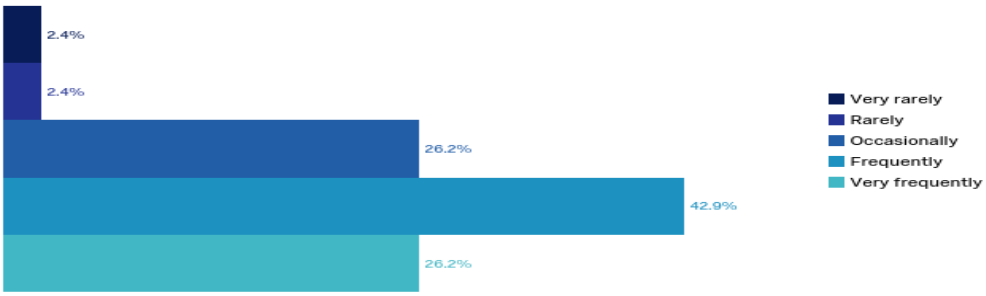
approaches (Gabbard, 2014:235). This supports the divide amongst Respondents in using this model given the importance of only implementing the module when most appropriate for the client.

3.9.1.5 Section E: Strengths and challenges

The purpose of Section 5 was to identify strengths and challenges within substance abuse management practices from EWP/EAP affiliates perspectives.

Question 9: Strengths and Challenges

Figure 9: Strengths and Challenges



Respondents very frequently (42.9%) experienced strengths and challenges within their chosen practices. Very rarely (2.4%) did it occur where strengths and challenges were not experienced.

Table 9: Strengths and challenges

Question 9	Very rarely %	Count	Rarely %	Count	Occasionally %	Count	Frequently %	Count	Very frequently %	Count	Total
9.1 Change strategies are identified.	2.4%	1	2.4%	1	26.2%	11	42.9%	18	26.2%	11	42
9.2 Ambivalence is resolved.	2.4%	1	7.3%	3	26.8%	11	53.7%	22	9.8%	4	41
9.3 Client carry out and are compliant with solution focussed goals and strategies.	2.4%	1	9.8%	4	39.0%	16	34.2%	14	14.6%	6	41
9.4 Costs and benefits of change are learnt.	0.0%	0	9.5%	4	28.6%	12	42.9%	18	19.1%	8	42
9.5 Change is reinforced through maintaining motivation to continue on a path of recovery.	2.4%	1	4.8%	2	19.1%	8	42.9%	18	30.9%	13	42
9.6 Risk of harm is reduced.	2.4%	1	2.4%	1	14.3%	6	69.1%	29	11.9%	5	42
9.7 Goals are set and solidified.	2.4%	1	0.0%	0	19.1%	8	47.6%	20	30.9%	13	42
9.8 Client accepts responsibility for own recovery.	0.0%	0	9.5%	4	19.1%	8	38.1%	16	33.3%	14	42
9.9 Clients are prepared for relapses.	0.0%	0	7.1%	3	16.7%	7	45.2%	19	30.9%	13	42
9.10 Support networks are re-established.	0.0%	0	0.0%	0	2.4%	1	64.3%	27	33.3%	14	42
9.11 Lack of commitment to treatment goals.	0.0%	0	14.3%	6	30.9%	13	40.5%	17	14.3%	6	42
9.12 Non-compliant or disruptive clients.	2.4%	1	21.4%	9	35.7%	15	30.9%	13	9.5%	4	42
9.13 Limited or non-existing support structures.	0.0%	0	17.1%	7	31.7%	13	41.5%	17	9.8%	4	41
9.14 Limited third party holistic intervention resources.	0.0%	0	21.9%	9	26.8%	11	29.3%	12	21.9%	9	41
9.15 Dishonestly regarding substance abuse challenges by client.	0.0%	0	7.3%	3	26.8%	11	34.2%	14	31.7%	13	41
9.16 Client's present with multiple pathologies.	9.5%	4	4.8%	2	19.1%	8	38.1%	16	28.6%	12	42
9.17 Client's unwillingness to consider lifestyle changes or adherence to treatment requirements.	7.1%	3	11.9%	5	23.8%	10	45.2%	19	11.9%	5	42
9.18 Clients face conflicting mandates from different role players.	7.3%	3	14.6%	6	36.6%	15	29.3%	12	12.2%	5	41
9.19 Relapse or continued substance use.	4.8%	2	4.8%	2	35.7%	15	38.1%	16	16.7%	7	42
9.20 Client's existing support network uses substances.	4.8%	2	14.3%	6	23.8%	10	40.5%	17	16.7%	7	42
Total %	2.4%		2.4%		26.2%		42.9%		26.2%		100%

Strengths

The data indicates the top three strengths identified by the Respondents and experienced frequently were that risk of harm is reduced (69.1%); support networks were re-established (64.3%); and ambivalence was resolved (53.7%).

The data depicts a very reassuring picture of strengths achieved by the respondents. Harm reduction is seen as those steps taken to reduce the problems caused by substance abuse (Daugherty & Leukefeld, 2013:150). Harm reduction aides in keeping both clients and others safe as containment measures. Support is required to implement harm reduction strategies.

The second strength identified as re-establishing support networks forms an essential step in treatment. Research points out that such a client could have reduced or even depleted support due to their substance abuse. Strengthening support may even enhance treatment retention (Wolfman, 2009:95).

The third highest strength identified of resolving ambivalence links with treatment retention. Research found that resolving of ambivalence also contributes to achieve behavioural changes when struggling with substance abuse (Lewis, Dana & Blevins, 2014:75).

Challenges

The top three challenges experienced frequently by the respondents were resistance displayed through the client's unwillingness to consider lifestyle changes or adherence to treatment requirements (45.2%); limited or non-existing support structures (41.5%); and jointly lack of commitment to treatment goals and/or client's existing support network uses substances (40.5%).

Research suggests that resistance is very common amongst clients struggling with substance abuse. The resistance may be twofold, firstly the client may be resistant in order to avoid complex feelings. Secondly clients may be resistant due to being unmotivated to consider change (Connors, DiClemente & Velasquez, 2015:43). This supports the data amongst Respondents where resistance was found as the highest ranked challenge.

Respondents reported experiencing depleted support structures as the second largest challenge amongst the clients. Research indicate that substance abusers have been found to often present with behaviours which result in being alienated from their social support structures explaining the phenomenon (Singleton, DiGregorio, Green-Hernandez, Holzemer, Faber, Ferrara & Slyer, 2014:852). Many clients are found to be surrounded by support structures that also use substances. This poses a challenge during treatment. As much as the client needs to let go of

enablers, it is also important for persons fulfilling the role of enablers to detach themselves from the client. Often this step is proven to be a challenge (Connors, DiClemente & Velasquez, 2015:199).

Where a treatment goal is set to establish a new social support network, clients often show lack of commitment according to the Respondents. The familiarity, even though in an enabling environment, proves to be familiar. Clients will decide whether they wish to "change now, a little later or much later". The importance is to remember that the decision lies with the client on when to commit to the treatment intervention (Lewis, Dana & Blevins, 2014:70).

3.9.2 Presentation of qualitative data: narrative obtain from questionnaire

The aim of Section F was to obtain a description of an affiliate's chosen substance abuse management practices seen as best practice by the EWP/EAP affiliate through the questionnaire narrative.

3.9.2.1 Section F, Question 1: Affiliate's chosen substance abuse management practices

Central Themes

- **Theme 1: Multidisciplinary interventions and practices**

The majority of the respondents shared that their chosen substance abuse management practices includes engagement with multidisciplinary teams. This included incorporation of combined clinical modules (**Respondents 1, 5, 6, 8, 9, 12, 13, 18, 20, 25 and 27**). **Respondent 5** explained that "The ideal is to have a multi-disciplinary treatment plan". A large number of respondents preferred including Cognitive Behavioural Therapy as part of their practices (**Respondents 1, 9, 14, 15, 19 and 25**).

Respondents also rely heavily on solution focused and strength based practices (**Respondents 2, 3, 8, 16, 22, 23 and 27**). Motivational interviewing practices are included (**Respondents 7 and 19)**. A few respondents also include spiritual counselling practices if appropriate and relevant for the clients (**Respondent 8 and 16**). **Respondent 8** shared "research shows that clients with a strong spiritual well-being have a good prospect of recovery".

- **Theme 2: Ongoing assessments**

Thorough ongoing assessments are included by the majority of respondents as part of their substance abuse management practices (**Respondents 1, 3, 9, 11, 18, 19, 21 and 27**). **Respondent 9** make use of "Assessment for severity and in or outpatient treatment and possible detox". The assessments are also utilised by a large number of Respondents to identify opportunities to include practices such as psycho-education (**Respondents 17, 18, 19, 28 and 29**).

- **Theme 3: Support structures and resources**

The majority of respondents ensure steps are in place to enhance support structures. Referrals to third parties such as rehabilitation facilities are the most frequently utilised practices (**Respondents 1, 4, 9, 10, 16, 18, 20, 21, 25 and 26**). **Respondent 4** favour support structures, stating the need for practices to include a "Team approach". Respondents also reported to rely heavily on the inclusion of relapse prevention and aftercare strategies through third parties as support measures (**Respondents 16, 18, 20, 21, 25, 26, 27 and 30**). **Respondent 27** discussed practices for support as follows, "refer appropriately to community aftercare programmes, or consult multi-disciplinary team of professionals to assist with treatment could be inpatient facility or outpatient depending on the determination and supportive resources in client's immediate inner circle". Practices to involve significant others to re-establish support structures are preferred (**Respondents 5, 11, 12, 27 and 30**). **Respondent 11** shared that as an affiliate "I would try to draw in the significant others and their support - and try to let them see how their roll can trigger or enhance substance use".

- **Theme 4: Challenges**

Respondents reported to experience a variety of challenges during substance abuse interventions. Lack of commitment was often addressed (**Respondents 16, 19 and 21**). Clients were reported to present with a lack of trust in themselves and others (**Respondent 12**). **Respondent 12** highlighted "The challenge sometimes lies with the client's state of mind, not trusting himself, scared to disappoint himself, and others, hence reluctant to involve other parties". Many clients presented with support structures enabling their substance abuse. "The involvement of a significant other is of the utmost importance which is a challenge in the EAP setup" according to

Respondent 5. Clients are said to struggle to acknowledge that they have a problem with substances (**Respondent 7**). A further challenges experienced include generic approaches used by other professionals and facilities not tailored to the need of the client (**Respondent 25**).

- **Theme 5: Strengths**

The majority of Respondents identified the most valued strength as higher treatment outcomes when using multidisciplinary approaches (**Respondents 1, 5, 6, 8, 9, 13, 18, 20, 22, 25 and 27**). **Respondent 1** strongly felt that "The combined approach…have the best chances of success".

- **Theme 6: Affiliate disbelief in short term interventions**

Respondents 1, 7 and 16 all agreed that they needed more time for their interventions. These respondents felt that time constraints of short term interventions affected their ability to address substance abuse. **Respondent 1** "Hard to work within the short term solutions focused approach for substance abuse within the EAP framework". **Respondent 7** explained the impact of time by stating "can take quite a long time to help the patient realize that he has a problem and that change is unavoidable".

Discussion of themes

- **Multidisciplinary interventions and practices**

Respondents shared how a multidisciplinary approach to substance abuse management practices is favoured. Respondents discussed the positive impacts they perceive a multidisciplinary approach has on the treatment process and outcomes. There are a number of strengths with this argument. Firstly, it has been found that a multidisciplinary approach to substance abuse management is more flexible. Secondly, it has been found that it informs more personalised treatment plans (Ruiz, Strain & Langrod, 2007:218).

- **Ongoing assessments**

Respondents are in favour of ongoing assessments, as they utilise assessments to inform their treatment plans, as well as assess the here and now with their clients. Most importantly research found that assessment should be an ongoing collaborate

process when working with substance abuse client (Straussner, 2014:18). The research fails to acknowledge the challenge during assessments where clients are not always truthful. However, research recommends that the therapist should do their clinical best during the assessment process. The research is in agreement with the Respondents that it must be used to determine a diagnosis; impact of the substance; assess the here and now; guide treatment plans; and thorough evaluation of all factors (Straussner, 2014:18).

- **Support structures and resources**

Significant others and community resources were said to be valuable to the respondents. Support structures and resources are said to be used to enhance the outcomes of the treatment by the respondents for the clients. Freeman is of the opinion that various community structures and resources are needed to address substance abuse effectively (Freeman, 2013:102). An apparent omission is that support structures and resources are more effective where relationships are established. Cooperation and collaboration with community structures and resources are required especially within the EWP/EAP framework (Fisher & Roget, 2008:862).

Research emphasises that substance abuse challenges are individualised according to each client. These individualised challenges are to be used to inform whether referrals are or are not necessary (Stephens, Scott & Muck, 2012:163). Research identifies the importance of assessments to identify whether the need for medication is relevant for the client. Emphasis is placed on thorough assessments to formulate the best possible individualised treatment plan to increase the success of treatment outcomes (Fishman, Shulman, Mee-Lee, Kolodner & Wilford, 2012:1).

- **Challenges**

Respondents perceived a number of issues as challenges. Emphasis was placed on client's lacking trust and commitment. However, this fails to take account of others not trusting the client. Research suggests working towards establishing trust from significant others by the client is equally important to the client trusting the therapist (Pichot & Smock, 2011:104). Trust cannot be worked or approached as a one sided entity. The lack of commitment has been found to be commonplace when dealing with substance abuse challenges. It is postulated that commitment is required to be

able to create movement. Not only is commitment required but the skill to recommit when relapse occurs (Fisher & Roget, 2008:2).

Respondents also experienced challenges around client's admission of having a substance abuse challenge. Lack of acknowledgment is said to have a detrimental impact on the process as experienced by the Respondents. Support is found in research for this common phenomenon. Research suggests that it is very rare that a true reflection of a client's substance abuse challenges is obtained. More often than not, the client is partial to what they admit or share around their substance abuse (Galanter, 2013:87). Lack of acknowledgment of an existing substance abuse problem is found to be true by Respondents especially during managerial referrals. A greater challenge is borne under these circumstances. The therapist can only partially address clients' substance abuse challenges in treatment due to a lack of disclosure and acknowledgment of their problem (Galanter, 2013:87). Other researchers emphasises this challenge. Often clients acknowledge a problem but not the full extend. Some do not admit to using other drugs or do not admit to the full extent of their substance abuse (Bellack, Bennet & Gearon, 2013:168).

Respondents experiences challenges where third parties did not tailor interventions for clients. When personalisation is omitted many potential benefits are diminished for the client during their treatment. A treatment plan should be a "detailed roadmap". It should always be "highly individualised to actively drive appropriate treatment" goals for the client (Adams & Grieder, 2013:3). We may then derive that the lack thereof may then directly impact treatment outcomes as shared by the Respondents.

- **Strengths**

The majority of respondents identified more successful treatment outcomes when utilising multidisciplinary practices as a known strength. Recent best practice research supports professional team engagements. The research found that a "coordinated response" from all professionals creates a platform for better outcomes for the client (Leukefeld, Gullotta & Gregrich, 2011:129).

Respondents found that established support structures and reliable resources have proven to be strengths within the treatment process. Research supports the benefits of established support structures confirming that therapist build up a network over

time. When such networks and resources are established it holds numerous positive aspects for both client and therapist. Strengths include receiving prompt appointments with third parties, applicable services being referred to and high levels of customer services rendered when a problem arise (Strauser, 2013:371).

- **Affiliate disbelief in short term interventions**

A number or Respondents did not agree with the EWP/EAP solution focussed framework. The Respondents were of the opinion that short term therapy is has time restraints which they find challenging. Research suggests that all therapists should fully consider how a treatment framework fits with their own theoretical orientation. After doing so it should be implemented to the best interest of the client. If however it does not fit a therapist should give it thorough consideration before applying it (Becvar, 2012:225). The perceptions of the respondents bring to light a challenge the EWP/EAP service providers should consider. The data shows that there are a number of affiliates employed by EWP/EAP service providers who do not believe in the EWP/EAP framework.

Researchers have also found that the therapist's clinical perception may have a detrimental impact on the outcomes for the client. If the therapist from the outset decides it will not be successful or is not appropriate the client will feel the effects in therapy (Miller & Rollnick, 2002:15).

A number of respondents shared their perceptions about their disbelief in the appropriateness of solution focused practices to assist with substance abuse. Some of the Respondents felt that it was futile from the outset and that they were going through the motions of the EWP/EAP framework. Research warns about the detrimental impact a therapist's perceptions can have on the treatment process for the client. Research postulates that the effect of a therapist who feels that a positive outcome is unlikely will inform the experience of the client (Lee, 2011:262). Other researchers support this finding stating that a professed outcome by the therapist influences the actual outcomes (Miller & Rollnick, 2002:15).

3.9.3 Presentation of qualitative data: the focus group interviews

Four focus group interviews were held. The different focus group interviews were conducted utilising the same interview schedule. The focus group interview

schedule was comprised out of 5 demographical questions followed by 15 interview questions. The data is presented according to central themes identified during the interviews.

3.9.3.1 Overall profile of the focus group participants

Below depicts the profile of the 23 participants who participated in the focus group interviews.

Table 10: Participant profiles

Participant number:	Gender:	Ethnicity:	Years' experience:	Profession:	Highest qualification:
Participant 1	Female	Indian	11	Clinical psychologist	Masters Degree
Participant 2	Female	Indian	16	Social Workers	Honours Degree
Participant 3	Female	White	8	Counselling Psychologists	Masters Degree
Participant 4	Female	Indian	5	Social Worker	Honours Degree
Participant 5	Female	White	22	Social Worker	Masters Degree
Participant 6	Male	White	25	Social Worker	Masters Degree
Participant 7	Female	White	4	Counselling Psychologist	Masters Degree
Participant 8	Male	White	6	Clinical Psychologist	Masters Degree
Participant 9	Male	Indian	11	Clinical Psychologist	Masters Degree
Participant 10	Female	White	24	Clinical Psychologist	Masters Degree
Participant 11	Male	White	4	Registered Counsellor	Honours Degree
Participant 12	Female	Black	4	Social Worker	Honours Degree
Participant 13	Female	White	25	Clinical Psychologist	Masters Degree
Participant 14	Female	White	22	Social Worker	Honours Degree
Participant 15	Female	White	18	Social Worker	Masters Degree
Participant 16	Female	White	18	Clinical Psychologist	Masters Degree
Participant 17	Female	Black	6	Social Worker	Masters Degree
Participant 18	Female	White	8	Social Worker	Masters Degree
Participant 19	Female	White	23	Social Worker	Honours Degree
Participant 20	Male	White	4	Educational Psychologist	Masters Degree
Participant 21	Male	Black	6	Social Worker	Honours Degree
Participant 22	Female	White	6	Social Worker	Masters Degree
Participant 23	Male	Black	8	Social Worker	Honours Degree

3.9.3.2 Question 1: What is understood by best practices for substance abuse management by you as an EWP/EAP affiliate?

- **Theme 1: Recognised multidisciplinary interventions and practices**

The majority of Participants understood best practice to be clinical interventions that are recognised, researched, ethical and tried and tested. Best practices with a multidisciplinary outlook (**Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, 19, 20, 22, and 23**). **Participant 5** defined best practices as "recognised practices to address substance abuse in the best way possible". **Participants 7 and 8** felt it should be "backed by research…tried and tested". **Participant 13** supported the importance for best practice to be "based on international standards and research". **Participants 18 and 19** believed that best practices cannot be random or

haphazard “those interventions that you can rely on” … “practices with theoretical background, informed by years of research”…”not random, informed”.

Participants 2, 3, 4 and 14 shared that best practices should have a positive impact on the process and outcome. The “practices that explores all the best opportunities available”… “those interventions that are regarded as most impactful”.

Discussion of theme

- **Recognised multidisciplinary interventions and practices**

Participants’ understanding was aligned when it came to share their personal perceptions around best practices. Their shared understanding included most impactful interventions; multidisciplinary practices; methods supported by research; professionally recognised; as well as tried and tested practices. Research supports their perceptions. Best practices have been defined as statements that have been scientifically developed to promote practitioner and client decisions about appropriate interventions for specific clinical conditions (Mizrahi & Davis, 2008:196).

A particular strength of such a clear understanding of best practices is that it drives the desire to achieve such a standard by professionals. Shared understanding of best practices improves the delivery of services and enhances networks (Mohrman & Shani, 2014:94-95).

3.9.3.3 Question 2: What is your chosen solution focused substance abuse management practices?

- **Theme 1: Ongoing assessments**

It has been gathered that participants preferred relying on solution focussed practices (**Participants 2, 7, 8, 9, 10, 11, 12, 14 and 19**). There is a strong focus on thorough ongoing clinical assessments. This is supported by **Participants 4 and 21** who make use of “in depth assessments”. Affiliates’ practices included assessing motivation and level of accountability (**Participants 3,6,7,9 and 10**). Looking at problem identification and asking the ideal world question was agreed upon as a

solution focussed assessment practice (**Participants 7 and 8**). **Participant 9** emphasised to “always be managing expectations” as an important practice

- **Theme 2: Recognised multidisciplinary interventions and practices**

Participants shared that their chosen practices involved multidisciplinary interventions and practices. A great focus was placed on looking at the client within a system and not in isolation formed part of the affiliate as best practices (**Participants 17 and 22**). **Participant 10** explained as an EWP/EAP affiliate they are “cheering the client on, linking them, doing what is most appropriate in the here and now in the short term intervention”. **Participants 7 and 11** supported this statement discussing the development of support structures within their various systems.

Participants felt in order to affect the system various practices should be in play. Practices included psycho-education of clients, families, friends and employers. Furthermore, Identifying resources where necessary (**Participants 20 and 23**). **Participant 23** felt that a “resource approach” should be taken within the system whilst **Participant 20** added the necessity for “psycho-education, referral and assistance” within the system as standard practices.

Practices also involved looking at long term preparation and rehab if required (**Participants 2, 3, 7 and 12**). **Participant 7** explained that “EWP solution focussed is not necessarily to solve the addiction but at least give a level of exposure to address any level of assistance. This statement is supported by **Participant 2** sharing that the EWP/EAP affiliate should “prepare the client within the short term solution focussed process for the rest of the process to follow” after conclusion of the short term intervention. Relapse prevention was seen as forming a standard practice (**Participants 2 and 15**).

The EWP/EAP affiliates discussed that their practices must be clinically informed and recognised. **Participant 22** stated that it “should be born from a professional capacity”. The majority of participants strongly support solution focussed modules (**Participants 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22 and 23**). The Participants felt practices where modules or approaches are combined renders higher success rates. The approaches the EWP/EAP affiliates combine with solution focussed therapy include Cognitive Behavioural Therapy, Positive

Psychology, Percent Centred Approach; and Resource approach and Systems Perspective (**Participants 2, 5, 13, 19, 20 and 23**).

- **Theme 3: Disbelief in appropriateness of solution focussed practices**

The data showed a number of Participants with a different outlook on best practices for substance abuse. These EWP/EAP affiliates felt that solution focussed therapy was not an appropriate intervention for substance abuse (**Participants 1, 4 and 14**). Their feelings were that the short term practices did not render outcomes they aspire to. **Participant 4** was adamant stating "the limited sessions and the framework do not fit the presenting challenges" of substance abuse. **Participant 1** supported this statement indicating that solution focussed counselling is "putting a plaster on the situation" for clients with substance abuse challenges.

Discussion of themes

- **Ongoing assessments**

Participants preferred making use of ongoing solution focussed assessments as a best practice. There are a number of strengths with the EWP/EAP affiliates' preference of solution focussed assessments. Firstly solution focussed assessment questions often involves scaling to assess perceptions of progress. Secondly the ongoing solution focussed assessments involve coping questions to identify clients' attributes that may be utilised for their benefit during substance abuse interventions (Connie & Metcalf, 2009:18).

Ongoing assessments were emphasised as an important strength by the majority of participants. Research postulates that assessments hold a particularly valuable role within substance abuse treatment (Pichot & Smock, 2011:71). Assessments are used to assess pathology, severity, motivation, evaluation, inform treatment plans and reality checking to mention a few strengths (Pichot & Smock, 2011:213). Further researchers are in support of ongoing in-depth assessments (Kaye, Vadivelu & Urman, 2014:196,252).

Assessments are used by the Participants for a number of purposes. These include evaluation; identification of positive and negative behaviours; determine client's knowledgebase and cognitive abilities; explore motivation and readiness for change; contain and manage risk; to identify specifics required for an individualised treatment

plan. Research agrees that solution focussed assessments have an important role to play within substance abuse treatment within the EWP/EAP (Pichot & Smock, 2011:71). Assessments are described as an extensive ongoing process to analyse multiple facets triggering, sustaining and promoting the client's substance abuse (Pichot & Smock, 2011:71). The research supports the Participants' perceptions of the importance of thorough clinical assessments.

- **Recognised multidisciplinary interventions and practices**

Multidisciplinary interventions are favoured as a chosen substance abuse practice by the Participants. Participants were particularly drawn to multidisciplinary practices as they found it was inclusive of clients' systems; promoted family/support structure involvement; facilitated resource linkages; and set client up for long term successes within the short term intervention. Research supports the Participants' outlook on multidisciplinary practices. Multidisciplinary solution focussed practices stabilises clients; identifies coping skills more readily; reduces tendencies of regressing whilst identifying the most effective intervention for the client (Ambrosino, Heffernan & Shuttlesworth, 2015:280).

Participants reported to formulate intensive treatment plans with the inclusion of referrals and networking with relevant resources for the benefit of the client. Participants emphasised the importance to work as a team alongside other professionals and not in isolation as a best practice. Clients benefit from a multidisciplinary team who are able to support each other and reach consensus on important steps in the process (Kaye, Vadivelu & Urman, 2014:270).

Some Participants have strong beliefs that solution focussed therapy is not their chosen best practice intervention to address substance abuse. An explanation by researcher of this viewpoint found that affiliates who are deemed as skilled clinicians use solution focussed therapy whilst omitting to think about what is guiding their word choices or the direction of the brief intervention. This omission is not deliberate. This omission may result in the affiliate experiencing solution focussed therapy as ineffective. This was found to be due to basing the flow of their substance abuse intervention on their clinical intuition that is guided more strongly by a different therapeutic approach. Having solution focussed interventions for substance abuse clearly delineated supports affiliates to implement short term

therapy well to experience the effectiveness of the approach (Pichot &b Smock, 2011:46-48).

Question 3: In what way is your chosen substance abuse management practices aligned with EWP/EAP solution focussed strategy?

- **Theme 1: Alignment through implementation of short term solution focussed practices**

Participants ensure they are professionally aligned with the EWP/EAP through their implementation of solution focussed strategies (**Participants 2, 4, 5, 8, 13 and 18**). **Participant 13** emphasised that an EWP/EAP affiliate is "definitely aligned merely by being solution focussed". **Participant 14** supports this statement stating alignment takes place by "using a short term framework". **Participant 3** advised alignment "involves problem solving strategies, coping mechanisms, containment, support and relevant referrals as part of the EWP process". This statement is supported by the EWP/EAP affiliates who felt that the various solution focussed practices enhances alignment with the EWP/EAP (**Participants 2, 3, 10, 13 and 17**). **Participant 15** felt that EWP/EAP case managers "creates opportunities to align with the EWP". Participants indicated that alignment takes place when you prepare clients. Expectations are to be managed for the solution focussed intervention as well as for their long term recovery (**Participants 8, 17, 21 and 23**). **Participant 17** explains alignment is enhanced through "holistic" practices. **Participant 21** supports this notion indicating that "preparation for the process" through holistic interventions enhances alignment for the short and long term benefits of the client.

- **Theme 2: Alignment through support structures and resources**

Participants felt that their alignment is enhanced through their own professional development within the EWP/EAP field. This is achieved through the development of support structures and resources. The Participants acknowledged that they do not exist as isolated islands. They form part of a greater system for the client and within the EWP/EAP industry. These systems pose opportunities to network and train (**Participants 7, 8, 10, 13, 15, 17, 18, 20, 22 and 23**). **Participant 22** felt alignment is enhanced through "training…aligns with the EWP, motivates, psycho-education on all levels".

Participant 20 added that the EWP/EAP forms part of the client's system and those steps are to be taken as a professional to remain "very aligned, support structures on a mezzo, micro and macro level". **Participant 18** believes being well informed of the EWP/EAP protocols enhances alignment. **Participant 18** shared that the EWP/EAP affiliates is "aligned by following protocol" which they are aware of as a result of networking and training.

- **Theme 3: Alignment challenges due to a disbelief in appropriateness of solution focussed practices**

Participant 1 felt that long term therapy is her preferred intervention for substance challenges. **Participant 1** felt in the capacity of an EWP/EAP affiliate it was too challenging to make use of solution focussed intervention where substances are involved to align with the EWP/EAP framework. **Participant 1** stated "short term is a challenge for substance abuse". This opinion was shared by **Participant 14**. **Participant 14** felt that limited sessions were not appropriate to address substance abuse challenges. **Participant 14** indicted that "more than 6 weeks are required from my experience". Perceptions around number of sessions and appropriateness of solution focussed practices posed a challenge when it came to perceptions of alignment with the EWP/EAP framework.

Discussion of themes

- **Alignment through implementing short term solution focussed practices**

Majority of Participants felt they are aligned due to the fact that their practices are solution focussed; they manage expectations in accordance with the EWP/EAP framework; and they prepare and work with the client based on solution focused strategies. An alternative explanation for the majority of Participant alignment may be that alignment creates opportunities to thrive within the EWP/EAP industry (Richard, Emener & Hutchison, 2009:72).

The practical implications of alignment must be carefully considered. Alignment by the Participants through solution focussed practices suggests that there is a central treatment focus with a problem clearly acknowledged by the clients being treated within the EWP/EAP framework (Giles, 2012:429).

- **Alignment through support structures and resources**

Participants shared their perceptions of alignment through adhering to EWP/EAP protocols; acknowledging the client as part of system; and incorporating networking and training for further alignment. Alignment was perceived as enhancing outcomes by the Participants. These perceptions do not appear to take account of vast resources within the client themselves acknowledged within the solution focussed framework (Connie & Metcalf, 2009:146). However, inclusion of third party resources alongside clients' internal resources eases the change process whilst promoting lasting results (Pichot & Smock, 2011:109).

- **Alignment challenges due to a disbelief in appropriateness of solution focussed practices**

Participants alignment challenges based on their perceptions of the appropriateness of solution focussed practices to address substance abuse. It is important to identify and clarify professional preferences. Having different opinions does not mean that one opinion is correct and the other incorrect. Opinions may create stereotypes even among professional beliefs such as disbelief in appropriateness in short term therapy to address substance abuse. Misalignment within your professional industry may however have an impact on both the professional and client (Fabricant, Miller & Stark, 2013:57-57). Misalignment of EWP/EAP affiliates poses a challenge. The challenge may identify a need to look at more effective interviewing strategies before affiliating therapists. On the other hand research has found that healthcare professionals who do not feel adequately supported or trained may show less professional engagement or belief towards what is required for the best interest of clients (Kaye, Vadivelu & Urman, 2014:231). The data did not reflect any perceptions from the Participants of feeling unsupported within their roles as EWP/EAP affiliates.

3.9.3.4 Question 4: Which material or predetermined models/strategies do your substance abuse management practices consist of?

- **Theme 1: Strategies based on recognised multidisciplinary interventions and practices**

Participants shared how the chosen practices or strategies must fit with their clients. These Participants felt that a holistic and multidisciplinary approach should be considered (**Participants 13 and 19**). **Participant 13** explained the strategy "must fit the client, their specific need". **Participant 19** supports this statement sharing that "I like using a combination…depending on the client's presentation and needs". Combining solution focussed practices; time interval therapy; cognitive behavioural therapy; reframing; person centred practices, asset based theories; medical module practices; psychodynamic strategies; systems and systemic practices; and reality testing as a multidisciplinary team is supported by the Participants (**Participants 3, 4, 5, 6, 8, 9, 10, 12, 13, 14, 16, 17, 18, 19, 21 and 23**).

It is gathered that Participants find it integral to include practices to identify the client's readiness to change as well as their motivation levels. Participants explained that these practices are important as it especially has an impact on the level of commitment to the therapeutic process. Participants incorporate readiness for change and motivational interviewing whilst setting healthy boundaries (**Participants 4, 5, 6, 7, 8, 11 and 12**). Triggers are identified, consequences are explored and containment measures are taken (**Participant 7 and 12**). **Participant 4** put it plainly, "determining the 'why' with the client".

- **Theme 2: Strategies enlisting support structures and resources**

Participants make use of the systems approach as well as systemic framework to ensure structures are in place for clients. Participants link clients with long term support networks. Clients are linked with resources and support structures. Referrals are made where necessary with client's consent (**Participants 2, 7, 10, 11, 13 and 15**). The referrals and support structures vary depending on each unique client. **Participant 15** gave an example sharing that "support groups forms part of my strategies with most if not all of my clients".

Discussion of themes

- **Strategies based on recognised multidisciplinary interventions and practices**

The majority of Participants shared that they do make use of predetermined strategies as part of their best practices. It was emphasised that although these are predetermined strategies the intervention is always individualised; holistic; readiness for change explored; and asking the "why" question. Making use of predetermined strategies is recommended as best practice guidelines. The individualisation of such strategies are emphasised given that "the client is an integral part of the treatment system" (Connie & Metcalf, 2009:48). The predetermined strategies utilised by Participants align with solution focussed treatment guidelines suggesting predetermined strategies to consist out of three main practices. Firstly, having conversations around the clients concerns and reasoning to enter therapy. Linked to the asking "why" question. Secondly, co-constructing meaning with the client incorporating readiness for change. Thirdly, using specific solution focussed strategies to assist the client to construct their ideal vision or preferred outcome (Connie & Metcalf, 2009:146). Participants prefer predetermined strategies whereby Participants engage with multidisciplinary teams. Research supports such strategies where different professions speaking to the same treatment goal often enriched the intervention message (Connie & Metcalf, 2009:49).

Participants identified practices such as networking; training; third party resources; referrals; and aftercare practices as multidisciplinary practices. Participants identified these practices given the diverse challenges individual clients may present with. Participants explained how multidisciplinary interventions ensured the relevant qualified professional is tasked to assist within their area of expertise. Research supports such an approach. "No one profession should be expected to have the knowledge, expertise, and authority to deal effectively with this intransigent social problem" of substance abuse (Leukefeld, Gullotta & Gregrich, 2011:129).

There is also fair warning to distinguish between popular treatment practices for substance abuse and empirically reinforced treatment practices. Affiliates are advised to identify those practices with treatment effectiveness within the multidisciplinary teams (D'Cruz, Jacobs & Schoo, 2009:224).

- **Strategies enlisting support structures and resources**

Participants predetermined strategies include making referrals and linking clients with resources. Research takes these strategies one step further. The therapist is tasked to link clients present with their future. Any support structures and resources

are to be put in place to promote the clients hope of achieving their ideal future (Pichot & Smock, 2011:35).

Participants were very clear about being selective of the support structures they choose to refer a client to. Research indicates that there are a variety of support structures available. Some are in the form of groups and should be chosen wisely. Support groups are said to have an instrumental role in the process of recovery for clients challenged by substance abuse (Pichot & Smock, 2011:114).

Third party resources were mentioned by Participants as valuable support structures when available, trusted and reputable. Experience by clinical professionals has been found to enhance treatment practices. The professional's experience results in them knowing the most trustworthy, recognised and competent resources to refer clients (Strauser, 2013:371). Participants felt that such reputable third party resources have the ability to enhance treatment outcomes benefitting the client. The onus to identify the most relevant resources is said to lie on the treating professional. It is recommended that the chosen resource must be best suited to implement the individualised treatment plan (Kaye, Vadivelu & Urman, 2014:199). More researchers are in agreement. It is recommended that the EWP/EAP in-house resources alongside with additional support networks be utilised to meet the needs of the client's presenting challenges whether work or personal (Richard, Emener & Hutchison, 2009:75).

3.9.3.5 Question 5: What process do you follow to determine what best practice substance abuse model is suitable for an individual EWP/EAP client?

- **Theme 1: Ongoing assessments for individualisation of best practices**

The majority of Participants' process involves thorough clinical assessments to inform their individualised treatment plan structured according to their chosen best practices (**Participants 2, 3, 4, 10, 11, 12, 13, 16, 18, 17, 19, 21 and 23**). **Participant 3** stated that "assessments are important. Get them to a place to agree with the practice or treatment plan for them. Collaborate". During the assessments the Participants obtain a variety of vitally important information. Such as exploring their history and obtaining emergency contacts. They also assess risk and disclose risk where necessary (**Participants 7, 14, 18 and 23**). **Participant 2** explains "look at their history…what is different now. What worked, what didn't". Participants also

look at the client's ability to self-activate, readiness for change and level of insight (**Participants 1, 3, 4, 8, 11, 13, 15 and 22**). On a practical level the Participants also explore whether the client has a medical aid (**Participant 3 and 4**). Participants obtain information on the client's employer's substance abuse policy (**Participant 23**). Participants discussed assessing the client's environment. The Participants look at what systems the client forms part of. Very importantly they look at whether any co-dependency exists within their network (**Participants 14 and 17**). **Participant 14** emphasised "factor in the environment. If their partner or friends continue to use and they return to that setting, triggers are so much higher".

- **Theme 2: Recognised multidisciplinary interventions and practices to inform individualisation of best practices**

Participants discussed incorporating a holistic approach. Participants shared that multidisciplinary teams are valuable. They look at available resources and support for a collaborative approach (**Participants 3, 4, 12, 18 and 20**). Engagement with the EWP/EAP case manager is said to assist the Participants to determine best practice (**Participants 5, 6 and 12**).

Participant 6 indicated that "constant engagement with the case manager … to jointly plan best way forward for the client". Participants explained the importance to facilitate buy in and trust within a multidisciplinary team especially for referrals to rehabilitation facilities (**Participants 4, 14, 16 and 19**). This is supported by the statement of **Participant 5** "support systems just as important for me as affiliate, as part of best practice, as it is for the client". Participants also manage expectations of all involved and take measure to manage manipulation (**Participants 9, 13, 14, 15 and 17**).

Discussion of themes

- **Ongoing assessments for individualisation of best practices**

Participants shared the processes they follow for individualisation of best practices for clients. The majority of Participants incorporate ongoing assessments to collaborate to identify a treatment plan for the client; to action containment measures; manage identified risk; action disclosure if necessary; assess client

specific environments; and explore with clients their company's substance abuse policy. The process of individualisation has been found to be exceptionally important within solution focussed interventions including substance abuse interventions. The EWP/EAP affiliate aims for the client to be the leader in identifying and achieving their "individualised solution" (Connie & Metcalf, 2009:90-95).

- **Recognised multidisciplinary interventions and practices to inform individualisation of best practices**

Participants were highly in favour of collaboration to individualise best practices. Participants engaged in a process whereby they collaborate with holistic and multidisciplinary teams including the internal EWP/EAP case managers as well as external teams such as rehabilitation facilities. Community networks and resources should always be identified to offer excellent services responsive to individualised needs (Richard, Emener & Hutchison, 2009:248).

Participants shared their implementation of multidisciplinary interventions and practices. The Participants put measures in place to align such multidisciplinary practices with the EWP/EAP solution focussed framework. Substance abuse is commonly accompanied with medical and psychiatric challenges. For this very reason a multidisciplinary approach has been found most valuable (Kaye, Vadivelu & Urman, 2014:193). Participants would implement a multidisciplinary treatment plan where the need arose according to the severity of the client's substance abuse challenges. Participants remained mindful to ensure individualisation of practices for the clients. Clients with more severe substance abuse challenges are deemed to be "clinically more severe" (Kaye, Vadivelu & Urman, 2014:193). Researchers define substance abuse as a disorder with the presence of both physical and psychological addictions. Research supports that the best outcomes are achieved with a multidisciplinary treatment plan (Heidelbaugh, 2015:29).

3.9.3.6 Question 6: What guidance do you receive from EWP service providers regarding best practices for substance abuse management?

- **Theme 1: Recognised multidisciplinary interventions and practice guidelines**

Participants shared that they are supported by having access to multidisciplinary teams and resources through the EWP/EAP service provider 24/7. Particular emphasis is made on access to a case manager's guidance and support (**Participants 7, 8, 9, 10, 13, 15, 17, 18, 20, 21, 22 and 23**). **Participant 6** pointed out "dependent on the case manager working on your case. The higher the case manager engagement the more guidance and collaborative the intervention get".

- **Theme 2: Support structures and resource guidelines**

Participants concurred that they feel supported where the EWP/EAP provides substance abuse aftercare support to clients as a resource (**Participants 12 and 19)**. Participants found that there are different levels of support depending on the EWP/EAP service provider (**Participants 13 and 20**). Participants obtained support in the form of risk protocols, training on substance abuse strategies and frequent CPD talks offered at no cost by the service providers (**Participants 3, 4, 6, 12, 13, 14, 16, 20 and 23**).

Participant 20 explained it as follows "Depends on the service provider. EWP provides protocols and guidelines regarding the risk management. Case managers provides a clinical risk assessment done by a qualified professional as briefing" for the substance abuse client seen by the Participants. **Participant 14** finds the "training on substance abuse protocol" supportive.

Discussion of themes

- **Recognised multidisciplinary interventions and practice guidelines**

The majority of participants were in agreement that they had access to EWP/EAP guidelines and support 24/7 from EWP/EAP service providers. Participants also shared the availability of multidisciplinary professional EWP/EAP guidelines. Emphasis being placed on guidance received from EWP/EAP case managers. The EWP/EAP service provider is said to ensure that they consistently provide and make available guidelines regarding multiple roles within the EWP/EAP, processes and levels of care (Richard, Emener & Hutchison, 2009:256). Relevant guidelines being made available relies heavily on the responsibility of the EWP/EAP service provider

omitting encouragement of professionals to take co-ownership of remaining up to date with current developments and guidelines within the EWP/EAP industry.

- **Support structures and resource guidelines**

Many Participants mentioned training and access to attend Continuing Professional Development (CPD) talks for free as a valuable resource offering guidelines for best practices. Services whereby the EWP/EAP service providers offers aftercare support to substance abuse clients were identified as resources deemed as supportive measures. Training and professional development of EWP/EAP affiliates must remain a priority for EWP/EAP service providers (Bhola & Raguram, 2016:166). There could be difficulties when applying this in practice, however, it is reassuring to notice that Participants mentioned training and attendance of CPD talks offering opportunities for professional support and development.

Research found that there is no substitute for industry experience. The EWP/EAP industry experience carries value to all stakeholders and EWP/EAP professionals when shared to enhance a joint commitment for best outcomes (Bhola & Raguram, 2016:166-167).

3.9.3.7 Question 7: Which specific substance abuse management practices do you prefer using within the EWP framework. Please provide a reason.

- **Theme 1: Preference towards recognised multidisciplinary interventions and practices**

The majority of the participants rely on solution focussed/strength based/asset based practices. They find these practices as highly effective with adults. These practices are said to create movement for the participants with their clients (**Participants 3, 5, 7, 8, 9, 10, 11, 12, 13, 19, 21 and 23**). **Participant 10** feels strength based practices "is most likely to succeed and create momentum for the client". **Participant 22** supports this stating that "solution focussed counselling…you can only move forward. Effective".

Participants preferred making use of holistic, multidisciplinary practices (**Participants 2, 10, 13, 14, 15, 17, 19 and 20**). These practices included the systems theory; positive psychology; rehabilitation practices; cognitive behavioural

therapy and psychodynamic practices (**Participants 1, 2, 5, 6, 15, 16, 19, 20, and 22**). **Participant 2** shared how the incorporation of the latest neuroscience research is helpful to address substance abuse "Increase the positivity then you can decrease the stress… with my substance abuse clients". **Participant 14** did not fully agree but did state that "it is important to ensure that a preferred method has been tried and tested and fits with you as affiliate". **Participant 13** felt that a combination of practices, old and new, remains appropriate "as long as it remains in the best interest of the client". **Participant 20** explained why multidisciplinary practices are useful within these systems. "You work with the manager, the company, the emergency contact, the client. Involving third parties through the EWP or through my own networks".

Discussion of theme

- **Preference towards recognised multidisciplinary interventions and practices**

Participants shared their preferences to engage with recognised multidisciplinary teams. The value of various disciplines are recognised by Participants and drawn upon as part of their preferred best practices. Research has found that referrals should be made where the referral will add value or enhance competencies that will directly benefit the client (Bhola & Raguram, 2016:83). It might therefore be argued that a practice has to be recognised to deem it possible to add value or enhance competencies.

3.9.3.8 Question 8: What role do you feel third party services such as rehabilitation facilities/support groups play within best practice for substance abuse management?

- **Theme 1: Enhancement of interventions**

Participants agreed that third party resources play a vital role for them during a substance abuse intervention (**Participants 3, 4, 8, 13, 19, 20, 21, 22 and 23**). These resources address a variety of challenges such as psychiatric, finance, family care and legal as shared by the Participants (**Participants 3, 10, 14, 18, 19 and 22**). **Participant 22** agreed with this stating "third party resources help with occupational

challenges". The third party services have been found by Participants to enhance the level of support and containment (**Participants 7, 12, 15, 17 and 22**). These third parties can open lines of communication and support relationship building (**Participant 10 and 12)**. Participants indicated how third parties assist in working towards sobriety and higher levels of accountability (**Participants 2 and 5**). Emergency contacts are seen as a third party resource by the Participants used to contain risk (**Participants 7 and 17)**. **Participant 20** was adamant stating that "I feel you cannot treat substance abuse without third party resources". **Participant 18** indicated "I cannot put my treatment plan together without third party services". **Participant 3** shared that "I can't think of having a successful intervention without involving third parties".

- **Theme 2: Negative impact of third parties**

Participants stressed the importance of knowing chosen third party resources well. The Participants felt that the EWP/EAP affiliate must define the role of the third party role players. Participants felt that the standards are not the same for all third party resources with differing levels of accountability referring specifically to rehabilitation facilities. As such they can have a negative impact with undesirable consequences (**Participants 5, 6, 7, 9, 11, 12, 22 and 23**). Some third party resources can elicit fear (**Participants 8 and 11**). **Participant 2** agreed indicating that "third parties…can fail if not in the best interest of the clients".

Discussion of themes

- **Enhancement of interventions**

Many Participants were in agreement that third party resources create opportunities to enhance the treatment interventions. Participants shared using third party referrals for psychiatric, finance, family care and legal challenges the client might experience alongside their substance abuse. Research strongly supports this perception shared by the Participants. Clients with substance abuse challenges may present with a number of challenges. There is also the potential for the clients' needs to shift during the interventions. As such it is recommended that referrals are made to other professionals and support structures. Relevant referrals result in a

bigger treatment team with more opportunities for treatment successes for the client (Doweiko, 2014: 443).

- **Negative impact of third parties**

Participants shared how third parties may also at times play a negative role if the Participant is not careful about their chosen third parties. Participants referred specifically to rehabilitation facilities with perceived differing standards. Research has found that some rehabilitation facilities have a balance between clinically trained staff and recovering addicts as counsellors. Whereas others have a stronger presence of recovering addicts as counsellors as opposed to clinically trained personnel.

The focus of rehabilitation staff is said to remain the treatment of the substance abuse challenges. Concerns are raised where rehabilitation counsellors support clients without understanding the true nature and course the disorder takes (Doweiko, 2014:457). Furthermore, when clients feel stigmatised within a treatment facility a fear of full disclosure develops. The atmosphere or perception of stigma experienced from a third party resource could result in fear (Logan & Johnstone, 2012:245). In saying that it is also true that research indicate in most circumstances humans tend to weigh the negative higher than the positives (Lopez & Snyder, 2011:75). It could therefore be that the Participants perception of the negative role some third parties play are emphasised more than the positives due to human nature.

3.9.3.9 Question 9: Do you currently involve third parties for substance abuse management? If yes, in what way do you currently utilise third party services during substance abuse management? If no, please explain the reason for not doing so.

- **Theme 1: Third party resource are utilised**

All of the participants are involving third party resources during their substance abuse interventions (**Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 and 23**). **Participant 2** shared that “it is crucial” to do so. **Participant 13** supported this statement explaining further that “third party resources are always in addition, never a replacement for the solution focussed intervention”.

Participant 23 pointed out using third party is done to “sow the seed, you cannot make it grow. Cannot force it to grow”.

- **Theme 2: Making third party referrals**

The Participants’ mutual perceptions were that third party resources are in place for the benefit of the client. To enhance the solution focussed intervention (**Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 and 23**). **Participant 8** indicated that the affiliate motivates the client to make use of the third party resource. However, the affiliate places the responsibility in the client’s hand. Emphasis is placed on obtaining a client’s consent before making a referral for third party support.

Participants were in agreement that a client cannot be forced to utilise a third party resource (**Participant 7, 17, 18, 19, 20, 21 and 23**). **Participant 23** explained the process of utilising third party resources in a practical manner. “More like building the bridge but not crossing it for the client to the other side”. The affiliate links the client with the necessary resource. **Participant 22** explained a third party resource can also be a company. The affiliate obtains the details of a company’s substance abuse policy.

Discussion of themes

- **Third party resources are utilised**

All of the Participants shared that they do make use of third party resources as part of their substance abuse treatment practices. This is in line with researchers who found that third party resources enhance outcomes and highly recommends such practices for substance abuse treatment (Tasman, Kay, Lieberman, First & Riba, 2015:1628).

- **Making third party referrals**

Participants utilise third party resources by making relevant referrals. Participants discussed how they obtain the client’s permission, put the referral in place and encourage the client to remain accountable to utilise the resource. Emphasis is placed on ensuring the referral is appropriate and in line with clients’ needs.

Appropriate third party referrals or linking with appropriate networks continues to be encouraged. It is recommended that a holistic approach is taken when identifying required resources. Resources, to mention a few, include family, friends, treatment facilities, financial guidance, debt consolidation, legal advice and substance abuse support groups. Third party resources should not be a haphazard process, it is recommended to be part of the treatment planning process (Tasman, Kay, Lieberman, First & Riba, 2015:1628-1631).

3.9.3.10 Question 10: Can you please share challenges you experience with your chosen substance abuse management practices?

- **Theme 1: Limited cognitive abilities, skill levels and knowledge**

The cognitive ability of clients has posed as a challenge at times (**Participants 2, 15 and 16**). "The skill levels of other professionals" poses a challenge according to **Participant 6**. **Participant 6** discussed specific resources where the services are not rendered by qualified professionals. **Participant 23** agreed agreeing a challenge is posed with the "knowledge base being limited". It is challenging where extensive psycho-education is required (**Participant 20**).

- **Theme 2: Enabling support structures and resources**

Participants agreed that there are numerous clients whose support structures are also using substances creating an enabling environment (**Participants 14, 17 and 19**). **Participant 14** also found that "the community contributes to the challenges". **Participant 22** supports this statement narrowing it down to the work context. There are clients who are expected to entertain their business clients in environments where substances are consumed (**Participant 22**). An added challenge is identified where the employer has no company policy with regards to substance abuse (**Participant 19**). **Participant 22** discussed the challenge when boundaries are blurred within the support structures or networks. **Participant 22** found in some instances "the manager and organisation becomes overly involved".

- **Theme 3: Client specific realities**

The Participants were in agreement that the stage the client found themselves in poses a challenge (**Participants 4 and 10**). Clients are said to be very dishonest at

times (**Participant 7**). Challenges also include a lack of accountability and an unwillingness to acknowledge the substance abuse problem (**Participants 3, 7, 8, 14 and 16**). Clients often present with trust issues (**Participants 8, 10 and 11**). **Participant 10** found "lack of trust" as a common challenge. The EWP/EAP intervention is seen as punitive. Clients feel the EWP/EAP support is compulsory as a result the clients then lack commitment (**Participants 4, 10, 14 and 22**). **Participant 8** added that "the lack of transparency" continues to pose a challenge. There is an information gap.

The client challenges their employers and becomes disgruntled. Many clients do not have any leave left (**Participants 7, 8, 13, 14, 15, 16, 17, 18 and 19**). Referrers and clients alike have been found to present with unrealistic expectations (**Participants 20 and 21**).

- **Theme 4: Limitations linked to resources**

Where clients live in remote locations poses a challenge to source appropriate resources (**Participant 22**). Financial challenges affect the process in a number of ways. Clients do not have money to cover travel expenses to commute to work or therapy (**Participants 17, 18 and 23**). **Participant 18** explained "…finances are an issue. Clients who cannot afford to travel to you as an affiliate for weekly sessions…clients are so indebted they are under severe stress". Participants were in agreement that referrals to government rehabilitations often had negative outcomes for clients. The waiting lists may mean a wait of months. The programmes are lengthy. Often clients lose their employment before even entering the government rehabilitation facility (**Participants 1, 12, 13 and 15**). Different rehabilitation approaches are said to be problematic. The Participants shared a concern where there is a lack of qualified professionals rendering the services (**Participants 1, 3, 8 and 9**). **Participant 1** in particular identified a challenge at some rehabilitation facilities where "rehab…it is not about client it is about money". Long term EWP/EAP follow up resources that are declined by clients are also a challenge (**Participant 2)**.

Discussion of themes

- **Limited cognitive abilities, skill levels and knowledge**

Participants shared one of their main challenges related to the cognitive abilities, skill levels and knowledge presented by some substance abuse clients. Dealing with substance abuse challenges are taxing. When combining these challenges with additional personal developmental aspects the process has been found to become complex.

It is understandable that the Participants shared these specific challenges especially given that self-knowledge is linked to clients' ability to clearly define purpose (Doweiko, 2014:393). It is however arguable that an intervention is individualised and as such will be appropriate for the cognitive ability, skill level and knowledge of the client. It is important to remember that there are also different levels of skill and understanding amongst professionals (Connie & Metcalf, 2009:98).

It remains important to acknowledge that clients who are able to identify their own cognitive abilities may utilise these to remain optimistic and work towards their ideal outcomes more readily than clients with limited cognitive abilities (Connie & Metcalf, 2009:106). It has been found that circumstances may arise where a therapist is unable to work with a client. In such situations it is important to acknowledge the need and to then arrange a new intervention with a different therapist for the client. This must always be in the best interests of the clients and therapists (Macdonald, 2011:38).

Participants faced challenges involving client's cognitive abilities, skills and knowledge. Research found that therapy with substance abuse clients should often focus on direct concrete skills to address this challenge. Therapists are reminded to remember that some clients "do not have the cognitive abilities to benefit from some cognitive-behavioural or insight orientated practise" (Eliason, 2007:58). Therefore addressing challenges around cognitive abilities, skills and knowledge must be done. Therapists are warned to be aware of stereotyping substance abuse clients in therapy where skills are concerned. The therapists is advised to put themselves in the substance abuse client's shoes in order to be more effective in the sessions in addressing challenges around cognitive ability, skill and knowledge (Miller, 2014:309)

- **Enabling support structures and resources**

Participants found it particularly challenging where clients' support structures or resources were enablers. Enabling structures have been found to be very common. Researchers indicate that these structures become co-enabling that aggravate a client's substance abuse. Due to the nature of the client's relationship with their support the negativity of the relationship is disguised (Freeman, 2013:43). The therapist also deals with those clients who have no support structures in place.

The process of substance abuse has been found to leave many clients with few if any noteworthy people as a form of support (Brooks & McHenry, 2015:98). The challenges were either that co-dependency existed or where the enablers did not see the clients' substance abuse as a concern requiring intervention. There are ongoing debates around the construct of co-dependency. It is however acknowledged that co-dependency is a relationship that exists where each defines their purpose based around the co-dependent relationship. Whilst enablers have been found to put measures in place to shelter the substance abuser from facing consequences for the behaviour linked to their addiction (Doweiko, 2014:320). It can therefore be argued that these are very real challenges faced by Participants when choosing the most appropriate substance abuse practices for their interventions with clients.

- **Client specific realities**

The clients' stage of addiction; level of trust; perception of compulsive referrals and company dynamics were shared as challenges experienced by Participants. Each client exists within their own reality. Each system remains unique a client specific. Difficulties have been found to arise out of the interactional patterns a client has within such systems (Connie & Metcalf, 2009:176). It therefore makes sense that these difficulties do not remain in isolation but presents as challenges for Participants when deciding on best practices for substance abuse.

- **Limitations linked to resources**

Participants identified challenges such as remote locations; long waiting lists for government rehabilitation facilities; financial challenges; standards of third party resources and clients who decline accessing resources. It may be argued that these are very real challenges however these challenges may create an opportunity to re-evaluate the best practice intervention taking all the limitations into consideration.

Research found that creative thinking is required to put in place contingency interventions where resources are limited or not available in specific settings (Higgins, Silverman & Heil, 2008:314).

The lack of appropriate resources is especially problematic where clients live in more isolated areas as explained by Participants. On the other hand resources were found to not be readily available such as government rehabilitation services. Research confirms that this challenge is wide spread. Access to resources for clients with substance abuse challenges is not always available. On the other hand when they are available it is often not available in a timeous manner (Fisher & Roget, 2008:385).

3.9.3.11 Question 11: What measures do you put in place to overcome these challenges?

- **Theme 1: Implementation of clinical methods**

Participants found that the implementation of solution focussed therapy assisted to overcome challenges (**Participants 7, 15 and 19**). **Participant 7** agreed and found "ongoing…substance abuse assessments" created a platform to address challenges within the solution focussed framework. **Participant 11** supported this statement adding that "Motivational questioning very helpful to overcome negativity" as a challenge during the process. The Participants also found creating structure within the process, implementing relapse prevention methods whilst focussing on the process and not failures overcomes challenges (**Participants 15, 16 and 18**). **Participant 7** agreed stating "I get clients to focus on small victories" to overcome challenges.

- **Theme 2: Ongoing assessments**

Ongoing assessments are utilised to formulate highly personalised treatment plans to overcome challenges (**Participants 2, 7, 10, 11 and 12**). **Participant 11** explained overcoming challenges by "finding and researching alternatives relevant to the client". Participants were in agreement that managing expectations greatly assisted to overcome challenges and even prevent certain challenges during the implementation of treatment plans (**Participants 5, 8, 14, 18 and 22**). **Participant 5** emphasised "Manage expectations" during your treatment plan overcomes

challenges. Participants stated that the treatment plan should include making necessary referrals and providing psycho-education to overcome challenges (**Participants 8, 9, 14 and 22**).

Individualised treatments plans should assist clients with denial (**Participants 8 and 10**) whilst also focussing on potential rewards (**Participants 9**). To overcome challenges Participants recommended only using trusted resources (**Participants 2, 7, 13, 19 and 21**). **Participant 2** explained to "Only use the resources you trust, used or believe in".

- **Theme 3: Support structures and resources**

Participants spoke highly of utilising holistic support to overcome challenges. Engage with the case manager throughout the process as well as other members of the multidisciplinary teams. Obtain support as a professional whenever required (**Participants 3, 4, 9, 11, 19 and 21**). **Participant 6** recommended "utilising supervision" in a professional capacity to overcome challenges. **Participant 20** agreed stating that affiliates must be mindful of "care for the carer". Debriefing was said to address and overcome challenges (**Participants 19, 20 and 22**). **Participant 4** felt that emergency contacts form an important part of holistic support. **Participant 4** recommended that emergency contacts are always obtained to assist in overcoming challenges.

Discussion of themes

- **Implementation of clinical methods**

Participants shared a number of practices utilised to overcome challenges. Practices included making use of clinical methods such as solution focussed therapy; motivational questioning; structuring interventions; celebrating victories and focussing on the positives. The process followed by the Participants to overcome challenges is in accordance with solution focussed practices. It is recommended that it is most helpful to list the strengths alongside the exceptions of the specific client problem and times when life was experienced as more positive by the client (Connie & Metcalf, 2009:26).

- **Ongoing assessments**

Participants were highly in favour of ongoing assessments to overcome challenges. This afforded the opportunity to relook at the treatment plan alongside the client and to create momentum. Assessment has been found to be favourable as it identifies strengths and weaknesses; stage of substance abuse; level of maturity; and readiness for change to inform the most suitable treatment plan (Doweiko,2014:306). Further support of assessments indicate that solution focussed assessments is also used not only for the therapist to assess the client's progress but also for the client to assess their own progress based on their desired ideal outcome (Connie & Metcalf, 2009:18).

- **Support structures and resources**

Engaging with support structures and resources were said to assist in overcoming challenges by the Participants. Participants included support structures and resources not only for the clients but for the Participants themselves in their professional capacity. This included professional supervision and close engagement with professional teams and EWP/EAP personnel. Engaging with support structures in a professional capacity as a therapist is said to not only offer opportunities for training and development but also a chance for reflection (Connie & Metcalf, 2009:98). A particular strength can be identified herein. The utilisation of support and resources maximises the available choices for all concerned (Macdonald, 2011:72).

3.9.3.12 Question 12: What are the strengths you identify within your chosen substance abuse management practices?

- **Theme 1: Reliable support structures and resources**

The majority of Participants were in agreement about the strengths associated with enhancing support structures and networks. Participants explained how the EWP/EAP service providers have many resources. Certain clients would not normally have access to such services often seen as a luxury (**Participants 2, 5, 6, 7, 8, 9, 11 and 19**).

Participant 8 explained that it is not only beneficial for the client but also for the affiliate. "I have to my disposal an array for professionals", **Participant 8**. **Participant 6** agreed, "EWP service provider…has many links and resources". Participants highlighted the strength of shared responsibility between the support networks, especially with case managers (**Participants 1, 7 and 9**). Participants agreed that numerous third party resources may be seen as strengths. Rehabilitation facilities, 12 step programmes, families and friends have a positive impact (**Participants 6, 16, 17 and 18**). **Participant 16** stated "Third parties are a strength, the network, the links…" **Participant 20** agreed adding "Networking with professionals" remains a reliable strength.

- **Theme 2: Momentum due to ongoing assessments**

Participants were in agreement that ongoing assessments to inform individualised treatment plans are a valuable strength creating movement. Furthermore they found that managing expectations assisted to deal with work impact concerns, unrealistic expectations and misconceptions around the need for a quick fix (**Participants 13, 14, 15, 18 and 19**). **Participants 20 and 21** found that individualised treatment plans enhanced the possibility to overcome challenges. Furthermore they support ongoing assessments within the treatment plan deal with challenges promptly. **Participant 14** agreed adding that the individualised treatment plan enhances accountability. **Participant 3** explained the strengths lies in "Solution focussed therapy focussed on the here and now. It makes it practical and very real". Affiliate knowledge and professional qualifications to guide affiliates are seen as strengths (**Participants 22 and 23**). **Participant 3** felt that the treatment plan's strength lies in the opportunities being created to plant the seed for long term preparation and recovery.

Discussion of themes

- **Reliable support structures and resources**

Readily available and reliable resources accessible through the EWP/EAP service providers were mentioned as strengths. Linked hereto was the shared responsibility amongst professionals and network building. Participants also identified making connections between clients and resources as a strength. Therapists are warned not to favour their theory over the experience of a client. This may result in insufficient exploration of a problem that may result in development of further

dysfunctional symptoms (Macdonald, 2011:74). It may therefore be argued that engagement with support structures and resources are further opportunities to explore clients' problems and experiences to add value to the solution focussed intervention.

- **Momentum due to ongoing assessments**

The majority of Participants identified ongoing assessments as a strength. Participants used assessments to create movement; adjust treatment plans; gain focus on the here and now; and identifying practical steps with their clients. Ongoing assessments for substance abuse have been found to be good practice. Clients may present differently as their substance abuse progresses or lessen (Doweiko, 2009:407). One question that might need to be considered is if the momentum being created is sought by the therapist or the client. It is postulated that a good rule is that "the therapist should not be working harder than the client or trying to go faster than the client can accept" (Macdonald, 2011:19).

3.9.3.13 Question 13: How do you build on the strengths you have identified?

- **Theme 1: Enhancing support structures and resources**

The majority of Participants were in agreement that strengths are enhanced through relationship building (**Participants 1, 2, 3, 4, 5, 6, 9, 18 and 23**). A further key component to enhance strengths was identified as networking (**Participants 1, 2, 3, 4, 5, 6, 7, 19 and 23**).

Participant 11 found that networking created the opportunity to "continue to debrief, always remain open for advice" to build on strengths. **Participant 19** supported this finding adding "remaining part of a professional body with support networks" enhances strengths. It also creates opportunities to "conduct research" to build on strengths. Psycho-education within professional networks and amongst client networks build on strengths (**Participants 15, 16 and 23**). **Participant 23** stated that you can build on strengths if you "link up, network, refer, motivate and educate".

Participants 9, 12 and 23 found that increased motivation levels create opportunities to build on strengths. Multidisciplinary interventions and practices can

enhance motivation. Networking is required to have access to and engage with multidisciplinary teams. **Participants 9, 12 and 23** recommend continuously motivating clients. **Participant 9** recommends practical steps "Think about rewards, incentives, acknowledgement to keep motivation levels up". **Participant 18** found that the incorporation of Cognitive Behaviour Therapy enhanced clients' understanding of consequences and accountability affecting motivation. Further methods used to build on strengths by enhancing motivation was said to focus on the EWP/EAP not being personal. The EWP/EAP is confidential (**Participants 14 and 15**). The majority of Participants found that mindfulness meditation increased motivation to build on strengths (**Participants 1, 2, 3, 4, 5, 6 and 16**).

- **Theme 2: Making use of ongoing assessments**

Numerous Participants agreed that they are able to build on strengths through a facilitation process that focusses on small victories achieved by the clients. Participants felt they can only build on strengths through ongoing assessment to identify the small victories (**Participants 1, 2, 3, 4, 5, 6 and 12**). **Participant 12** explained that victories should be looked from different angles "Looking at small victories, from a therapeutic and practical sense…" **Participant 21** felt strongly that an affiliate can build on strengths by assessing what has worked and what has not worked for the client. This prevents repetition of strategies and interventions not rendering effective outcomes for the client. **Participants 19 and 22** supported this notion. **Participants 19 and 22** recommends further research based on each client's assessment to build on strengths.

Discussion of themes

- **Enhancing support structures and resources**

Key practices identified by Participants to build on strengths were networking, relationship building, educating and motivating. More training and supervision within the therapeutic setting has been found to enhance skills (Connie & Metcalf, 2009:277). It may also be argued that the level of awareness present amongst the Participants to seek opportunities to build on strengths is a strength in its own accord. An awareness to continue to evaluate chosen therapeutic practices result in professionals using more practices that improve opportunities for change and less practices that impede or are unnecessary (Connie & Metcalf, 2009:116).

Multidisciplinary teams offer a wide variety of available skills and resources. Networking is utilised to enhance professional relationships as well as to identify and have available reliable resources. Networking is emphasised as being required on an ongoing basis within the EWP/EAP framework (Richard, Emener & Hutchison, 2009:248).

- **Making use of ongoing assessments**

Ongoing assessment was found as a practice that assisted Participants to continue to build on strengths. Solution focussed assessments offered an opportunity to identify small victories whilst treating substance abuse challenges. The solution focussed assessment is conducted to identify the problem; to formulate an individualised treatment plan; to implement the treatment plan; and make referrals if necessary to encourage resolution of the problem (Richard, Emener & Hutchison, 2009:248). Participants making use of ongoing assessments affords the opportunity for client and therapist to have discussions around clients' progress being made (Connie & Metcalf, 2009:18).

3.9.3.14 Question 14: What content do you feel substance abuse management practices should contain to elicit the ideal outcome for all parties involved?

- **Theme 1: Incorporation of support structures and resources**

Participants 18 and 19 suggest ensuring that multidisciplinary teams are on the same page. **Participant 23** emphasised that the professionals should not be "working as an isolated island" for a best practice intervention. **Participant 18** supports this statement adding "Role players must be on the same page…" A large number of Participants recommends that best practices should include enhancement of support structures whether family, work or friends (**Participants 5, 13, 22 and 23**). Third party resources are said to be included (**Participants 5, 12, 16 and 18**). **Participant 19** agreed suggesting best practices should include "Referrals if necessary". **Participants 9, 18 and 19** agreed that necessary referrals should form part of best practices. **Participant 20** is supportive of referrals to form part of long term planning for the client. **Participant 20** suggest "Relapse prevention, preparation, prevention and long term support plans" to be considered for best practices. **Participants 13 and 22** support the inclusion of long term planning.

- **Theme 2: Ongoing solution focussed assessments**

The majority of Participants recommends assessments to form part of best practices (**Participants 2, 3, 5, 7, 10, 13, 18 and 21**). Assessments must be incorporated not only to determine the ideal outcome for the client but also their level of willingness to work towards their goal (**Participants 2, 3, 5, 7, 13, 18 and 21**). **Participants 10, 13 and 18** were in agreement that the assessment is crucial to manage expectations from the onset of the process. Explanation of confidentiality during assessment as well as taking any necessary containment measures if the assessment identifies risk should be included (**Participants 5, 7 and 21**). **Participant 3** agreed adding "Ongoing assessment and consent to treatment steps" should form part of best practices.

The majority of Participants agreed that evaluation must be included as part of best practices during the practices of ongoing assessments (**Participants 2, 5, 8, 11, 15 and 19**). **Participant 5** explained "the process changes" and as a result ongoing "evaluation" is needed. **Participants 18 and 23** agreed emphasising the importance of communication practices to discuss findings and for joint evaluation. **Participants 2, 16 and 22** supports evaluation highlighting the importance to keep clients informed, providing psycho-education as it enhances accountability. Building trust and evaluating manipulation were identified as practices to be included as best practices by **Participants 1, 3, 4 and 18**. **Participant 16** recommends including of evaluation of boundaries and setting relevant boundaries. **Participants 2, 3 and 6** agreed that it is not about blue print content but about the individualised process. **Participant 3** explained "the person…guides what content, process, practices to follow". **Participants 14 and 18** support individualisation, stating that professional flexibility should form part of best practices.

Discussion of themes

- **Incorporation of support structures and resources**

The majority of participants shared that content for best practices in managing substance abuse should include support structures and resources. There was an overall agreement that substance abuse management cannot take place in isolation. Suggestions are made that an awareness of clients' personal internal and external resources will inform what third party resources should be sourced for their

substance abuse intervention (Adan & Vilanou, 2012:135). Long term recovery could potentially be sustained when the necessary internal and external resources are developed during the substance abuse treatment intervention (White & Cloud, 2008:22-27). It might be argued then that best practice content could include the need to include support structures and resources during substance abuse management interventions by EWP/EAP affiliates. It should be noted that Participants emphasised the importance of the process over a blue print content. Research points out that the understanding, abilities, training, background and workload affects how best practices are implemented (MacArthur, 2010:14).

- **Ongoing solution focussed assessments**

The majority of Participants recommended that ongoing solution focused assessments should form part of best practice content. Participants rely on the solution focussed assessments to inform the treatment plan; manage expectations; assess risk; put containment measures in place; formulate ideal outcomes; evaluate progress and maintain momentum. Assessments to manage substance abuse is said to provide the therapist with the necessary information to act in the clients' best interest (Ruiz & Strain, 2011:713). The assessment process also allows for the identification of practical actions the clients may take straightaway to start to improve (Connie & Metcalf, 2009:69).

3.9.3.15 Question 15: What is the one aspect of your substance abuse management practices that you feel has the most impact for a positive outcome?

- **Theme 1: Ongoing assessments**

The majority of Participants agreed assessments and building trust from the outset has a positive impact (**Participants 3, 5, 7, 8, 9, 10, 11, 12, 14 and 15**). **Participant 3** found that the assessment "highlights the reason for the intervention from the start and carries it through until the very end". **Participant 5** agreed stating the assessment "gets the client's buy in and engagement" when the client feel you are invested. A large number of Participants felt not promoting manipulation from the assessment had a positive impact (**Participants 4, 9, 14 and 19**). **Participants 3 and 5** use the assessment to place focus on the "why" for the client and to inform goal setting. The assessment is used to inform the treatment plan to make prompt referrals if necessary (**Participant 13 and 19**). Assessments also identify the need

for boundaries and communication around such boundaries which is helpful during the process for all parties concerned (**Participants 13, 14 and 18**).

- **Theme 2: Incorporation of recognised multidisciplinary interventions and practices**

Utilising multidisciplinary teams, networks and resources have a positive impact (**Participants 2 and 23**). **Participant 2** suggests "obtaining client's consent to link with multiple resources during process" to promote best possible outcome. Participant 16 supports this statement adding "being practical, addressing money matters" makes a difference. Referrals to all relevant and needed resources with consent are recommended. **Participants 19, 20 and 22** are in agreement adding that the affiliate's clinical knowledge and experience guiding such decisions has a positive impact. The affiliate's knowledge, according to **Participant 19**, assists them to "focus on what matters". **Participant 13** explains this knowledge is what is "getting clients into the right treatment plan". **Participants 7, 12, 17 and 18** found that unconditional positive regard, acceptance and connecting with clients by the multidisciplinary teams have a positive impact. **Participant 6** agrees adding that the multidisciplinary teams assist client's to add meaning to their intervention.

Discussion of themes

- **Ongoing assessments**

The majority of Participants were in agreement about the effectiveness of making use of ongoing assessments. Ongoing assessments were found to be one of the practices the Participants identified as being most impactful during the process. Solution focussed assessments lays the groundwork for the client to see past their addiction and to view "healthier times" (Connie & Metcalf, 2009:26). The miracle question forms part of solution focussed ongoing assessments. The inclusion of ongoing assessments by the Participants is a practice that allows clients to imagine their futures without their substance abuse challenges and setting goals in place to achieve such an outcome (Connie & Metcalf, 2009:17).

- **Incorporation of recognised multidisciplinary interventions and practices**

Participants shared how multidisciplinary interventions and practices often enhanced the outcomes of their substance abuse interventions. Participants were in favour of approaching the intervention holistically and not address substance abuse in

isolation. Substance abuse clients have been found to often present with coexisting challenges. Research found better treatment outcomes where the interventions involved integration with other professionals and services (Kaye, Vadivelu & Urman, 2014:193).

3.10 Conclusion

The findings of an online survey amongst 42 respondents and focus group interviews with 23 participants were presented, analysed and discussed.

In the following chapter the researcher presents the key findings, conclusions and recommendations. Such findings, conclusions and recommendations are based on the research goal and objectives set out at the commencement of this research project.

CHAPTER 4

4 Key findings, conclusions and recommendations

4.1 Introduction

The researcher conducted the study in order to explore best practices of EWP affiliates in South Africa in managing substance abuse. In order to do so, the researcher had to firstly explore and describe content for best practices. Secondly an exploration of the EWP/EAP affiliates' perceptions of best practices was required. This was followed by the identification of strengths and challenges experienced by the EWP/EAP affiliates to inform best practices.

It became evident from both the literature study and empirical research that limited research is available on best practices for substance abuse management by EWP/EAP affiliates within the South African context. The literature study suggested that best practices include a holistic approach within the EWP/EAP framework. A holistic approach within the EWP/EAP framework was supported by the empirical research.

The purpose of this chapter is to highlight the recommendations from the study.

4.2 Literature review

4.2.1 Summary

The literature reviews, provided the definition of the key concepts. The literature focussed on research relevant to best practices for substance abuse management by EWP/EAP affiliates of South Africa. The literature included available short term substance abuse management interventions; roles of EWP/EAP affiliates; as well as strengths and challenges.

4.2.2 Conclusion

- South Africa faces many critical issues directly related to substance abuse across all sectors, government, communities and organisations. The phenomenon of substance abuse is a societal problem that is increasing year on year, which is twice the world norm (World Drug Report, CDA-Bayever, 2012:1-3).
- The EWP/EAP service providers in the form of affiliates, play an integral role in managing substance abuse. The most EWP/EAP affiliate are expected to, manage risk; formulate treatment plans; interactive case management; alignment with EWP/EAP industry; compliance with laws and ethics; record maintenance and data collection; and being suitably qualified.
- There are very few workplace specific outcomes formulated with regards to EWP/EAP affiliates' roles in managing substance abuse. Studies show that the area within EWP/EAP with the most room for improvement remains the level of service delivery by EWP/EAP affiliates (Maiden, 2014:69).
- Extensive research is not available on best practices for substance abuse management within the South African EWP/EAP context.

4.2.3 Recommendations

Recommendations set out below are derived from the conclusions drawn from the literature study:

- Further studies are required in order to inform best practices for EWP/EAP affiliates managing substance abuse within the South African context.
- Collaboration is required between EWP/EAP role players in order to develop a growing body of best practices. Such professional engagement will assist in highlighting factors to consider in supporting and managing EWP/EAP affiliates who are dealing with the phenomenon of substance abuse.
- All role players across policy, programming and governance levels need to agree on the managing substance abuse standards for EWP/EAP affiliates within South Africa making use of short term interventions. Outcomes and impact evaluations should be developed to evaluate the interventions.

- Agreement on an overall and comprehensive strategy for best practice of substance abuse by EWP/EAP affiliates is vital.
- The EWP/EAP service providers which should continue to be encouraged and monitored in their role of creating awareness around substance abuse management.
- To research how to best position comprehensive EWP/EAP training programmes for EWP/EAP affiliates in managing substance abuse according to the identified goals and objectives for best practices.
- Further research of the EWP/EAP service provider expectations of EWP/EAP affiliates in managing substance abuse. In order to see if they influence the EWP/EAP policies, programmes and governance.

4.3 Empirical investigation

The summaries, conclusions and recommendations based on the empirical investigation including both quantitative and qualitative data is set out below.

4.3.1 Online survey

4.3.1.1 Summary

Demographics

Females accounted for 79% of the respondents. Whilst the majority of the respondents were White (69%), followed by Black (19%), then Coloured (7%) and lastly Indian (5%). 26% of the respondents had between 6-10 years of experience. 54.8% of the respondents were social workers. Most of the Respondents had Masters Degrees (54.8%) with the least having doctoral degrees (7.1

Content for best practices

The majority of Respondents strongly agreed that aftercare support (85.7%); holistic approaches to enlist support (82.9%); relapse prevention strategies (73.2%); and predetermined modules (22.5%) should all form part of the content for best practices to manage substance abuse.

Perceptions of best practices

Respondents perceived the following practices to be very important: clear communication of EWP framework and strategy (54.8%); cultivating a clear understanding of the EWP framework (52.4%); aligning chosen substance abuse management practices with the EWP framework and strategy (52.4%); solution focussed practices to outline best practices (50.0%); and cultivating close working relationships (64.3%). The data supports recent research supporting communication and alignment within the industry (Kant, 2014 in Martinez & Fleck-Henderson, 2014:42).

Respondents also perceived alignment to not be important (9.5%). There were respondents who perceived solution focussed interventions to be extremely unimportant (2.4%) when considering best practices. Perceptions also revealed a notion of unimportance to cultivate close working relationships (4.8%). The lack of alignment hinders maximisation of value and inhibits solving challenges (Sharar, 2008:59).

Exploring best practice

The data set indicated that Respondents make use of existing short term intervention practices (to a great extent 35.7% and somewhat 40.5%). With fewer Respondents indicating that they do not make use of existing short term intervention practices (very little 19.0% and not at all 4.8%).

Strengths and Challenges

Data obtained from the Respondents indicate the top three strengths experienced frequently were, 1)risk of harm is reduced (69.1%), 2)support networks are re-established (64.3%) and 3)ambivalence is resolved (53.7%).

The data reflect the following top three challenges experienced frequently by the Respondents: resistance displayed through the client's unwillingness to consider lifestyle changes or adherence to treatment requirements (45.2%); limited or non-existing support structures (41.5%); lack of commitment to treatment goals and/or client's existing support network uses substances (40.5%). Resistance is very common amongst clients struggling with substance abuse (Connors, DiClemente & Velasquez, 2015:43).

4.3.1.2 Conclusion

- The demographics of the Respondents are in line with demographics of Respondents within recent research studies for the EWP/EAP industry. It is reassuring to see the high number of Respondents with post graduate qualifications reflective of the growth in the industry.
- Respondents are aware of the need to enlist support from multidisciplinary teams during substance abuse interventions. Respondents have clear perceptions of what they deem best practices for substance abuse management including aftercare support; holistic approaches; relapse prevention strategies and utilisation of predetermined modules. Solution focussed practices are favoured amongst Respondents.
- Strengths and challenges identified by the Respondents are reflective of research studies both recent and historical.
- Contradictory findings are reflected within the data around perceptions with a specific focus on short term interventions. This may have an impact on the effectiveness of chosen substance abuse practices within the EWP/EAP framework if not aligned with short term interventions by the EWP/EAP affiliates.

4.3.1.3 Recommendations

The recommendations set out below are based on the conclusions obtained from the online survey data:

- More time to be spent on training programmes for EWP/EAP affiliates to increase skill and understanding of short term substance abuse management practices. Such training programmes may create opportunities for networking that will contribute in shifting attitudes and beliefs towards short term interventions. Affiliates experienced with short term substance abuse management practices will also be afforded the opportunity to share their knowledge and experience in a potentially mentoring environment.
- Resource sharing strategies and action plans may contribute to assist EWP/EAP affiliates to overcome commonly identified challenges. EWP/EAP affiliates to be motivated to share challenges with the EWP/EAP service providers to create opportunities to identify trends and action plans alongside the EWP/EAP affiliates. Resource sharing focussed on strengths may similarly create opportunities to build on the identified strengths.

4.3.2 Online survey narrative

4.3.2.1 Summary

The following themes emerged from the online survey narrative. The themes are set out thematically. These themes correlate with themes identified within the focus group interviews:

Multidisciplinary interventions and practices

The majority of Respondents favoured a multidisciplinary approach perceiving that this approach has a positive impact on the treatment process and outcomes.

Ongoing assessments

The majority of Respondents are in favour of implementing ongoing assessments. Treatment plans are informed by doing so as well as assessing the here and now with their clients according to the Respondents.

Support structures and resources

Most Respondents identified significant others and community resources as highly valuable to enhance the treatment intervention and outcomes forming part of their chosen best practices. Respondents also shared the challenges they face alongside their clients, when resources are not available or when support structures enable substance abuse.

Challenges

Respondents placed emphasis on clients lacking trust and commitment. Respondents experienced challenges around clients' lack of admission to having a substance abuse challenge. Lack of acknowledgment has a detrimental impact on the process as experienced by the Respondents. Respondents experienced challenges where third parties did not tailor interventions for clients.

Strengths

The majority of Respondents indicated that there were more successful treatment outcomes when utilising multidisciplinary practices.

Affiliate disagreement in short term interventions

A number of respondents did not agree with the EWP/EAP short term frameworks. The Respondents were of the opinion that short term therapy has time restraints which they found unfavourable in dealing with substance abuse.

4.3.2.2 Conclusion

- Multidisciplinary treatment plans are widely utilised by Respondents. EWP/EAP affiliate experience reinforced their decisions to involve relevant professionals in the substance abuse management process.
- Resources and support structures play a pivotal role in substance abuse management. The resources and support structures may have a positive or negative impact depending on the availability of the resources and tailoring towards the client needs.
- There are some EWP/EAP affiliates who do not believe in short term interventions. Therefore, their clinical perceptions differed significantly from those who believe in short term interventions.

4.3.2.3 Recommendations

- Future research to be conducted to explore what roles EWP/EAP affiliates assign to multidisciplinary teams and to themselves. It would be valuable to explore what other professionals are mostly utilised. Such research could further inform best practices for substance abuse management by EWP/EAP affiliates.
- EWP/EAP service providers to explore practical steps on assessing EWP/EAP affiliates' theoretical frameworks. This should include exploration of how EWP/EAP affiliates align their framework with that of the EWP/EAP service provider. This may create opportunities for EWP/EAP affiliates who find short term frameworks challenging to voice their challenges in order to be supported to find ways to overcome these for the best interest of clients. Should the EWP/EAP affiliate find they are unable to conduct short term therapy they should give due consideration to not form part of the EWP/EAP affiliate network. Research has shown that a therapist should give due consideration before applying a framework that does not fit them as a therapist, as it may have detrimental effects on the client (Becvar, 2012:225).

4.3.3 Focus group interviews

4.3.3.1 Summary

The responses derived from the focus group interviews will be discussed per the themes that appeared frequently during the sessions, which were similar to the themes from the online survey narrative already discussed:

Participant profiles

The participants included an equal mix of psychologists and social workers, of which the majority had master degrees.

Multidisciplinary interventions and practices

There was consensus that holistic and multidisciplinary approaches were favoured to inform best practices to manage substance abuse. Participants agreed that multidisciplinary teams provide a broad skillset and resources creating the best opportunities to manage substance abuse.

Ongoing assessments

The majority of participants firmly believed in ongoing assessments throughout their substance abuse management interventions, as they are used to inform their treatment plans. Ongoing assessments are favoured by the EWP/EAP affiliates for risk management, evaluation and monitoring.

Support structures and resources

Structures and resources were considered critical in creating opportunities for the best possible treatment outcomes and should therefore form part of best practices. The lack of support structures and resources were found by participants to directly impact interventions.

Challenges

It was clear during the sessions that participants faced an array of challenges in managing substance abuse. These included: the clients' cognitive abilities, skills and knowledge; limited/non-existent or enabling support structures; lack of appropriate resources or delays in accessing existing resources.

Strengths

Participants agreed that strengths within their chosen best practices can be reinforced through multidisciplinary interventions. These include having established support structures; reliable/trusted resources; and ongoing assessments to inform treatment plans.

EWP/EAP Affiliate disagreement with short term interventions

Some participants discussed their disagreement with short term interventions. The participants do not feel that short term interventions are best practice for substance abuse management. The participants were not fully comfortable with the short term framework of EWP/EAP service providers.

4.3.3.2 Conclusion

- Networking and training remain key aspects. Participants rely on these initiatives to make use of multidisciplinary interventions as a best practice to manage substance abuse.
- Ongoing risk assessments throughout their substance abuse management interventions, remains a priority for participants as a best practice.
- Facilitating opportunities to build support structures and link up with resources plays a pivotal role in substance abuse management by participants. EWP/EAP affiliates cannot control the availability or lack of resources.
- Chosen best practices of participants have strengths and challenges.
- Data indicate that EWP/EAP service providers have a number of EWP/EAP affiliates on their network who are not comfortable with the short term framework ascribed by the EWP/EAP industry.

4.3.3.3 Recommendations

- Future training programmes could consider the inclusion of various disciplines. This will create further opportunities for networking to enhance multidisciplinary teams within the EWP/EAP framework to inform best practices and discuss the different roles assigned to the different professions.

- More EWP/EAP managers should be encouraged to attend training programmes with EWP/EAP affiliates to shed more light on holistic substance abuse management from the EWP/EAP service providers' perspective.
- Replication of this study should include EWP/EAP affiliate management.
- EWP/EAP service providers to identify recruitment practices to build a strong EWP/EAP affiliate network managing substance abuse. Attention to be given to the belief and ability to manage substance abuse within a short term framework for the best interest of the clients, companies and EWP/EAP service providers.

4.4 Comparison between the quantitative and qualitative empirical results

As a mixed method approach was used for this study common themes emerged distinctly from the quantitative and qualitative data sets.

4.4.1 Summary

- Multidisciplinary interventions are perceived as an overarching best practice strategy when dealing with substance abuse management. The data sets revealed that multidisciplinary approaches were perceived as an important best practice by the respondents and participants alike. Multidisciplinary approaches confirmed the importance of interrelated systems within the EWP/EAP framework.
- Ongoing assessments were perceived as a best practice when managing substance abuse. Ongoing assessments based on sound clinical practices as per the qualitative data, were utilised to inform solution focussed treatment plans. This tied in with the quantitative data where the majority of respondents revealed that they conduct thorough assessments aligning their treatment plans and practices with solution focused therapy.
- Both qualitative and quantitative data sets showed that solution focussed and short term therapy practices to manage substance abuse as EWP/EAP affiliates, were favoured.
- The importance of the EWP/EAP affiliate in determining best practices for substance abuse was evident in both data sets. The data indicated that the

EWP/EAP affiliates had their own individual perceptions of best practices. The majority of the EWP/EAP affiliates strive to align these practices with the EWP/EAP short term framework. Aware of the challenges and strengths they face within their chosen substance abuse management practices was evident.

- Disagreements in the use of short term inventions were clear. The quantitative data revealed a number of respondents deemed it unnecessary to align their substance abuse practices with the EWP/EAP framework. The data also revealed a number of participants and respondents who reported to never use solution focussed practices as part of their best practices to manage substance abuse.

4.4.2 Conclusions

The empirical findings within the quantitative and qualitative data assisted to draw various conclusions and to make the relevant recommendations based thereon. The online survey, online survey narrative and focus group interviews each played a role to add richness to the study.

4.4.3 Recommendations

Consideration may be given for future research whereby the sample size for the different data sets is increased to create opportunities to make generalisations.

4.5 Evaluation of the goals and objectives of the study

4.5.1 Summary

The goal of this study was to explore best practices for substance abuse management by the EWP/EAP affiliates in South Africa.

The following objectives were formulated to achieve this goal:

- To explore and describe the content for best practices for EWP substance abuse management;
- To explore the perceptions of EWP/EAP affiliates about best practices in managing substance abuse within the EWP framework; and

- To identify strengths and challenges of EWP substance abuse management models to inform best practice.

All the relevant steps outlined by the above objectives of the study under investigation have been met.

4.5.2 Conclusions

Based on the study, the goal was met. So were the three objectives, which are discussed as follows:

Objective 1: To explore and describe the content for best practices for EWP/EAP substance abuse management.

This objective was achieved through the completion of the literature study on the subject of best practices for substance abuse management by EWP/EAP affiliates in South Africa. There is limited research on best practices for substance abuse in South Africa. Therefore international literature was also consulted for the purposes of this study. The objective was further achieved by the facilitation of the online survey and narrative and conducting the focus group interviews with EWP/EAP affiliates within South Africa.

Objective 2: To explore the perceptions of EWP/EAP affiliates about best practices in managing substance abuse within the EWP/EAP framework.

This objective was achieved through the online survey, narrative write up and the focus group interviews. The findings created an opportunity to draw conclusions on the EWP/EAP affiliates' perceptions. The data analysis process allowed for greater insights into the perceptions of the EWP/EAP affiliates. The objective was therefore specifically met by analysing the data from the empirical data.

Objective 3: To identify strengths and challenges of EWP/EAP substance abuse management models to inform best practice.

Literature reviewed provided strengths and challenges in order to inform best practices. The empirical investigations of this study also aided in identifying these, and the recommendations provided aid in establishing best practices for substance abuse management by EWP/EAP affiliates in South Africa.

4.6 Evaluation of the rationale and research question

4.6.1 Summary

The rationale for the study was to identify best practice for substance abuse management by EWP/EAP affiliates in South Africa, in order to promote the use of best practices amongst EWP/EAP affiliates. The research question for the study was 'What are the best practices for substance abuse management by EWP/EAP affiliates in South Africa?'

4.6.2 Conclusion

Both the rationale and research question have been addressed within the empirical study through the analysis of quantitative and qualitative data. Therefore the study addressed both the rationale and research in a meaningful manner.

4.6.3 Recommendation

- Further research is required. A study involving all EWP/EAP service providers within South Africa would provide insight into perceptions and expectations linked to substance abuse management best practices within the EWP/EAP framework.
- Replicating the study under investigation with a bigger sample size. This would enable generalisations to be made to inform best practices.
- That the orientations of EWP/EAP affiliates towards short term interventions are assessed. The outcomes may be used to inform a comprehensive strategy to facilitate buy-in from EWP/EAP affiliates in implementing short term interventions when fulfilling their roles as EWP/EAP affiliates. Such an assessment of EWP/EAP affiliates towards the EWP/EAP short term framework may create opportunities to relook EWP/EAP affiliate recruitment processes to ensure an appropriate fit. This in turn will create opportunities for alignment with EWP/EAP service providers to positively influence the implementation of best practices. This may also encourage the adoption of existing short term frameworks by the EWP/EAP affiliate networks.

4.7 Conclusion

The evidence from this study makes a valuable contribution to the empirical knowledge on best practices for substance abuse management by EWP/EAP affiliates within South Africa. Importantly, the study contributes to the existing knowledge base of affiliate perceptions pertaining to EWP/EAP substance abuse management and the roles they play. It is hoped that the study will evoke interest to create awareness of the importance of best practices to manage the increased challenges of the substance abuse phenomenon within South Africa.

References

Adams, N. & Grieder, D.M. 2013. *Treatment planning for person-centered care: Shared decision making for whole health*. London: Elsevier.

Adan, A. & Vilanou, C. 2012. *Substance abuse treatment. Generalities and specificities*. Barcelona: Marge Books.

Alterman, A. 2014. *Substance Abuse and Psychopathology*. New York, NY: Springer.

Ambrosino, R., Heffernan, J. & Shuttlesworth, G. 2015. *Empowerment series: Social Work and Social Welfare. An Introduction*. 8th ed. Boston, MA: Cengage Learning.

Arnold, D. 2013. *Traditions of Systems Theory: Major Figures and Contemporary Developments*. London: Routledge.

Attridge, M., Herlihy, P.A. & Maiden, R.P. 2013. *The integration of employee assistance, work/life and wellness services*. New York: Routledge.

Attridge, M, Amaral, T.M., & Hyde, M. 2003. Completing the business case for EAPs. *Journal of Employee Assistance*, 33(3): 23-25.

Babbie, E. 2007. *The practice of social research*. 11th ed. Belmont: Thomson Wadsworth Learning.

Babbie, E. 2012. *The practice of social research*. 13th ed. Wadsworth: Brooks/Cole Cengage Learning.

Babor, T.F. 1994. Avoiding the horrid and beastly sin of drunkenness: Does dissuasion make a difference? *Journal of Consulting and Clinical Psychology*, 62(6):1127–1140.

Babor, T.F. & Grant, M. 1992. Project on Identification and Management of Alcohol-Related Problems. *Report on Phase II: A Randomized Clinical Trial of Brief*

Interventions in Primary Health Care. Geneva, Switzerland: World Health Organisation.

Barbra, T. 2010. *An introduction to applying social work theories and methods*. Berkshire: McGraw-Hill International.

Bayever, D. 2012. *World Drug Report Jun 26*. United Nations office on drugs and crime. Central Drug Authority (CDA). Available: http://www.unodc.org/unodc/en/data-and-analysis/WDR.html (Accessed 2014/03/29).

Becvar, D.S. 2012. *Handbook of family resilience*. New York, NY: Springer.

Bellack, A.S., Bennett, M.E. & Gearon, J.S. 2013. *Behavioural treatment for substance abuse in people with serious and persistent mental illness: A handbook for mental health professionals*. London: Routledge.

Benekos, P.J. & Merlo, A.V. 2008. *Controversies in juvenile justice and delinquency*. Amsterdam: Elsevier Publishers.

Berger, L.S. 2013. *Substance abuse as symptom: a psychoanalytic critique of treatment approaches and the cultural beliefs that sustain them*. London: Routledge.

Berscheid, E.S. & Regan, P.C. 2016. *Psychology of interpersonal relationships*. London: Routledge.

Bhola, P & Raguram, A. 2016. *Ethical issues in counselling and psychotherapy practice: Walking the line*. Singapore: Springer.

Boyle, M., Loveland, D. & George, S. 2010. Implementing recovering management in a treatment organisation. In Kelly, J.F. & White, W.L. 2010. *Addiction recovery management: theory research and practice*. New York: Springer.

Bronfenbrenner, U. 2009. *The ecology of human development: experiments by nature and design*. Cambridge, MA: Harvard University Press.

Brooks, F. & McHenry, B. 2015. *A contemporary approach to substance use disorders and addiction counselling*. New York, NY: John Wiley & Sons.

Buchbinder, S.B. & Shanks, N.H. 2011. *Introduction to health care management*. 2nd ed. Ontario, Canada: Jones & Bartlett.

Burnard, P. & Campling, J. 2013. *Counselling skills for health professionals*. New York, NY: Springer.

Bynner, J.M. & Stribley, K.M. 2010. *Research design: the logic of social enquiry*. London: Transaction Publishers.

Carlstedt, R.A. 2009. *Handbook of integrative clinical psychology, psychiatry and behavioural medicine: perspectives, practices and research*. New York, NY: Springer.

Cayoun, B.A. 2011. *Mindfulness-integrated CBT: principles and practice*. New York, NY: John Wiley & Sons.

Chui, W.H. & Wilson, J. 2006. *Social work and human services best practice*. Annandale, NSW: Federation Press.

Connie, E. & Metcalf, L. 2009. *The art of solution focussed therapy*. New York, NY: Springer.

Connors, G.J., DiClemente, C.C., Velasquez, M.M. & Donovan, D.M. 2015. *Substance abuse treatment and the stages of change: selecting and planning interventions*. London: Guilford Publications.

Cook, E.P. 2015. *Understanding people in context: the ecological perspective in counselling*. Hoboken, NJ: John Wiley and Sons.

Csiernik, R. 2014. *Workplace wellness: Issues and responses*. Toronto: Canadian Scholars Press.

Csiernik, R. & Rowe, W.S. 2010. *Responding to the Oppression of Addiction: Canadian Social Work Perspectives*. Toronto: Canadian Scholars Press.

Creswell, J.W. & Plano-Clark, V.L. 2011. *Designing and conducting mixed methods research*. London: SAGE.

Daugherty, R.P. & Leukefeld, C. 2013. *Reducing risks for substance abuse: a lifespan approach*. New York, NY: Springer.

D'Cruz, H., Jacobs, S. & Schoo, A.M.M. 2009. *Knowledge-in-practice in the caring professions: Multidisciplinary perspectives*. Burlington, VT: Ashgate Publishing.

Delport, C.S.L. & Fouché, C.B. 2012. Mixed methods research. In C.B De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2012. 4th ed. *Research at grass roots*. Pretoria: Van Schaik Publishers.

Delport, C.S.L. & Roestenburg, W.J.H. 2012. Quantitative data-collection methods: questionnaires, checklists, structured observation and structured interview schedules. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2012. 4th ed. *Research at grass roots*. Pretoria: Van Schaik Publishers.

Domino, F.J. & Baldor, R.A. 2013. 22nd ed. *The 5-minute clinical consult*. Philadelphia, PA: Lippincott Williams & Wilkins.

Doweiko, H.E. 2014. *Concepts of chemical dependency*. 9th ed. Stamford, CT: Cengage Learning.

Druckman, D. 2005. *Doing research: methods of inquiry for conflict analysis*. London: SAGE.

Duncan, N., Naidoo, A. & Pillay, J. 2007. *Community psychology*. Lansdowne: Juta Press.

Dziegielewski, S.F. 2013. *The changing face of health care social work*. 3rd ed. New York: Springer Publishing.

Eliason, M.J. 2007. *Improving substance abuse treatment: an introduction to the evidence-based practice movement*. London: SAGE.

Emmelkamp, P.M.G. & Vedel, E. 2012. *Evidence based treatments for alcohol and substance abuse: a practitioner's guide to theory, methods and practice*. London: Routledge.

Employee Assistance Professionals Association of South Africa. 2015. *Standards for Employee Assistance Programmes in South Africa*. 4th ed. South Africa: EAPA-SA.

Fabricant, F., Miller, J. & Stark, D. 2013. *Creating career success: a flexible plan for the world of work*. Cengage Learning.

Feit, M.D. & Holosko, M.J. 2012. *Evaluation of employee assistance programs*. New York: Routledge.

Fisher, G.L. & Roget, N.A. 2008. *Encyclopaedia of substance abuse prevention, treatment and recovery*. 4th ed. Boston: Allyn & Bacon.

Fishman, M.J., Shulman, G.D., Mee-Lee, D., Kolodner, G. & Wilford, B.B. 2012. *ASAM Patient placement criteria: supplement on pharmacotherapies for alcohol use disorders*. Philadelphia, PA: Wolters Kluwer.

Flewett, T. 2010. *Clinical risk management: an introductory text for mental health clinicians*. Sydney: Elsevier Australia

Franklin, C. 2011. *Solution focussed brief therapy: a handbook of evidence based practice*. New York: Oxford University Press.

Freeman, E.M. 2013. *Substance abuse intervention, prevention, rehabilitation and systems change strategies*. New York, NY: Columbia University Press.

Gabbard, G.O. 2007. *Gabbard's treatments of psychiatric disorders*. 4th ed. Arlington, VA: American Psychiatric Publishing Inc.

Gabbard, G.O. 2014. *Gabbard's treatment of psychiatric disorders*. 5th ed. Arlington, VA: American Psychiatric Publishing Inc.

Galanter, M. 2013. *Recent developments in alcoholism: Combined alcohol and drug abuse typologies of alcoholics. The withdrawal syndrome renal and electrolyte consequences*. New York, NY: Springer.

Gatchel, R.J. & Schultz, I.Z. 2012. *Handbook of occupational health and wellness*. New York: Springer.

Gaudiano, B.A. 2015. *Incorporating acceptance and mindfulness into the treatment of psychosis*. New York, NY: Oxford University Press.

Ghodse, H., Herrman, H. & Maj, M. 2011. *Substance abuse disorders: evidence and experience*. Hoboken, NJ: John Wiley & Sons.

Giles, T.R. 2012. *Handbook of effective psychotherapy*. New York, NY: Springer.

Glasner-Edwards, S. & Rawson, R. 2010. Evidence based practices in addiction treatment: review and recommendations for public policy. *Health Policy*, 97(2-3):93–104. Available: http://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=20557970 (Accessed 2015/12/18).

Gravetter, F.J. & Forzano, L.B. 2003. *Research methods for the behavioural sciences*. Belmont: Thomson Wadsworth Learning.

Greeff, M. 2012. Information collection: interviewing. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2012. 4th ed. *Research at grass roots*. Pretoria: Van Schaik Publishers.

Greene, R.R. 2011. *Human behaviour theory and social work practice*. 3rd ed. New Brunswick: Transaction Publishers.

Grinnell, R.M. & Unrau, Y.A. 2008. *Social work research and evaluation: foundations of evidence-based practice*. New York: Oxford University Press.

Guest, G., MacQueen, K.M. & Namey, E.E. 2012. *Collecting qualitative data: a manual for applied research*. London: SAGE.

Hall, R. 2008. *Applied social research: planning, designing and conducting real-world research*. South Yarra, Australia: Palgrave Macmillan.

Hall, S.M., Wasserman, D.A. & Havassy, B.E. 1991. In Bellack, A.S., Bennett, M.E. & Gearon, J.S. 2013. *Behavioural treatment for substance abuse in people with serious and persistent mental illness: A handbook for mental health professionals*. London: Routledge.

Halton, C., Scanlon, M. & Powell, F. 2013. *Continuing professional development in social work*. Bristol: Policy Press.

Hämäläinen, P. 2010. *Global estimates of occupational accidents and fatal work-related diseases*. Tampere: Tampere University of Technology. (DPhil Thesis).

Harrison, R.T. & Williams, E.A. 2015. *Organizations ,communications and health*. New York: Routledge.

Heidelbaugh, J.J. 2015. *Pain management: A multidisciplinary approach*. New York, NY: Elsevier Health Sciences.

Hendrickson, E.L. 2014. *Designing, implementing and managing treatment services for individuals with co-occurring mental health and substance use disorders: blueprints for action*. New York: Routledge

Hesse-Biber, S.N. 2010. *Mixed Methods Research: Merging Theory with Practice*. New York: Guilford Press.

Higgins, S.T., Silverman, K. & Heil, S.H. 2008. *Contingency management in substance abuse treatment*. New York, NY: Guildford Press.

Hough, M. 2010. *Counselling skills and theory*. 3rd ed. London: Hodder & Stoughton.

Isabaert, L. 2016. *Solution-focussed cognitive and systemic therapy. The Bruges Model*. New York, NY: Routledge.

Ivankova, N.V., Creswell, J.W. & Plano-Clark, V.L. 2007. Foundations and approaches to mixed methods research. In Maree, K. 2007. *First steps in research*. Pretoria: Van Schaik.

Jacobs, S. & Steiner, J.L. 2016. *The Yale textbook of public psychiatry*. London: Oxford University Press.

Jacobson, J.M. & Hosford-Lamb, J. 2008. Working it out – social workers in employee assistance. *Social Work Today*, 8(2):18-23.

Johnson, B.A. 2010. *Addiction medicine: science and practice*. Volume 1. New York, NY: Springer.

Johnson-Faniel, D. 2011. *A phenomenological study of professional advancement. Making HER-story: women working it out!* Raleigh, NC: Lulu.

Kalunta-Crumpton, A. 2016. *Pan-African issues in drugs and drug control: an international perspective*. Burlington: Ashgate Publishing Group.

Kant, J.D. 2014. Becoming a liberation health social worker. In Martinez, D.B. & Fleck-Henderson, A. 2014. *Social justice in clinical practice: a liberation health framework for social work*. London: Routledge.

Kaye, A.D., Vadivelu, N. & Urman, R.D. 2014. *Substance abuse: Inpatient and outpatient management for every clinician*. New York, NY: Springer.

Kelly, J.F. & White, W.L. 2010. *Addiction recovery management: theory research and practice*. New York: Springer.

Kinder, A., Hughes, R. & Cooper, C.L. 2008. *Employee well-being support: a workplace resource*. San Francisco, CA: John Wiley & Sons.

Lee, D.G. 2011. *The pelvic girdle: an integration of clinical expertise and research*. New York, NY: Elsevier Health Sciences.

Lewis, J., Dana, R. & Blevins, G. 2010. *Substance abuse counselling*. 4th ed. Belmont, CA: Brooks/Cole Cengage Learning.

Lewis, J. A., Dana, R. Q. & Blevins, G. A. 2014. *Substance abuse counselling*. 5th ed. Stamford, CT: Cengage Learning.

Liamputtong, P. 2011. *Focus Group Methodology: Principle and Practice*. London: SAGE.

Lincoln, Y.S. & Guba, E.G. 1985. In Heppner, P., Wampold, B. & Kivlighan, D. 2007. 3rd ed. *Research design in counselling*. Belmont, CA: Brooks/Cole Cengage Learning.

Logan, C. & Johnstone, L. 2012. *Managing clinical risk: a guide to effective practice*. New York, NY: Routledge.

Lopez, S.J. & Snyder, C.R. 2011. *The Oxford handbook of positive psychology*. 2nd ed. New York, NY: Oxford University Press.

MacArthur, L. 2010. *Implementing change in substance abuse treatment programs*. Collingdale, PA: Diane Publishing Company.

Macdonald, A. 2011. *Solution-focussed therapy: theory, research & practice*. 2nd ed. London: SAGE.

Makhanya, S.M. & Botha, C.B. 2015. Higher education in South African. In Blessinger, P. & Anchan, J.P. 2015. *Democratizing higher education: international comparative perspectives*. New York: Routledge.

Maiden, R.P. 2013. *Global perspectives of occupational social work*. London: Routledge.

Maiden, R.P. 2014. *Accreditation of employee assistance programmes*. London: Routledge.

Maiden, R.P. 2014. *Employee assistance programs in South Africa*. London: Routledge.

McPherson, K., Gibson, B.E. & Leplege, A. 2015. *Rethinking rehabilitation: theory and practice*. Boca Raton, FL: Taylor & Francis Group.

Mehta, M. & Sagar, R. 2015. *A practical approach to cognitive behaviour therapy for adolescents*. India: Springer

Mignon, S. 2014. *Substance Abuse Treatment: options, challenges, and effectiveness*. New York, NY: Springer.

Miller, G. 2014. *Learning the language of addiction counselling*. 4th ed. Hoboken, New Jersey: John Wiley & Sons.

Miller, W.R. & Rollnick, S. 2002. *Motivational interviewing: preparing people for change*. 2nd edition. New York, NY: Guilford Press.

Miller, P.M. 2009. *Evidence based addiction treatment*. Burlingham, MA: Academic Press Elsevier.

Miller, G.P., Strang, J. & Miller, P. M. 2010. *Addiction research methods*. Oxford: John Wiley & Sons.

Miller, W.R. & Rollnick, S. 2012. *Motivational interviewing: helping people change*. 3rd ed. London: Routledge.

Miller, W.R. & Weisner, C.M. 2012. *Changing substance abuse through health and social systems*. New York: Springer.

Mizrahi, T, & Davis, L. 2008. *The encyclopaedia of Social Work: Volume 1: A*-C. 20th ed. New York, NY: Oxford University Press.

Mohrman, S.A. & Shani, A.B.R. 2014. *Reconfiguring the eco-system for sustainable healthcare*. Bingley: Emerald Group Publishing.

Monette, D.R., Sullivan, T.J. & De Jong, C.R. 2005. *Applied social research: tool for the human services*. 6th ed. Forth Worth: Harcourt Brace.

Morgan, O.J. & Lizke, C.H. 2013. *Family interventions in substance abuse: current best practices*. London: Routledge.

Morris, T. 2006. *Social work research methods: four alternative paradigms*. London: SAGE.

Muskin, R.P. 2015. *Study guide to substance abuse treatment: a companion to the American psychiatric publishing textbook of substance abuse treatment*. 5th ed. Arlington, VA: American Psychiatric Association Publishing.

National Business Group on Health (NBGH). 2005. *About the institute and the costs and health effects*. Available: www.wbgh.org/healthy/about.cfm (Accessed 2014/03/26).

National Business Group on Health (NBGH). 2009. An employer's guide to workplace substance abuse: strategies and treatment recommendations. Available: http://www.workplacementalhealth.org/Business-Case/An-Employers-Guide-to-Workplace-Substance-Abuse-Strategies-and-Treatment-Recommendations-.aspx?FT=.pdf (Accessed 2014/11/16).

National Geographic Channel. Drugs Inc. 2010. Available: http://channel.nationalgeographic.com/channel/drugs-inc/ (Accessed 2014/03/28).

Nelson, E.C., Batalden, P.B. & Godfrey, M.M. 2011. *Quality by design: a clinical microsystem approach*. San Francisco, CA: John Wiley & Sons.

Paladino, B. 2010. *Innovative corporate performance management: five key principles to accelerate results*. Hoboken, New Jersey: John Wiley & Sons.

Pallone, L.C. & Sims, B. 2012. *Substance Abuse Treatment with Correctional Clients: Practical implications for institutional and community settings*. London: Routledge.

Palmer, S.D. 2016. *Social work in mental health and substance abuse*. New York: Taylor and Francis.

Patton, W. & McMahon, M. 2014. *Career development and systems theory: connecting theory and practice*. 2nd ed. Rotterdam, Netherlands: Springer.

Peden, A. 2011. *Comparative health information management*. 3rd ed. Delmar: Brooks/Cole Cengage Learning.

Peden, A. 2015. *Comparative health information management*. 4th ed. London: Cengage Learning:

Pichot, T. & Smock, S.A. 2011. *Solution focussed substance abuse treatment*. New York: Routledge.

Rabaiah, A. 2010. In Vandijck, E. & Musa, F. 2010. *Best-practice framework for developing and implementing E-government*. ASP-VUB Press/Upa. Available: http://www.academia.edu/772629/Best-Practice_Framework_for_Developing_and_Implementing_E-Government (Accessed 2014/03/28).

Ramchand, R., Pomeroy, A. & Arkes, J. 2009. *The effects of substance use on workplace injuries*. Santa Monica, CA: RAND Corporation for International Labour Organisation.

Rice, C., Marlow, F. & Masarech, A.M. 2012. *The engagement equation: leadership strategies for an inspired workforce*. Hoboken, New Jersey: John Wiley & Sons.

Richard, M.A., Emener, W.G. & Hutchison, W.S. Jnr. 2009. *Employee assistance programmes: wellness/enhancement programming*. 4th ed. Springfield: Charles C Thomas.

Richards, D.A., & Hallberg, I.R. 2015. *Complex interventions in health: an overview of research methods*. London: Routledge.

Ritter, L. & Lampkin, S. 2011. *Community mental health problems: substance abuse*. Sadbury, MA: Jones & Bartlett Learning.

Roberts, G. & Ogborne, A. 1999. *Best practices: substance abuse treatment and rehabilitation*. Ottawa: Minister of Public works and Government Services.

Ross, T. 2012. *A survival guide for health research methods*. London: McGraw-Hill Education.

Rubin, A. & Babbie, E. 2005. *Research methods for social work*. 5th ed. Australia: Thomson Brooks/Cole.

Rubin, A. & Babbie, E. 2009. *Essential research methods for social work*. 8th ed. Belmont, CA: Brooks/Cole Cengage Learning.

Ruiz, P., Strain, E.C. & Langrod, J.G. 2007. *The substance abuse handbook*. Philadelphia, PA: Lippincott Williams & Wilkins..

Ruiz, P & Strain, E.C. 2011. *Lowinson and Ruiz's substance abuse: a comprehensive textbook*. 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins.

Rukwaru, M. 2015. *Social research methods: a complete guide*. Nairobi: Eureka Publishers.

Saldana, J. 2013. *The coding manual for qualitative researchers*. 2nd ed. London: SAGE.

Sawyer, K.R. 2007. Simulating Complexity. In Outhwaite, W. & Turner, S. 2007. *The SAGE handbook of social science methodology*. London: SAGE.

Shalin, H. 2014. *Enhancing qualitative and mixed methods research with technology*. Hershey, Pennsylvania: IGI Global.

Sharar, D.A. 2008. Do employee assistance program (EAP) affiliate providers adhere to EAP concepts? An examination of affiliate fidelity to EAP theory and practice. *Health Affairs*. 27(1):298-309.

Sharar, D.A., Pompe, J.C. & Lennox, R.D. 2012. Evaluating the workplace effects of EAP counselling. *Journal of health and productivity*, 6(2):5-14.

Silverman, D. 2000. *Doing qualitative research: a practical handbook*. London: SAGE.

Singleton, J.K., DiGregorio, R.V., Green-Hernandez, C., Holzemer, S.P., Faber, E.S., Ferrrara, L.R. & Slyer, J.T 2014. *Primary care: an interprofessional perspective*. 2nd edition. New York, NY: Springer.

Smith, R.L. 2015. *Treatment strategies for substance abuse and process addictions*. New York: John Wiley & Sons.

Sperry, L. 2010. *Highly effective therapy: developing essential clinical competencies in counselling and psychotherapy*. Washington, DC: Taylor & Francis.

Statistics South Africa. 2014. *Mid-year population estimates: P0302*. Available: www.statssa.gov.za/publications/P0302/P03022014.pdf. (Accessed 2016/10/18).

Statistics South Africa. 2016. *Quarterly employment statistics: P0277*. Available: www.statssa.gov.za/publications/P0277/P0277June2016.pdf. (Accessed 2016/10/18).

Stein, D.J., Ellis, G. & Meintjes, E.M. 2012. *Substance use and abuse in South Africa: Insights from brain and behavioural science*. Cape Town: Juta Press.

Stephens, R.C., Scott, C.K. & Muck, R.D. 2012. *Clinical assessment and substance abuse treatment: the target cities experience*. Albany, NY: Suny Press.

Strauser, D.R. 2013. *Career development, employment, and disability in rehabilitation: From theory to practice*. New York: Springer.

Straussner, S.L.A. 2014. *Clinical work with substance-abusing clients*. New York, NY: Guilford Press.

Strydom, H. 2012. Ethical aspects of research in the social sciences and human service profession. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2012. 4th ed. *Research at grass roots*. Pretoria: Van Schaik Publishers.

Substance Abuse and Mental Health Service Administration (SAMHSA). 1999. Centre for Substance Abuse Treatment. Brief Interventions and brief therapies for

substance abuse. *Treatment Improvement Protocol*, 34(2):13-30. Available: http://www.ncbi.nlm.nih.gov/books/NBK64942/ (Accessed 2014/03/29).

Tasman, A., Kay, J., Lieberman, J.A., First, M.B. & Riba, M.B. 2015. *Psychiatry*. Volume 2. 4th ed. Hoboken: John Wiley & Sons.

Titelman, P. 2014. *Clinical applications of Bowen family systems theory*. New York: Routledge.

Valentine, J. & Dejong, J. 2014. *Substance abuse prevention in multicultural communities*. Buchbeschreibung: London: Routledge.

Van Belle, H. 2008. *The conceptual framework of the systems theory*. Worldviews Discussion paper. http://www.vub.ac.be/CLEA/dissemination/groups-archive/vzw_worldviews/publications/vanbelle-real.html (Accessed 2014/04/20).

Vance, C.M. & Paik, Y. 2015. *Managing a global workforce*. 3rd ed. New York: Routledge.

Vanderplasschen, W., Wolf, R., Rapp, R.C. & Broekaert, E. 2007. In Leukefeld, C., Gullotta, T.P. & Gregrich, J. 2011. *Handbook of evidence based substance abuse treatment in criminal justice*. New York, NY: Springer Science and Business Media.

Van den Berg, N. 2000. *Emerging trends for EAPs in the 21st century*. New York: Routledge.

Van der Westhuizen, E. & Wessels, J. 2010. *South African human resource management of the public sector*. 2nd ed. Cape Town: Juta Press.

Von Bertalanffy, K.L. 1969. In Thomas, P.L. 2006. *Care management: a full immersion model*. Walden University: ProQuest.

Walliman, N. 2006. *Social research methods*. London: SAGE.

Walter, J.L. & Peller, J.E. 2013. *Becoming solution focussed in brief therapy*. London: Routledge.

Welman, C., Kruger, F. & Mitchell, B. 2005. *Research methodology*. 3rd ed. Cape Town: Oxford University Press South Africa.

White, W. & Cloud, W. 2008. Recovery capital: a primer for addictions professionals. *Counselor*, 9(5):22-27.

Williamson, G. R. 2005. Illustrating triangulation in mixed-methods nursing research. *Nurse Researcher*, 12(4):7-18.

Winston, W. & Winegar, N. 2014. *Employee assistance programs in managed care*. New York, NY: Routledge.

Wolfman, J. N. 2009. *"No man is an island": social predictors of treatment retention in a therapeutic community*. Baltimore County: University of Marylannd. (DPhil Thesis).

Yegidis, B.L. & Weinbach, R.W. 1996. *Research methods for social workers*. Boston: Pearson Education.

Zastrow, C. & Kirst-Ashman, K. 2009. *Understanding human behaviour and the social environment*. Belmont, CA: Brooks/Cole Cengage Learning.

Annexure A: Declaration of originality

UNIVERSITY OF PRETORIA

Full names: Lizèl Viviers

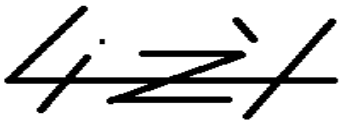
Student number: 22295722

Topic of work: Best practices of employee wellness programme affiliates in South Africa in managing substance abuse.

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this assignment is my own original work. Where other people's work has been used (either from a printed source, internet or nay other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE



Annexure B: Informed consent form for participants

14/03/2016
Our Ref: Prof L S Terblanche
Tel: (012) 420-3292
E-mail: lourie.terblanche@up.ac.za

Principal Investigator
Name: Lizèl Viviers
Institution: Independent Counselling and Advisory Services (ICAS)
Address: Moorgate Building, 6 North Road, Dunkeld West, Johannesburg,2196.

INFORMED CONSENT FORM: QUALITATIVE STUDY

Participant's Name: ……
Date: ……

1. ***Title of Study:*** Best practices of employee wellness programme affiliates in South Africa in managing substance abuse
2. ***Purpose of the Study:*** The purpose of this study is to investigate best practices of employee wellness programme affiliates in South Africa in managing substance abuse.
3. ***Procedures:*** The focus group interview will take approximately an hour to an hour and a half to complete. The group will consist out of 6 participants and one research assistant. The research assistant will be a qualified social worker. The researcher will make use of a semi structured interview schedule.
4. ***Risks and Discomforts:*** There is a possibility of harm given the responses required by me as a participant which may elicit emotional reactions requiring therapeutic support. The researcher will make provision for individual debriefing sessions after the focus group interview. Should additional counselling be required as a result of my participation in the focus group interview I may inform the researcher who will promptly make a referral to the ICAS EWP.
5. ***Benefits:*** I understand there are no known direct benefits to as a participant in this study. However, the results of the study may help employee wellbeing service providers to gain a better understanding of what may be deemed as best practices by employee wellbeing affiliates in managing substance abuse.
6. ***Participant's Rights:*** I may withdraw from participating in the study at any time.
7. ***Financial Compensation:*** I will not be reimbursed for being a participant within this study. The researcher will reimburse me for travel should I need to travel to the ICAS premises solely for the purpose of participating in the focus group interview – according to ICAS financial policies.

8. ***Confidentiality:*** In order to record exactly what I say in the focus group interviews, a digital recorder will be used. The recording will be listened to only by the Principal Investigator and authorized members of the research team at the University of Pretoria.
9. I understand that the results of the focus group interview will be kept confidential unless I ask that my responses be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.
10. If I have any questions of concerns, I can call Lizèl Viviers on 084 433 3726 at any time during office hours.

I understand my rights as a researcher subject, and I voluntarily consent to be a participant in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

I also understand that all raw data will be stored at the University of Pretoria for archival and possible future research purposes – for a minimum period of 15 years.

_____ _____

Subject's Signature **Date**

_____

Signature of Investigator

Kind regards,

PROF L S TERBLANCHE
SUPERVISOR

Department of Social Work & Criminology
Room 10-21.1, Level 10, Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 420 2325/2030
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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Social Work & Criminology

Annexure C: Letter of introduction requesting participation for participants

17/02/2016
Our Ref: Prof L S Terblanche
Tel: (012) 420-3292
E-mail: lourie.terblanche@up.ac.za

Research conducted by:

Ms. Lizèl Viviers (22295722)
Mobile number: 084 433 3726

Title of the study

Best practices of employee wellness programme affiliates in South Africa in managing substance abuse

Dear Participant

You are invited to participate in an academic research study conducted by Lizèl Viviers, Masters student, from the Department of Social Work at the University of Pretoria.

The purpose of the study is to explore and describe best practice for substance abuse management by you as an EWP/EAP affiliate. To elicit your perceptions and understanding of best practices for substance abuse management. Furthermore to identify strengths and challenges of EWP substance abuse management models you may be experiencing.

Please note the following:

- This is an anonymous focus group interview as your name will not appear on the interview schedule. The answers you give will be treated as strictly confidential as you cannot be identified in person based on the answers you give. The researcher will make use of a coding system to protect confidentiality.
- Your participation in this study is very important to us. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences.
- Please answer the questions during the focus group interview as completely and honestly as possible. The researcher will make use of a focus group interview schedule. This should not take more than 1 hour and 30 minutes of your time.
- The results of the study will be used for academic purposes only and may be published in an academic journal. We will provide you with a summary of our findings on request.
- Please do not hesitate to make contact with the researcher if you have any questions or comments regarding the study.
- Upon receipt of this signed form the researcher will be in contact with you to confirm availability

to attend a focus group interview at a specified time and date at the ICAS Johannesburg premises.

Please sign the form to indicate that:

- You have read and understand the information provided above.
- You give your consent to participate in the study on a voluntary basis.

_____ _____

Participant's signature Date

Researcher: signature

PROF L S TERBLANCHE
SUPERVISOR

Department of Social Work & Criminology
Room 10-21.1, Level 10, Building
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Hatfield 0028, South Africa
Tel +27 (0)12 420 2325/2030
Fax +27 (0)12 420 2093
Email Antoinette.lombard@up.ac.za

Annexure D: Interview schedule for participants

BEST PRACTICES OF EMPLOYEE WELLNESS PROGRAMME AFFILIATES IN SOUTH AFRICA IN MANAGING SUBSTANCE ABUSE

INTERVIEW SCHEDULE A

FOCUS GROUP 1: EWP/EAP AFFILIATES BASED IN GAUTENG

Institution: Independent Counselling and Advisory Services (ICAS)
Address: Moorgate Building, 6 North Road, Dunkeld West, Johannesburg, 2196.
Venue: The institute, Moorgate Building, 6 North Road, Dunkeld West, Johannesburg, 2196
Date:
Time:

The purpose of this schedule is to explore and describe best practice for substance abuse management by EWP/EAP affiliates. To elicit the perceptions of affiliates' understanding of best practices for substance abuse management. Furthermore to identify strengths and challenges of EWP substance abuse management models.

With this in mind will you kindly answer the following questions to the best of your knowledge and experience as an affiliate in the field of EWP substance abuse management.

1. What is understood by best practices for substance abuse management by you as an EWP/EAP affiliate?

2. What is your chosen solution focused substance abuse management practices?

3. In what way is your chosen substance abuse management practices aligned with EWP solution focussed strategy?

4. Which material or predetermined models/strategies does your substance abuse management practices consist of?

5. What process do you follow to determine what best practice substance abuse model is suitable for an individual EWP client?

6. What guidance do you receive from EWP service providers regarding best practices for

substance abuse management?

7. Which specific substance abuse management practices to you prefer using within the EWP framework. Please provide a reason.

8. What role do you feel third party services such as rehabilitation facilities/support groups play within best practice for substance abuse management?

9. Do you currently involve third parties for substance abuse management? If yes, in what way do you currently utilise third party services during substance abuse management? If no, please explain the reason for not doing so.

10. Can you please share challenges you experience with your chosen substance abuse management practices?

11. What measures do you put in place to overcome these challenges?

12. What are the strengths you identify within your chosen substance abuse management practices?

13. How do you build on the strengths you have identified?

14. What content do you feel substance abuse management practices should contain to elicit the ideal outcome for all parties involved?

15. What is the one aspect of your substance abuse management practices that you feel has the most impact for a positive outcome?

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Room 10-21.1, Level 10, Building
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Fax +27 (0)12 420 2093
Email Antoinette.lombard@up.ac.za

Annexure E: Informed consent form for respondents

14/03/2016
Our Ref: Prof L S Terblanche
Tel: (012) 420-3292
E-mail: lourie.terblanche@up.ac.za

Principal Investigator
Name: Lizel Viviers
Institution: Independent Counselling and Advisory Services (ICAS)
Address: Moorgate Building, 6 North Road, Dunkeld West, Johannesburg, 2196.

INFORMED CONSENT FORM: QUANTITATIVE STUDY

Respondent's Name: ……
Date: ……

1. ***Title of Study:*** Best practices of employee wellness programme affiliates in South Africa in managing substance abuse
2. ***Purpose of the Study:*** The purpose of this study is to investigate best practices of employee wellness programme affiliates in South Africa in managing substance abuse.
3. ***Procedures:*** The questionnaire will take approximately 45 minutes to complete. The link to the questionnaire will be sent to me as the respondent in an electronic email format.
4. ***Risks and discomforts:*** There is a possibility of harm given the responses required by me as the respondent may elicit emotional reactions requiring therapeutic support. I may contact the researcher directly to facilitate a referral to the ICAS EWP should I require debriefing/counselling as a result of responses provided to the questionnaire.
5. ***Benefits:*** I understand there are no known direct benefits to me as a respondent in this study. However, the results of the study may help employee wellbeing service providers to gain a better understanding of what may be deemed as best practices by employee wellbeing affiliates in managing substance abuse.
6. ***Respondent's Rights:*** I may withdraw from participating in the study at any time.
7. ***Financial Compensation:*** I will not be reimbursed for being a respondent to the questionnaire for this study.
8. ***Confidentiality:*** The researcher will protect my confidentiality by making use of Qualtrics IT software from the University of Pretoria. On completion of my questionnaire the data is

automatically submitted and captured on the University of Pretoria's central data base. All completed questionnaires will receive a code automatically created by the relevant IT software, Qualtrics – as such identification of any respondent is impossible. I understand that the individual results of the questionnaire will be kept confidential. The results of this study may be published in professional journals or presented at professional conferences and that my records or identity cannot be released due to safety mechanisms embedded in the IT software.

9. If I have any questions of concerns, I can call Lizèl Viviers on 084 433 3726 at any time during office hours.

I understand my rights as a researcher subject, and I voluntarily consent to be a respondent in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

I also understand that all raw data will be stored at the University of Pretoria for archival and possible future research purposes – for a minimum period of 15 years.

_____ _____

Subject's Signature **Date**

_____

Signature of Investigator

Kind regards,

PROF L S TERBLANCHE
SUPERVISOR

Department of Social Work & Criminology
Room 10-21.1, Level 10, Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 420 2325/2030
Fax +27 (0)12 420 2093
Email Antoinette.lombard@up.ac.za

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Social Work & Criminology

Annexure F: Letter of introduction requesting participation by respondents

17/02/2016
Our Ref: Prof L S Terblanche
Tel: (012) 420-3292
E-mail: lourie.terblanche@up.ac.za

Principal Investigator
Name: Lizèl Viviers
Institution: Independent Counselling and Advisory Services (ICAS)
Address: Moorgate Building, 6 North Road, Dunkeld West, Johannesburg,2196.

INFORMED CONSENT FORM: QUALITATIVE STUDY

Respondent's Name: ……

Date: ……

1. ***Title of Study:*** Best practices of employee wellness programme affiliates in South Africa in managing substance abuse.
2. ***Purpose of the Study:*** The purpose of this study is to investigate best practices of employee wellness programme affiliates in South Africa in managing substance abuse.
3. ***Procedures:*** The focus group interview will take approximately an hour to an hour and a half to complete. The group will consist out of 6 participants and one research assistant. The research assistant will be a qualified social worker. The researcher will make use of a semi structured interview schedule.
4. ***Risks and Discomforts:*** There is a possibility of harm given the responses required by me as a participant which may elicit emotional reactions requiring therapeutic support. The researcher will make provision for individual debriefing sessions after the focus group interview. Should additional counselling be required as a result of my participation in the focus group interview I may inform the researcher who will promptly make a referral to the ICAS EWP.
5. ***Benefits:*** I understand there are no known direct benefits to as a participant in this study. However, the results of the study may help employee wellbeing service providers to gain a better understanding of what may be deemed as best practices by employee wellbeing affiliates in managing substance abuse.
6. ***Participant's Rights:*** I may withdraw from participating in the study at any time.

7. ***Financial Compensation:*** I will not be reimbursed for being a participant within this study. The researcher will reimburse me for travel should I need to travel to the ICAS premises solely for the purpose of participating in the focus group interview – according to ICAS financial policies.
8. ***Confidentiality:*** In order to record exactly what I say in the focus group interviews, a digital recorder will be used. The recording will be listened to only by the Principal Investigator and authorized members of the research team at the University of Pretoria.
9. I understand that the results of the focus group interview will be kept confidential unless I ask that my responses be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.
10. If I have any questions of concerns, I can call Lizèl Viviers on 084 433 3726 at any time during office hours.

I understand my rights as a researcher subject, and I voluntarily consent to be a participant in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

I also understand that all raw data will be stored at the University of Pretoria for archival and possible future research purposes – for a minimum period of 15 years.

_____ _____

Subject's Signature **Date**

_____

Signature of Investigator

Kind regards,

PROF L S TERBLANCHE

SUPERVISOR

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Annexure G: Questionnaire for respondents

BEST PRACTICES OF EMPLOYEE WELLNESS PROGRAMME AFFILIATES IN SOUTH AFRICA IN MANAGING SUBSTANCE ABUSE

QUESTIONNAIRE

EWP/EAP AFFILIATES ACROSS SOUTH AFRICA

Address: Moorgate Building, 6 North Road, Dunkeld West, Johannesburg, 2196.
Method: Online electronic survey
Date:
Time:

The purpose of this questionnaire is to explore and describe best practice for substance abuse management by you as an EWP/EAP affiliate. To elicit your perceptions and understanding of best practices for substance abuse management. Furthermore to identify strengths and challenges of EWP substance abuse management models you may be experiencing.

SECTION A: BIOGRAPHICAL INFORMATION

Instruction

Kindly provide the required biographical information as requested below.

Question 1

What is your gender?

Male	Female

Question 2

What is your ethnicity?

Black	Coloured	Indian	White	Other

Question 3

How many years have you been working in the EWP field using substance abuse management practices?

1 year or less	2 to 5 years	6 to 10 years	11 to 15 years	16 to 20 years	More than 20 years

Question 4

What are you qualified as?

Psychologist	Social Worker	Registered Counsellor

Question 5

What is your highest level of qualification?

Degree	Honours Degree	Masters' Degree	Doctorate Degree

SECTION B: EXPLORING AND DESCRIBING THE CONTENT FOR BEST PRACTICE SUBSTANCE ABUSE MANAGEMENT.

Question 6

Instruction

Consider the various substance abuse management models that you make use of. Please read each statement carefully and decide if you feel it forms part of best practices for substance abuse management or not.

Note: the scale ranges between 1 and 5; with 1 = strongly disagree and 5 = strongly agree.

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		Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
6.1	Consistent application of a predetermined module or strategy supports best practices for substance abuse management.	**1**	**2**	**3**	**4**	**5**
6.2	Holistic approaches enlisting support from doctors, psychiatrist, rehabilitation facilities and support groups forms part of best practices for substance abuse.	**1**	**2**	**3**	**4**	**5**
6.3	Inclusion of relapse prevention strategies forms part of best practices for substance abuse management.	**1**	**2**	**3**	**4**	**5**
6.4	Aftercare support forms an integral part in best practices for substance abuse practices.	**1**	**2**	**3**	**4**	**5**
6.5	Best practices for substance abuse management includes a clearly defined treatment plan outlining solution focussed goals.	**1**	**2**	**3**	**4**	**5**

SECTION C: EXPLORING PERCEPTIONS ABOUT BEST PRACTICES FOR SUBSTANCE ABUSE MANAGEMENT BY YOU AS AN EWP/EAP AFFILIATE WITHIN THE EWP FRAMEWORK.

Question 7

Instruction

The following statements are about your own perceptions regarding best practices for substance abuse management within the EWP framework. Please read each statement carefully and decide how you perceive best practices for substance abuse management within the EWP framework.

Note: the scale ranges between 1 and 5; with 1 = extremely unimportant and 5 = extremely important.

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		Extremely unimportant	Not important	Neutral	Important	Extremely important
7.1	Clear communication of EWP framework and strategy forms part of best practices for substance abuse management.	**1**	**2**	**3**	**4**	**5**
7.2	A clear understanding of the EWP framework should be cultivated for best practices for substance abuse management.	**1**	**2**	**3**	**4**	**5**
7.3	Chosen substance abuse management practices should be aligned with the EWP framework and strategy.	**1**	**2**	**3**	**4**	**5**
7.4	Solution focussed substance abuse management interventions as part of the EWP framework should outline best practices for substance abuse management.	**1**	**2**	**3**	**4**	**5**
7.5	A close working relationship between me as EWP/EAP affiliate, the EWP/EAP case manager, EWP/EAP service provider and all third parties for holistic interventions are required for best practices in substance abuse management practices.	**1**	**2**	**3**	**4**	**5**

SECTION D: EXPLORING PERCEPTIONS ABOUT EXISTING SUBSTANCE ABUSE INTERVENTION PRACTICES TO INFORM BEST PRACTICES FOR SUBSTANCE ABUSE MANAGEMENT BY EWP/EAP AFFILIATES.

Question 8

Instruction

The following statements are about existing substance abuse intervention practise to inform best practices for substance abuse management within the EWP framework by you as an EWP/EAP

affiliate. Please read each statement carefully indicating from your perspective to what extent you make use of these existing substance abuse management practices.

Note: the scale ranges between 1 and 4; with 1 = Not at all and 4 = to a great extent.

		Not at all	Very little	Somewhat	To a great extent
8.1	Do you make use of the brokerage or generalist practices; this practice entails the EWP/EAP affiliate assisting the client to identify needs. The affiliate brokers support for the client based on the identified needs. The intervention lasts one or two sessions.	**1**	**2**	**3**	**4**
8.2	Do you make use of the assertive community treatment or intensive case management practices; this practice entails a high level of coordination. Specialised services are enlisted from third parties. Complex service systems are promoted for a holistic approach and the EWP/EAP affiliate supports additional client involvement.	**1**	**2**	**3**	**4**
8.3	Do you make use of the clinical or rehabilitation model; this model relates to assertive outreach and direct EWP/EAP counselling services. The model involves a team comprising out of a case manager and an EWP/EAP affiliate and all other relevant health professionals. As the client's problem severity increases the resources decreases to become more focussed.	**1**	**2**	**3**	**4**
8.4	Do you make use of the strength-based case management model; this substance abuse management practice entails a focus on the client's strength, self-direction and informal help networks as opposed to pure professional networks. The EWP/EAP affiliate's role reduces whilst the client is the responsible and primary decision maker.	**1**	**2**	**3**	**4**

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8.5	Do you make use of the behavioural treatment model; this model identifies specific risks and solutions for individuals. This model is opposed to generic treatment. The model introduces drug refusal and coping to individuals with a focus on relapse prevention.	**1**	**2**	**3**	**4**
8.6	Do you make use of Gabbard's substance abuse management model; the model involves relapse prevention and harm reduction strategies. Drug refusal skills and enhancement of social networks are promoted. Soliciting telephonic support from a designated support person is provided as a resource for "high risk" events. Participation in "healthy pleasures" in a group setting is promoted.	**1**	**2**	**3**	**4**

SECTION E: IDENTIFYING STRENGTHS AND CHALLENGES WITHIN SUBSTANCE ABUSE MANAGEMENT PRACTICES FROM EWP/EAP AFFILIATE'S PERCPECTIVE.

Question 9

Instruction

The following statements focus on some strengths and challenges associated with substance abuse management practice. Please read each statement carefully indicating from your perspective how often you encounter these challenges or strengths from your experience as an EWP/EAP affiliate.

Note: the scale ranges between 1 and 5; with 1 = very rarely and 5 = very frequently.

		Very rarely	**Rarely**	**Occasionally**	**Frequently**	**Very frequently**
STRENGTHS						
9.1	Change strategies are identified.	**1**	**2**	**3**	**4**	**5**
9.2	Ambivalence is resolved.	**1**	**2**	**3**	**4**	**5**

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9.3	Client carry out and are compliant with solution focussed goals and strategies.	**1**	**2**	**3**	**4**	**5**
9.4	Costs and benefits of change are learnt.	**1**	**2**	**3**	**4**	**5**
9.5	Change is reinforced through maintaining motivation to continue on a path of recovery.	**1**	**2**	**3**	**4**	**5**
9.6	Risk of harm is reduced.	**1**	**2**	**3**	**4**	**5**
9.7	Goals are set and solidified.	**1**	**2**	**3**	**4**	**5**
9.8	Client accepts responsibility for own recovery.	**1**	**2**	**3**	**4**	**5**
9.9	Clients are prepared for relapses.	**1**	**2**	**3**	**4**	**5**
9.10	Support networks are re-established.	**1**	**2**	**3**	**4**	**5**
		Very rarely	**Rarely**	**Occasionally**	**Frequently**	**Very frequently**
CHALLENGES						
9.11	Lack of commitment to treatment goals.	**1**	**2**	**3**	**4**	**5**
9.12	Non-compliant or disruptive clients.	**1**	**2**	**3**	**4**	**5**
9.13	Limited or non-existing support structures.	**1**	**2**	**3**	**4**	**5**
9.14	Limited third party holistic intervention resources.	**1**	**2**	**3**	**4**	**5**
9.15	Dishonestly regarding substance abuse challenges by client.	**1**	**2**	**3**	**4**	**5**
9.16	Client's present with multiple pathologies.	**1**	**2**	**3**	**4**	**5**
9.17	Client's unwillingness to consider lifestyle changes or adherence to treatment requirements.	**1**	**2**	**3**	**4**	**5**
9.18	Clients face conflicting mandates from different role players.	**1**	**2**	**3**	**4**	**5**
9.19	Relapse or continued substance use.	**1**	**2**	**3**	**4**	**5**
9.20	Client's existing support network uses substances.	**1**	**2**	**3**	**4**	**5**

SECTION F: EWP/EAP AFFILIATES CHOSEN SUBSTANCE ABUSE MANAGEMENT PRACTICES

Question 10

Instruction

Complete the below question by providing a description from your own perspective as an EWP/EAP affiliate.

Question 1

Kindly provide a brief description of your chosen substance abuse management practices. This should include an example of a substance abuse management treatment plan, a challenge that the chosen practice poses and a strength that it holds.

Thank you for taking the time to complete the questionnaire.

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Annexure H: Letter of consent from the Independent Counselling and Advisory Services South Africa

ICAS
Moorgate Building
6 North Road
Dunkeld West
Johannesburg, 2196

23 November 2015

To whom it may concerns

Written consent for student Lizèl Viviers to conduct research accessing the ICAS affiliate network

We hereby consent that ICAS employee, Lizèl Viviers, University of Pretoria student number 22295722, will be granted access to the ICAS affiliate network. Access will be granted in order for her to conduct her proposed research study. The network consists out of approximately 700 EWP/EAP affiliates. Lizèl Viviers may administer an electronic questionnaire and conduct focus group interviews with the ICAS EWP affiliate network outside of her working hours.

ICAS Affiliate Manager Linda Pera will undertake to alert the ICAS affiliate network of the student's proposed research study. Student Lizèl Viviers will only make contact with those affiliates who consent to participate in the proposed study under investigation.

ICAS shall not be held responsible or liable for any of the findings the student may encounter during the course of her research study.

Should you have any queries or questions relating to the above do not hesitate to make contact.

Kind regards

Signed: _____ Date: 11/1/2016

Clinical and Operations Director: Jonathan Roper