Social workers’ and their clients’ attitudes toward alcohol-related problems

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Background: Social work setting

- Most hazardous and harmful drinkers use health and social services, but do not end up in a contact with the specialized addiction treatment professionals (Bien et al., 2003).

- Social workers, who work outside the substance-abuse practice settings, frequently encounter clients with hazardous and harmful drinking (Egerer et al., 2012; Galvani et al., 2014; Galvani & Forrester, 2011).

- The social work setting provides the opportunity to access possibly not otherwise reached populations.

- Many clients of social work represent vulnerable /disadvantaged groups who are most likely to experience additional harms as a result of unhealthy lifestyle (Gandin et al., 2015).
Background: Effectiveness?

- Most evidence of brief intervention (BI) effectiveness has been gathered in primary health care (PHC) settings.
- For social work, the evidence base on effectiveness is very sparse. Besides, studies vary widely in terms of participants, study design, outcome measures and intervention intensity. (Schmidt et al., 2013.)
- It is not yet possible to conclude whether or not brief advice is effective in social work setting (Schmidt et al., 2013).
- However, there is consensus that social work represents a highly relevant delivery setting (Anderson et al., 2013).
- Future research is needed: high-quality studies on the effectiveness and on the feasibility and acceptability of BI in social work (Anderson et al., 2013).
Background: Barriers

- Workload pressures and perceived lack of importance of alcohol in social service settings (Anderson et al., 2013).

- Social workers generally feel themselves ill-equipped for working with alcohol and drug issues (Galvani & Forrester, 2011; Galvani & Hughes, 2010).

- Substance use is being identified often at a late stage (Galvani et al., 2014).

- Provision of adequate training, tools and support are key factors in that social workers will feel equipped with the knowledge, role adequacy and legitimacy to intervene with their clients’ substance problems (Galvani et al., 2014; Galvani & Hughes, 2010; Lightfoot & Orford, 1986; Shaw et al., 1978).
Background: Health problem vs. Social issue

• Alcohol-related problems are widely viewed as health problems and thus as marginal to the social workers' job (Galvani, 2007).

• Perhaps the primary need is for alcohol-related problems to be acknowledged politically as a social issue and not just a health issue (Galvani, 2007).

_How about social workers’ and their clients’ attitudes toward alcohol-related problems?_
The aim of this study

This study presents a qualitative analysis of social workers’ and their clients’ attitudes toward alcohol-related problems.

The analytical focus is on:

1. How social workers and their clients constructed alcohol-related problem in their arguments?

2. Did workers and clients do this in a same way, or were there differences between them?
Methods

• The study employs a qualitative attitude approach (QAA); the aim is to explore the construction of attitudes in argumentative talk (see Peltola & Vesala, 2013; Vesala & Rantanen, 2007).

• The QAA draws on rhetorical social psychology (Billig, 1996) and relates to the approaches of attitude research that see attitudes as social and communicative phenomena (see Burr, 2015: 77; Lalljee et al., 1984; Thomas & Znaniecki, 1974 [1918]).

• Attitude is defined (QAA & rhetorical social psychology) as an argumentative position in a controversy. An attitude consists of a stand that an individual takes for or against a particular issue, and justifications that the individual gives to support the taken stand. (Billig, 1996; Vesala & Rantanen, 2007.)
 Interviews

• Social workers (N=14) and their clients (N=14) were asked to comment on the eight statements concerning identification and management of alcohol-related problems.

• For example: Alcohol use is a private affair and For me, talking about alcohol use is as easy as talking about other aspects of life.

• All social workers worked in the area of adult social work (social assistance or employment support) and for the Department of Social Services and Health Care of City of Helsinki.

• The decision to use the statement method derives from the qualitative attitude approach; disputable questions are used as prompts to produce a rich argumentation about a particular issue (Peltola & Vesala, 2013; Vesala & Rantanen, 2007).
Analysis

The analysis was performed in two stages:

1. In the classifying analysis the argumentative talk was categorized according to a literal reading of the research material. The classifying analysis aimed to identify different explicit stands taken towards each attitude statement together with specific arguments intended to reason and justify these stands.

2. The interpretative analysis brings categories into a conceptual dialogue with relevant theoretical concepts and discussions.

(Peltola & Vesala, 2013; Vesala & Rantanen, 2007.)

Different types of stands or justifications were identified also within one and the same interview and the same object of evaluation (alcohol-related problem) was constructed in various ways.
Results

Both groups mainly constructed alcohol-related problem as a social issue.

cl: “Well, if I think about an unemployed person; some have problems with housing – like I do – then there might be problems with relationship and money...And if you have no home, what else can you do, but drink? You do not have anything else to do and you do not have any contacts that would help you to stay sober.

wD: It cannot be ignored. It is such a big thing that it would be nonsense if we would not talk about it...it affects so many things, and it can be the most important thing because of which all the other things go wrong.
Results

The interviewees associated this social issue closely with social statuses as well as with client’s fulfilment of their responsibilities, and their ability to function well.

*cM: “It (alcohol-related problem) is not the first thing that would come to social workers’ mind if a customer has academic education.”*

*cE: That simply means that there is no problem; I am a bus driver, I am working every day. I know many, hundreds of people, who are like that. When they get out from work they immediately go to a bar, and then they stay there until the closing time, and next morning they go back to work.”*

*wL: “There is a belief that; if someone is unemployed he/she must be an alcoholic”.*
Results

Alcohol-related problem was allocated not only to the individual but to people around him as well.

cK: “Sometimes I drink because it is expected. It is quite difficult to go to a restaurant to drink water or coffee. Other people would say; ”Wait a moment, what is the matter?”

wF: ”Even if the customer would get inspired (to cut down drinking) during our meeting, it can be just...the corner of Alepa (Finnish supermarket) and the friends there, and the inspiration is gone.”
Results

The medicalized view of alcohol-related problem – highlighting the negative impact this problem can have on people’s health and well-being – was also present in the argumentative talk but was less common than the social view.

cG: “If a drinker goes to see a doctor, then the doctor can tell that he/she is in a bad condition...and that there are many health-related risks."
Conclusions

• Both the social workers and their clients acknowledged alcohol-related problems as a social issue and not just a health issue.

• They saw identifying and managing alcohol-related problems as essential to the social workers' job. This social view might be in contrast with the individualistic models of substance abuse treatment => tools tailored for social work should be developed.

• This study focused on social assistance and employment support. Social work is varied delivery setting; complex and diverse services and teams, different social service setting structures in each country (Anderson et al., 2013).

• Alcohol-related problems should be acknowledged as a social issue also politically (Galvani, 2007). This would help to develop alcohol screening embedded in routine client assessments.


Elina Renko / INEBRIA 2016
Thank you!
Questions?