

Social workers' and their clients' attitudes toward alcohol screening and counselling

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Background

- Social workers **frequently encounter clients with alcohol-related problems** and thus can play a central role in the early identification of problems (Egerer et al., 2012; Galvani et al., 2014; Galvani & Forrester, 2011).
- Generally do not feel themselves well equipped for working with alcohol and drug issues (Galvani & Forrester, 2011; Galvani & Hughes, 2010).
- Adequate training, tools and support are key factors in that social workers will feel ready to intervene with their clients' substance problems (Galvani et al., 2014; Galvani & Hughes, 2010; Lightfoot & Orford, 1986; Shaw et al., 1978).



Background

- Most evidence of brief intervention (BI) effectiveness has been gathered in health care settings, it is **not yet possible to conclude whether or not brief intervention is effective in social work** (Schmidt et al., 2013).
- However, **social work represents a highly relevant delivery setting** (Anderson et al., 2013). The opportunity to access possibly not otherwise reached vulnerable /disadvantaged groups (Gandin et al., 2015).
- 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).



The aim of this study

This study presents a qualitative analysis of **social workers' and their clients' attitudes toward alcohol screening and counselling.**

The analytical focus is on how:

1. *The two parties **constructed alcohol screening and counselling** in their attitudes?*
2. *Did social 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 QAA draws on rhetorical social psychology (Billig, 1996). The aim of the approach is to explore **the construction of attitudes in argumentative talk** (see Peltola & Vesala, 2013).
- Attitude is defined as **an argumentative position: It consists of a stand** that an individual takes for or against a particular issue, **and justifications** 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 alcohol screening and counselling.
- Statements were used as prompts to produce a rich argumentation (Vesala & Rantanen, 2007), for example: *I believe that social worker can influence on client's alcohol use and For me, talking about alcohol use is as easy as talking about other aspects of life.*
- Social workers interviewed worked **in the area of adult social work** (social assistance or employment support). Social work is varied setting; diverse services and teams, different setting structures in each country (Anderson et al., 2013).



Analysis

The analysis was performed in two stages:

1. **Classifying analysis:** Different types of stands or justifications towards each statement were identified.
2. **Interpretative analysis:** Brought categories into a conceptual dialogue with relevant theoretical concepts and discussions.

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

Here, the primary objective is to explore **how alcohol screening and counselling were constructed as attitude objects.**



How the two parties constructed screening and counselling in their attitudes?

Analysis of the qualitative data reveals that both social workers and clients constructed alcohol screening and counselling similarly as:

- (1) useful tools for motivation**
- (2) self-evident parts of social work**
- (3) tools for discussing sensitive topics**



Useful tools for motivation

SW: I believe that I'm able to influence, to bring about the feeling that it is possible to survive, that things can get better and that there is always hope.

C: One should truly listen to the opinions, hopes and plans of the client - because how can you give advice if you do not know the person in question?



Self-evident part of social work

*SW: Clients have certain **expectations about social workers** in their mind when they come. Somehow, they might be able to orientate themselves already in a way that they know that **we do talk about certain things** when they come here, that it is no small talk we have here.*

*C: Well, if I think about an **unemployed** person; some have **problems with housing** – like I do – and if you have no home, what else can you do, but drink?*



Tools for discussing sensitive topics

*SW: It might be that I would react in the same way myself, that I would not understand **what this has to do with my situation anyway**. If I were a client, I would not love these discussions because they are indeed **connected to the feeling of being controlled**.*

*C: **It hasn't always been this easy. Now it has started to be** because I have been in so many places where I have talked about myself, *blah, blah, blah*, so I am already used to it.*



Did social workers and clients construct screening and counselling in a same way?

The social workers appeared to associate alcohol screening and counselling more closely with the client's **fulfilment of responsibilities and the ability to function well.**

SW: There is a belief that; if someone is unemployed he/she must be an alcoholic.

The clients connected alcohol screening and counselling more closely to **privacy-threatening interaction.**

C: If you get an impression that there is yet one more public authority who wants to intervene in your life in some way.

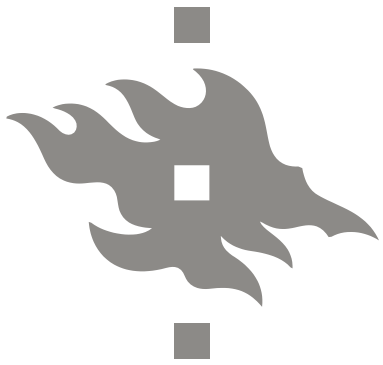


Conclusions

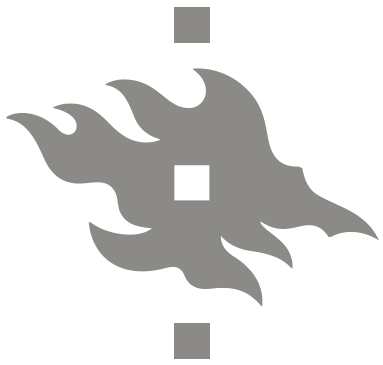
The social workers and their clients appeared to have **common ways to construct** alcohol screening and counselling (as useful tools for motivation, self-evident parts of social work and tools for discussing sensitive topics).

BUT...

- **The social workers** focused more on the client's **responsibilities and well-being**
- **The clients** place the same emphasis on **interaction and discussion about privacy-threatening topics**



Thank you!



Questions?