Professional Responsibility within Substance Abuse Treatment –

In the Perspective of the Ubuntu Philosophy

Institution of Pedagogic/IKM
Bachelor of Social Science Specialized
in Counselling and Treatment of Troubled Youth and Substance Abusers
Final Examination 15 hp

March 2010
Lisa Jönsson
Therese Stensson
Instructor:
Caroline Hansén
### ABSTRACT

Linnaeus University  
Institution of Pedagogic, Psychology and Sports Science  
Bachelor of Social Science Specialized in Counselling and Treatment of Troubled Youth and Substance Abusers, paper 15 hp.

<table>
<thead>
<tr>
<th>Title</th>
<th>Professional Responsibility Within Substance Abuse Treatment – In the Perspective of the Ubuntu Philosophy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Lisa Jönsson &amp; Therese Stensson</td>
</tr>
<tr>
<td>Instructor</td>
<td>Caroline Hansén</td>
</tr>
<tr>
<td>Date</td>
<td>March 2010</td>
</tr>
<tr>
<td>Number of Pages</td>
<td>50</td>
</tr>
<tr>
<td>Keywords</td>
<td>South Africa, Ubuntu philosophy, Responsibility, Ethic, Professional, Substance Abuse Treatment</td>
</tr>
</tbody>
</table>

The *Aim* of this study is to interpret and analyse what is considered to be professional responsibility within substance abuse treatment in the unique perspective of Ubuntu philosophy. The *Method* is of hermeneutic tradition, which is based upon qualitative research with five interviews. *Result:* Ubuntu philosophy can be seen as a perspective when interacting with clients, professionals and surrounding community. Ethical responsibility is by the professionals considered as a positive attitude, different approaches and respect for the profession, co-workers and clients. The *Discussion* enlightens the importance of education, ethical responsibilities and how the Ubuntu philosophy creates a holistic perspective in treatment. *Conclusion:* There will always be differences when working with people but the differences should not be considered as dilemmas more as challenges.
Foreword

We would like to thank a lot of people for giving us this opportunity to go to South Africa. First and foremost we would like to thank the manager and the professionals at De Novo Treatment Centre for putting time and effort into our study, without their help this study would not be presented. We would also like to thank the professionals at De Novo for taking time to explain how culture and social service works within South Africa. Another thanks for picking us up at the train station and giving us insight in your work and culture. We would also like to thank every one for the cultural lessons inform of how to get electricity into the apartment.

Back in Sweden we have a lot of people to thank as well, Kajsa Higgins and SIDA for giving us the MFS-scholarship, helping us with books, recommendation letters and giving us time.

Not to forget we like to thank our instructor Caroline Hansén for all the time and devotion she has put into our study. She has been terrific when making us aware of our perspective and giving feedback, she also stays consequent when we don’t and she has kept track on all the angels and witches that have appeared in our study.

We also have to thank each other for putting up with each other not only for the two months abroad, as well as during the preparations, writing the study, living together and arguing. This simply because you cannot always have the same perspective of how to write a thesis or study.

Thanks to all the lovely people in South Africa that we have met during this study.

Touch Down!

Lisa & Therese

CapeTown March 2010
“You cannot have rights, if you do not have any obligations”

(Hansén, 2010)
# Table of Contents

## INTRODUCTION .......................................................................................................... 1

**BACKGROUND** ............................................................................................................... 1  
The Constitution of South Africa ............................................................................. 2  
Ubuntu and the Constitution of South Africa .................................................... 3  
Responsibility ........................................................................................................... 4  
Organisational and Professional Responsibilities ............................................ 7  
Developing a Professional Identity .................................................................... 8  
Practical and Theoretical Knowledge in Social Work ........................................ 9  
Ethical Complaisance and Treatment Competence ........................................ 10  
Definitions .............................................................................................................. 12  
Theoretical Perspective .......................................................................................... 13  
The Theory of Communicative Action and Moral Discourse ............................ 13  
AIM AND PRESENTATION OF THE PROBLEM ......................................................... 15  

## METHOD ...................................................................................................................... 16

**DISCIPLINES OF SCIENCE** ...................................................................................... 16  
Hermeneutics ............................................................................................................ 16  
Qualitative Research ................................................................................................. 17  

**PLANNING AND IMPLEMENTATION** ........................................................................ 17  
Selection ....................................................................................................................... 18  
Instrument .................................................................................................................... 18  
Collection of Data ....................................................................................................... 19  
Analyse Method ........................................................................................................ 20  
Ethical Considerations ............................................................................................. 21  

## RESULT ........................................................................................................................ 22

**THE CONTEXT OF DE NOVO TREATMENT CENTRE** .................................................. 23  
Introduction of De Novo’s Interventions and History ........................................ 23  
Ubuntu – a Perspective in Treatment .................................................................... 26  
Responsibility Within the Profession .................................................................... 30  
Ethical Responsibility .............................................................................................. 31  
Professional’s Own Definition of Being Professional ....................................... 34  
Youth and Gender in Treatment ........................................................................... 36  
Practical and Theoretical Knowledge Within the Profession ............................ 39  

## DISCUSSION ................................................................................................................. 42

**METHOD DISCUSSION** ............................................................................................ 42  
**RESULT DISCUSSION** ............................................................................................. 43  
Ethical Responsibility Within Substance Abuse Treatment ............................ 43  
Professional’s Definition of Responsibility ......................................................... 44  
The Ubuntu Philosophy – a Perspective in Treatment ..................................... 45  

**CONCLUSIONS AND IMPLICATIONS** ..................................................................... 46  

## LIST OF REFERENCES .................................................................................................. 48  

## INQUIRY OF PARTICIPATION .................................................................................... 1
INTRODUCTION

Different educations assume that their perspectives are favourable to the benefit of purpose. The interest of pedagogic can be seen from a different angle and can give a broader perspective towards treatment, which results in a subjective relation towards knowledge and the education. Factors such as culture and inheritance, social environment and interaction are meaningful parts of the context, which cannot be overseen when working with people in crises. Our personal believes are that relationships are depending on time and the right attitude towards the factors above within professional work. During our education at Institution of Pedagogic/IKM our personal believes have become that the values of treatment are depending on evidence based treatment and effectiveness in time and cost. The belief in systematising the treatment has resulted in that professionals are depending on guidelines instead of personhood and empathic ability. We have been granted a Minor Field Study Scholarship financed by Swedish International Development Cooperation Agency (SIDA). We have thereby got the opportunity to visit South Africa to gather valuable information and material for our final thesis within our education. Besides educational reasons, the minor field study also has given us the prospect of learning more about the South African culture and traditions. This study will be of hermeneutic tradition, which implies that the scientific approach is to get a deeper understanding for the unique interpretation of the professionals within treatment care. The subject being treated in this study will give an interpretation of, what is considered by professionals within substance abuse treatment in South Africa, to be ethical responsibility in treatment. The subject will be enlightened in the perspective of the national Ubuntu philosophy.

Background

Background information, is a prospect to reveal other researchers understandings and reviews of the topic being treated. The background information is also a presentation of the subject and former discussion within the subject and gives an opportunity to interpret the researches standpoints and to use the researchers ideas to formulate and support own ideas (Bryman, 2008). This chapter will be a presentation of what is considered to be professional and different researchers’ view of education, responsibility, and development within social work. Within the background The Constitution of South Africa and the Drug Master Plan of the Social Development Services will be presented in the unique association of the Ubuntu philosophy.

The National Drug Master Plan from 2006 to 2011, is a plan which intend to realise a vision of a drug-free society and is brought to the forth by the Social Development. In the southern part of Africa substance abuse is a major problem, which is still increasing. South Africa has long borders and a location, which gives the country a strategic position for drug trade and is a transit route. The drug issue is withheld by the high unemployment rates were desperate people are promised easy money when working as drug couriers (Department of Social Development, 2006).
The age of first experimentation with drugs is about ten years of age. A drug is defined as a substance that is used with the intention of bringing about change in some existing process or state it is psychological, physiological or biomedical. The intended modification can be directed towards changes in medical behaviour or perceptual states and for either therapeutic or non-medical purpose. Substances, not usually considered as drugs, may function as drugs during certain circumstances for example foods, beverages, solvents and aerosols (Department of Social Development, 2006).

In South Africa the most common drugs are alcohol and tobacco followed by cannabis and white pipe – a combination of cannabis and mandrax, (methaqualone). Abuse of prescribed drugs and over-the-counter medicines are also common. Since the year of 2003 meta-amphetamine, in South Africa called TIK, has increased rapidly, mostly in the Western Cape. Approximately 42 percents of the primary drug of choice in the Cape Town area is TIK. (Department of Social Development, 2006).

**The Constitution of South Africa**

In the Constitution of the Republic of South Africa from 1996 concludes a supreme law of the land. The Constitution can be described as a governmental basic law that no other institution can contradict. The Constitution of the Republic of South Africa is a converging between the ten provinces in South Africa that emerged after the end of apartheid in 1994. The Constitution is a connection between individuals and the state, which is well illustrated in the preamble of South Africa (South Africa Government Information, 2010).

We, the people of South Africa, Recognise the injustices of our past; Honour those who suffered for justice and freedom in our land; Respect those who have worked to build and develop our country; and Believe that South Africa belongs to all who live in it, united in our diversity. We therefore, through our freely elected representatives, adopt this Constitution as the supreme law of the Republic so as to Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights; Lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by law; Improve the quality of life of all citizens and free the potential of each person; and Build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations. May God protect our people (South Africa Government Information, 2010).

The Bill of Rights have clear statements of the right to health care and social security, it also imply that individuals have right to health care services, the necessity such as food and water. The Bill includes the rights to social security, not only for the individual but also for the dependants. The Constitution also remarks that the assistance has to be suitable for the individual. Through the Constitution the individual’s rights becomes a governmental issue. Statements of limitations of rights, which can be reduced by law is also included in the Constitution (South Africa Government Information, 2010).
According to Drower in an article from 1996, the present period of social development in South Africa has engaged and motivated professionals in social work to reflect over the complexity that inherited within the foundation of values in the profession. To have a united profession, as a foundation for social service would maintain a fair and reasonable welfare system, this is a process that is still under development and will be for a long time. Drower (1996), also points out the diversity between ethnicity and population within the profession where white professionals are the main group. This means that barriers such as class, language and culture affect facts as equality, availability and the recognition of experienced needs. To take a step closer to unity within social service the national ethical codex, has to be acknowledged by all professionals, this does not signify that single groups or organisations adapt their own codex (Drower, 1996). Banks (2008), remarks that social work is both an international social establishment, which shall enlighten social justices, and a practical national establishment which takes part in a context of national law, policies and cultures and can be compared to moral philosophy.

**Ubuntu and the Constitution of South Africa**

The Ubuntu philosophy is an attempt to bring different nationalities and cultures together. The national concept of Ubuntu is a philosophy of social conduct (Mokorogo, 1998). The concept of Ubuntu can be translated into a philosophy within the South African culture that includes personhood, humanity, morality, and identity, which are created through community and culture. In creation of an individual identity the interaction with other people, community and culture are of great importance since the interaction with others reflexes how I am as a person, and teaches me how to be responsible and aware of others and myself. To be able to identify what is good, correct and proper it has to be reflected by means of the society. Through the interaction and reflection between individual and society a connection can be created. Ubuntu philosophy can be seen as a collectivistic way of considering people and society. To be offended in a collectivistic society is not about the individual’s self-respect but more about respect of the family and social community. Ubuntu establish the term interdependency which is not to be confused with addiction, instead interdependency is to be seen as an interactive relationship between different persons and society. When compared to the Western World’s idea of individualistic identity, which is created through competition and comparison the Ubuntu philosophy, do not believe in any individualistic competitions. In the Western World there is a belief in an individual responsibility that can influence the surrounding society, instead of the society and surrounding influences the individual (Battle, 2009). The development of the Western society has gone from a collectivistic to an individualistic way of thinking. As children we are depending on others but as we grow up we develop into individual selves, which is foundational for developmental psychologists as Freud and Erikson. The psychology can explain the individual interdependency towards the society, which also can be an explanation for development of the society (Dwairy, 2001).

The Ubuntu philosophy points out that there are interactions that cannot be overseen. These interactions bring the society together, and are also the reason why a society can be created. The philosophy does not make differences between individuals; instead it remarks that despite differences there are interactions and similarities (Battle, 2009).
Dwairy (2001), remarks that within a collectivistic society the development of an individual self is not of the same priority. Surrounding factors such as family and norms in the society are of higher priorities than developing an individual self. The differences between an individualistic and a collectivistic way of thinking are how the individual relies upon the government and respect of the family.

As Mokgoro (1998), describes that the Ubuntu philosophy is complicit in the Constitution of the Republic of South Africa. Mokgoro (1998), and enlightens that though the philosophy behind the Constitution, as mentioned above is relaying on humanity and morality, it can also be accompanied with criticism of the high rates of crime of violence in South Africa contradictory to Ubuntu philosophy’s values. The Ubuntu philosophy includes social values, which aim to bring group solidarity, conformity, respect, and collective unity. Ubuntu philosophy provides a perspective of the choice of belief in a person; if I as a professional choose to see the difficulties I will find difficulties. When choosing perspective, I as professional, also give the client a possibility to truly react and respond from the client’s own perspective (Battle, 2009). The Constitution of South Africa together with the Ubuntu Philosophy aims to progress a national uniformity amongst the units of society. It also has the meaning of reuniting the country and to build a future not depending on the colonial background as victims instead to build a future on own traditions and values (Mokgoro, 1998).

Responsibility

What is considered as responsibility can be difficult to define and is also depending on actual context. To be regarded as a responsible person, there is need of empowerment and a possibility to act responsibly. To choose not to act does not make the person less responsible, the responsibility is in need of the personal interpretation of an act of responsibility. To let others be responsible is a possibility to not take over and give one self a higher position in the relationship. To be responsible should not be regarded as to be obligated, but the person should be regarded as capable of decision-making and self-determination. In opposite to the argumentation mentioned above an exceeding of a person’s responsibility indicate that the person is not capable of taking responsibility of own actions. When taking over a responsibility in a professional situation, the professional gets a more valid responsibility not only towards the profession and organisation but also because of, in some cases, the client’s non-chosen situation (Heberlein, 2005). In the South African, Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers (South African Council for Social Service Professions, 2010), professional responsibility are defined as follows;

Social workers uphold professional standards of conduct, clarify their social work roles and obligations, accept appropriate responsibility for their behaviour and adapt their methods to the needs of different client systems. They cooperate with other social workers and institutions as needed in order to serve the best interest of their clients. They are also concerned about the ethical compliance of their colleagues’ conduct. When appropriate, they may consult the South African Council for Social Service Professions and colleagues when faced with ethical dilemmas (South African Council for Social Service Professions, 2010).
The responsibility also increases towards the professional’s own role with ethical and moral values. To possess a reflective position towards what is considered to be responsibility is of importance partly not to contravene the client’s empowerment and partly to fulfil the professional’s own conviction of the meaning of responsibility. Stanley Milligan’s experiment indicates that to trust an authority totally and to take responsibility for only good actions not is for certain. Also the authority should be exposed on behalf of reflection towards own professional conviction. The reflection over what is considered to be responsibility can never be seen as a completed process (Heberlein, 2005). Within treatment a theoretical knowledge is not enough, but in need of practical experience. The problematisation lays within establishing the practical knowledge as righteous and that the treatment preformed in a responsible approach. Jenner (1999), considers tacit knowledge as knowledge, which is created through experience and practice, and it can also be seen as knowledge, which has been concurred but cannot be described. It is the professionals’ responsibility to critically reflect over processed knowledge and experiences to avoid the knowledge and the experiences to become a trap of familiarity skills without reflection. To be able to reflect over experiences and knowledge is, according to Jenner (1999), a definition of competence.

Professionals are in different ways responsible towards the client and the organisation; the interests can be contradictory and thereby create a dilemma for the professional to fulfil the responsibilities. Responsibilities are often acknowledged with laws and norms within a society and being irresponsible is comparable to be breaking this norms and laws. Therefore, the professional’s actions are of greatest importance to be equivalent to the laws and norms of society (Heberlein, 2005). According to Heberlein (2005), responsibility is something a person learns through response from others of own actions. If the professional consider the client as incapable to understand the extent of ones own actions or behaviour, the professional take hold of the client’s possibility of own responsibility and the possibility to correct the situation. To be responsible for difficult situations that can be regarded as uncontrollable increases the opportunity to do own choices and to avoid similar situations in the future.

Chronic neglect or maltreatment in the early childhood can have impact on the brains development, especially in the parts like hippocampus which handles memory, learning, anxiety and impulse control. There is a much higher risk for the youth to develop a drug abuse if they have been exposed to neglect or maltreatment. Insults from the surrounding and/or environment can consequently have effect not only in the childhood but also through the whole life (McAdam & Mirza, 2009). According to McAdam & Mirza (2009), the professional have an ethical and moral responsibility to help people and to meet people in an appreciative way which increases the brain’s development. McAdam & Mirza (2009), shows studies about the Pygmalion effect and its effect on development. The Pygmalion effect shows that there is a connection between positive image and positive actions, and that it is possible to transactional this foundation to the person that is to be seen, if I see the other person in a positive approach he or she will do positive actions. This is becoming clear when working with youth, especially since youth and children are trying to learn and tries to reach new goals when they feel appreciated and seen.
By using certain parts of the brain the brain itself develops new cells birth which increases the possibility to develop the ability of memories and learning. Especially youth and young adults that have had few possibilities to interact with other people are, more certain to develop a negative identity.

To acknowledge a reaction positive or negative is foundational for social relationships. By noticing a person or a client either as a victim or as an offender of context, different feelings are discovered. Different attitudes can be held towards the client, person, depending on the balance between attitude of involvement and objectivity. Involvement can evolve feelings of understanding as seeing the client as a person and to increase the possibility to create an inter-subjective relationship. A more objective attitude is to see the client as an object for care or punishment. A reprimand can be helpful to understand inaccuracy and increase consciousness as an experience to be aware of in later situations, reprimand is not to be seen as revenge or vengeance. By seeing the client as a victim or an offender, do not mean that the victim is completely good and the offender completely bad, which puts the professional in a morally complex situation. The complicity in the situation lies within that a victim commonly is held for no responsibility, while the offender is easily held responsible (Heberlein, 2005).

In the society today the community has a psychological way of seeing the individual as an actor with empowerment were actions are held against culture, history and individual characteristics. Human value is also depending on social context and to society. To be an autonomic person with empowerment is depending on responsibility not to harm or abuse others right to self-determination and empowerment. Even if a person’s actions are incorrect and depending on ignorance, the person is still responsible for its own ignorance (Heberlein, 2005). It is the professionals’ responsibility to find the right conditions for the client to be able to increase their own participation in the treatment and bring one self into sharing the responsibility towards a personal development. The essential part of this responsibility is the balance between empowerment and power. The power becomes leverage when the professionals use their professional knowledge and personal idea of the client’s problems to mould the client’s characteristics (Hansén, 2008). Responsibility for a professional, is to help and to create new realities for the youth by rekindling their own opportunity to hopes and dreams, according to McAdam & Mirza (2009), it is our hopes and dreams that makes us human. It is by developing the cognitive parts of the youth that new ways of seeing the reality and new values can be developed. If the youth has ideas and dreams for the future they have a bigger opportunity to create motivation for the moment. When the professional recognises the youth’s abilities and strengths, which have not been noticed as valuable in an earlier stage, the youth can make them their own and make them a part of their own personality and thereby change their behaviour and create new energy to develop new moral acts.
Organisational and Professional Responsibilities

Ethical guidelines are seen differently depending on where in the world they are declared. In the United States of America the guidelines are fully described and detailed as rules. In Europe the ethical guidelines are more like principles and are supposed to be an example of the right way of practise. South Africa, on the other hand, has a group of professionals that declare an oath, which express the belief rather than principles for practice (Banks, 2003). According to Banks and Williams (2005), ethics is generally about how people care for each other and their surroundings.

The institutional welfare system has a problematic position, when it comes to handle the double position of both educating and treating people in a professional way. The problem for the institution however is to understand the demands of the client’s needs, and on the other part follow norms, rules and laws of the society (Croona, 2003). The Institution of Social Service can never be seen as free from values, but should act as an instrument for the client to reflect over ones own values and instruments to an increased ability of empowerment. A difficulty within Social Service is for the professional to consider three different values, the professional’s, the client’s and the organisation’s (Clark, 2006). Professional ethics is about how the professional shall act in relation to clients and co-workers, which includes facts such as amount of giving and taking empowerment, distribution of recourses, time and money. Professional ethics can be seen as a mixture of common ethics and moral philosophy (Banks & Williams, 2005).

In a professional education, first and foremost, there are two different types of knowledge; the academic-theoretical which is depending on scientific theory, and a practical-knowledge which is depending on tradition and well-tried practice. An academically developed knowledge has a deficiency in its abstract construction and can lead to reproduced knowledge between teacher and student. The practical knowledge, on the other hand, is controlled by the authority and organisation, and focuses on the result of the treatment (Croona, 2003). The professionalisation of practical knowledge can be considered as something the professional do or do not have (Thyer, 2007). It is not to forget that the professional works in the reality not in the theoretical philosophy and is dependent on the social context. The professionals are also in need of the laws, norms and values which are legitimated from the government in their direct work with clients. To be able to actualise the foundational values for the profession the professional has to be personally devoted towards the values, to be able to act correctly and to work in the right way (Clark, 2006). This transformation increases the identification of the professional as an expert within the practice (Croona, 2003). Within a profession the existence of a united language lay as a foundation for an understanding of the profession, but also exclude non-educated professionals (Thyer, 2007). The terminology is of double art and can be seen differently depending on who the interpreter, client or professional is. The terminology is a part of a colloquial language and can be used in different context and therefore, have different meanings in different situations. This brings to the fore, that the terminology can be divided instead of bringing the client and professional together as well as different professions (Croona, 2003).
The profession of social practice is relatively young and has been developed from the 1950’s, which is one of the reasons behind the development of the ethical codex. The interest for ethical aspects within social work is increasing which shows in the enlarged amount of literature, which can be found within the subject. The ethics has also become a topic in social work education, even in countries which do not have the same references as the countries in the Western World where, large development of the ethical aspects have taken place (Banks, 2008).

The ethical codex is usually written documents, which are produced by the professional organisations. These documents tend to be longer and more comprehensive to match the increased complexity within the practices, this to measure the need of higher control in the organisation. The reason to create this codex is for the professionals to be able to cope with the public criticism and to provide directions in how to handle the practical work. The ethical codex is not only, as mentioned above, to guide the professional but also to protect the client and to increase the professional’s status. The codex can also create and maintain the professional’s identity. The ethical codex usually contains ethical principles and rules, principles and rules for professional work, and statements of characteristics for the professional. A critical point of view towards the ethical guidelines is, that the guidelines minimises the professional’s own responsibility. Instead of participating in debate and reflecting over ones own actions the professional follows written rules (Banks, 2003). Thereby, it is of importance to enlighten constituting ethical problems and dilemmas so that the professional can reflect over his or her own values and actions. A professional can therefore construct his or her own identity as competent ethical and professional practitioner (Banks & Williams, 2005).

**Developing a Professional Identity**

Care is not enough when it comes to the foundation of ethics in a profession, there have to be theoretical and practical experiences in order to make a standpoint in an ethical decision. As a professional it is of importance not to see an ethical problem as an isolated fact but as several components in collaboration. This to avoid either care alone or only justice (Croona, 2003).

When identifying ethics and learning ethics the professional is in need of collaboration between tradition and culture as a reference for own experiences. Banks (2003), consider that ethical principles only can be established as a result of discussion and argumentation. When working with clients the own professional identity is to be changed. Within the practise of the professional, it is of importance to involve not only one self but also other professionals in the conversation and reflection of the practice. By reflecting, the reflection expands and becomes common and not only individual (Croona, 2003). As earlier mentioned, South African social workers follows the Codes of Ethics which is sanction-based and this means that the license can get withdrawn if a social worker transgress the codes (Weiss-Gal & Welbourne, 2008).
There are different aspects of perspectives; personal, institutional and communal which have to be connected to the actual social context, in order to get a fulfilled understanding of the professional’s attitude. The individual’s relation and perception of the actual social context constitute an opposition between the personal and communal perspective (Croona, 2003). The contextual condition such as; when and how the professional is educated can provide an understanding and problematisation of the community (Green, Gregory & Mason, 2006).

There is a difference between treatment and care, everybody has been exposed to care in one way or another as children, and have their own concept of what it implies. Care is considered to be fundamental and is implemented in the early stage of learning and can be seen as a foundation for an ethical ground. By developing the ethical reflection through different concepts of care a further development of different professional identity is possible. To be able to reflect, as a professional, over theoretical knowledge it is important to challenge the knowledge in practical work. It is not always possible to convert theoretical knowledge into practical contexts. Professional action can be seen as a mixture of working culture and individual culture, there are therefore differences in priorities depending on who presents the knowledge (Croona, 2003). Professionalisation has to be conceptualised as the ability to produce knowledge in traditions that are transferable into specific settings. This includes the acknowledgement of the ability to handle the uncertainty and changes in situations were generalisation and predictability are less valuable (Green, et al, 2006). Weiss-Gal & Welbourne (2008), mean that in several countries social workers commonly work in multi-professional teams, as do social workers in South Africa. Professional autonomy is demanded by individual facts and circumstances such as the ability to make correct judgments and to take personal responsibility. The amount of professional autonomy is also depending on organisational factors and context.

To be able to perform a professional work, the professional needs to have competence. Competence can be described as actual demands and qualifications with meaningful associations for the profession. Without competence the work cannot be exposed to criticism and reflection. By bringing together the practical qualifications of the competence with the demand of reflection and criticism, the professional’s work do not only becomes action of tradition it also becomes reflexive towards the professional’s different actions (Croona, 2003). The professional distance, professional boundaries and objectivity have been seen as qualities when it comes to distance the professional from private and subjective feelings, attitudes and beliefs. The professional objectivity can though lead to that the professional encloses or exposes oneself depending on context (Green et al, 2006).

Practical and Theoretical Knowledge in Social Work

When defining knowledge in a professional social work, there must be a reflection towards what kind of knowledge, being represented. Different kinds of knowledge have to be considered in a reflexive dialog; practical and theoretical. In social work the discussion also includes silent knowledge that can be referred to as internalised knowledge such as experiences in practical work, the culture of organisation, personal and professional values.
Croona (2003) remarks the importance of every day reflection towards practical work and silent knowledge. Silent knowledge is not possible to present as facts, because without reflection the knowledge cannot be exposed to criticism. Also Kubiak & Hester (2008), remarks the differences of knowledge when it comes to professional work, and that knowledge can be used in different ways depending on the situation and co-workers. The professional’s own experiences are by the professional and indication on what can be contributory to quality in treatment (Andersson & Johansson, 2008).

Professional and client have higher requests and different expectations of each other in current treatment. The client requests a higher service while professional requests more responsibility from the client. As the community changes and becomes more multicultural, the professional responsibility has to extend to be able to handle these new interactions between cultures and persons. Education and increased knowledge can be of importance to be able to get a deeper understanding for the new community (Croona, 2003). “There is a wide gap between principles or guidelines and daily practis (Andersson & Johansson, 2008, page 131)” Through discussions regarding ethical principles for the last 20 years the social profession has evolved. According to Kubiak & Hester (2008), government and society wants insurance for competent professionals. Therefore, the educational knowledge has become a crucial part of the profession. This has resulted in de-professionalisation of the expert knowledge, which often includes reflection, awareness, and practical knowledge (Davidson & Davidson, 1996). Green et al, (2006) also remarks that a new way of thinking rather than about de-professionalisation in the way that there is a profession but no superiority within. The professional’s education can be used not only to guarantee the professional’s competence but also to be used to confirm practical actions as ethical correct (Croona, 2003). Professionalism can alternatively according to Green et al, (2006) be translated into specialisation with certain knowledge and abilities where correct and professional conduct is highly valued.

**Ethical Complaisance and Treatment Competence**

To get as dependable information as possible about the client, the professional is in need of reliable techniques in evidence-based treatment. A professional who is aware of the purpose of documentation and the purpose to inform the client about the field of application are considered as ethical standards (Davidson & Davidson, 1996). Screening is a usable tool when it comes to gather such reliable information as possible – not to diagnose the client (Hunter, Romanelli et al. 2009). The screening help the professional to define what kind of care the client is in need for, as well as it is a tool to provide the right kind of treatment for the client. It is also safe for the professional to know that the treatment method is individually shaped for the client. Professionalism is not only depending on making the treatment secure it is also of importance to make the treatment more cost-effective. The cost-effectiveness and result-orientation of the treatment have resulted in that the treatment in some cases oversees the client’s well-being (Croona, 2003).
Professional acting is to complaisance the client with respect; a disrespectful act towards the client can be understood as offensive and non-humane. Within all treatment a good complaisance is foundational. Aspects such as reciprocity, acceptance and confirmation increase the ability to a professional interaction. A professional interaction differs from an equal relationship because of the asymmetry that occurs naturally in a relation where one part is supplicant. As a professional it is therefore, important to cherish the client’s integrity and empowerment. What is considered to be significant in a professional complaisance is depending on the client’s social background, age and gender (Croona, 2003). As a professional it is an important obligation to be up to date about different treatment methods and researches to be able to inform the client in a correct way. This can be seen as an ethical obligation for the professional, which is important when offering the most effective treatment as possible to the client (Thyer, 2007).

Within a profession there is certain responsibilities and competences that are well established. Acting and ability to act in different situation can be described as competence. Ethics can be seen as rational action in its actual social context (Croona, 2003). No clients are an example of theoretical general principals. “If all careworkers’ perceptions of treatment were characterized by their personal approach, there would not be any basis for individualized treatment (Andersson & Johansson, 2008, page 127)”.

The knowledge, theoretical and practical, is based on the experiences and changes of the professional approach. A professional with limited experience is depending on his or her knowledge of practice guidelines, while a professional with more experience is more likely to reflect over the context before estimating the situation. The theoretical knowledge gives a stable foundation for the professional to relay upon, but the practical experiences helps the professional to recognize different situations (Kubiak & Hester, 2008).

There is a new way of taking social work ethics into consideration, which emerge from the nature of values, and conduct that is foundational in families, relationships, societies and cultures. These values taken into consideration the significant others, motives and feelings, are in opposite not trying to become universal or abstract principles which are supposed to consider the individual freedom and rights that are supposed to be translated into all cultures (Banks, 2008).

When creating a professional identity it is of importance to see the totality instead of parts of the context and to rely of ones own experiences of complaisance. In the interaction between professional and client an increased ability to reflect ones actions occurs. This increases the possibility to create own ideals of how to be professional and create own identity. Both client and professional have to be aware of the expectations of each other’s reflections (Croona, 2003). One of the most important values for professional responsibility is to be able to cope with the client’s feelings, and to respond not to react against the offending behaviour (Andersson & Johansson, 2008). As Green et al, (2006) points out, professionalism is often seen as statically sides, professional distance on one hand and professional relation on the other hand. Instead of seeing two different parts it should be viewed at as a continuum on free movement based on context, professional role and good judgment. In a professional relationship it is the professional that carries the responsibility for how the relationship evolves. An awareness of the position and the practice towards the client is needed.
In the professional responsibility towards the client it is important to show empathy and not sympathy, which increases the client’s autonomy and integrity. A professional attitude does not exclude a personal attitude, but on the contrary, to show private feelings, attitudes and sympathies it can be seen as an offence towards the client. To see the client as an individual with the right to self-determination, right to information and participation, the client’s empowerment and the answers of the client’s need of reliability in the treatment increases. To balance the unequal relationship, between client and professional, a good complaisance and time for listening is important factors for the professional to consider (Croona, 2003).

Complaisance between a professional and a client should, according to Green et al (2006), emerge from citizenship and partnership, which aims to develop democratic relationships between professionals and clients. This also aims to confirm a person’s or a client’s subjective experiences and to over build the professional distance. It is to be noted that this perspective can be criticised. Thyer (2007) remarks that the professional, by focusing on the therapeutic relation between the professional and client, can consider the treatment method as secondary. In this way the professional can disregard from researchers which points out that different treatment methods do work differently depending on person and situation.

**Definitions**

*Responsibility* – Responsibility can be used in different terms, such as juridical and in moral philosophy, Aristoteles defined responsibility in terms to determinism and acting on free will, if responsibility were to be seen from this angle the responsibility never can be of own actions and to be punished would be like punishing machines only acting in determination. John L, Mackie have another tradition of responsibility, which is that actions, which has been performed during force are the person not responsible for (Nationalencyklopedin, 2010). In this study the definition of responsibility will be from the theology Heberlien. Heberlein on the other hand define responsibility into victim and offender and though we as humane are in need of categorising people to understand the occurrence. To be seen as a victim does not, according to Heberlein, make you less responsible only another sort of responsible. Heberlein’s definition of responsible is that we do act in habits of our behaviour but with the intention of making own choices (Heberlein, 2008).

*Ethic* – Ethic can be seen as a theoretically reflection over moral action. Ethical reflections are made upon facts, values and norms, which have to be evaluated to be able to make an ethical standpoint. The foundational knowledge, which is presented, also has to be evaluated in consideration towards making an ethical correct judgment. When taking an ethical standpoint in practical actions the person’s ability to involvement is of importance. To handle a situation ethically correct the person’s own reflection is to be considered, which is suppose to increase the ability to make ethically correct judgements (Nationalencyklopedin, 2010). An ethical dilemma can bee seen as a difficult situation, which is in need of a decision, and either decisions made involves uncomfortable alternatives (Banks & Williams, 2005).
**Professional** – A professional is a person, which is presenting a profession, and has developed special expertise to perform the specific profession. The professional has often a university degree or an expertise within the subject (Nationalencyklopedin, 2010). When defining a professional it is of importance that the professional have the right competence and is comprehensible with the responsibility (Croona, 2003).

**Profession** – The term profession is a descriptive word and is to distinguish specific characteristic which diverse the profession form other occupations (Weiss-Gal & Welbourne, 2008).

**Compliance** – The professional’s awareness of attitude towards the client and what the client is expecting from the professional (Croona, 2003).

**Client** – A client is someone who is in need of help, care or treatment and is in need of professional help (Nationalencyklopedin, 2010).

**Treatment care** – Treatment care is a conclusion of psychotically and socially rehabilitation within an institution. What kind of treatment, which is presented is depending on treatment methods and if the treatment care is presented in private or public regime (Nationalencyklopedin, 2010).

**Theoretical Perspective**

Jürgen Habermas have distinguished a philosophy based on a theory of moral discourse and communicative actions. Habermas is a German sociology and philosopher and was born in 1929. Habermas establishment can be seen as an attempt to describe public noted theories about social science, knowledge, language and thinking into one foundational theory about people’s interactions in the society (Nationalencyklopedin, 2010). In the moral discussion which has taken place in the last decades, Habermas has had a crucial part. Habermas (2008), has developed a justice perspective which can be seen as a foundation for handling moral questions in a more rational way.

**The Theory of Communicative Action and Moral Discourse**

Habermas (1996), declares that it is the concept of world of life that is foundational for actions of communications. Habermas (1996), has two parts of definitions regarding social act; the action of communication, which aims to precede an understanding and the strategic act which aims to bring forth achievement. A strategic act is also instrumental which means that it is successfully orientated and aims to fulfil egocentric goals. The act of communication on the other hand aims to accomplish mutual understanding in the social interaction. The communicative action is a mutual aid between participants, this means that the participants do not strive towards egocentric succeedings within the interaction. Within an act if communication the participant is presented both as listener and communicator who relates to the objective, social and subjective world (Habermas, 1996).
A regulatory of normative action proceeds from a moral and practical knowledge. A moral discourse is a way to assessment a norm regarded as righteous and which will stay righteous if everyone applies the norm in a similar approach. It can be translated into the well-known statement *treat others as you self would like to be treated by others*. If the norm accomplishes the suggestion above or a test of universalism, as Habermas (2008), describes it can be seen as a rational way of acting within ethic. The rational ethic can be divided into norms and values. When testing the norms trustworthiness Habermas (2008), points out that all participants should reflect through perspectives from yourself and everyone else. Habermas (1996) declares that to be able to recognise the difference between what is a normative act and what is not considered to be a normative act the participants has to be able to separate the subjective and internal world from the objective and external world. When constructing a universal valid pretention there are three foundational settings – objective, expressive and subjective. The objective setting means to refer to the actions and proceedings of the objective world in a neutral way. An expressive setting is to express ones own internal reflections over the actions and proceedings from a subjective world. The standard settings mean that participant’s in a moment of act and proceedings acts by the participant’s expectations within the group of the social world (Habermas, 1996).

Laws as well can be divided into similar perspectives which means that laws gets trustworthy if the community consider the law to be morally correct. Moral convictions are regulated by social interactions and are depending upon the context. Moral expectations of behaviour are also regulated by present social norms and traditions (Habermas, 2008). A normative regulated act aims not to one single participant’s action, which will be in contact with others but to one group of participants who orientates their actions towards the common social world. The norm can be regarded as an expression of co-understanding within a social group. To adapt the norm means that the expectations from others of a person’s behaviour will be fulfilled (Habermas, 1996).

Habermas (2008), remarks that the differences between moral and ethical judgements lies within the amount of contextual dependency. The difference is that ethical judgement lies within the traditional consistancy, which includes own identity and society. The moral judgment is on the other hand depending on laws and rules.

According to Habermas (2008), the context of the social world is only accessible through participation and through a participant’s perspectives. The social context is adjoined with the participants, which lives within and experience the context. It is through our socio-cultural inheritance, which we create a language that becomes solidarity within our social culture. According to Habermas (1996), culture is our storage of knowledge from which participants within the communication supplies with interpretations. The society constructs the legitimate structure were the participant within the communication regulate ones own social belonging.

To act in accordance with respect in interactions with others, in ones own society, composes a moral obligation that cannot be overseen. A participant’s autonomy is depending on own actions and personal characteristics which makes the individual, by others, to a respectable person. This is also foundational for the respect gained from others. The moral is also foundational for righteous actions and obligations, to act towards others to avoid disrespectful or unmoral actions (Habermas, 2008).
To act in a correct way precede the discussion in direction towards an act of obligation. The obligations do not bend the person’s will but do attach the moral obligation. Habermas (2008), implies that the society of today has developed rules of institutionalisation in a way so that knowledge shall be produced and preformed. These rules are created differently depending on which praxis that is foundational. Through those rules the professional becomes institutionalised to reflect in accordance to communicative action, moment in time and social conditions. When considering the institutional perspective, aspects such as the ideal society and that the society is a homogenous group needs to be considered. A morally acceptable action cannot only be seen towards one certain group in the society without being secularised (Habermas, 2008). A constructed norm also has a contrary when being violated, which means that sanctions can be used. Sanctions can be well internalised, but is still a sanction. Regardless, a sanction becomes a violation towards the person being exposed. The norms are also foundational for how interactions are regulated. To acknowledge a norm, the norm has to be received by the correct receiver. Regardless if a norm has been exposed to the test of universalism, and is used in a correct way it will not guarantee that the norm is absolute. When using a norm there is also an application of the norm, which is used to highlight so that the norm is being used in a correct way. By establish current norms do not give certainty that the norm is valid in a moral judgement. The ethical knowledge can on the other hand give information in every day practical situations and enlightening attitudes between individuals (Habermas, 2008).

**Aim and Presentation of the Problem**

The aim of this study is to analyse and interpret, how the professionals define, the professional and ethical responsibility in substance abuse treatment at a treatment centre in South Africa. Including how practical and theoretical knowledge influence a professional and also how the national Ubuntu philosophy influences the practical work and the philosophy behind. With this basis and to enable the aim of this study, three questions are to be answered;

- What is considered, by the professionals, to be an ethical responsibility in substance abuse treatment depending on experiences and education?
- How do professionals define professional responsibility within substance abuse treatment?
- How does the Ubuntu philosophy influence the foundational perspectives within substance abuse treatment?
METHOD

A scientific method implies a systematic way of accomplish the research. The method is foundational in all scientific studies and a thoroughly described method can provide replication of study and present a good quality of information. It is also an instrument to define what kind of information that has been gathered. Method can be defined as; in which way the information has been collected and if the information has been treated in an honest way. High reliability does not give a certainty for validity, but it is one of the obligations to get validity (Bryman, 2008). To get higher meaningfulness in a qualitative research it is important to provide a holistic picture of the contextual settings as well as of the informant’s subjective perception.

Disciplines of Science

To choose perspective is not only a reduction of aim and presentation of the problem, it is also an angle of the subject being treated in the study. The interest and curiosity demand what kind of method which is going to be foundational for the study, and it also implies that different types of information will be gathered depending on what type of method is being used. It is therefore, important as a researcher to choose a method, which matches the aim of the study. In social science the researcher normally use a qualitative method to gain a deeper understanding. This does not necessarily imply that this is the best method for the research (Eliasson, 2008).

The information gathered is also directed by paradigm of social science and present society structure and ideals (Eliasson, 2008). Description of the purpose has to be distinguished by rationality. A decision is rational only in relation to what the intention of the study is and which values that is fundamental for the researcher as well as for the aim of the study. Previous knowledge will also affect the rational decisions, which will influence what type of study which will be preformed and what type of empiricism that can provide the accurate facts (Thurén, 2007). The pre-understanding of this study has generated from previous study, education and work within the field of substance abuse treatment. The pre-understanding cannot be disregarded since it is foundational for the subject being treated. This study is therefore based on a previous paper “Professional Responsibility in Treatment” and will also reflect the researchers’ own reflection of what is considered to be responsibility.

Hermeneutics

The term hermeneutics is drawn from theology, which, when imported into the social sciences the purpose is to construct a theory and method of the understanding of human action (Davidsson & Patel, 2003). The hermeneutic tradition emphasizes the need to understand from the perspective of a social actor. The research method of hermeneutics is seen as explorative and descriptive, and with the purpose to give a deeper understanding for the subject being treated (Bryman, 2008). The hermeneutic tradition begins in a subjective perspective of the reality and society, which aims to describe the total context and not only parts of the reality, also called holism.
The matter of interpretation is foundational within the hermeneutic tradition, which increases not only the researchers’ but also the object’s subjectivity. Within hermeneutics the researcher often use qualitative research methods to be able to get hold of the contextual dimensions in humanity. A qualitative research method aims to describe and explain a deeper understanding for humanity and social contexts (Davidson & Patel, 2003).

Hermeneutics is used to understand and analyse both text and other non-documentary data such as social actions from the same perspective as the original creator. This means that the understanding will be focused on the historical and contextual meaning of the data. Bryman (2008) suggests, four criteria for evaluating the quality of data gathered within the hermeneutic tradition and those are: credibility, transferability, dependability and conformability, which are important towards the critical review. Reliability and validity is not, according to Bryman (2008), representative when working qualitatively it is therefore replaced by the above-mentioned criteria.

Qualitative Research

One of the reasons to choose a qualitative research method for this study is because of the opportunity to remain open towards the informers as well towards the information gathered (Eliasson, 2008). In a qualitative study ones own preconceived opinions demands awareness and an open mind towards the informers and the facts. These preconceived opinions will from the beginning illustrate the questions being asked, and will also lay as a foundation for the whole study and for the aim of the study being treated as well (Davidson & Patel, 2003). In a phenomenology perspective the researcher is studying the object and the object’s experiences and knowledge; it is only the believed experiences that the researcher is interested in (Hartman, 2004).

The study will also be descriptive with the ambition to describe the whole context of the phenomena, which refers to holism within hermeneutic tradition. When working with a descriptive perspective the importance for the researcher is to understand the object’s experiences of the phenomena rather than having measurable categories and schemes of interpretation. The descriptive study is interested in the interpretation of uniqueness in a situation. When performing a qualitative study the researcher tries to explain the subjective humanity (Kvale, 2009).

In social science there are common denominators such as concepts. It is important as a researcher to sustain critical against the concepts that are being used within the social field, and this to avoid a too narrow or a too broad description of the aim (Bryman, 2008).

Planning and Implementation

The design of the study frames the selection of data. To confirm the quality of data, there must be a possibility to measure and evaluate the information gathered. In the hermeneutic tradition the perspective of the science area is subjective and is depending on the researcher and the relation towards the context and informants being studied.
The analytic instrument lay as a foundation for performing accurate interpretations of the context and data studied (Bryman, 2008). The interpretations of the interviews must be put in interaction with the theory behind, not to give space for misunderstandings and misinterpretations (Kvale, 2009). In this study the differences in cultural and social inheritance must be especially enlightened since the language barriers reflects the differences in concepts and definitions which are foundational for a qualitative research method.

To get a justified representation of the organisation’s working methods the first visit will be for non-participant observation and examine official policy documents. This is considered important, since it gives the study an insight before interviewing the staff to get a more profound perspective. For decades the qualitative interview has been used as an instrument to gather facts from informants within the area of pedagogic. The instrument has been developed within the field of psychology were empirical data was gathered from interviewing the client. Kvale (2009) exemplifies, what occurs in the conversation between two parts as interviews – an occurrence in interaction, which is closely connected to the pedagogic field of care and treatment.

**Selection**

The selection of this study has been elected from the professionals’ perspective of treatment philosophy. A professional work towards the client with his or her own preconceived knowledge about responsibility, within the perspective of Ubuntu philosophy, lay as a criterion for the election. The first inquiry of participation was e-mailed to different organisations working with treatment with the Ubuntu philosophy as working attitude (Attachment, I).

As background information lays our previous paper “Professional Responsibility in Treatment – The Aspects of Social Gender and Ethical Dilemmas” as a foundation. As empirical data two different theses has been used. Croona’s (2003) thesis “Ethics and Challenge. Learning and teaching human and encounters in professional education” and Heberlein’s (2005) thesis “Kränkningar och förlåtelse”. There has also been a collection of artcials from different databases at Linnaeus University; the databases which have been used are ERIC, ELIN, EBSCO and Psychinfo. All the articles have been peer-reviewed as a safety measure to only find scholarly articles with high reliability, and has been selected from special key words, abstracts, subtitles as well as year of publication. Example of keywords are; Professional, Ethic, Responsibility, Moral, Ubuntu, South Africa, Treatment and Psychosocial. Another sampling frame has been the references of the articles, which confirms the authenticity.

**Instrument**

To be able to gather information the choice of instrument has been a semi-structured interview guide, this because of the aim and questions which are to be answered.

The thematisations are History of the Organisation and Implementations of Laws and Guidelines, Professional, Responsibilities, Ethics and Moral, Practical and Theoretical Knowledge, Wishes, Hopes and Plans for the Future.
In the beginning of the interview guide there are some fundamental questions such as name, position/title, and professional experiences, and how they define professional. The reason is to, in the study, be able to identify and keep the different interviews apart. The information such as name and position can be of sensitive information and will not be included in the result. The question –how professional is defined. Is a priority question, which is of great importance for the result and is a possibility for the participant to give a free interpretation of the subject being treated. The final questions such as; Is there any thing you would like to add? What is/are the most important thing(s) we should take with us from this interview? Is there something you do not want us to write down, (name, question-answer etc.)? Aims to give the participant the possibility to correct and add his or her own interpretation of the interview.

To refer to these thematizeings open questions will be asked to ensure that misunderstandings are left out. The thematizing will also present the informants considerations of experiences of meaningfulness. When typing the interviews the researcher must be reflective over ones own subjective interpretation of analyse (Kvale, 2009).

The interviews were recorded with the informants approval and was meant to simplify the interviews, and to get as correct information as possible and also when transcripted. The transcripted interview has to be as correct as possible and easy to understand without being able to recognize the informant (Kvale, 2009). Because of different circumstances the gathering of information had to be completed within a certain period of time. Therefore we made a schedule for our two months abroad, this to be able to keep track of our plan and time (Attachment, II).

**Collection of Data**

Within the field of pedagogic interactions when interviewing was seen as a process of development for the object as well as for the researcher. This means that the instruments for analytic must have the ability to change during the time of research. The importance for the researcher was to be able to follow the informant’s experiences and to get a subjective interpretation. It was possible for the informant to change during the research since the interview could have given a different perspective on the phenomena (Kvale, 2009). Since the e-mail were sent to the manager of the institution, the contact with the persons who were going to be the informants and interviewed for the study, also were arranged by the manager. This does not mean that it was the manager who selected the informants; the informants were selected by their profession and work description. The selection of the informants for the interviews were defined by their degree of responsibility in treatment and similarity with the researchers own education. The interviews with four of the social workers were preformed within their own offices and in a borrowed study-room. The interview with the institutional manager was preformed at his office. The interviews were approximately one hour long and were preformed during the informants working hours, which led to some interruptions, although the interruptions were not considered to be disturbing to or during the interviews.
The informants were interviewed depending upon an interview guide. All of the informants did not answer all of the questions, since they gave well described answers and examples at some of the questions and were therefore considered to cover the thematisation.

The reason to choose five informants was to cover the three different units at the institution; the two other interviews with the head case social worker and with the facility manager were to observe responsibility in different levels of the institution. The interviews were made during five days at the treatment centre, which also included meeting the staff and tours around the facility and the different units to get a more profound understanding about the answers being given and about their organisation’s structure.

**Analyse Method**

As analytic instrument for interpretations of the interviews a categorisation of meaningful units has been selected. This will minimize the risk for cultural misinterpretation as well as personal. The analytical instrument was also chosen since it might increase the credibility for the result of the study (Kvale, 2009). The instrument was meant to enhance the opportunity to label the answers as well as to be able to compare the answers, in the result. To verify the results from the interviews and to combine them with the background information generally accepted concepts are used as an analytic instrument. The questions being asked in the interview guide were formulated upon the thematiseing of the definitions. The interviews were recorded and transcribed and sent back to the informants for verification and correction. The interview analyse can be performed in different techniques, like totality transcribed interviews or as a more concentrated text, also defined as concentration of meaningfulness.

By choosing concentration of meaningfulness as a transcription method a verification of the answers were needed. Independently on which technique which have been used, an objective or interpretation-free, interviewed transcription was not possible (Kvale, 2009).

The interviews of the study were transcribed and acknowledged by the informants. This gave the study a more concentrated and straightforward answer, which also can be defined as respondent validation (Bryman, 2008). One important reason to choose this method was the possibility to use longer and more colourful and profound quotations. Long quotations will be descriptive for the study and the context, and also bring a higher validity to the study. The validity is verified by the quotations and decreases the opportunity of misunderstandings and misinterpretations (Kvale, 2009). In the result the persons being interviewed are being referred to as informant A to E, this to be able to acknowledge the informants different answer. It is also for the reader to be able to see the differences and similarities within the answers, which is a criterion for validity (Bryman, 2008).
Ethical Considerations

The ethical guidelines contain three types of rules and norms within the field of social science. The first guideline implies method and instructions for the researcher to follow and to get their research approved as social science. To fulfil the first guideline the information has to be supported with facts from previous research, the researcher has to declare and refer to the original sources and the research result has to be published and peer-reviewed. The second guideline implies the research’s consequences for the overall society. This means that the researcher is responsible for how the public and other researchers understand and use the facts and research results. The third guideline implies how the researcher is allowed to treat the object of research, which means that the relationship between the researcher and the objects studied are depending on respect and humbleness (Eliasson, 2008).

Incommensurability implies that different theories are depending on different social structures, which influence how people think. Different theories have different lines of thought, which implies that certain information cannot be translated from one context to another. There are two different kinds of considering facts – relativistic and realism. Relativistic are depending on a social context and the researcher’s previous experiences. Realism implies that knowledge exist undependable of the researcher and context which includes hard facts as science (Hartman, 2004).

One of the demands to be able to practice within an area of science is to be prepared to reflect over ones pervious knowledge as a researcher. A different kind of perspective over the human being gives the research different result. Depending on what type of perspectives the researcher contains the respond and reaction will be different. One of the responsibilities which the researcher has to provide is not to offend the people being studied. The researcher has to treat the object studied as a person or subject with own thoughts and feelings (Elisasson, 2008). Therefore, it is important to remember that this research only studies parts of the people, not the entire person.

A person is multidimensional which influences the qualitative research to be more profound and searching for understanding, not being as predictable as the quantitative research which often relays upon statistical data. Social problems are to be seen as depending upon one person’s multidimensional context. By recognising differences between qualitative and quantitative studies the researcher has made a statement in method as well as in ethical aspects (Eliasson, 2008). As mentioned above the study is depending upon the current ideology in the society as well as hidden ideologies within the context studied. Since a qualitative study needs a social context, there has to be an awareness of these aspects. These aspects are of importance, so that the researcher can have the opportunity to be as objective as possible, and to be able to reflect critically over ones own research and how the aim of the study is being treated. This will increase the possibility to finalise an ethical correct study with high validity (Hartman, 2004).
Within all research of social science ethical guidelines are presented by the Swedish Research Council; *Demand of Information* – Implies that the participant shall be fully informed about the purpose of the study as well as the technique of the data collection. The participant is also to know who the researchers are and what education and university which is responsible for the researcher, as well as how to get in contact. Furthermore, it implies that the participant should know that their participation is completely voluntary and that they can, whenever they decide is not to participate anymore. *Demand of Approval* – Implies that the participation relies upon their approval. If there is something within the research method that the participant find uncomfortable it will be discussed to find a new solution, or the participants can decide to no longer take part in the study. *Demand of Confidentiality* – Implies that no one, except the researcher, will be able to understand who the informant of the study is. *Demand of Use* – Implies that the participant shall be fully informed about what this study is to be used for. The participant has the right to read the finished report before it will be published (www.codex.uu.se, 2009-12-21). The ethical guidelines have been sent to the treatment centre for our research (Attachment, III).

**RESULT**

The result will be presented from the three headlines, which emerge from the aim and problematisation; What is considered, by the professionals, to be an ethical responsibility in substance abuse treatment depending on experiences and education? How do professionals define professional responsibility within substance abuse treatment? How does Ubuntu philosophy influence the foundational perspectives within substance abuse treatment? The answers which have been collected from the interviews will also be arranged from the same categories as the headlines and will also become more profound categories towards the aim and problematisation. In the first chapter of the result the experienced context of De Novo Treatment Centre will be presented and also an introduction of De Novo and a briefing in their interventions.

As earlier mentioned five interviews have been preformed, four with social workers and one with the facility manager. One of the social workers is head manager and three social workers are working as case managers within the three different sections, the male, female and youth. The working experience, within the profession, amongst the persons being interviewed differs between five years and up to 30 years. The persons being interviewed are three female and two male and the ages for the persons interviewed differs. Also their previous working experiences are different, but all of them have at least a Bachelor in Social Work, which is four years at the University. Some of the interviewed persons have also attended different workshops and conferences to stay up to date within the field of substance addiction.
The result will be presented in combination with guidelines and laws of the organisation, which are foundational for the care being given; these documents have been provided at De Novo Treatment Centre and are foundational for the treatment centre. In the result, brochures and the treatment programs provided from the treatment centre will be used, this to get an understanding for the treatment and the working methods being presented.

The analysis will also be presented in collaboration with the theoretical perspective, which will be a part of the result.

**The Context of De Novo Treatment Centre**

De Novo is the only state-owned treatment centre in the Western Cape. De Novo centre lies about one hour drive from Cape Town, out in the countryside in the Northern suburbs. The treatment centre lays amongst farmer fields and wine yards, and was once a proper farm settlement, were the clients who were admitted would work. The main building is light green and behind big gates, which opens only by one security guard. There is a big yard in front of the house with lovely flowers and green trees. There are several buildings connected to where the main building is located. Along with the main building the youth’s facility and a laundry facility are located. All the houses are within fences with plantations, but the gateways are all open.

In the main building there is a reception desk and a waiting area. On the wall, nicely framed, is The Code of Conduct as a reminder of the basics of the care of the clients. There is also a complain- and suggestion-box in which everyone is welcome to post their opinion. The males and females units are at separate parts of the main building with a gateway in-between which closes at nighttime. The females are sharing rooms with three other clients. Within the females unit there is also a lounge area with couches and a TV. In the female unit there is a dinning room with colourful tablecloths and pink chairs. The males unit, which lies at the other end of the main building, is larger than the female unit, considering that there are three times more men admitted than women. The rooms are in two different sizes. Two clients share the small ones and eight clients share the larger ones. The male unit has also a lounge area with a pool table. The youths live in a separate building with their own dinning area and the walls have been coloured with a lot of bright colours. In the youth’s unit a framed version of the United Nation’s (UN) children’s rights can be seen. All the youths have separated bedrooms and they all share toilets and showers with eachother. Within the treatment facilities there are also different rooms for physics, recreation, therapy and all the different managements areas. The social workers offices are in contact with the different units and the client are welcome to visit at any time. At all the offices the Code of Conduct and Code of Ethics is put on the walls as a reminder for the social workers and the visitors.

**Introduction of De Novo’s Interventions and History**

At the De Novo Treatment Centre, there are 100 treatment places, 60 are for male, 20 for female, and 20 for youth. Definition of an adult is male and female over 18 years old and youth are between 13 and 18 years of age, most of the clients are about 20 years old. The treatment centre is almost 75 years old. The name De Novo means “new
beginning” or a new start from scratch, and that is what the professionals want to give the clients – a new beginning. From the beginning it was a settlement for soldiers from the army after the Second World War. Then in the 1960 it became a treatment centre for drugs and alcohol for coloured people until 1994, when the new dispensation became open for everybody. Until 1994 almost all treatment was alcoholic treatment. De Novo is a state-owned treatment centre and it is thereby free of charge.

The most common drug is meta-amphetamine, than alcohol and cannabis are secondary drugs. Heroin is one of the drugs that is increasing but is not that high at the moment. Drug issues are a major problem in South Africa that in similarity to the Western World, which is increasing (Informant, C).

The drug abuse goes down to a very young age, as low as seven years old. This is a big difference comparing to the age of 16, which it was in the 1960’s.

The question is what is going to happen with the next generation if youngsters continue their drug habits? Social problems are not dependent of each other but if you do not have money for drugs you will steal. However if you do have money you still have a drug problem to buy it. In areas with poverty people live closer to each other, which increases the ability to notice the drug problems in a earlier stage, compared to more wealthier areas (Informant, C).

Western Cape has the highest rates of FAS (fetal alcohol syndrome) because of the historical wine farms where alcohol was given to workers, including women. After apartheid ended in 1994 the borders have opened, which has made the drug problem even bigger, multi-cultural and also multi-international. Before 1994 the borders were closed, and it was also difficult to travel within the country for some racial groups.

At De Novo all kinds of drugs are treated. De Novo has no stepping down periods or harm reduction medicine. The first week is the toughest and the clients must stay away from alcohol and drugs.

Our drug addicts are the younger ones, they are plus minus 25 years old and our alcoholic abusers are those older clients plus minus 55 years. The clients with alcoholic problems are mostly the fragile with some kind of chronic disease (Informant, C).

The treatment time has gone from three years (which it was in 1963), down to five and/or seven weeks which it is today, this is a big change. Also the programs have changed over the years, as the drugs have changed and also the society, as well as the clients’ situation has changed.

To take a person from his family for three years is not to be considered, with a shorter treatment time people can go back to their work. The companies can send people with problems for treatment and they can be back at work within two months time. With the shorter treatment times the therapy becomes more intense.
Unfortunately in some cases the treatment time is too short and just about when the clients are realising their problem they are it is the time to go home. We are mostly focusing on Motivational Interviewing, CBT and group sessions, we also get influences from other models (Informant, C).

The treatment program for the adults is seven weeks and for youth four and a half week. The majority of the clients make it through the treatment successfully. Male and female are admitted on Mondays to Wednesdays and discharged on Wednesdays to Fridays on an overlapping schedule, which means that the clients are admitted in groups which they will go to group therapy with and also have the opportunity to create a supportive atmosphere with. Every week ten new client are admitted at the adult centre. The treatment programs are always seven or five weeks but it can be longer depending on if whether the client misbehave or transgress, for example if they use drugs, in the centre. The social worker is the case manager but all the staff is involved in the treatment of the client. The basic programme that is used at De Novo is “one size fits all” and is a form of group therapy, Model of Change, that were developed by Prochaska & Di Clemente.

At the moment we are trying to change the treatment method to a more eclectic approach. This means that do not use only one kind of methodology or philosophy, we use various methodologies (Informant, E).

The interventions which are provided at De Novo Treatment Centre are within the areas of life skills such as communication skills and behaviour, management of stress such as techniques to handle stress, creativity in form of woodwork and glass painting, medical substance in form of information for the client about physical and physiological effects on the body. Individual therapy is part of the program and it includes family therapy and home visits.

To be able to decrease the waiting list, which is now 109 persons, we are not able to have long treatment methods. Many of the clients have dual problems, which means that they need a psychiatrist (Informant, C).

At De Novos there are 72 persons in the staff; one manager, eight social workers, six psychiatric nurses, four assistant nurses, one occupational therapist, one occupational therapist assistant, six financial and administrators, four laundry assistant, two drivers, 37 care workers and two SAW, Controls – supervisors.

[...] I think it is important that we acknowledge their expertises, and I think that we must work together so that we approach the client in a holistically maner. My way is not the only way of working and we need to know that we need other people. And the client is the first and foremost important person and I believe that we need quality in the service so that we give the client the best that we are able to give within the space that we actually work with the client (Informant, E).
There are three different ways of coming in contact with De Novo. The first way is voluntary, sign up for treatment, the Prevention and Treatment of Substance Dependency Act 20 of 1992, Section 40. The second is for a parent or relative to file a charge to the police or the social services, the Prevention and Treatment of Substance Dependency Act 20 of 1992, Section 22. The third way is by a court order, convicted for a drug related crime, Criminal Procedure Act of 1977 Section 296. The only clients who can leave the treatment freely are the ones that signed in voluntary.

The professional on De Novo do try persuading the clients to stay for the whole treatment period. To be admitted, there are some criterions which have to be fulfilled. Court orders which are not connected with the substance abuse are delayed until after the treatment program. To be admitted for treatment, either alcohol or heroin, the client must be detoxed. A psychosocial report or care plan has to be brought together from the social worker before admitting. If the client has signed in voluntary, the client must sign a contract and a medical form. At the youth centre the multi-professional team, provide the family and the youth with a full evaluation, and for as well as the youth as for the adult one family session is required.

The youth clients are admitted all at once every fourth week and are all discharged at the same time. Under the youth’s first week at the treatment centre the parents are obligated to be involved. The reason why the parents are involved is because De Novo sees drug issues as a family problem and everybody is in need of changing (Informant, C).

Since there is more male youth at the waiting list the treatment centre admits two groups of boys before admitting one group of girls.

**Ubuntu – a Perspective in Treatment**

At De Novo Treatment Centre the Ubuntu philosophy is included in values and principles, which are foundational for the care being given and are written next to democracy and human capital development. As mentioned in the background the Ubuntu philosophy is a part of the Constitution of the Republic of South Africa, which implies that the Ubuntu philosophy always is present when treating people. Habermas (2008) considers laws as morally correct when the surrounding community can adapt the laws, and the laws thereby become trustworthy. What is considered to be a morally correct behaviour is regulated by norms and traditions created by the society, which aims to orientate the actions of the whole community, not a single participants’, towards a common social world. In the background Banks (2008), discuss facts such as; social work is a combination of an international social establishment and a practical national establishment. The establishment of social work takes part in the context of national laws, policies and cultures and can be compared to Habermas moral philosophy. During the interviews the informants gave their perspective of how the Ubuntu philosophy is a part in the treatment.

The Ubuntu is foundational in any kind you work with a client, whether ever in the treatment or whether ever it is in the community or it is in a office. Ubuntu is a golden thread that goes through any kind of philosophy I believe when working with people.
I think that Ubuntu is supposed to be our philosophy for the South Africans. We believe in community, we believe in empowering people, and I think, but it is still a lot to be done we have not arrived there yet. And every organisation has their issues. Here at De Novo all the staff do not have the same attitude, but it is a work in progress, it is always a working progress, but it is a living progress not only here at De Novo but in whole of South Africa (Informant, E).

When describing Ubuntu philosophy the main, which is on the focus of the cooperation with the fellow professional as well as with the client and their family. The community is also viewed as an important part in the Ubuntu philosophy, since the community is the connection between the people being treated. In reference to McAdam & Mirza (2009), substance abuse is connected with socio-cultural factors such as environment and culture.

I think that in Ubuntu is most, people are in people, you are not just one person working, like an island and doing your own thing, you help each other and you support each other (…) If I just put it simply it is about taking hand and working together and to achieve in the end what we want to achieve either if it is with our client or if it is in a professional way (Informant, A).

Ubuntu is also of importance between different professional groups when it comes to creating a professional team, working with the client within different areas. As Battle (2009), points out there are certain interactions, which bring the society together. Within the Ubuntu philosophy it is described that no matter what kind of differences there might be, there is still interactions between people. When working in a collectivistic community the family and surroundings are of great importance.

I think the Ubuntu is vital concept in the day-to-day work of a social worker. Social workers cannot work in isolation. The client has to be dealt with holistically and it is important recognise the importance of support systems in that clients life. In terms of our clients we try to develop that Ubuntu philosophy through different kind of interventions. We recognise their importance of families and the community as a whole in the functioning and development of our clients. As a team we are not able to work in isolation. We have different professions that are dealing with the client as a whole as well as different service providers from the community do some interventions. As different professions we are creating some kind of environment that is beneficial for the client (Informant B).

At De Novo the family is of importance when treating the client and is seen as a support system for the client after leaving the centre. At De Novo the professionals try to have at least one family session, this to re-integrate the client into the system of his or her family and community.
I think that it comes in our family sessions. And we have regular outreach programs in the communities. But we normally try to have one family session with each client, it is not enough but it is a lot of problems with getting the family here, like how to come, transport, the family have work, but at least one session we try to have. We try to get the client into the family system, and be a part of the community, so that he can go back to his community. At the youth section parents are over weekends part of our parenting skills/support programme (Informant, B).

At De Novo all racial groups are admitted, but 90 percents of the clients are coloured. Few of the admitted people are white, and only about one percent are Africans. The Ubuntu philosophy is not as strong in the coloured and white communities; it is mainly an African way of living. Even if the Ubuntu is not mentioned as a treatment method it is still a part of the daily work, when it comes to the clients and between the clients in how the clients form support groups for one another. Mokgoro (1998), describes Ubuntu as an attempt to bring different nationalities and cultures together, this became clear during the interviews with the informants.

Ubuntu is a way of caring for one another and is not a treatment. The Ubuntu is a way of caring, protecting and giving to one another. That is the reason that Ubuntu are elements in the treatment (Informant, C).

Ubuntu is a way for the professionals to help each other and to support each other in daily work with the clients and also to help their client in their contact with the community. It is also to recognise different cultures and a way of making the client more comfortable in the centre. This can be read in Battles (2009) statement of how Ubuntu philosophy includes social values, which provides group solidarity, conformity, respect and collective unity.

It has a good effect and positive effect on our work, even if persons with different cultures shall be able to be together they need to have the possibility to their own culture. Clients need to be in their own environment and have the right to communicate with others that talks the same language and have the some culture. That is why we here at De Novo employing people with different cultural backgrounds. To send someone to the institution is in the African culture often the absolute but last option. In the culture of Ubuntu you try to solve the problems within the family or community (Informant, C).

According to Habermas (2008), the social context is only reachable for the practitioners who live and experiences the context. Socio-cultural inheritance is the foundation for the storage of knowledge and it is from the communication and equal language, which interpretations are to be done. The Ubuntu philosophy is a way of showing that one person is not enough and that a client can not be helped only by one professional, the client is also in need of a network at the centre as well as at the outside. The informants all m the importance of connecting and working together and that one angle is not enough for the treatment and that the professionals are in need of each other to do a good work for the client.
The approach can be seen as a holistic way of treating the client, and to give the clients the responsibility for their own development and treatment. The responsibility of the professionals can be viewed to assist and help the client to achieve treatment successfully.

We have our policies and guidelines in place. As a team we make sure that each staff member is trained according to the different guidelines and policies. To put them into practice we also have the team itself, we have the Discipline Committee that also execute our policies, we also have our management that also makes sure that we follow the policy and the guidelines all the policy are in written language. We have once a year an Embracing Partnership project whereby we invite all stakeholders to discuss issues and share expectations as well as a way forward in dealing with the differences and challenges (Informant, B).

At the treatment centre there are different policies for how to behave, as well as for clients as for the professionals. This means that every one is responsible for own actions and can be held responsible for can transgressing the policies. Habermas (2008), indicate that norms which are constructed also be transgressed, and thereby become a sanction. Either how well the sanction is internalised it will still be a sanction and a violation for the person being exposed. Even if the sanction is normative correct in the application it does not mean that the norm is absolute. Therefore, the knowledge about what is ethically correct can give guidance how to handle everyday situations and transgresses in a morally correct way.

If somebody do transgress we do not take away his dignity or human rights but he has to take responsibility for his own actions. We have discussions and talk about the transgressed they are treated as human beings irrespective what the problem is (Informant, C).

The informants have all pointed out that the Ubuntu philosophy is influencing several elements within the treatment and in the cooperation between different professions and the community. The Ubuntu philosophy can be seen as a way of compliance towards other people and is therefore influencing treatment and community, not only by law but also as a way to interact.

We have tried really hard to influence the social laws here in South Africa after the new government with the Ubuntu philosophy. But they are not so strong in our social laws as they are in our social and ethical policies. The Ubuntu philosophy is very strong in the policies for the child protections (Informant, C).
Responsibility Within the Profession

The informants made the conclusion that responsibility is to know what is expected from the professional and to be there for the client. Another responsibility is to document the treatment and to follow laws, rules and guidelines.

Responsibility is knowing what is my responsibility and what is expected from me, it is all the things that we have spoken about like the job description and The Code of Ethic and all of that. That you know what is expected from you and doing it, that is responsibility, knowing and doing.

(...) And also for your self taking responsibility for what you are doing as a professional and what is expected of a good social worker (...) And as a social worker there is different responsibilities, like the code of ethics and to document your work and keeping records, by being professional and to implement it in the work, and that is a responsibility for me as a professional (Informant, A).

Another responsibility who the informant remarked was to build a good relationship with the client and creating an environment were the client feel secure and able to trust the professional. Responsibility is to guide the client in the treatment and to help preparing the client for a life outside of the treatment centre. Responsibility is also to empower the client and to make the client feel good about oneself. In connection to Heberlein (2005), responsibility is not the same thing as being obligated, but in the same time a person should be considered as capable of taking responsibility for own actions and decisions. Responsibility is not to take responsibility from the client, the client is in need of making own decisions to feel empowered.

Not to label the client, cause I think what can easily be the case because the client have been an addict. And to always see the client as a person always, someone that needs assistance were either he have come in involuntary or voluntary. He is here for treatment and to take it from there, and that is for me very important. If they come voluntary it is easier within the treatment (Informant, E).

The informants concluded that there are different responsibilities depending on work descriptions, and responsibility can be towards the staff, client, government and the law. According to Heberlein (2005), it is of importance to have a reflective position towards what is considered to be responsibility, and not to interfere with the clients feeling of empowerment and also to fulfil the professional’s own assessment of what responsibility is.

The responsibility is often defined to us or given to us as prescribed to us so there not much changes that we can do. We have to do it in one way, but there are people that stretch the laws and boundaries or limit the boundaries (Informant, C).
I think for me responsibility is to really be able to take whatever consequences there might be for the decisions that you made. To be able to make smart decisions. And to be able to stand up for you what you have chosen in life. Not to blame others or shift your responsibility to others. And face it even if it is negative but making the best out of it, whatever task you have to do what you are suppose to do. And not say that it is another persons’ responsibility. Also to learn from your mistakes (Informant, B).

The informants all pointed out that one of the most foundational responsibility is to treat every client with human dignity, and also to give all the clients the same service and not treat them differently.

My approach maybe differs towards the client but not my attitude. My motto is to always be positive, helpful and for the best for the client. My attitude do not change but my approach do sometimes (Informant, E).

All the informants made remarks that the approach towards the client can be different, but never the attitude. Not to change the attitude is also a way of being professional. Attitude is considered to be a part of the professionals’ characteristics. Responsibility is also to take other professionals opinions into consideration, when working with clients.

I think that my responsibility is really to number one to be there for my clients. To really build a trust relationship and then also give the client the opportunity to really create a safe and healthy environment for the client to talk about his fears, problems and challenges. And then also help the client to create some skills, and to guide the client so that he can continue after De Novo when he leaves the centre. Female clients experienced lots of abuse and trauma in their lives whether it was before their drug usage or after. Through my intervention I try to create an opportunity for them to face some of these issues and to deal with it in a healthy and therapeutic way. And on the other side work with their skills also empower them to helping them feel more positive about themselves and their future (Informant, B).

**Ethical Responsibility**

The Code of Ethics for social work is divided into seven different parts with different concerns. The first part is the General Approach that all human beings are to be treated with respect and consideration for his or her unique value and that it is the social workers responsibility to give professional service and to use the professional knowledge to benefit the client, group or community and also to recognise personal and professional limitations. Second is the Conduct that Concerns the Profession, which means that the professional shall keep up to date within knowledge of profession and to contain a scientific approach to the profession and other social workers. Third is the Conduct that Concerns a Client that aims to see every client as unique and right to self-determination but also to recognise the client’s rights and not to co-operate with the social worker. The professional also has to be professional in the relationship towards the client.
The fourth is the Conduct that Concerns a Colleague or Another Professional Person with respect within the profession and between professions and to promote opportunities to exchange knowledge and experiences between the professions and professional. The fifth is the Conduct that Concerns an Employer; it is the social worker’s respect towards the employer as long as the employer is following the Code of Ethics.

The sixth Conduct of Concerns a Social Work Institution, which means that is the social workers co-operation with different institutions of social work and professions within. The seventh is the Conduct that Concerns the Community where the social worker shall encourage service within the community and have the responsibility to be aware of and develop a professional practice consistent with the policy.

\[
\text{Ok we have a Code of Conduct, and it must be on every office for the social workers so that we know exactly what we are responsible for. The different subjects are integrity, professional, putting client first, having positive relations not only with your client but also with your co-workers (Informant 2).}
\]

There are different Ethic Conducts depending on occupation. De Novo have a Code of Conduct whom are to be represented by all different occupations working within the treatment centre whom are employed by The Department of Social Development in Provincial Administration of the Western Cape. The head of conduct points out the importance to serve the public and to stay righteous towards the profession and the work being presented. To respect and protect every person’s right contained in the constitution is also included. Banks (2003), describe the same procedure as above, but also points out that even if the Ethical Codex is suppose to protect the professional as well as the client there is a possibility that the professional act by prescription not by reflection.

\[
\text{And it is about how to act professional and how you should behave, address yourselves, and how you should respect others. If a person transgressed the code they are held responsible for their actions. So the ethical codes are therefore different professions but there are one general for all working within the government. The ethical codes are available on the different units for staff as well as clients (Informant, C).}
\]

The informant mention, when being ethical correct and to take responsibility in the treatment is to never look down on the client or label the client, always be available, to keep the trust towards the clients, and to keep the professional boundaries towards the client. The informant also recognises what is expected from the professional within the job description, and to be loyal to co-workers and the institution and to work within the frame works of the institution.

\[
\text{Towards the organisation we are always responsible for record keeping. During supervision and inspections guidance is given and monitoring is taking place. I also think what helps us is that the guides and policies guides us in dealing with issues within our organisation (Informant, B).}
\]
The ethical responsibility towards the client is to be aware of how the professional is supposed to treat the client and also how to have a professional conversation with the client.

*I am always aware of my way of dealing with people, my way of speaking with people, I never want to speak down to people ever. Because I do not see myself as a better person* (Informant, E).

One of the informants gave a different perspective on The Code of Ethics which implies, that when ethics becomes a part of the professional and is not to be reflected over in a constant basis and that it is used in a correct way. Habermas (2008), remarks that a norm which is applied by all practitioners in a similar way it is considered to be righteous. This can be described as rational ethics which implies that all participants should reflect through both their own and others perspectives.

To handle the ethical responsibility is also to inform the client of the proceedings within the treatment, and the fact that the client disclose during a session might be brought up during a Multi Discipline Team-meeting (MDT-meetings). The informants point out that it is of importance that the client is well aware of this proceeding so that the client does not feel that the confidentially has been broken. It is also of importance to have a conversation with the client before disclosing information to other family members or friends, so the client feel that he or she can decide what kind of information which is going to be revealed. To be ethical correct towards the client is also never to be rude to a client or making the client feel insecure about the treatment and proceedings. To be ethical correct is also to give the client the best treatment, you as a professional can offer.

*I think that is when a client is satisfied with our intervention and if they are changing their behaviour, that I want to believe is one of the indicators if I dealt with it appropriately, the situation ethical correct. And of course the code of conduct must be my guide* (Informant, E).

Another colourful answer in how to be ethical correct and taking responsibility informant D remarked.

*To actually act within your professions boundaries or responsibilities and what actually can I do and what can I not do. There is a lot of guidelines for that, that actually guides you through that and all that I can do to know in the end of the day that my client has gotten the best service, you know I ask them. I ask them like do you feel satisfied with what I have said, is what I said appropriate or is it nor appropriate, please you need to feel comfortable with my presence and if you do not feel plesent with me you have to let me know so that I can change that* (Informant, D).

Professional objectivity can, according to Green at al (2006), be a way of having a distance between the client and the professional. The distance is supposed to help the professional to objectively view ones own subjective feelings, but can on the other hand lead to the professional enclose or expose himself or herself depending on context.
**Professional's Own Definition of Being Professional**

When the informants described what professional is to them, they all came to the consideration that professional is to see the client, to develop the client into making own responsible decisions and being there for the client to support and motivate them, and use themselves as instruments for the client centred treatment. The informants also came to the conclusion that being professional also is about having a professional attitude towards co-workers and employer.

*Being fit and proper, being a professional person you need to have a professional conduct there has to be a statement in how you conduct your self within the profession that you are. And you need to at least have studied towards degree or to professionalism and as you grow you would account your self with all the codes of conduct and all the ethical status and all that things (Informant, D).*

Professional were defined as being able to use different approaches depending on the client and give the client the opportunity to move to the next stage in the treatment, and to be objective and not let the professionals own feelings interact within the treatment. One of the most important things for the professionals were to show the client respect and right to self-determination.

*I think that we have to learn that we have to accept the client for who he or she is. I am not there to give answers to the client I am there to help the client discover his strengths and his challenges. But I am here to guide him but in the end of the day the client must make decisions for himself in terms of how he feels. Especially in the field of addiction the client must want to make the change (Informant, E).*

To form a professional relationship with the client is one of the most important factors for the informants, this to be able to discuss the client’s attitude towards the treatment and the client’s own reflection. As Habermas (1996) declares, a communicative action is relaying on the social interaction between the practitioners. This means that the communicative action is not for an egocentric purpose, it is about reaching a common understanding of the social, objective and subjective world.

*I think for me it is important to make the client feel that he is important and being dealt with as a human being. The client must not feel he is been judged. You create an opportunity for the client to talk about his concerns and allow him/her to feel safe in this therapeutic environment. Just to make the client feel at ease that he can trust me and that I create a nice and warm environment that is for me the number one important. And even just start to build that relationship with the client, and it is me that start to develop this kind of environment so he can trust you and feel free to talk about what ever he feel he needs to talk about (Informant, B).*
The informants also thought of professionalism in a wider perspective than only towards the clients, to be professional also included other professions and the institution. To be professional is considered to be aware of the guidelines and The Code of Ethic as well. Professional was defined as using the education in a correct way and to use the treatment methods correct and document the work being performed. According to Habermas (2008), a morally correct act is not an act by obligation and the obligation do no bend the personal’s will but it does attach a moral obligation. Within the society there are special rules and norms, which indicate how knowledge shall be performed and demonstrated, yhis to avoid secularisation of certain groups in the society. The rules and norms vary depending on which praxis the rules and norms have emerged from. Knowledge about rules and norms are fundamental for how the practitioner reflects over his or her own communicative action as well as moment in time and social conditions.

And it is professional to respect everybody’s profession. Because we are not going to agree every time in how to treat a client but the disagreements has to be in a professional manner. Different professionals will see the client from a different angle but as a unit we have to work in consensus addressing these problems. It should always be on behalf of the client and to keep a professional distance and professional relations. Professionalism is the key to our work (Informant, C).

Informant A, made a colourful description of what was considered not being professional, which was considered not to see the client or to take time to actually speak with the client and listening to what the client felt about the situation.

[…] and this is feedback that I have got from my clients and their families, that they get this feeling that the social workers are not really caring, I am not saying everybody but here and there, that they feel that the social worker interview and they scribbles some notes. Than they do not make eye contact, and send them away and say like come tomorrow or next week and that is not either a good professional work in the end I think (Informant, A).

To be professional is to respect other professions and not to make your own profession more valuable than other professions. To show each other’s profession respect and will to cooperate and to give the best service possible to the client were considered to be one of the indicators on how to be professional. Responsibility within different professions can occur as a dilemma when professionals try to limit their obligations toward the client.

[…] but the confirmation has gone out so the client has to be prepared. So who’s responsibility is that to prepare, is it our responsibility to prepare the client for intake or for the preparation that he needs to come to a treatment centre or is it you know the generic social worker out there that needs to do that. That sees that the clients needs to come, but we also try to get the public to be responsible for their own actions, like you need to take responsibility for what you are and that is a little bit difficult (Informant, D).
To act professional is not only to give the client information and to motivate the client into changing their behaviour. The professional is there to give the client the opportunity to get in contact with their own resources and to build a network of family and friends. This so the client can make good decisions and to be able to reflect over their decisions and ask for help from their network. To be professional, the informants pointed out that it is important not to think about yourself as a better or more important person than the client or other professionals. Croona (2003), remarks that it is in the conversation with other professionals that reflection and practice change as well as the development of the professionals own identity. The informants pointed out that if the professional think that they are better than the client, they will not get in contact with the client. To meet a client in a professional manner includes an attitude that implies that no matter how the client treats the professional; the professional must always act in a correct way and not loose their temper.

*I always have to be professional no matter what, no matter what the client say or how he treats me I believe I always have to be professional. You can be firm but kind, you can also be nurturing and also be kind but you must always be professional no matter what. But I do not think there are any excuses for not being professional* (Informant, E).

Habermas (2008), points out that the participant always have a moral obligation to act respectfully towards others. The respect in combination with personal characteristics gives the participant autonomy and a responsibility for their actions, this to increase other participants respect for oneself. By the moral obligation a disrespectful or unmoral action towards others can be avoided.

**Youth and Gender in Treatment**

Since the informants were working at different units they all had their own perspective of the treatment towards the client. The informants pointed out that all the clients had a substance abuse which was fundamental to address and that they all were entitled to a good service no matter problematic differences. The fundamental treatment method used at De Novo is the Stages of Change Model from which the client is the centred perspective.

The most emerging differences which were enlightened depending on gender and age were that females have a more emotional baggage, such as abuse, neglect or even rape. Compared to males, females are in need of more individual sessions. The male on the other hand, were working better in group sessions and were not in the same need of individual sessions.

*Yes I would say especially age, I worked a few months within the youths and you need to be really being flexible and creative. Youth clients need to be kept busy with different kind of activities due to the energy they have. With the adults you also need to adapt the programme sometimes and keep them busy with more concrete activities. With the females you need to adapt the programme due to their emotional needs. At the female side we have motivation sessions, due to the abused and the traumas that they went through.*
In the session you will also see that they are very much more in contact with their emotions and they are more emotional during the sessions. While the males they are much more, a little bit more, superficial when it comes to the emotions and to adapt the programs and they have a different approach (Informant, B).

Within the youth treatment the informants considered that the most important thing was to be more caring and to activate the youth since the youth has lots of energy. At the youth unit the professional used not only group and individual sessions but also play therapy to activate the youth. Referring to McAdam & Miza (2009), it is the professional’s responsibility to acknowledge the youth’s abilities and strengths so the youth can internalise the abilities and strengths into their own personality. By recognising new abilities the youth are able to change their behaviour.

Yes, maybe not gender so much but age definitely. Because I cannot do the same session that I do with the youth that I do with older clients, the older client would think like what are you doing I am not a teenager anymore so yes it definitely has to be different. And the same with the session with the youth they cannot understand and are not developed fully. And their level of functioning, this can also happen with the elderly client that they are functioning like a 15 year old but that is different cases but in general I think yes (Informant, A).

Depending on which unit the social worker is working in they have different job descriptions which are taken into consideration. According to Hansén (2008), professional responsibility is needed to increase the client’s own involvement in the treatment and to empower the client and balance ones own interference within the client’s treatment and decisions.

You do have your job description that guides you regarding your responsibilities but each client has different needs. But I do think you have a responsibility towards the clients to treat them fair and be there for them and not treat them differently like for instance have lots of sessions with one client and not seeing the other person (Informant, B).

The informants also addressed that they as professionals have to be aware of the clients’ different states of mind. Not only does the clients come from different background they are also in different levels of progressing information and need to be complied at that level. Some clients also have dual diagnoses, which sometimes mean that a client can become manipulative or aggressive. The circumstances address the facts that different clients need different approaches.

Working with people you cannot be to strict, and all meeting will be different from one another but you will find out that you have to be very balanced, what you do for one person you have to be able to do for another. And this can sometimes cause problems you cannot be to strict but you can on the other side not be to flexible you have to find a balance (Informant, C).
The informants point out that it is of importance to be aware of one’s own boundaries especially when working with the opposite sex. The professional have to be aware of how to addresses and express themselves.

But the professionals do have different responsibilities, when working with the youth you have to be a little bit more caring and you have to be more as a parent. You still have to keep you professional distance but it is a little bit closer. But when you work with adults, especially when you are working with the opposite sex you have a certain responsibility to act in special way. You have to know where your boundaries are so that you do not overstep them and get into trouble. Especially when working in group-session as a female assistance counselling with male clients. You have to think about how you say things, how you dress and the way you behave. This is a thing that the therapist has to be very careful with (Informant, C).

When treating clients with substance abuse it is not only about giving the client the service that is required, it is also about being able to put boundaries into the relationship. This can also be, according to Heberlein (2005), a form of responsibility to reflect and from the response teach the client what is considered to be responsibility. Thereby, the client gets a possibility to correct the situation and to take some own responsibility.

So you do live it out in everyday bases but you do it under different circumstances. Like for instance I had this client here yesterday that wanted to make a phone call, and he is entitled to make a phone call that is a part of the program, but a phone call is also a privilege it is not his right. So how do you distinguish his rights and principles and how do you distinguish rights, and when he is entitled and when he is not entitled to that, but it was not the proper time to do it. So do you leave everything, you know, just to satisfy a client, what are you actually trying to say to the client? “Is it that each and every time I have a need I can come to my social worker and expect, that you know, that he is going to do this for me”, and how do you impose that? So you need to have some boundaries and he needs to learn some boundaries, you know, it is difficult to tell somebody about boundaries if he does not know any boundaries or if he is not used to the concept of boundaries (Informant, D).

When working with clients no matter what gender or age the treatment has to be documented and evaluated to be able to demonstrate the work performance which has been given. The documentation is of importance not only at the treatment centre but also for the after care. All the informants acknowledged that the most important thing in treatment is to have a good relationship with the client and a genuine interest in the client. When working with youths, which often arrive to the treatment centre with low self-esteem, the professionals have to teach them how to become more rational and help the youths to develop social skills. According to McAdam & Mirza (2009), it is especially when working with youths, whom have had few interactions, and are more likely to develop a negative identity.
So I think by empowering their learning knowledge and life skills but also to get them into believe in themselves again. We get this clients that have a lot of knowledge and skills and knows how to make a good decision and not, and how to communicate and all that things and how to handle a conflict. And yes that is parts of it but if they do not believe in themselves that they do have a bright future in front of them that do not matter (Informant, A).

When working with a youth the professionals are in need of a strong team and contact with the youth’s family to develop the youth’s abilities. The informants point out that it is the professional’s responsibility to meet the youth and be there for the youth during the treatment.

For me the most important thing is to really work with the client. Because if you do not work with the client, and respect, and form a relationship with the client and that is sometimes not easy because the client can be resistant and all that. But if you do not work with them, and you just carrying on with your program like I have to get through with it and never mind what the client feels or needs are (…) So it is of importance for me to really connect with the client and give them what they need and ask them what are your needs and what is important to you and then working according to that (Informant, A).

Different professionals see clients differently but that is not going to be a discussion during the treatment, because first and foremost, the focus is on the substance abuse. To use communicative actions, according to Habermas (1996), in the relation towards the client’s independency, gender or age, can be factors to develop a mutual understanding. A communicative action also makes the conversation to a discussion and not to be developing your own egocentric goals or promoting own understanding of the problematic.

You cannot say that this person do not fit into the program, it is not up to you to decide that, the client has to decide that, the client has the right and he/she has that responsibility to fit into the program. Different professions like nurses or social workers have different views on who is fitting into the program (Informant, C).

Practical and Theoretical Knowledge Within the Profession

The informants were all agreeing that practical and theoretical knowledge are necessary when working with people. To be professional and reflective in the work the professional is in need of not only new knowledge but also practical experiences. Habermas (1996) remarks that, a normative act is an act relaying upon moral and practical knowledge, and to be able to recognise what is considered to be a normative act the participant have to be able to separate the internal and subjective world from the external and objective world. This means that the participants will be able to separate actions neutrally from private reflections. The participant shall also be able to express his or her own reflections over the proceedings, but in the moment of act the participant will act in forms of social expectations.
Within the social work field I believe we have to skill ourselves on a continuous bases, always knowing what is happening out there. Because you can so easily be cut of being in the facility, and to work on your own and we need to be careful that it does not happened. I believe that social workers should know what is happening within their field of addiction such as new treatments (Informant, E).

A big difference between professionals who have worked for a long time and professionals who more recently got their license could be noticed. The professionals who have started working more recently were more depending on their knowledge from the education and considered their education as more important. Croona (2003), remarks that the practical knowledge aims to focus on the results of the treatment and is governed by the organisation. According to Kubaik & Hester (2008), the practical knowledge which comes from experiences does not only have one focus, the experienced knowledge can also give the professional the possibility to reflect over and recognise different situations.

Yes, professional before I used to think had to do with you degrees and with your training and all different kinds of diplomas and things that you achieved academically. And really yes it is of importance to study and to do training at least for your professional and personal growth. However that is not it, it is actually how you carry yourself, how you treat people, it is how you show interest, it is your interpersonal relationships that skills what you have. That also have to do with you as a professional because I think a cleaner can be professional, how he execute his job, that he is loyal, committed, that he is dependable, that he goes the extra mile, that to me is professional (…) So I think about how I carry my self within the public is very important, I need to be a example after hours and not just office hours. (Informant, E).

The informants also agreed that edcuation is of importance when it comes to combine the theoretical knowledge with practical knowledge, and to get a more profound understanding about the reality of being a social worker. This to avoid feelings such as powerlessness and abandonment when start working as a social worker. Some of the informants also pointed out that these feelings can appear when starting a new work within a different area of the social field.

You know that is one of the things that we always gossip about when we get into the field because maybe it has changed, but after we finish our studies and enter practice we sometimes felt lost due to the high case loads as well as the practical things especially the administration part that did not received much attention. When I was trained I never received training to be a Probation officer for instance. But being a social worker is very challenging because you have to adapt easily to circumstances and stuff and you have to develop to learn along the way. This can either add to your development or some will feel maybe they made the wrong choice (Informant, B).
To be able to adapt oneself into new circumstances, is considered to be one of the skills or personal qualities a social worker need to posses.

But that was also one of the challenge of being a social worker, because you have to adapt easily to circumstances and stuff and you have to develop to learn and I think that was the nice part. When you get out in the field you felt like, oh is this reality for me now? (Informant, A).

The informants considered it important to keep updated on new research within the field of drug treatment and to document the work performance was considered as important parts of the practical and theoretical knowledge. To be able to reflect over ones own and other professionals work, performances were pointed out as important parts of knowledge as well. The documentation is not only for verifying work performance according to Davidson & Davidson (1996). A professional knows why documentation is preformed and can inform the client of the purpose which is also viewed as ethical standards.

And in this profession I think that you will learn until even when you are sixty and you will still be learning because we are working with people (Informant, A).

The informants were agreeing upon when a new professional starts working within the field, he or she is in need of other professionals with more profound knowledge of the practical work for guidance. It is of importance that professionals are willing to cooperate and support each other, even more experienced professionals are in need of the same discussion to be able to reflect over the work being preformed. According to Croona (2003), a professional’s education is partly used to confirm the professional’s competence but it can also be used to confirm practical actions as ethically correct.

Maybe to some extend I think that in the beginning I was not sure in how to deal with this things, and then I had to make use of my supervisor and my colleges to give me guides and so maybe when you experiences grows you also grows as a professional person and you do not need to consult your colleges that much for guides. But I think that we will always find our selves in situations that we have not dealt with before and I would be worried if a person would say “I do not need to go to anyone for guidance”. Because than you are working on your own, and than you are working in solo and you are not moving forward and you are not learning anything. I think that we always need to think, and that is also a responsibility to go to someone and ask them for advice. But I think that as you experiences grows you become more independent, and you do not need to go to someone because you know, and you have practised it before. And you have been exposed to much more different situations and dilemmas and you skills in how to handle it have approved (Informant, A).
As experiences grow the informants point out that they receive an ability to follow their own feelings in daily work. The informants as well as Jenner (1999), remarks that professionals have a responsibility to reflect over one’s own practical and theoretical knowledge so that knowledge do not become a trap of familiarity.

*Professionals with more experiences see the problem a bit differently and clearer. And the professionals that just have come from the university they are young and energetic and think they know everything (Informant, C).*

The professionals who have less experience within the field are using their theory in their daily work but points out the importance of implementing the theory into the practical work, this not only to know how to use the theory but to handle practical situations. To be professional and responsible in treatment there is a need of constant development and enhancement in knowledge about treatment and methods in general, as well as for the professionals’ personal development.

*I think we always have to look into our programs, we must always try to be inline with the new research and development. Because it is always new drugs coming in, people are changing and situation changing so you must be a step a head. You have to have knowledge about not only what is happening in your country but globally (Informant, C).*

**DISCUSSION**

In this chapter there will be a reflection towards the result in combination with the problematisation; this means that the structure will be in forms of the three questions that have been foundational for the interview guide. The first headline will be to discuss the method chosen and possibility to use a different method or questions. The second headline will give a more personal reflection towards the result and problematisation and the theoretical perspective in the background. In the result discussion the aim and problematisation will enlighten conclusions and implications for further research.

**Method Discussion**

To be in a new country with a different language and social context, interpretation starts from the very first contact, not only at the treatment centre but also within the country. The experiences will therefore be foundational for the collection in all data which have been used. Therefore, the choice of a hermeneutic descriptive study will reflect the research and interpretations being preformed from the beginning.

In the choice of theoretical perspective, a different perspective or theory for example Foucault’s theory of power could have given other interpretations of the result. A different theory could also have defined differences within the culture, which would have given the study a different angle.
The structure of the interview guide could have been divided into four thematisations, which the informant used as foundation for the interview and reflected towards during the interview. A different order of the questions being asked in the interview guide could have been an improvement. Especially the category of Practical and Theoretical knowledge could have been asked in an earlier stage of the interview. The questions were not presented before the interview, which could have been an improvement for more profound answers from the informants. This would also have given the informants the possibility to discuss the questions with each other before the interview, which could have resulted in very similar answers. In the interview guide consisted of 38 questions which were asked, this lead to a lot of information which had to be transcribed and analysed. The reason to have so many questions, was to be able to choose questions depending on how profoundly the informants answered. The amount of questions also gave us as researchers the possibility to get more profound answers. The choice of only performing five interviews was representative for the profession of social workers at the institution. To do more interviews at different treatment centres would decrease the possibility to be able to identify the informants. Another option would have been to use an increased number of professions for a more profound research.

To do observations of the treatment centre were under consideration when planning the study. However, because of different circumstances, and due to the aim of the study, which was to define what the informants considered being professional, responsibility, ethics and knowledge, observations did not seem necessary. Observations would have given a large amount of empirical data, which were irrelevant considering the size of this study. Observations would also have given the researchers personal information or misinterpretation of the informants and clients, and would have affected the researchers objective perspective.

**Result Discussion**

The aim of this study was to define what is considered to be responsibility within substance abuse treatment in forms of the professionals’ experiences within a different philosophy such as the Ubuntu philosophy. The questions which were to be answered are; What is considered, by the professionals, to be an ethical responsibility in substance abuse treatment depending on experiences and education? How do professionals define professional responsibility within substance abuse treatment? How does Ubuntu philosophy influence the foundational perspectives within substance abuse treatment? Within the result, the aim and problematisation have been presented and are therefore considered to be answered. The discussion of the result will be presented out from the head questions, where the main interest will be enlightened.

**Ethical Responsibility Within Substance Abuse Treatment**

Within this chapter the most interesting parts of the questions; What is considered, by the professionals, to be an ethical responsibility in substance abuse treatment depending on experiences and education? Will be discussed and reflected upon outlining the result and background.
Within the result it emerged that education is of great importance in the beginning of a professional career. Theoretical knowledge can be seen as a foundation for the professional. Education does not only give the professional a foundation it also gives a certain angle or perspective on the treatment being performed, thereby the implementations are going to be different depending on education. The importance of working with other professionals is because of the opportunity to widen the professionals’ own perspectives to work with other professionals whom have more practical experiences are considered to be helpful in the beginning. It is not only the new professional who is in need of a reflective dialog, the professional who has greater experience is also in need of reflection towards the substance abuse treatment and own performances. The informants’ pointed out that it is of significance to keep updated within new research, because of the changes in the society. Since drugs and treatment methods are, significant within the profession and it also makes it feasible to offer the best service and treatment to the client.

Professionals with longer experience consider themselves to have developed a more instinctive way of making judgements and to have a broader perspective when facing a certain or specific situation. On the other hand, it is valuable and to recognize the importance of having discussions with fellow professionals, this to be able to work as a team and not to work isolated. An ethical responsibility is considered to be asking for help from co-workers, knowing ones boundaries, and to acknowledge the possibility of making mistakes.

Just as the result presented, the Codes of Ethics is fundamental within the work within the field of substance abuse treatment, and not to forget the importance of the professional’s own reflection which if it is dismissed can become a trap of familiarity. Which occurs, the ethical codex only becomes a written paper if it has not been reflected over or come to discussion between different professionals. As acknowledged in the result, it is of importance that a professional never consider themselves as fully developed within their profession, since it is important to keep developing when working with human beings. The professionals own reflection is not only of importance towards the ethical codex, it is of importance to reflect over their own interpretations of the ethical codex and knowledge. The reflection of the ethical codex and towards the practical and theoretical knowledge is of importance, not only for the professional. It is also important for international and national reflections within substance abuse treatment.

**Professional’s Definition of Responsibility**

This chapter will discuss question number two; How do professionals define professional responsibility within substance abuse treatment?

Different responsibilities which have occurred are not easily defined and diverted from one another, responsibility changes depending on gender, age and job description. The professionals within the result, refers to responsibility as knowing and doing, and not trying to project their own responsibility onto others. The client’s responsibility is pointed out to always have a good compliance and a positive attitude.
The responsibility is to be able to change the professional approach depending on the client’s needs and differences, like for instance to see a youth as a youth, a male as a male and a female as a female, not labelling the client as a substance abuser. To be professional is also considered to be able to show humbleness towards the client, which according to the professionals, is proceed by asking the client and giving the client space and feelings of safety to give their own interpretations of the treatment. The professional responsibility includes respect towards the co-workers within different professions. To be professional is also considered to be able to have a respectful discussion where disagreements are allowed as long as disagreements are being preformed in a professional manner.

It is of importance to be aware, as a professional of how to address and carry one self, especially when working with the opposite sex. Especially, since it otherwise can become misinterpretations within the treatment. The professional responsibility includes ability to see differences between different clients and to be able to choose different suitable approaches for the client. This includes facts such as gender and age as well as if the client has a psychiatric diagnose.

The professionals’ define responsibility to be different depending on gender and age, but not the attitude in the treatment. Attitude in treatment shall always be focused on the client and positive for the clients, but the approach can change depending on who the client is. For instance with the youth the professional need to be more caring and activating towards the youths and also not to use a language, which the youth do not understand. Youths are also in need of a different kind of recognition, since the youth are not fully developed and are thereby in need of improvement of skills and of self-esteem. Females are by the professional recognised as more emotional and in need of more individual sessions to be able to coop with their issues and substance abuse. However, the professional responsibility is to still be professional and not to give one client more attention or sessions than another, and also to be aware of ones own limitations. The professionals point out that responsibility is to find a balance, so what the professional accomplish for one client, the professional must be able to accomplish for another client as well. This can also be seen as a way to put boundaries into the treatment.

**The Ubuntu Philosophy – a Perspective in Treatment**

The discussion aims to enlighten; How does Ubuntu philosophy influence the foundational perspectives within substance abuse treatment?

Ubuntu philosophy is included in the laws of Social Service in South Africa and is thereby included in the perspective of The Bill of Rights, which makes the Ubuntu philosophy fundamental for the substance abuse treatment which is being given. Ubuntu philosophy shall not be confused with a treatment philosophy; it shall be recognised as a community philosophy of compliances instead. In the result it has become comprehensible that Ubuntu philosophy is a way of approaching not only a client, but also other colleagues and the community. Ubuntu philosophy can be seen as a way of caring for one another, not treating.
Ubuntu gives an opportunity to see the whole perspective of the treatment, not just the client but also the family, community and other professional. Since De Novo remarks substance abuse as a family issue, it is of importance to involve the client’s family so the family becomes a network after the treatment. In the community where Ubuntu philosophy is very strong, substance abusers are rather treated within the family or community than at a treatment center. Since problems, such as substance abuse, within the Ubuntu philosophy is being treated as a communal problem, treatment at the institution becomes the last option.

Ubuntu philosophy can also give the opportunity for the professional to create a holistic approach within the treatment towards the client. When a professional is considering the Ubuntu philosophy the whole context of the client has to be seen. The professionals at De Novo treatment centre are trying to have a holistic approach. This includes employing professionals with different backgrounds to give the client the opportunity to be able to express oneself in a familiar language. The professionals consider the client’s family as a part of the treatment. For example, within family sessions and the youth’s parents are over a weekend, and taking part in a parenting skills support programme. Ubuntu philosophy might not be a treatment philosophy, but it can give a positive perspective for the professional when it comes to how to see the client and interact with the client being treated.

Conclusions and Implications

One of the conclusions that have been discovered during this study is that practical experiences are a necessity, not only within the practical work but also during the theoretical studies to develop a professional identity. To have practice included in education is a good way of implementing practical knowledge into the theoretical knowledge, and is of importance when it comes to be able to handle different situations within the field as a new professional. With practical experiences it seems like the professional sees situations a bit clearer and consider ethical dilemmas more like challenges than difficulties.

Within the education of Bachelor of Social Science Specialized in Counselling and Treatment of Troubled Youth and Substance Abusers, this study can be productive for given a broader perspective of what is considered to be of importance when treating people in crises, such as addiction. The study also shows what can be significant when developing own perspectives of what is considered to be responsibilities and respect within treatment. Ubuntu philosophy has also been enlightened as an example for how a community philosophy can be implied in the practical field of treatment.

During this study a new question for further research has emerged; Do the professionals’ gender make a difference of how the professionals consider professional responsibility when treating clients of opposite sex within substance abuse treatment? Further studies, which would be of interest, would be to perform a more advanced study comparing the individualistic to the collectivistic society, this to bring to the forth not only the differences between cultures but also the similarities. I would be of great importance, since it in Sweden today can be easier to see the multicultural society, which becomes curial when treating people.
As Battle (2009) concludes; if I as a professional choose to see the difficulties I will find difficulties. When choosing perspective, I as professional, also give the client a possibility to truly react and respond from the client’s own perspective (Battle, 2009).

This study has also enlightened the importance of not labelling clients, whatever problems or cultural differences there might be.
LIST OF REFERENCES


Nationalencyklopedin (2010). Keywords: Treatment, Ethic, Professional, Compliance, Client, Treatment care, Jürgen Habermas, Collected: 2010-01-29 at http://www.ne.se.proxy.lnu.se/


Inquiry of Participation

To whom it may concern,

We are two students within the program “Bachelor of Social Science Specialised in Counselling and Treatment of Troubled Youths and Substance Abusers” at Växjö University, in the south of Sweden.

The reason why we are contacting You, is because we have been granted a Minor Field Study Scholarship financed by SIDA. This scholarship has given us the opportunity to visit South Africa to gather valuable information and material for our final thesis within our education. Besides for educational reasons, the minor field study also gives us the prospect of learning more about the South African culture and traditions.

We contact You with the anticipation that You will participate in our study and help us gather accurate information about how South Africa treat and counsel troubled youths and substance abusers. Our main interests in Your work lies within the fields of Your philosophy behind the treatment, treatment methods and working process towards the client and Your staffs guidelines. To be able to perform and complete our study we also hope that it might be possible for us to interview some of the staff within Your organisation. The purpose behind the interview is to get a deeper understanding and insight of Your way of working towards and with the youngsters.

We consider Your knowledge and experience to be of great interest and value for our final thesis, and in our future work as treatment practitioners.

During our field study we have a tutor with great experience of field study, writing similar thesis and has a Master’s Degree. The director and examiner of the course have a Doctoral Degree (PhD) within in the chosen subject. This information can be considered to be an assurance for the contents of the thesis as well as for the ethical aspects of our field study.

We sincerely hope that You will find our field study of interest and that You are willing to participate and cooperate with us to enable our final examination. When the thesis has been up for examination we will send You a copy, as a thanks for Your participation.

Thank You for reading this letter.

With kind regards, Lisa Jönsson and Therese Stensson

Please contact us for further information:

Lisa mobile: +46702312684. E-mail: ljvfr06@fc.vxu.se
Therese mobile: +46735370890. E-mail: tstum07@fc.vxu.se
Tutor of the course: Caroline Hansén E-mail: caroline.hansén@vxu.se
Examiner of the course: Mikael Dahlberg E-mail: mikael.dahlberg@vxu.se
Director of the course: Mats Anderberg E-mail: mats.anderberg@vxu.se
## Time Plan

### TIDPLAN

<table>
<thead>
<tr>
<th>Vecka</th>
<th>Datum</th>
<th>Instudering</th>
<th>Egen orientering</th>
<th>Introduktion utav organisation</th>
<th>Genomgång utav org. Dokument</th>
<th>Rapportering till handledare</th>
<th>Renskrivning av dokument</th>
<th>Förstudie till intervjuer</th>
<th>Intervjuer</th>
<th>Sammanställning och analysering</th>
<th>Rapportering till handledare</th>
<th>Renskrivning och dokumentation</th>
<th>Rapportskrivning</th>
<th>Återgång till organisation</th>
<th>Rapportera till handledare</th>
<th>Skriva intervjufrågor</th>
<th>Slutfinal genomgång med handledare</th>
<th>Inlämning</th>
</tr>
</thead>
</table>

### Notes
- "Datum" column indicates the date range for each activity.
- "Vecka" column indicates the week number.
- The table uses color-coding to distinguish between different activities and stages.
- The end of the plan is indicated by "Inlämning."
Within all research of social-science there are ethical guidelines presented by the Swedish Research Council. Your participation in our study is important to us and therefore we want to inform You about these ethical guidelines and how we react to them.

**Demand of Information** – Implies that You as a participant shall be fully informed about the purpose of the study as well as the technique of the data collection. You are also to know who we are, what education and university we come from, and how you can get in contact with us. Furthermore, it implies that You should know that Your participation is completely voluntary and that You, whenever You decide are not to participate anymore.

**Demand of Approval** – Implies that Your participation relies upon Your approval. If there is something within our research methods that You find uncomfortable we will discuss this with You to find a new solution, or You can decide to no longer participate in the study.

**Demand of Confidentiality** – Implies that no one, except us, will be able to understand that it is You that have informed us of Your experiences.

**Demand of Use** – Implies that You shall be fully informed in what this study is to be used for. You have the right to read the finished report before it will be published. You will also be sent a copy as thanks for Your participation.

We hope that You with knowledge of these guidelines feels secure and motivated to participate in our study. To us it is of great value that You are willing to share Your experiences with us – since it is we are incredibly interested in them.

With kind regards

Lisa Jönsson & Therese Stensson

Lisa mobile: +46702312684. E-mail: ljvfr06@fc.vxu.se
Therese mobile: +46735370890. E-mail: tstum07@fc.vxu.se
Tutor of the course: Caroline Hansén E-mail: caroline.hansén@vxu.se
Examiner of the course: Mikael Dahlberg E-mail: mikael.dahlberg@vxu.se
Director of the course: Mats Anderberg E-mail: mats.anderberg@vxu.se
Interview-Guide

Name:
Position/Title:
Professional experiences:
How do you define professional?

History

- In the Constitution of Social Work the Ubuntu philosophy is included, how does it affect your work?
- How is the organisation working today?
- How do you import the social laws in every day work?
- Does Ubuntu philosophy influences the treatment in other ways then through the Constitution of Social Work?
- Can you describe the Ubuntu philosophy in context to social work and treatment?
- How do you interpret the guidelines and laws, do you consider it possible to act upon own interpretations?
- How do you in the organisation interpret guidelines and laws?
- How do you personal view guidelines and laws?

Professional

- What do you consider being professional?
- Have your definition of professional changed within the time that you have been working?
- What do you consider to be your responsibility as professional in treatment?
- How do you fulfil your ethical responsibilities towards the client?
- Towards organisation?
• How do you increase the clients’ empowerment in treatment?

Responsibilities

• How do you define responsibility?
• Are their different responsibilities?
• How do you sustain professional towards the clients in treatment?
• Are your responsibilities different depending on client?
• Do your professional attitude or compliance change depending on client?
• Do facts as gender and age demands different treatment methods?
• In that case how?
• Is the client’s gender and age of importance in treatment?

Ethic and Moral actions

• What do you consider being difficulties or dilemmas in treatment?
• How do you know that you are handling a situation ethical correct?
• Do the difficulties and dilemmas changes depending on practical experiences?
• Can you describe a situation?
• What do you consider to be important ethical aspects in treatment?

Practical and Theoretical knowledge

• What kind of education do you have?
• How do you use your education in your work?
• Can you describe a situation?
• Do the difficulties and dilemmas changes depending on education?
• Can you describe a situation?
Wishes, Hopes and Plans for the Future

- What do you think will change in the future for you as a professional?
- What are your personal visions and ideas for you as a profession in the future?

Final Questions

- Is there any thing you would like to add?
- What is/are the most important thing(s) we should take with us from this interview?
- Is there something you do not want us to write down? (name, question-answer etc.)?