Treatment Practices for Alcoholics

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*Introduction: alcoholism as a social issue*

Alcohol abuse has been a serious, complex and very controversial issue faced by society, which has no universally effective solution. The complexity of alcoholism issue is partially underpinned by the fact that consumption of alcohol and attitude towards its abuse are culturally, religiously and socially biased notions (Ivanauskienė & Motiečienė, 2010, p.111). In other words the notion of alcohol overconsumption itself is blurred, which makes it difficult to define alcoholism. However, the immense body of research dedicated to the problem of alcohol abuse and its treatment implies a variety of defining aspects that contribute to the more or less precise definition of alcoholism as an issue of concern and social work. The definition suggested by Ivanauskienė & Motiečienė (2010, p.112) is probably among the most general: alcoholism is defined as psychological or physical dependence on consumption of alcohol that can lead to mental, social, or physical impairment.

According to Gedro (2012, p.129), around 14 million of Americans tend to abuse alcohol nowadays, with 700,000 of them receiving treatment daily. Dunlop & Tracy (2013, p.67), in their turn, state alcohol abuse to be “responsible for 5-6% of deaths in North America and hundreds of billions of dollars spent annually” on treatment and recovery under the national healthcare legislation; which makes it a major national health issue. Therefore, alcoholism could be further defined as the type of substance abuse entailing physiological, emotional and mental effects, impairing socio-cognitive and communication domains, producing unhealthy emotion-related behaviors (Amenta, 2013, p.339), and contributing to exclusion of an individual from the social life. Daley & Feit (2013, p.159) also note that addiction of one individual might also produce adverse impacts on family systems including children, impose financial burden and emotional challenges, or contribute to breakup of a family.

McKay & Hiller-Sturmhöfel (2011, p.356) insist that alcohol abuse is a chronic disorder entailing “multiple cycles of treatment, abstinence and relapse”, which makes the alcoholism a matter of continuing care and self-monitoring. Egerer (2012, p.308) describes alcohol abuse as the matter of both individual risk and public health, with its perception having undergone certain changes: whereas alcoholism was earlier a predominantly moral issue, it has been medicalised and transferred to a category of diseases. As a result, by the end of the 20th century, perception of alcoholism as a disease had increased the role of medicine and particularly physicians in the complex mechanism of social work aimed at recovery from alcohol abuse (Egerer, 2012, p.308). Moreover, such transition in categorization and perception led to transition from penal system to development of preventing and mitigation strategies based on in- and outpatient treatment of alcoholics within the national healthcare system.

A significant component of alcoholism’s definition and character is outlined by Amenta (2013), who states that alcohol abuse impairs emotional domain in an individual’s life (p.339): alcoholics experience difficulties in recognizing and interpreting emotions, which are important for successful social communication, and suffer from deficit in “emotional domain” leading to dysfunctional social interactions. Simply defined, the addicted person ceases to be a functional and healthy member of society.

*Ways of treatment: earlier and now*

Judging by the older perception of alcoholism described by Egerer (2012), one could state that treatment of alcohol in the past was responsive of alcohol as a moral issue. Viewing alcoholism from the moral-legal perspective (Ivanauskienė & Motiečienė, 2010), society responded to it as deviant moral behavior’ while later development of social sciences placed alcohol abusers into the category of people suffering from disease.

In the field of alcoholism, therefore, social work history has been ranging from rendering elementary services as providing shelter, food and strong encouragement of abstinence and temperance (like at the dawn of the 20th century) to more sophisticated ways of alcoholism treatment and prevention programs, pharmacotherapy, consumer-driven treatment in supportive groups, various preventive approaches and in/outpatient treatment of both alcohol addiction and its comorbidities. Modern social work in this domain also includes different behavioral programs aimed at prevention: for example, CHOICES program targeting alcohol-exposed pregnant women, which is described by Velasquez, von Sternberg & Parrish (2013). Moreover, the scope of treatment has been expanded from chronic alcoholism to targeting also binge drinking, which is periodic abuse and an issue of concern, too. It is also notable that social work targeting alcoholics has evolved from the mere community-related preventive efforts to measures underpinned and supported by knowledge about the phenomenon gained from different fields: biological research, neuroscience, psychology, sociological framework and others. For example, the study of Dunlop & Tracy (2013) is based on the knowledge about the cognitive process of autobiographical reasoning and its implications for self-change and self-stability. Therefore, treatment of alcohol consumption disorder has evolved into a complex, cross-sectional and mainly medicalised issue covering different aspects of social work.

*Roles of the social worker in alcoholism treatment*

In order to create the best practice for approaching alcoholics, social work must incorporate activity in multiple fields and cooperation with different health care specialists: psychologists, physicians, psychotherapists etc. In this complex system, a social worker is considered an immediate provider of primary social services for people with alcohol addiction (Wells et al., 2013, p. 279), i.e. the social worker engages in direct contact with clients and might have to identify their alcohol use disorder. Many researchers agree upon the opinion that the social worker is expected to be engaged in trust-based partnership with the client and be a kind of guide for an alcoholic on the way to recovery, though Ivanauskienė & Motiečienė (2010) mention that recovery process should be organized and encouraged not by the social worker alone but with active participation of community network, family, and relatives. Moreover, the authors outline a variety of functions/roles performed by social workers in the process of the client’s recovery from alcoholism: “advocate, educator, consultant, gatekeeper and researcher” (p.113). These roles cover various aspects of alcoholism-related social services, research, cooperation and guidance. Within this framework, social workers are expected to provide coaching, support, motivate, nudge, educate and be agents for clients’ change (Ivanauskienė & Motiečienė, 2010, p.115) applying holistic approach towards recovery. Daley and Feit (2013, p.159) state that the social worker is expected to take part in development, monitoring and assessment of clinical trials and proved evidence-based knowledge for clinicians.

Generally, the core tasks of the social worker as the person in the front of social service are identifying abnormal drinking behaviors, identifying the needs of the client and organizing treatment interventions to relieve dependence. The two main trajectories of social work in case of alcohol addiction are defined by Tobutt (2012, p.173): harm reduction, “where an individual doesn’t have to become abstinent from drinking”, and abstinence-based approach implying medical intervention, self-help, psychological treatment and other services aimed at overcoming addiction.

*Overview of approaches*

As it is quite clear from the body of related literature, the necessary initial steps towards treatment of alcoholics are identification of abnormal drinking behavior and, what is also important, the client’s realization of his/her addiction. The perspective suggested by van Wormer & Davis (2012, p.21) could be referred to as a basis for practices targeting alcoholics: the strengths perspective, which is the main direction of modern social work, implies focusing on the client’s strengths and positive motivation in the process of recovery. In other words, the social worker is expected to help the client enhance his/her strengths in order to cope with addiction. Dunlop & Tracy (2013, p.67) stress that recovery process can take shape of either formalized or informal programs.

Regardless of the set of measures chosen by the social worker to combat alcoholism, the “long-term support for remission” is state to be the core way of addressing this major public health problem (Galanter, 2014, p.300). This means that support should be provided on all stages of recovery and maintenance in order to prevent relapses and help the former alcoholic to regain his/her place in the sober world. In this relation, Dunlop & Tracy (2013) also stress importance of connection to the sober world in the process of recovery. In addition, recovery practices should consider stigma and social disapproval the recovered alcohol addict might encounter, particularly, in employment. Thereby, Gedro (2012, p.131) assigns HR specialists with the task of creating favorable environment for recovered alcoholics.

Assistance provided for alcohol abuser might be provided in the form of immediate intensive inpatient or outpatient care in rehabilitation centers based on the traditional 12-step model, as noted by McKay & Hiller-Sturmhöfel (2011, p.356); this stage might involve application of pharmacotherapy, with two main medicaments used to treat alcoholism being Acamposate and Naltrexone (p.364). Such intensive care is usually followed by continuing long-term care incorporating psychological counselling, self-help groups, individual therapy, self-monitoring, 12-step counselling in groups, and speaker meetings. Initial phase of care usually varies between inpatient and outpatient approaches, though outpatient approach (despite its advantages) has the main disadvantage: the client might continue excessive drinking event during treatment; therefore, such patients should be motivated to preserve abstinence even more than others.

While holistic approach is a significant feature of most practices applied to alcoholics, many recovery programs incorporate social services and meeting clients’ needs in multiple domains. For instance, CHOICE program targeting pregnant women (Velasquez et al., 2013, p.225) involves a variety of measures aimed at distancing pregnant women from risky community settings, e.g. behavioral training. At the same time, McKay & Hiller-Sturmhöfel (2011) describe the extended approach, in which social workers render a number of services for the client during their recovery: childcare services for women undergoing treatment, transfers, ongoing monitoring and others.

Another interesting methodology is described by Wells et al. (2013), Community Reinforced Approach (CRA). While the authors generally recommend applying durative care with multiple sessions of various kinds (e.g. support groups, counselling etc.), CRA presupposes focusing on negative reinforcements that motivate abuse of alcohol with positive reinforcement for abstinence (p.285). Such approach means that treatment and set of measures selected by the social worker must be individually tailored.

*Alcoholic Anonymous*

Despite existence of many treatment practices, Alcoholic Anonymous (AA) practice as the type of group therapy for abuser has been the best in terms of results and frequency of application. This practice involves organization of regular sessions of support groups, where clients on their way to recovery might share their difficulties and experiences as well as tell about their achievements on the way to sobriety. The abusers are expected to report their current status and progress during regular meetings and possibly receive feedback from other participants of the group therapy. Fallon (2014, p.105) states that AA is “a good time-tested practice that persists, for it creates personal and group harmony”, while Kelly et al. (2011, p.454) describe it as the practice that can be valuable in treatment of alcohol abuse. Various studies provide evidence of AA’s efficiency in terms of improved drinking behaviors (i.e. reduced drinking) and better psychological functioning as well as lower impulsivity (Blonigen et al., 2011, p.2167). In other words, attending Alcoholic Anonymous is believed to foster self-control and self-regulation contributing to self-monitoring of alcohol use behaviors as well. In addition, Galanter (2014, p.300) states AA practice to alter addiction-related behaviors and attitudes. Simply defined, Alcoholic Anonymous attendance is stated to reduce alcohol consumption and hence impulsivity, for there is clear association between alcohol abuse and abnormal levels of impulsivity as well as poor self-regulation and social relationships.

Being a mutual help movement, AA allows for recovering the connection to the sober world (Dunlop & Tracy, 2013, p.67); while mutuality as an integral aspect of therapy creates the sense of support. In other words, placing a client in the environment of people with similar problems makes struggling addition easier for him/her. Krentzman et al. (2011, p.20) evaluate AA practice as one of the “most important predictors of positive recovery outcomes”. However, it is also notable that better results are reported for patients possessing higher extraversion levels and thus more apt to share their experiences with others.

One of the integral aspects of AA group therapy lies in storytelling practice, while the latter’s significance has been mentioned in a number of studies including Dunlop & Tracy (2013), Galanter (2014) and Kelly et al. (2011). Storytelling in the sense of alcoholism treatment means sharing one’s experience with others in the support group, “reporting an insight or lesson learned from a previous experience” (Dunlop & Tracy, 2013, p.66). These authors emphasize importance of giving the alcoholics an opportunity to tell their stories, justifying it with the process of autobiographical reasoning, which helps to create inner self-stability. Storytelling facilitates making sense of an alcoholic’s past experiences and creates the “sense of redemption” (Dunlop & Tracy, 2013, p.66). In other words, sharing their drinking experiences with peers in the support group of AA, patients feel redeemed.

*Role of spirituality in AA*

Spirituality as an integral part of this practice deserves special attention, for spirituality is recognized as the pathway to recovery for alcoholics. The entire AA practice due to its historical origins is based on religious conscience and spiritual awareness. While Shaub (2013, p.1174) describes spirituality as “a central principle of recovery”, Kelly et al. (2011, p. 455) mention “reliance on a personally defined God” as the core of spirituality within the context of alcohol abuse recovery. Involving spiritual element in recovery practice could be efficient, for alcoholics who cannot control their drinking behaviors themselves literally need external guidance and control, yet not of administrative institution, but inner one. Therefore, the concept of white light experience lies in the essence of Alcoholic Anonymous practice.

*Improvements for traditional approaches*

It has been proved that traditional practices applied by the social workers in cases of alcoholism might have certain flaws or disadvantages in outreach. For instance, the researches show that alcoholics having comorbidities such as psychiatric disorders are less likely to comply with standards treatment (Daley & Feit, 2013, p.159). Moreover, some of the alcohol abusers might lack motivation and reinforcement to participate in their treatment actively: many of them haven’t reached the point when the negative effect drinking overwhelms their motivations. In other words, the reinforcement to drinking might be still higher than negative outcomes, e.g. health outcomes, caused by alcohol abuse. In this case, treatment practice – Alcoholic Anonymous support group practice in particular – has to offer patients some additional benefits to encourage them. According to Ivanauskienė & Motiečienė (2010, p. 368), this might be support with housing, monetary incentives, assistance in employment, feeling of belonging to the supportive group, social activities encouraging abstinence.

At the same time, social workers should consider alternative ways of treatment that could complement traditional ones. For instance, McKay & Hiller-Sturmhöfel (2011) emphasize the opportunity of extending treatment practice with telephone-based recovery counselling and monitoring, for it might provide greater outreach and supervision of the client. Moreover, outreach of social work in alcoholic target group could be enhanced with involvement of significant others and visiting home of the patient and family-based treatment methods. At the same time, some researchers suggest extension of treatment duration or longer continuing care that would help patients keep avoid relapses.

*Conclusion*

The present literature review shed light onto the issue of alcohol abuse as the challenge faced by the social worker. As there are numerous possible scenarios of addiction development, scope and effects, there variety of treatment practices is also rather wide, ranging from pharmacotherapy to different support groups. As it can be conclude form the body of related literature, the social worker plays many roles in the process of recovery from alcoholism, performing various functions aimed at identification of problem, research, successful confidence-based cooperation with the patient, provision of healthcare and supportive services and many others. Thereby, the most popular and frequently used practice applied for treatment of alcohol use disorders is the practice of mutual support groups such as Alcoholic Anonymous. The key feature in such approach is its emphasis on spirituality as the predictor of positive outcomes and abstinence.

However, the researches illustrate impossibility to create a single ‘best’ practice of alcoholism treatment that could be applied to all drinkers in an equally successful way. Instead, the responsibility lies on the social worker, for s/he is assigned with the choice of appropriate treatment methods and organization of primary and continuing care services that would meet the needs of a certain client. Moreover, the body of research provides clear evidence that treatment organized by the social worker for alcohol addicts must be kept within the framework of holistic approach covering multiple domains of life and incorporating a variety of services, for neither AA therapy nor telephone-based counselling alone can insure positive and long-term outcomes if they are not compare with other aspects of care, education and social services.

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