

Justina Kievišienė

Use of Self in Social Work with Individuals Having Alcohol Usage Problems in Lithuania



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**Use of Self in Social Work with Individuals
Having Alcohol Usage Problems in Lithuania**

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Abstract

Justina Kievišienė

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Social work with individuals experiencing alcohol use problems is receiving increasing attention globally; however, it remains relatively under-explored in Lithuania. Despite this, alcohol use issues—which are still highly prevalent in the country—are closely linked to a range of social challenges and often serve as a direct or indirect reason for individuals to seek assistance from social services. Consequently, a multifaceted approach that incorporates appropriate knowledge, skills, and attitudes is essential to effectively address the needs of clients facing alcohol-related difficulties and to enhance the social working profession's response to these issues. This PhD study aims to explore social work with individuals experiencing alcohol use problems through the Use of Self conceptual framework. The central research question is twofold: -1) how is social work conducted with individuals experiencing alcohol use problems in Lithuania, and 2) what professional attitudes and field-specific competencies—considered sub-components of the Use of Self framework—emerge in social work with these clients? To address these questions, the study comprises three peer-reviewed articles and one peer-reviewed chapter, each contributing to specific sub-study research questions and collectively supporting the overarching research aim.

The study is grounded in the Use of Self concept, which emphasises the importance of social workers being aware of their own mental and emotional processes when engaging with clients. Within this framework, professional attitudes and professional competencies are examined as key sub-components that manifest in the client-professional relationship and contribute to building an empowering and supportive relationship. In all areas of social work—and particularly in sensitive and still-stigmatised contexts such as working with individuals who have alcohol use problems—enhancing self-awareness regarding one's attitudes and competencies might be considered an integral aspect of professional practice.

Methodologically, this study employs a descriptive quantitative design, supplemented by inferential and exploratory statistical analyses to examine social workers' attitudes and competencies in working with individuals experiencing alcohol use issues. To contextualise the phenomenon of alcohol consumption, a narrative synthesis of relevant literature was first conducted. The study then collected frequency data on social work methods, services, practices, and challenges to characterise the current state of social work in Lithuania. Statistical analyses—including descriptive statistics, one-way ANOVA, Student's t-test, and the Mann–Whitney U test—were used to examine social workers' attitudes and their associations with educational background and professional experience. Finally, an exploratory factor analysis was conducted to investigate perceived social work competencies and validate the measurement instrument.

Attitudes toward working with individuals experiencing alcohol use problems were measured using the Short Alcohol and Alcohol Problem Perception Questionnaire (SAAPPQ) developed by Anderson and Clement (1987). This instrument is widely recognised for assessing professionals' perceptions and attitudes in relation to alcohol-related work. The perceived social work competence was examined using responses to the Perceived Social Work Competence Scale (PSWCS), developed by Wang and Chui (2017). This scale is designed to assess social workers' self-perceived competence across various domains of practice. In total, 149 respondents participated in the study by completing an online survey. The sample included practicing social workers from various regions of Lithuania, providing a diverse representation of experiences and perspectives within the field.

Importantly, this dissertation draws upon Galvani's (2015) assertion that all social workers, not only those employed in specialised substance abuse treatment settings, should be equipped to effectively intervene in cases involving alcohol use by appropriately applying their knowledge, skills, and attitudes. In alignment with this perspective, the study did not limit its sample to social workers employed in Lithuanian psychiatric clinics or substance abuse treatment centres. Instead, it intentionally sought to engage a broad and unspecified sample of practitioners. As a result, the respondents represented a diverse range of organisational contexts, including non-governmental organisations, municipal social service centres, and other community-based institutions. This methodological decision enabled the study to capture a wider profile of social work practice with individuals experiencing alcohol use problems in Lithuania. Furthermore, it underscored the reality that alcohol-related issues may arise across various social work settings, thereby reinforcing the need for alcohol-focused interventions as a component of generalist social work practice.

The first peer-reviewed book chapter examined alcohol consumption as a social phenomenon in Lithuania through a narrative synthesis of scientific literature published during the first three decades of the country's independence

(1990–2019). This approach enabled the identification of key themes and concerns reflecting the prevailing social discourse on alcohol use at the time, thereby offering a comprehensive overview of the contextual challenges Lithuanian social workers may face when supporting clients with alcohol-related issues. The second peer-reviewed article explored how social work with individuals experiencing alcohol use problems is conducted in Lithuania, focusing on the methods employed, services provided, practices implemented, and challenges encountered by practitioners. This analysis offered a foundational understanding of the general landscape of social work practice with this client group. Following this, the third article investigated professional attitudes toward individuals with alcohol use problems, recognizing that such attitudes are now considered as critical to effective practice as formal education. The study also examined the relationship between social workers' general work experience and their attitudes, as well as the influence of educational background on the composition of these attitudes. Finally, the fourth article addressed social work competencies, analysing both procedural and meta-competence dimensions that emerge in practice with clients experiencing alcohol use problems. Through a field-specific competence analysis, the study identified the distinct skills that constitute each competence dimension and assessed the competencies that Lithuanian social workers apply in their professional roles.

The results of study indicate that social work in Lithuania is still in a developmental phase, particularly in the area of supporting individuals with alcohol use problems. Since regaining the country's independence in 1990, Lithuanian social workers have operated within a context marked by significant political and social transformation, which has contributed to the emergence of complex societal challenges. The professional environment has been shaped by a range of interrelated issues, including family dysfunction, mental and physical health concerns, unemployment, widespread alcohol consumption, and high-risk alcohol use among youth. Further, the findings also revealed that Lithuanian social workers predominantly base their interventions on the individual level when addressing problematic alcohol use. The individual casework method emerged as the most frequently employed approach, with information provision and consultation identified as the most commonly delivered services. In contrast, secondary social work methods—such as group work or community-based interventions—were rarely utilised. Furthermore, the investigation into professional attitudes demonstrated that social workers in Lithuania generally perceive themselves as possessing adequate knowledge and skills in this area and approach alcohol-related issues with a sense of professional responsibility. However, the findings also suggest that practitioners may benefit from additional support in terms of work motivation and job satisfaction when working with this client group. Finally, the analysis of professional competencies indicated that social workers ground their practice through consultation and emotional support

competencies. Conversely, competencies related to professional resilience and community work were identified as areas in need of further development.

The study argues that the *Use of Self* framework is a fundamental and multi-dimensional component of social work practice with individuals facing alcohol-related challenges. In this context, the *Use of Self* is understood as the integration of self-awareness, reflexivity, and competencies in building an empowering relationship with the client. It can enable practitioners to address both the immediate needs of clients and the underlying systemic conditions that sustain alcohol use problems.

Tiivistelmä

Justina Kievišienė

Oman persoonan käyttö sosiaalityössä henkilöiden kanssa, joilla on alkoholinkäytön ongelmia Liettuassa

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Sosiaalityö henkilöiden kanssa, joilla on ongelmia alkoholin käytön kanssa, on saanut paljon tieteellistä huomiota maailmanlaajuisesti. Liettuassa aihetta on kuitenkin tutkittu suhteellisen vähän, vaikka alkoholin käyttö on maassa yleistä ja aiheuttaa erilaisia ongelmia. Ongelmat liittyvät moniin sosiaalisiin haasteisiin ja ovat usein suora tai epäsuora syy sosiaalipalveluihin hakeutumiselle. Alkoholin käyttöön liittyvien ongelmien ratkaisemissa tarvitaan monipuolista lähestymistapaa, jossa yhdistyvät kulloinkin tarkoituksenmukaisimmat professionaaliset tiedot, taidot ja asenteet. Se on ensiarvoista, jotta sosiaalityössä voidaan vastata tehokkaasti asiakkaiden tarpeisiin ja vahvistaa sosiaalityön ammatillista reagointia alkoholin käyttöön liittyviin ongelmiin.

Tässä väitöstutkimuksessa tarkastellaan sosiaalityötä alkoholin käyttöön liittyvistä ongelmista kärsivien henkilöiden parissa oman persoonan käytön käsitteellisessä viitekehyksessä. Keskeinen tutkimuskysymys on kahtalainen: 1) Miten Liettuassa tehdään sosiaalityötä henkilöiden kanssa, joilla on alkoholin käyttöön liittyviä ongelmia? 2) Mitä ammatillisia asenteita ja erityisalan taitoja – joita pidetään oman persoonan käytön osatekijöinä – nousee esiin sosiaalityössä näiden asiakkaiden parissa? Näihin kysymyksiin vastaamiseksi tutkimus koostuu kolmesta vertaisarvioidusta artikkelista ja yhdestä vertaisarvioidusta kirjan luvusta, joista kukin käsittelee tiettyjä osatutkimuksen kysymyksiä, ja jotka yhdessä tukevat tutkimuksen yleistä tavoitetta.

Tutkimus nojautuu oman persoonan käytön käsitteeseen, joka korostaa sosiaalityöntekijöiden tietoisuutta omista psyykkisistä ja emotionaalisista prosesseistaan asiakastyössä. Tässä viitekehyksessä ammatillisia asenteita ja ammatillista osaamista tarkastellaan keskeisinä osatekijöinä, jotka ilmenevät asiakkaan ja ammattilaisen välisessä suhteessa ja edistävät voimaannuttavan ja tukevan suhteen rakentamista. Kaikilla sosiaalityön alueilla – ja erityisesti arkaluonteisissa ja stigmatisoivissa yhte-

yksissä, kuten työskentelyssä henkilöiden kanssa, joilla on alkoholin käyttöön liittyviä ongelmia – omien asenteiden ja oman osaamisen tiedostamista voidaan pitää olennaisena osana ammatillista käytäntöä.

Metodologisesti tutkimus hyödyntää kuvailevaa kvantitatiivista tutkimusasetelmaa. Sitä täydennetään inferentiaalisilla ja eksploraatiivisilla tilastollisilla analyyseillä, joiden avulla tarkastellaan sosiaalityöntekijöiden asenteita ja osaamista työssä henkilöiden kanssa, joilla on alkoholin käyttöön liittyviä ongelmia. Alkoholin käyttöön kontekstualisoimiseksi ilmiönä laadittiin ensin narratiivinen synteesi aiheeseen liittyvästä tutkimuskirjallisuudesta. Sen jälkeen tutkimuksessa suoritettiin frekvenssidatan keruu sosiaalityön menetelmistä, palveluista, käytännöistä ja haasteista sosiaalityön nykytilan kuvaamiseksi Liettuassa. Sosiaalityöntekijöiden asenteita ja niiden yhteyttä koulutustaustaan ja työkokemukseen tutkittiin tilastollisilla analyyseillä, kuten kuvailevilla analyyseillä, yksisuuntaisella varianssianalyysillä (ANOVA), Studentin t-testillä ja Mann-Whitneyn U-testillä. Lopuksi tehtiin eksploraatiivinen faktorianalyysi, jolla tutkittiin koettua sosiaalityön osaamista ja validoitiin mittausväline.

Asenteita alkoholin ongelmakäyttäjien kanssa työskentelyä kohtaan mitattiin Andersonin ja Clementin (1987) kehittämällä Short Alcohol and Alcohol Problem Perception Questionnaire (SAAPPQ) -kyselyllä. Tämä mittari on laajasti tunnettu ammattilaisten käsitysten ja asenteiden arvioinnissa alkoholin käyttöön liittyvässä työssä. Koettua sosiaalityön osaamista tarkasteltiin Wangin ja Chuin (2017) kehittämän Perceived Social Work Competence Scale (PSWCS) -asteikon avulla. Tämä mittari on kehitetty sosiaalityöntekijöiden itse koetun osaamisen arviointiin käytännön eri osa-alueilla. Yhteensä 149 vastaajaa osallistui tutkimukseen täyttämällä verkkokyselyn. Otokseen sisältyi eri puolilla Liettuaa työskenteleviä sosiaalityöntekijöitä, mikä tarjosi monipuolisen edustuksen alan kokemuksista ja näkökulmista.

Tämä väitöskirja pohjautuu Galvanin (2015) näkemykseen, jonka mukaan kaikilla sosiaalityöntekijöillä – ei ainoastaan päihdehoidossa työskentelevillä – tulisi olla valmiudet puuttua tehokkaasti alkoholin käyttöön liittyviin tapauksiin soveltamalla asianmukaisesti tietoaan, taitojaan ja asenteitaan. Tämän näkemyksen mukaisesti tutkimuksen otosta ei rajattu Liettuan psykiatrian klinikoilla tai päihdehoitokeskuksissa työskenteleviin sosiaalityöntekijöihin. Sen sijaan tutkimuksessa pyrittiin tietoisesti tavoittamaan laaja ja tarkemmin rajaamaton otos alan ammattilaisia. Näin vastaajat edustivat monipuolisesti erilaisia organisaatioita, kuten kansalaisjärjestöjä, kunnallisia sosiaalipalvelukeskuksia ja muita yhteisöpohjaisia instituutioita. Tämän metodologisen valinnan ansiosta tutkimuksessa saatiin kattavampi kuva sosiaalityön käytännöistä henkilöiden kanssa, joilla on alkoholin käyttöön liittyviä ongelmia Liettuassa. Lisäksi valinnassa korostui se, että alkoholiin liittyviä ongelmia voi esiintyä sosiaalityön eri toimintaympäristöissä, mikä vahvistaa tarvetta alkoholin käyttöön liittyville interventioille osana yleissosiaalityön käytäntöjä.

Kirjan ensimmäisessä vertaisarvioidussa luvussa tarkasteltiin alkoholinkulutusta sosiaalisena ilmiönä Liettuassa. Tämä tehtiin laatimalla narratiivinen synteesi maan itsenäisyyden kolmen ensimmäisen vuosikymmenen (1990–2019) aikana julkaisusta tieteellisestä kirjallisuudesta. Tämän lähestymistavan avulla voitiin tunnistaa keskeisiä teemoja ja huolenaiheita, jotka kuvastivat tuon ajan yhteiskunnallista keskustelua alkoholinkäytöstä. Näin saatiin kattava yleiskuva kontekstuaalisista haasteista, joita liettualaiset sosiaalityöntekijät voivat kohdata tukiessaan alkoholiongelmista kärsiviä asiakkaita. Toisessa vertaisarvioidussa artikkelissa tutkittiin, miten Liettuassa tehdään sosiaalityötä henkilöiden kanssa, joilla on alkoholin käyttöön liittyviä ongelmia. Siinä keskityttiin käytettyihin menetelmiin, tarjottuihin palveluihin, toteutettuihin käytäntöihin ja ammattilaisten kohtaamiin haasteisiin. Tämä analyysi antoi perustavanlaatuisen käsityksen sosiaalityön käytännöstä tämän asiakasryhmän kanssa yleisellä tasolla. Kolmannessa artikkelissa tutkittiin ammattilaisten asenteita henkilöitä kohtaan, joilla on ongelmia alkoholin käyttöön liittyen ja todettiin, että nämä asenteet ovat yhtä tärkeitä tehokkaan sosiaalityön kannalta kuin muodollinen koulutus. Tutkimuksessa tarkasteltiin myös sosiaalityöntekijöiden yleisen työkokemuksen ja asenteiden välistä suhdetta sekä koulutustaustan vaikutusta näiden asenteiden muodostumiseen. Neljännessä artikkelissa käsiteltiin sosiaalityön osaamista ja analysoitiin menettelytapa- ja metaosaamisen ulottuvuuksia, jotka ilmenevät käytännön työssä asiakkaiden kanssa, joilla on alkoholin käyttöön liittyviä ongelmia. Alan erityiseen osaamisanalyyysiin perustuen tutkimuksessa tunnistettiin kunkin osaamisulottuvuuden muodostavat erilliset taidot sekä arvioitiin ne kompetenssit, joita liettualaiset sosiaalityöntekijät soveltavat ammatillisissa rooleissaan.

Tutkimuksen tulokset osoittavat, että sosiaalityö Liettuassa on yhä kehitysvaiheessa henkilöiden kanssa, joilla on alkoholin käyttöön liittyviä ongelmia. Liettu itsenäistyi vuonna 1990. Sen jälkeen maan sosiaalityöntekijät ovat toimineet ympäristössä, jolle on ollut tunnusomaista merkittävä poliittinen ja sosiaalinen muutosprosessi. Tämä on osaltaan johtanut monimutkaisten yhteiskunnallisten haasteiden syntymiseen. Ammatillista toimintaympäristöä ovat muokanneet monet toisiinsa liittyvät ongelmat, kuten perheiden toimintahäiriöt, mielenterveysongelmat, fyysisen terveyden ongelmat, työttömyys ja laajalle levinnyt alkoholinkäyttö sekä alkoholin riskikäyttö nuorten keskuudessa. Tuloksista kävi myös ilmi, että liettualaiset sosiaalityöntekijät perustavat alkoholin käyttöön liittyviin ongelmiin puuttumisensa pääasiassa yksilötasolle. Yksilöllisen asiakastyön menetelmä osoitautui yleisimmin käytetyksi lähestymistavaksi, ja yleisimmin tarjotuiksi palveluiksi tunnistettiin tiedottaminen ja neuvonta. Toissijaisia sosiaalityön menetelmiä, kuten ryhmättyötä tai yhteisöpohjaisia interventioita, hyödynnettiin sen sijaan harvoin. Lisäksi ammatillisia asenteita koskeva tutkimus osoitti, että liettualaiset sosiaalityöntekijät katsovat yleisesti, että heillä on riittävät tiedot ja taidot tällä alalla ja että he suhtautuvat alkoholiin liittyviin kysymyksiin ammatillisen vastuuntuntoi-

sesti. Tulokset viittaavat kuitenkin myös siihen, että ammattilaiset voisivat hyötyä lisätuesta työmotivaation ja työtyytyväisyyden osalta työskennellessään tämän asiakasryhmän kanssa. Ammatillisen osaamisen analyysi osoitti, että sosiaalityöntekijät perustavat käytäntönsä neuvonnan ja emotionaalisen tuen osaamiseen. Kehittämistarpeeksi sitä vastoin tunnistettiin ammatilliseen jaksamiseen ja yhteistyöhön liittyvä osaaminen. Tutkimuksen mukaan *oman persoonan käyttö* on olennainen ja moniulotteinen osa sosiaalityötä, kun työskennellään henkilöiden kanssa, joilla on alkoholinkäyttöön liittyviä haasteita. Tässä yhteydessä *oman persoonan käyttö* tarkoittaa itsetuntemuksen, reflektiivisyyden ja osaamisen yhdistämistä, jotta voidaan rakentaa asiakasta voimaannuttava suhde. Sen avulla ammattilaiset voivat vastata sekä asiakkaiden välittömiin tarpeisiin että niihin systeemisiin olosuhteisiin, jotka ylläpitävät alkoholinkäytön ongelmia.

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Palanga, December 8, 2025

Justina Kievišienė

List of Original Publications

The dissertation is based on the following original articles:

Kievišiene, J., & Skaffari, P. (2020). Alcohol Consumption as a Phenomenon in Lithuania: A Narrative Synthesis. In S. Gutmane, & E. Aciene (Eds.), *Scientific Proceedings of Latvian Christian Academy: Scientific Proceedings 6 (2020): Client and human dignity* (Vol. 6, pp. 176-196). Latvijas Kristīgā Akadēmija. <http://en.kra.lv/proceedings-6-2020/>

Kievišienė, J., (2022). Social Work with Individuals Having Alcohol Usage Problems: Overview of the Situation in Lithuania. *Socialinė teorija, empirija, politika ir praktika*. 24. 54-68. 10.15388/STEPP.2022.37.

Kievišienė, J., (2024). Exploring Lithuanian social workers' attitudes towards individuals with alcohol usage problems. *Nordic Studies on Alcohol and Drugs* 41(1):75-96. doi: 10.1177/14550725231202070

Kievišienė, J., (2024). Professional competencies in social work concerned with alcohol use problems in Lithuania: Moving beyond 'know-how'. *Nordic Studies on Alcohol and Drugs*. 42(2):147-167. doi:10.1177/14550725241291330

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1. INTRODUCTION

Social workers play a vital role in the prevention, intervention, and resolution of complex psychosocial issues related to alcohol abuse. Due to their professional responsibilities, foundational ideology, and core values, social workers are uniquely positioned to support individuals struggling with alcohol-related challenges. Therefore, social workers are often referred to as frontline practitioners, who frequently encounter clients with alcohol misuse problems, both directly and indirectly (Sacco et al., 2019). Their goal is to provide appropriate support and enable recovery through a non-judgmental relationship grounded in trust, compassion, and empowerment (Galvani et al., 2015). Consequently, social workers must be equipped to identify and address alcohol and other substance use in order to intervene effectively (Sacco et al., 2019).

When assisting individuals with alcohol use problems, social workers base their interventions on ecological systems theory, which emphasises the individual within their environment. This approach acknowledges the multiple forces that influence alcohol use, including family, society, and community (Galvani, 2017; Unegbu, 2020). They also adopt a strengths-based perspective, which fosters individual resources, growth, change, and self-determination (Clark et al., 2020). Most importantly, social work is a profession rooted in relationships that promote change (Ruch et al., 2018). Also, aimed at promoting personal and community well-being and upholding fundamental human rights, social and economic justice (National Association of Social Workers [NASW], 2013), social workers are well-positioned to inspire change at the micro, mezzo, and macro levels of society.

Given this context, there is increasing global recognition of the need for highly qualified and committed social work interventions and preventive initiatives in the field of alcohol abuse. In recent years, efforts have been made to address knowledge gaps within higher education social work curricula, aiming to better equip professionals to respond to alcohol- and substance-related issues (Galvani et al., 2013; Galvani & Allnock, 2014; Galvani, 2017; Lundgren et al., 2019; Muñoz et al., 2019; Sacco et al., 2019; Senreich et al., 2017; Svendsen et al., 2019; Unegbu, 2020; Urada et al., 2014; Wilkey, 2013). Additionally, attention has been directed toward identifying context-specific roles, capabilities, and skills essential for effective practice with individuals experiencing alcohol misuse (Galvani, 2015; Osborne-Leute, 2019). Complementing these efforts, several guidelines have been developed to support social work practice in this area (Estreet et al., 2017; McCarthy

& Galvani, 2018; NASW, 2013; Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). For example, the first formal guidelines released in 2015 outlined educational pathways and specialised areas of practice for working with individuals affected by substance use (Galvani, 2017). Collectively, these developments underscore the growing emphasis on social workers' knowledge, skills, attitudes, and evidence-based practices in addressing alcohol use problems, highlighting the profession's critical role and the need to further strengthen its capacity in this field.

However, alongside efforts to develop context-specific knowledge and enhance evidence-based practice, increasing attention is being directed towards the professional who acquires this knowledge and implements these methods. Broadly speaking, this raises the question of whether the professional is the primary catalyst for client change. More specifically, what personal or professional characteristics—emotional, cognitive, attitudinal, or otherwise—determine the effective application of knowledge and skills in practice? What if it is the professional who, through wisdom and intuition, selects and adapts appropriate interventions for each unique case, rather than relying solely on a specialised, evidence-led knowledge base? What if effective intervention and relationship-based empowerment depend more on how information is enacted in practice than on the professional's technical expertise? How do the professional's beliefs and state of mind contribute to successful outcomes? These questions have shaped my research interest and led to the concept of the Use of Self, which—despite its complexity—is fundamentally important in social work, where the foundation of change lies in the relationship between the professional and the client within their unique context.

In this study, the Use of Self is understood as a process of self-awareness that enables social workers to draw upon their unique abilities and experiences to enhance interactions with clients. One of the most explicit definitions of Use of Self in social work is offered by Dewane (2006), who describes it as a combination of personal and professional attributes. She states that “melding the professional self of what one knows (training, knowledge, techniques) with the personal self of who one is (personality traits, belief systems, and life experience) is a hallmark of skilled practice” (Dewane, 2006, p. 543). Similarly, Cooper (2017) argues that the Use of Self is essential to effective social work practice, as it requires practitioners to “use ourselves” as a resource in one-on-one client work, enabling relationship-based and therapeutic engagement. Thus, the Use of Self is not only central to social work—it is intrinsically tied to the social worker-client relationship. In fact, some authors suggest that the relationship itself is the Use of Self, or knowledge-in-practice, as opposed to technical-rational knowledge derived from evidence-based models (Arnd-Caddigan & Pozzuto, 2008). Therefore, the core tenets upon which this PhD thesis is built conceptualise the Use of Self as a process of self-actualisation rooted in relationship-based social work and oriented toward facilitating meaningful change.

While attention to social work with individuals facing alcohol use problems is growing globally, it remains a relatively new area of focus, with Galvani et al. leading the most systematic efforts since around 2011. However, in Lithuania, the exploration of social work with individuals experiencing alcohol use problems remains in its early stages. This may be attributed to the fact that social work is a relatively young profession in Lithuania overall, having emerged only after the country regained independence in 1991. Traditionally, social work in Lithuania has been viewed as a micro-level public service, primarily focused on supporting the elderly, caring for children, and addressing disability-related issues. However, the profession has undergone a significant transformation in recent years, evolving from a caregiver role to one that includes macro-level engagement, social innovation, and activism (Adomaitytė-Subačienė et al., 2023). This evolution in the roles and functions of social work in Lithuania have been supported by international researchers, European funding, and the introduction of best practices from abroad.

Since social work was officially recognised as a profession in Lithuania, new agencies, service groups, and academic programmes have been established (Snieškienė, 2012). Nevertheless, one of the newest and least studied areas remains social work with individuals experiencing alcohol use problems. To date, the most significant academic contributions in Lithuania on this topic have been either theoretical (Ivanauskienė & Motiečienė, 2010) or qualitative in nature (Černauskaitė, 2015; Laucė, 2021; Lukaitė-Čekavičė, 2015). The issue is also frequently examined through the lens of social work with families (Černauskaitė, 2015; Kutkauskienė, 2005; Stremauskienė & Žibėnienė, 2014) and often focuses on specific institutions, such as addiction or rehabilitation centres (Gudžinskienė & Pozdniakovas, 2020; Jasevičienė, 2015) or particular districts in Lithuania (Laucė, 2021).

Given the lack of comprehensive research on social work with clients experiencing alcohol use problems both globally and nationally, this PhD study is the first in Lithuania to assess the broader context of such work. It collects quantitative data from practitioners across various social work institutions and districts, offering insights that go beyond single-organisation evaluations. In light of the significant challenges posed by alcohol use both globally and within Lithuania, this study aims to contribute to the development of social work as a profession in this field and to address the ongoing role ambiguity in the Lithuanian context.

A descriptive quantitative research approach was chosen to investigate this phenomenon in depth. This design was selected for several important reasons. First, as previously mentioned, both in Lithuania and globally, social work research still includes a relatively small proportion of quantitative studies. A recent review by Kurten and colleagues (2021) of 1,406 articles published between 2016 and 2020 in three major social work journals—*The European Journal of Social Work*, *The British Journal of Social Work*, and *Research on Social Work Practice*—found that only 27.7% employed quantitative methods, compared to 35.8% using

qualitative methods. Mixed methods accounted for 6%, while the remainder were theoretical (1.8%), reviews (10.5%), or project overviews (1.9%) (Kurten et al., 2021). Additionally, Sheppard (2017) conducted a comprehensive analysis of qualitative and quantitative research in social work. While acknowledging the field's general preference for qualitative approaches, the author also highlighted that quantitative research has a significant academic impact, as evidenced by download rates and scholarly engagement. The author concluded that quantitative data can meaningfully influence the discourse of social work as a profession (Sheppard, 2017). Second, quantitative research offers several advantages for this study. These include the ability to reach a larger sample, which enhances the generalisation of findings, as well as the potential for objectivity, precision, and meaningful statistical interpretation (Sukamolson, 2007). By addressing a gap in the existing research, this study makes a significant contribution to the development of knowledge in this area of social work, both in Lithuania and globally, where quantitative research remains limited.

Another important methodological decision in this PhD project concerns participant recruitment. The study involved social workers with diverse educational backgrounds, levels of experience, and employment settings. However, all participants were required to meet a key criterion: they had to work directly with individuals experiencing alcohol use problems. Additionally, the decision to include professionals from various sectors—such as social service centres, family crisis centres, non-governmental organisations, and primary health care institutions—was based on two main considerations. First, Lithuania lacks broader quantitative research in this area; therefore, capturing a more comprehensive picture of practice was essential. Second, substance use issues, particularly alcohol, are commonly encountered in social work practice. Alcohol use may be a contributing factor to a client's contact with social services or the primary reason for it (McCarthy & Galvani, 2012). Therefore, as Galvani (2015) emphasises, it is crucial for all social workers—not only those working in specialised substance use treatment settings—to have a clear understanding of their roles and responsibilities when supporting clients with alcohol-related problems.

The research question guiding this study is twofold: -1) how is social work with individuals experiencing alcohol use problems conducted in Lithuania?; and 2) what professional attitudes and field-specific competencies—viewed as sub-components of the Use of Self—emerge in social work with these clients in the Lithuanian context? These research questions are explored through a meta-analysis of four sub-studies, each contributing to a comprehensive understanding of social work practice with individuals experiencing alcohol use problems (Table 1).

Table 1. The title, aim and research questions of sub-studies.

No	Title	Aim	Research Questions
1	Alcohol Consumption as a Phenomenon in Lithuania: a narrative synthesis	To provide the context of alcohol consumption in Lithuania	➤ How is alcohol consumption researched, analysed, and conceptualised in Lithuania-scientific articles?
2	Social work with individuals having alcohol usage problems: an overview of the situation in Lithuania	To analyse social work (in terms of methods, services, practices and challenges) with individuals having alcohol usage problems in Lithuania	➤ What working methods, services, practices and challenges are evident in social work practice with individuals having alcohol usage problems?
3	Exploring Lithuanian social workers' attitudes towards individuals with alcohol usage problems	To explore social workers' attitudes towards individuals with alcohol usage problems	<ul style="list-style-type: none"> ➤ What attitudes towards individuals with alcohol usage problems are the most and the least positive in a sample of Lithuanian social workers? ➤ What is the relationship between the professionals' attitudes, their formal education and their work experience?
4	Professional competences in social work with individuals having alcohol usage problems: moving beyond know-how	To analyse Lithuanian social workers' self-reported professional competencies while working with individuals with alcohol use problems through exploration of the characteristics included in the Lithuanian version of the Perceived Social Work Competence Scale (PSWCS). Additionally, to assess the validity and reliability of the PSWCS with regard to Lithuanian social workers.	<ul style="list-style-type: none"> ➤ How did Lithuanian social workers working with individuals with alcohol use problems self-report their professional competencies? ➤ How reliable and valid is the Lithuanian version of the PSWCS for the measurement of professional competencies in social work with individuals with alcohol use problems?

The first sub-study, "Alcohol Consumption as a Phenomenon in Lithuania: A Narrative Synthesis," is based on a comprehensive analysis of 69 articles, which were reviewed and categorised by thematic focus and chronological periods (1990–2019). This sub-study provides an overview of alcohol use in Lithuania. Since the data was drawn from articles written by Lithuanian scholars at specific points in time, the study summarises key emerging themes related to the sociocultural dimensions of alcohol consumption. It reflects the contemporary context, as the researchers' thematic focus reveals the alcohol-related issues that Lithuanian society faced during

particular periods. Given that alcohol use remains a major public health concern in Lithuania (Organisation for Economic Co-operation and Development [OECD], 2021), examining its sociocultural context is essential.

The second sub-study, "Social Work with Individuals having Alcohol Use Problems: Overview of the Situation in Lithuania," offers a more targeted description of social work practice with this client group. It presents information on the services provided, methods used, and specific practices and challenges encountered in the field. The study identifies preferred approaches and the frequency with which particular services are utilised to support individuals with alcohol-related issues. Additionally, it outlines the general orientation of social work in this area, offering insights that may inform future professional development.

The third sub-study, "Exploring Lithuanian Social Workers' Attitudes Toward Individuals with Alcohol Use Problems," offers nuanced insights from practitioners' perspectives. It is grounded in the understanding that professional attitudes—defined here as the social worker's attitudes toward engaging in work with this client group—are as critical as knowledge and experience in substance use practice. Therefore, this sub-study contributes new knowledge about the range of attitudes held by social workers and explores how these attitudes relate to their professional experience and educational background.

The fourth sub-study, "Professional Competencies in Social Work with Individuals having Alcohol Use Problems in Lithuania: Moving Beyond Know-How," offers an in-depth, interpretive, and empirical examination of the competencies evident in this field. It explores the Holistic Competence Model, which emphasises the interplay between procedural competencies and meta-competencies as expressions of the professional self (Bogo et al., 2006). In addition to identifying key competencies evident in Lithuanian social work practice, the study discusses the challenges faced, areas of expertise that have been developed, and those that still require further growth.

To continue, this summary section outlines the structure and scope of the PhD study. It begins by describing the general context of alcohol use and the development of social work in this field in Lithuania, alongside the broader international landscape of social work with individuals experiencing alcohol use problems (Chapter 2). Chapter 3 presents the theoretical framework, focusing on professional attitudes and competencies in social work with this client group. The study's methodology is detailed in Chapter 4, followed by the key findings in Chapter 5. Chapter 6 offers an in-depth examination of social work practice with individuals experiencing alcohol use problems in Lithuania, emphasizing practical aspects and the professional Use of Self framework—particularly in terms of attitudes and competencies. Finally, Chapter 7 presents the study's conclusions.

In short, social work with individuals struggling with alcohol use remains an under-explored area in Lithuania. However, given the country's high rates of alcohol

consumption and the associated social challenges, this area of practice is both relevant and necessary. It requires self-awareness in professional attitudes and competencies to be carried out effectively. Therefore, this study's analysis of the societal context and the content of social work practice provides essential background knowledge. In parallel, the investigation of the Use of Self—through the lens of professional attitudes and competencies—offers insight into the relational and reflective dimensions of working with clients affected by alcohol use.

At the same time, this dissertation contributes to the broader international discourse on social work in substance use contexts, which is currently gaining considerable attention worldwide. By utilizing quantitative research—which is still relatively scarce in international social work—and by exploring professional competencies and attitudes toward working with individuals experiencing alcohol use problems, this PhD research contributes to the emerging global narrative on this particular topic within the field of social work. Additionally, the theoretical Use of Self model of constructed in this dissertation, which integrates quantitatively measurable subcomponents—namely professional attitudes and competencies—offers a novel framework that can inform future research and practice internationally.

2. SOCIAL WORK WITH INDIVIDUALS HAVING ALCOHOL USAGE PROBLEMS: NATIONAL AND INTERNATIONAL CONTEXT

2.1. Alcohol consumption in Lithuania

Lithuania has consistently ranked among the top countries globally for alcohol consumption, holding the first position for several decades and placing sixth in 2019 (OECD, 2021). According to the most recent data from the World Population Review (2025) and the WHO Global Status Report (2024), Lithuania remains among the top ten countries globally in terms of alcohol consumption, significantly exceeding the global average. Excessive alcohol use remains a major public health and social concern, posing serious risks to individuals, families, and society. Although recent years have seen a decline in consumption due to stricter alcohol control policies (OECD, 2021; Rehm et al., 2024), the issue continues to demand attention.

Excessive alcohol consumption, among other behavioural risk factors—including poor diet, tobacco use, and physical inactivity—is responsible for nearly half of all deaths in Lithuania (OECD, 2021). Rehm et al. (2024) emphasise that Lithuania has experienced persistently high alcohol-attributable mortality over the past two decades, particularly among men. Although mortality rates have declined during periods of strong alcohol control policy implementation, they remain among the highest in Europe and globally (OECD, 2023). This trend significantly contributes to Lithuania's lower life expectancy compared to the EU average. In 2021, Lithuanian men lived approximately eight years less than their EU counterparts, while women had a four-year gap (OECD, 2021; Rehm et al., 2024).

Heavy drinking has become a leading cause of physical and mental health issues, including cardiovascular disease, depression, and suicide (OECD, 2023). It is strongly associated with liver cirrhosis, cancer, and coronary heart disease (Radišauskas et al., 2021; Rovira et al., 2022; Štelemekas, 2023). In 2018, Lithuania ranked third in alcohol-related cancer mortality and eighth in incidence among EU countries (WHO Regional Office for Europe, 2020). Additionally, cardiovascular disease remains the leading cause of death, closely linked to alcohol use (OECD, 2017; Radišauskas et al., 2021; Rehm et al., 2024). Mental health is also affected, with depressive and substance use disorders being prevalent (OECD, 2013). Lithuanian study shows that alcohol abuse plays a significant role in suicide attempts, with estimates indicating involvement in around 70% of cases among men and 43% among women (Dambrauskienė et al., 2019). Lithuania also ranks high in alcohol addiction diagnoses, with 13.35% of men and 1.98% of women affected (Abbeycare Foundation, 2023). Considering that globally only about 8% of individuals with

alcohol use disorder receive treatment, according to findings from the World Mental Health Survey (Wang et al., 2007), there is a significant underreporting of alcohol use cases and unmet treatment needs in many countries, including Lithuania.

Consequently, families experience significant instability, particularly children living with parents who struggle with alcohol abuse. Tamutienė and Jogaitė (2019) found that children aged 8–18 in such environments face abuse, domestic violence, and barriers to support due to stigma. In many cases where children are placed in state care, parental substance abuse is the primary reason (Department of Drug, Tobacco and Alcohol Control, 2022). Beyond measurable statistics, alcohol use has intangible effects that profoundly impact individuals and society, disrupting overall health, damaging interpersonal relationships, and weakening society.

Yet, research from Vilnius University over the past seven years shows a shift in drinking patterns. While the proportion of drinkers has increased, overall consumption has slightly declined. Drinking is moving from private homes to public venues like cafés and festivals, reflecting Western European trends. However, a concerning rise in heavy drinking among women has been observed (Karčiauskas, 2023).

The roots of excessive alcohol consumption in Lithuania can be traced back to the country's difficult history and transition from Soviet Union, which introduced a range of psycho-social challenges. As noted by Lithuanian professor D. Gailienė (2015), the psychological consequences of cultural trauma are evident in the high prevalence of alcohol abuse and suicide—both of which remain alarmingly elevated in Lithuania. Therefore, such statistics can serve as critical indicator of the nation's collective psychological well-being and underscore the long-term impact of unresolved societal trauma.

Among the countries of Eastern Europe, Lithuania is an example of a developing economy going through the post-Soviet transition phase (Sinkevičius, 2016). Not only was there a lot of political and economic turbulence at the time, but there was also a lot of anxiety about the future, uncertainty in society, and the emergence of new social and personal challenges (Ghedrovici & Ostapenko, 2013). These transformations have significantly reshaped the country's demographic and social structures. Declining birth rates and increased youth emigration are among the most visible outcomes. Traditional nuclear families have become less common, with a growing prevalence of non-intact family forms. As a result, fewer children are raised in households with both biological parents, which may have influenced their social development and contributed to increased risk behaviours such as alcohol and drug use, smoking, and early drinking (Sumskas & Zaborskis, 2016).

Alcohol consumption trends in Lithuania have also been shaped by evolving legislation. In the early 1990s, alcohol use surged due to minimal regulation, weak border controls, and profit-driven sales. It was not until the Alcohol Control Law of 1995 that the government began to reassert control over alcohol production

and distribution (Miščikienė et al., 2020). Subsequent policy reforms in 2008, 2009, 2017, and 2018 introduced stricter regulations, including higher excise taxes, advertising restrictions, nighttime sales bans, and increased legal drinking age (Rehm et al., 2024). These measures aligned with the World Health Organisation’s “best buy” strategies—taxation, advertising bans, and reduced availability—and led to measurable public health improvements, such as increased life expectancy and reduced alcohol-related mortality (Miščikienė et al., 2020). Lithuania’s success in implementing evidence-based alcohol control policies has been internationally recognised, particularly by the WHO (2023). The situation of alcohol consumption in Lithuania is comparable to that of its Baltic neighbours—Latvia and Estonia—all of which have experienced similarly high usage trends and societal turbulence contributing to this issue. Over the past thirty years, these three countries have consistently ranked among the highest globally in terms of alcohol use, leading to significant health and social challenges (Vaitkevičiūtė et al., 2023; Radišauskas et al., 2023). The Baltic Countries have also undergone parallel historical and socioeconomic developments, including the post-Soviet transition and the 2008–2009 financial crisis. In response to the growing burden of alcohol-related harm, each country has implemented strict legislative measures aimed at reducing consumption and improving public health outcomes (Vaitkevičiūtė et al., 2023). This shared experience highlights that Lithuania’s alcohol-related challenges are not uniquely distinct, but rather part of a broader regional challenge.

2.2. Social work with individuals having alcohol usage problems in Lithuania

Social work in the Baltic countries began to develop more seriously only after the collapse of the Soviet Union in the early 1990s. At that time, Lithuania, Latvia, and Estonia started building modern social work systems, drawing inspiration from Western European models while facing unique challenges such as poverty, unemployment, financial instability, migration, and weak infrastructure, and others. These countries also had to reconstruct their social welfare systems almost entirely, as the previous Soviet structures were no longer suitable. While each country has its own specific context, Lithuania, Latvia, and Estonia share a similar cultural and historical background, shaped by Soviet occupation and the need to rebuild their social services. As a result, they have faced many of the same social problems and policy dilemmas. However, this PhD is devoted to the social work in Lithuania, therefore this chapter will mainly focus on social work in Lithuania and social work with this particular client group—people experiencing alcohol usage problems.

The social sector, like many others, continues to experience a complex development process, as Lithuania has been independent for just over 30 years. Although social

work as both a profession and a field of science has made significant progress in Lithuania, there is still much work to be done. For instance, only recently has more specialised knowledge and practice begun to emerge regarding a specific client group—individuals with alcohol consumption problems. Therefore, before delving deeper into this topic, some background information on the history of social work in Lithuania will be provided to support a more comprehensive understanding of the profession's developmental context.

In 1992, the Government of the Republic of Lithuania implemented a regulation on the training of social security professionals at Lithuanian educational institutions. That same year, the first social work study programmes were established. Social work was officially recognised as a profession in Lithuania following the graduation of the first cohort of students. In 1995, social work was added to Lithuania's Professional Register. However, the Law on Social Services of the Republic of Lithuania did not define the profession until 1996. In 1993, the Lithuanian Association of Social Workers (LASW) was established, raising the issue of improving social workers' qualifications. Later, LASW collaborated with the Ministry of Labor and Social Security to develop qualification standards for social workers (Bagdonas, 2015). Alongside qualifications, the importance of continuous learning was emphasised. Thus, social work in Lithuania is a profession that requires ongoing education, as the field continues to evolve. According to the Ministry of Social Security and Labor of the Republic of Lithuania, it is essential for social workers to participate in various training programmes, enhance their professional competencies, and deepen their social work values. For instance, in Lithuania social workers must continually develop their professional competence for at least 16 academic hours per calendar year (Ministry of Social Security and Labor of the Republic of Lithuania, 2022). Social workers in Lithuania primarily provide assistance to individuals facing difficult life situations. Their support extends to various vulnerable groups, such as the elderly, children at risk and those without parental care, adults and families experiencing social risk, families with children, individuals with disabilities, and others in need of social support.

Social workers in Lithuania carry out services and perform functions outlined in the Law on Social Services of the Republic of Lithuania (2006, No. X-493). These responsibilities may be more specialised—such as developing social skills, crisis management, or providing social care—or more general, including offering information, consultation, mediation, and representation (Republic of Lithuania, 2006). A detailed description of social services is shown in Table 2.

Table 2. Social work services in Lithuania according to the Law on Social Services of the Republic of Lithuania (2006).

<i>General services</i>	<i>Special Services: Supervision</i>	<i>Special Services: Care</i>
Providing information	Home services	Day social care
Consultation	Developing social skills	Short-term social care
Mediation and representation	Independent living home	Long-term social care
Sociocultural services	Temporary accommodation	
Transport organisation	Crisis management	
Catering organisation		
Provision of clothing		

A recent legal update is worth noting. Since 2022, a new direction in social services has been introduced—preventive social work. These services are designed to help families and communities strengthen their ability to manage their personal lives independently and engage in society. They aim to equip individuals with the knowledge and skills needed to avoid future social problems and risks, while promoting social inclusion. Examples of preventive social services include identifying potential social service recipients, providing complex family services, collaborating with communities, organizing family conferences, conducting open youth work, delivering mobile youth work (Ministry of Social Security and Labor of the Republic of Lithuania, 2022). Although the legislation is still evolving and lacks specific definitions of preventive social workers’ responsibilities, it is reasonable to infer that their role includes addressing alcohol and substance use issues, given the strong connection between these problems and broader social risks. Importantly, this legal shift reflects a growing recognition of prevention and community-based approaches in Lithuanian social work—both of which are crucial in addressing alcohol consumption problems effectively.

In Lithuania, individuals struggling with alcohol use are among the recipients of social services. However, they typically receive standard services listed in the national Social Services Directory. Even individuals in recovery—those who have received treatment in primary or secondary mental health care institutions and have been diagnosed with alcohol dependence—are not recognised as a distinct service recipient group. Instead, they are categorised under general social risk groups (Tamaliūnaitė, 2022). As a result, most social assistance for individuals with alcohol use issues follows the same service sequence as for other at-risk groups.

However, this population may access specialised support through rehabilitation communities operated by the Republican Centre for Addiction Diseases and various non-governmental organisations (NGOs). The structure of these services is detailed in Table 3.

Table 3. The structure of social services for people recovering from addiction.

Non-specialised		Specialised	
<i>Social sector</i>	<i>Health sector</i>	<i>Social sector</i>	<i>Health sector</i>
Municipality's social workers	Mental health centre workers	Psychosocial rehabilitation communities	Republican Centre of Addiction Diseases
Employment services			
Social employment agency			

In addition to the Republican Centre for Addiction Diseases, which operates in five major Lithuanian cities, social workers may also work in non-governmental organisations such as Alcoholics Anonymous and rehabilitation societies, where they engage directly with clients experiencing alcohol use problems. Another important setting is the healthcare sector, where social workers often work closely with clients facing such challenges. In healthcare, social workers aim to enhance patients' ability to adapt to the treatment environment, reestablish community connections, support societal reintegration, and promote fuller social functioning (Regulation for the Activities of Social Workers in Healthcare Institutions, 1999).

According to the Law on the Health System of the Republic of Lithuania (1998), the coordination of social work within healthcare institutions is a shared responsibility between the Ministry of Health and the Ministry of Social Security and Labour. As a result, the roles and activities of social workers in these settings are shaped by internal policies, formal directives, and institutional regulations (Buškevičiūtė, 2013). In specialised addiction treatment and social service institutions, social workers operate as part of multidisciplinary teams—alongside psychiatrists, nurses, psychologists, and other professionals—in accordance with national standards for addiction treatment and rehabilitation (Addiction Diseases Treatment and Rehabilitation Standards, 2002).

Most social workers in the healthcare sector are employed in mental health settings, such as addiction treatment centres, psychiatric hospitals, and mental health institutions. Mental health services are available to all permanent residents of a municipality through mental health centres or the mental health departments of

primary healthcare institutions (Buškevičiūtė, 2013). These social workers function according to their professional competencies and medical standards, collaborating with other specialists as part of a multidisciplinary team.

It is important to note that social workers in addiction treatment facilities or rehabilitation communities typically work with clients who have already been diagnosed with an addiction. In most cases, the addiction has progressed to a stage that meets the criteria of the International Classification of Diseases (ICD), and individuals must obtain a medical certificate from a family doctor or psychiatrist to access long-term rehabilitation services (Tamaliūnaitė, 2022). However, considering that a much larger proportion of individuals engage in harmful alcohol use or suffer from addiction without seeking treatment, it becomes clear that social workers must address this issue across all sectors of society—not only within specialised treatment facilities.

As previously mentioned, international research suggests that only about 10% of individuals with substance use disorders receive treatment (Centre for Behavioural Health Statistics and Quality, 2017). Many people experiencing the biopsychosocial consequences of problematic alcohol use do not seek help, do not visit healthcare or mental health institutions, or may not even recognise their condition. Therefore, social workers must be ready to intervene at all stages of addiction development, not just when symptoms are already severe and visible in specialised care settings.

In Lithuania, most social workers are employed by municipal social service centres, which are the largest providers of social services in urban areas. These centres offer a wide range of services to various population groups, including women, children, the elderly, and others. Naturally, they address many complex life situations, and problematic alcohol use is frequently among them. For instance, according to the 2019 report from the Vilnius Centre of Social Services, alcohol abuse and the use of other psychoactive substances are among the most common issues encountered when assisting at-risk families. These problems often lead to additional challenges such as child neglect, domestic violence, unemployment, poor emotional communication, behavioural issues in children, and substandard living conditions (Vilnius Centre of Social Services, 2022).

As a result, the centre recommends that social workers provide consultations to individuals and families affected by alcohol and substance use. These consultations aim to educate clients about addiction as a disease, its progression, and treatment options. They also help prevent relapses, foster a positive outlook on life, address feelings of hopelessness, promote personal responsibility, identify individual strengths, manage stress, and resolve interpersonal conflicts (Vilnius Centre of Social Services, 2022). It is important to note that these efforts are initiated by the centre itself. According to Tamaliūnaitė (2022), there is currently no legal framework in Lithuania mandating such consultations or requiring the collection of statistics on services provided to this specific client group.

Tamaliūnaitė's (2022) investigation into healthcare and social assistance for individuals recovering from addiction in Lithuania highlights several important findings. Notably, the report focuses on individuals who have already been diagnosed with alcohol or substance use disorders. It does not address the social or medical needs of individuals in the early stages of addiction—a critical period for early intervention and prevention. Based on Tamaliūnaitė's findings, several key challenges have been identified in the delivery of social and health services for individuals undergoing recovery from addiction disorders in Lithuania.:

- Rehabilitation services for individuals with addiction disorders are slow to develop.
- This target population is not monitored nationally within the social services sector, and the absence of regular monitoring makes it impossible to conduct comprehensive studies on their health and social service needs.
- Reintegration services are provided to a limited population, which does not align with international guidelines that emphasise the importance of reintegration regardless of illness stage or treatment history.
- In the provision of social care services, individuals in recovery from addiction disorders are among the groups whose needs are less positively regarded.
- Municipal social service providers offer fragmented services, lack case management systems, and do not follow a consistent approach when working with individuals affected by addiction.
- Individuals with addiction disorders who live alone face the greatest lack of coordinated social assistance and support.
- There are no specific legal acts regulating the reintegration of this group.

(Tamaliūnaitė, 2022)

Recently, social work with individuals experiencing alcohol use problems has gained increased attention in Lithuania, supported by key European initiatives and national regulations. For instance, the 2015 Government Resolution No. 217 identified the integration of individuals recovering from addiction disorders as a priority. Its goals include ensuring access to high-quality, evidence-based treatment, rehabilitation, and reintegration services; establishing a legal framework for better access to social services; and reducing stigmatisation through monitoring systems. The National Drug, Tobacco, and Alcohol Control and Use Prevention Programme 2018–2028 emphasises the need for social workers to update their knowledge to effectively support individuals and families affected by substance use. A recent report revealed that many professionals lack the skills to engage clients, encourage treatment, or make appropriate referrals. Prevention and educational efforts also remain insufficient (Gečienė-Janulionė & Kublickienė, 2022).

Between 2014 and 2020, the Republican Centre for Addiction Diseases and fifteen municipalities implemented the EU-funded project Improving the Quality and Availability of Integrated Addiction Treatment Services (No. 08.4.2-ESFA-V-621-01-0001). The project aimed to develop an integrated system for early diagnosis, treatment, and social assistance, improve service accessibility, and enhance specialist qualifications. Training in case management, motivational interviewing, and other evidence-based methods was introduced to improve service quality (Republican Centre for Addiction Diseases, 2021). Despite this, social workers often perform the same institutional duties regardless of the underlying causes of social issues. This broad scope of responsibilities can affect the effectiveness of care, especially in complex cases involving alcohol use, where both practical and emotional challenges are present.

McCarthy and Galvani (2018) argue that while social workers assess clients holistically, they may lack specific knowledge about substance-related disorders. Without addressing this critical need, other interventions may be less effective. Therefore, the goal of social work education in Lithuania is to prepare professionals who can apply current research, balance diverse community interests, and adapt to evolving challenges (Rimkus, 2015).

Recent works by social studies students have addressed the subject of social work with individuals who have alcohol consumption issues, demonstrating the increased interest of the field's expertise in this area. Among the topics that Lithuanian social work students have examined are: the vocational rehabilitation of individuals with addictions as a condition for their integration into the labour market (Vaicekonė, 2015); the unique nature of social workers' assistance to alcohol-dependent family members at social risk (Černiauskaitė, 2015); the activities of social workers while working with individuals with alcohol addiction (Jakštytė, 2022); the potential for the formation of social support services for individuals with addictions (rehabilitation community) (Jocienė, 2015); the social worker's involvement in addictive diseases societies (rehabilitation community) (Ždanovic, 2014); and the maintenance of social support structure for men with addiction following communication (Tuominienė, 2015). These scientific attempts to define the role and scope of social work with people who have alcohol use problems are valuable and show the progress in the scientific analysis of social work with individuals having alcohol usage problems in Lithuania. Although, the majority of these studies analyse specific experiences from rehabilitation centres and are primarily qualitative in nature—providing valuable insights—the approach limits the opportunities to provide more broadly applicable knowledge.

Several important research findings highlight challenges in social work with individuals experiencing alcohol use problems in Lithuania. For instance, quantitative research by Jegelevičienė et al. (2012) revealed that social workers often face a lack of community awareness, inconsistent service provision, insufficient

professional knowledge and skills, and negative attitudes toward individuals with alcohol use problems—both from professionals and the public. Furthermore, Ivanauskienė and Motiečienė (2010) concluded that social workers have a significant impact on alcohol-addicted individuals during the recovery process. They set up self-help groups based on the needs of the client, empower rehabilitation, educate, encourage, and give hope to recovering patients (Ivanauskienė & Motiečienė, 2010). Similarly, Solovjovas (2007) state that in rehabilitation centres, the social worker has to encourage the client to make the necessary changes by outlining the potential advantages of resolving an alcohol addiction. Support, motivation, and an aid plan are given once a social professional recognises the patient's alcohol addiction. In the rehabilitation process, teamwork and trust are essential components. Recognition, individualisation, support, introspection, free choice, trust, and collaboration are the fundamental principles that social workers follow while assisting individuals who are alcohol addicts. (Solovjovas, 2007).

In response to international calls to strengthen social work in this field (discussed in the next chapter), this PhD research is the first in Lithuania to quantitatively examine social work with individuals experiencing alcohol use problems on a national scale. Unlike previous studies focused on specific institutions, this research offers a broader perspective on social work practices across the country.

2.3. Social work with individuals having alcohol usage problems: international context

This chapter explores key international insights and policy directions that aim to describe and strengthen social work practice with individuals experiencing alcohol-related challenges. Globally, social work is increasingly recognised as a profession equipped with the knowledge, skills, and values needed to respond effectively to alcohol and substance misuse. By presenting these international perspectives, the chapter provides a broader conceptual and policy framework that supports and informs the empirical research carried out in Lithuania.

A key theoretical assumption in this research is that social workers play a central, multifaceted role in supporting individuals with substance use issues. Through multi-layered roles such as care managers, service providers, and policy advocates, they are well-positioned to implement and promote evidence-based strategies in substance use settings (British Association of Social Workers [BASW], 2018; Begun & Clapp, 2016; Wells et al., 2013). Raheb et al. (2016) emphasise that social work contributes to long-term recovery by addressing personal (e.g., social and daily living skills), biological (e.g., referrals to medical services), and environmental (e.g., work habits, life satisfaction) dimensions of substance misuse. This holistic approach reflects the profession's capacity to intervene across multiple domains of a

client's life. Whereas, equally important is the ability of social workers to meet the emotional and psychological needs of individuals struggling with alcohol use. Their relationship- and empowerment-based perspective, grounded in holistic education and professional values, enables them to build therapeutic relationships that are essential to recovery (Rehab et al., 2016).

For instance, internationally, countries like Finland have adopted socially grounded approaches to alcohol treatment, where social workers often serve as first responders and gatekeepers to further care (Egerer, 2014; Hellman, 2022). In the UK, social workers are also central to substance misuse services (Im et al., 2015). These examples illustrate how role legitimacy and engagement are not only theoretical constructs but are actively embedded in practice in different national contexts. This underscores the potential for social workers to take a leading role in early identification and intervention—provided they receive adequate systemic support and professional recognition.

Building on this multifaceted role, Galvani (2015) proposed a three-step model—engage, motivate to change, and assist in maintaining change—to clarify social workers' responsibilities in alcohol misuse interventions. Galvani (2015) proposed the three-step model to address the ongoing ambiguity surrounding social workers' responsibilities in alcohol misuse interventions. This model offers a practical framework for navigating the complexities of substance use work, with particular emphasis on the first step: engagement. This involves acknowledging the professional duty to identify, assess, and respond to alcohol-related concerns, even when they are not the client's primary reason for seeking help. Overlooking such issues can compromise the overall effectiveness of social work interventions. Engagement is closely tied to the concept of role legitimacy—the belief that social workers have both the right and responsibility to address alcohol misuse.

This study is also grounded in the understanding that the theoretical foundations of social work—its values, principles, and methods—make it particularly well-suited to addressing multifaceted alcohol-related issues. As noted by Galvani and Forrester (2011), social workers' holistic and ecological perspectives position them to understand and respond to the complex and interconnected causes and consequences of alcohol misuse. However, many dominant addiction models remain rooted in individualistic, medical paradigms that often conflict with the core values of social work (Mekonnen & Lee, 2021). In contrast, the biopsychosocial model offers a more compatible framework by integrating biological, psychological, and social dimensions of substance use (Becona, 2018). This model supports interventions across micro, mezzo, and macro levels and reinforces the expanding role of social workers within integrated care systems.

Given the multi-dimensional nature of alcohol use—which may emerge as a root cause, a consequence, or a coping mechanism—social workers must remain attentive throughout the helping process. As Dance et al. (2014) note, alcohol misuse is rarely

the sole reason individuals seek social services, yet it often underlies or intensifies the challenges they face. Conversely, the stressors that bring clients into contact with social services may also contribute to the development of problematic alcohol use. Recognizing and responding to these interconnections is essential for effective and holistic intervention. Therefore, a shift toward integrated, biopsychosocial approaches is crucial for enhancing the effectiveness of social work practice with individuals who misuse substances, as it enables practitioners to respond to the complex, multilayered nature of alcohol use.

Building on the biopsychosocial foundation, it is also essential to consider the relational dynamics that shape recovery. International studies demonstrate that successful interventions go beyond service coordination and are deeply shaped by the quality of the therapeutic relationship (Galvani & Forrester, 2011). In this light, Ferguson et al.'s (2022) concept of a “holding relationship”—a relational process offering both emotional and practical support—becomes particularly relevant. Although originally developed in child protection contexts, its emphasis on relational depth and continuity is highly applicable to alcohol misuse interventions.

Recent findings further highlight the emotional and psychological dimensions of substance use. For example, a longitudinal study in Finland identified psychological distress as a key factor in both alcohol and gambling problems (Hautamäki et al., 2025). Similarly, LaBarre et al. (2024) emphasise the importance of addressing mental health symptoms and low self-confidence in recovery, while Linn et al. (2023) show that managing negative emotionality—such as anxiety, depression, and hostility—can significantly enhance recovery outcomes. These studies reinforce the biopsychosocial complexity of alcohol misuse and the need for a comprehensive, integrated response.

This study also leans on the idea that social workers' practice needs to be strengthened by research-informed methods to respond competently to alcohol misuse cases. Such interventions as cognitive behavioural therapy, family-based interventions, and motivational interviews (Wahab, 2005; Wells et al., 2013) align closely with core social work values and support social work practice meaningfully. Structured models such as SBIRT also support early identification and intervention and are increasingly integrated into professional training (Belforie et al., 2017). Prevention-focused strategies—including education, family support, screening, and brief counselling—further enhance the profession's role in substance misuse work (Hafford-Letchfield, 2017). Together, these approaches form a solid foundation for enhancing professional competencies, and ensuring that social workers are equipped to respond effectively to the complex realities of alcohol misuse.

Finally, this PhD study is grounded in the understanding that effective social work practice in an alcohol misuse context requires not only professional commitment but also a well-developed foundation of theoretical knowledge and practical skills.

Research in the UK has shown that many social workers struggle to address substance use among clients due to uncertainty about appropriate intervention strategies (Galvani, 2015). This highlights the urgent need for clear practice standards, structured approaches, and effective tools—not only for direct support, but also for identifying and responding to alcohol-related issues that may be hidden within broader social challenges.

There is growing global recognition of the need to strengthen social work education in the field of substance misuse. Scholars argue that current curricula often lack sufficient focus on addiction, limiting practitioners' ability to respond effectively (Mekonnen & Lee, 2021). To address this, researchers advocate for the inclusion of communication and relational competencies, assessment techniques (Svendsen et al., 2019), research skills to improve treatment services (Unegbu, 2020; Wilkey et al., 2013), risk assessment, intervention strategies (Galvani et al., 2013), recovery-oriented practices (Urada et al., 2014), and tools such as screening and motivational interviewing (Muñoz et al., 2019). Overall, there is broad consensus that substance misuse education should be prioritised within social work programmes (Galvani & Allnock, 2014). Expanding training opportunities for social workers who are not addiction specialists but encounter addiction-related issues in their routine practice would enhance their capacity to deliver screening, education, and evidence-based interventions effectively (Wolf et al., 2015). As a result, this would strengthen the legitimacy of the social work role in addressing alcohol misuse.

Furthermore, several international initiatives aim to strengthen social work practice in the field of addiction, particularly by addressing gaps in training, role clarity, and intervention strategies. For instance, the Council on Social Work Education (CSWE) in the U.S. has advocated for greater involvement of professional social workers in the prevention and treatment of substance use disorders—particularly alcohol—through research-informed strategies that align with the profession's core values and contextualised practices (Ting et al., 2021). Additionally, the NASW Standards in the U.S. outline clear expectations for social workers in substance use treatment (NASW, 2013), while UK-based guidelines define core roles and capabilities in alcohol-related work (Galvani, 2015). Similarly, Osborne-Leute et al. (2019) identified four core elements essential to social work practice in the context of alcohol and substance use: conceptual understanding, practical skills, collaborative competencies, and professional attitudes. Social workers are expected to recognise diagnostic criteria, understand the full continuum of care—from prevention to recovery—and apply relevant theories such as systems theory, the biopsychosocial model, and harm reduction (Osborne-Leute et al., 2019). Together these documents emphasise the importance of structured social work methods and role clarity in social work with people misusing substances. Integrated approaches are increasingly recommended to address the complex relationship between alcohol misuse and mental health, as seen in the NICE Guideline NG58

and Australia's National Comorbidity Guidelines (National Institute for Health and Care Excellence [NICE], 2016).

In summary, aligning with Galvani's (2015) assertion that "social workers are not expected to be experts in everything" (p. 7), this PhD research does not aim to impose a burden of knowledge on social workers. Rather, its purpose is to establish a foundational knowledge base that Lithuanian social workers can draw upon to more effectively respond to alcohol misuse in their practice and better support clients with alcohol-related needs. Social workers are uniquely positioned to disrupt the cycle of alcohol-related harm, as they possess the necessary skills, values, and an empowering professional ideology. When combined with appropriate education and evidence-based intervention techniques, these attributes can significantly enhance prevention and intervention efforts in addressing alcohol misuse.

3. INTEGRATING PROFESSIONAL ATTITUDES AND COMPETENCIES IN THE USE OF SELF FRAMEWORK

3.1. The Use of Self as a stable concept and as a process in social work

The Use of Self concept in social work refers to the intentional application of one's knowledge, skills, and values in practice, with self-awareness being a critical ability for recognizing latent personal traits that influence professional effectiveness (Kaushik, 2017). Heydt and Sherman (2005) describe the conscious Use of Self as essential for developing productive helping relationships, serving as a foundation for change, wherein the social worker becomes the primary instrument for promoting transformation within client systems. Similarly, Cournoyer (2000, p. 35) emphasises that a professional's self functions as a "medium" or filter through which knowledge, attitudes, and skills are conveyed.

'Because social work practice involves the conscious and deliberate use of oneself, you become the medium through which knowledge, attitudes and skills are conveyed.'
(Cournoyer, 2000, p. 35, as cited in Reupert, 2007)

This chapter provides a concise introduction to the Use of Self concept and examines its relevance within contemporary social work practice. It establishes a foundation for a more in-depth exploration of Professional Attitudes and Holistic Professional Competencies—two essential dimensions of the Use of Self—in the context of working with individuals experiencing alcohol-related challenges.

Figure 1. presents the conceptual framework developed from this PhD research that underpins this dissertation. It positions Self-Awareness as a central process that activates and maintains the Use of Self in social work practice. Through this lens, Professional Attitudes and Holistic Competence emerge as key dimensions which, when shaped by Self-Awareness, contribute to the effective Use of Self. The framework also reflects the dynamic interaction between internal beliefs and practical capabilities in work with individuals experiencing alcohol use problems.

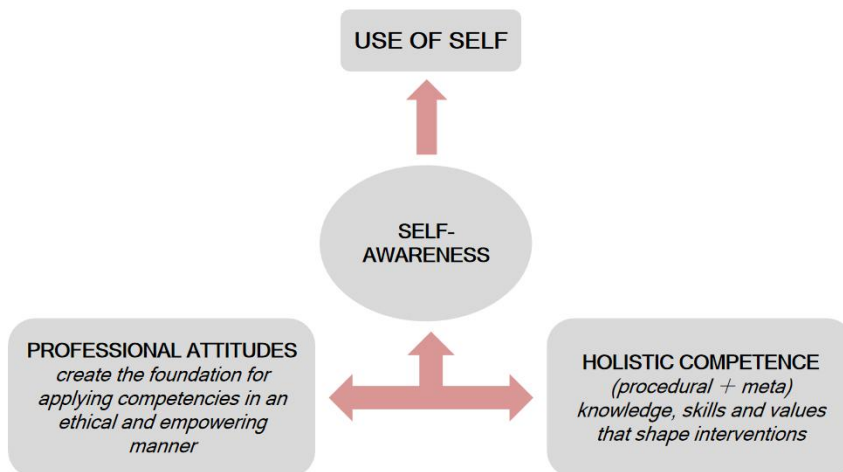


Figure 1. Conceptual framework of the Use of Self in social work practice. Self-awareness serves as the core process through which professional attitudes and holistic competence (procedural and meta) interact to shape relational and empowering practice.

Cooper (2017) emphasises that the Use of Self serves as a valuable resource in direct work with service users and is a crucial element of relationship-based and therapeutic social work practice. According to the author, effective social work involves the ability to remain sensitive to one’s own emotional experiences in relation to others, including the ongoing emotional exchanges that occur between professionals and clients or colleagues—whether consciously acknowledged or not. The capacity to recognise, monitor, and analyse these emotional dynamics enhances professional performance, decision-making, and overall effectiveness. Moreover, it contributes to the psychological resilience of practitioners by mitigating the potentially harmful effects of emotionally demanding work (Cooper, 2017). As Trevithick (2017) explains, self-awareness fosters the ability to identify and label the emotions that shape our identity, which in turn enables us to understand the emotional states of others. In this context, self-awareness emerges as a central component of the Use of Self, as successfully identifying and managing emotional dynamics—both internally and within relationships—requires a high level of self-awareness.

Arnd-Caddigan and Pozzuto (2007) describe the concept of the Use of Self as being rooted in the dynamic nature of the therapeutic relationship—flexible, and continuously shaped through interpersonal interactions. Given that the Use of Self evolves with each relationship formed in practice, it is also important to recognise that the social worker is simultaneously developing through these interactions with clients, colleagues, and field supervisors (Newcomb et al., 2022). From this perspective, the Use of Self reveals its dynamic nature, emphasising the interdependence between the client and the social worker, and how their interaction actively shapes the application

of the Use of Self in each unique situation. Consequently, it is essential to analyse the Use of Self within context-specific social work practice, as the distinct features of a client's circumstances may evoke particular emotional dynamics that influence how the practitioner engages and responds.

Moreover, as previously discussed, self-awareness is a fundamental component of the Use of Self and a critical skill for effective practice, as it enables practitioners to recognise their own hidden personality traits (Kaushik, 2017). Daley and Feit (2013) emphasise that clients are inevitably influenced by the social worker's self—particularly through the ways in which the practitioner empathises, communicates, and responds. They highlight the responsibility of social workers to present themselves in ways that foster client growth, healing, and empowerment. Similarly, Walsh (2021) conceptualises the Use of Self as a process of developing self-awareness that enables social workers to integrate their personal characteristics and life experiences into their professional practice. As a profession, social work requires practitioners to engage in ongoing self-reflection, as understanding how personal traits influence practice—positively or negatively—is essential (Walsh, 2021).

As previously noted by Heydt and Sherman (2005) social workers' values, attitudes, biases, and beliefs shape the quality of support they provide. These internal elements are often communicated—both directly and indirectly—in professional interactions. Therefore, by remaining consciously aware of their own beliefs, attitudes, and behaviours, social workers can make intentional choices about how to navigate the helping relationship.

One of the most recognised and explicitly operationalised descriptions of the Use of Self is offered by Dewane (2006), who explains that skilful practice involves combining the personal self—personality traits, belief systems, and life experience—with the professional self—knowledge, training, and skills. The composition of the professional self is largely shaped through education and practice in social work (Dewane, 2006). As Davidson and Schenck (2006) state, it represents the part of the social worker who has acquired the knowledge, expertise, and experience necessary to provide services, and who is governed by the ethical standards, values, and principles of the profession.

Qualitative studies offer valuable insights into how social workers conceptualise the Use of Self. Liechty (2018) found that practitioners define it as a synthesis of theory and practice, embedded in the interaction between social workers and clients. They place the Use of Self at the heart of the helping relationship, viewing it as essential to both social work practice and the empowerment process. Despite its importance, developing this capacity is recognised as a significant—yet challenging—goal in social work education. Similarly, participants in a study by Daley and Feit (2013) described the Use of Self as skilful self-disclosure within therapeutic interactions, using it as a tool to build empathic connections and share aspects of their identity with clients.

Reupert (2007) reported that social workers viewed the self as central, unique, and shaped by personal values, beliefs, and worldviews. In Wheeler's (2020) extensive study, participants emphasised the foundational role of social work education in developing the Use of Self, along with the importance of continued practice and growing competence. The author also highlighted the influence of personal characteristics on practice and identified self-inventory and supervision as key strategies for deepening self-awareness (Wheeler, 2020). Although scholars acknowledge that the concept of the Use of Self is central to the history and theoretical foundations of social work, they also highlight the lack of substantial empirical evidence and the interpretive flexibility surrounding it (Daley & Feit, 2013; Dewane, 2006; Liechty, 2018).

Given its complexity—involving multifaceted, conscious and unconscious processes—it is unrealistic to expect a straightforward operationalisation. Nevertheless, the previously discussed studies offer essential components that help shape an understanding of the concept. First, the Use of Self integrates professional knowledge, skills, and values with the personal attributes and lived experiences of social workers. Second, it necessitates self-awareness for effective application in practice. Finally, it manifests within interpersonal relationships and evolves through relational social work processes, ultimately aiming to facilitate meaningful change.

Therefore, the purpose of this PhD study is not to operationalise or conceptually analyse the Use of Self; rather, it aims to support the relatively new field of social work in Lithuania and to highlight the importance of social workers as key agents of individual and societal change in the challenging field of alcohol abuse. Specifically, this research examines the professional Use of Self component, which includes a thorough analysis of professional attitudes in social work with clients struggling with alcohol use, and professional competencies in this specific field—encompassing knowledge, skills, and values. Additionally, the study seeks to enhance evidence-based social work practice in this sector by providing Lithuanian social workers with self-inventory tools. It also encourages the development of self-awareness as an essential element of the Use of Self when working with individuals experiencing alcohol-related issues.

3.2. Professionals' attitudes towards working individuals having alcohol usage problems: recognizing the relationship between internal beliefs and practical elements

Social work requires attitudes and interventions that align with the profession's core values in the professional-client relationship. These attitudes and strategies should be applicable across various settings and circumstances, supported by substantial research, and consistent with the person-centred model (Boone et al., 2015). This is

particularly important in health and social care environments, where professionals significantly influence the quality of care provided. Their responses—whether positive or negative—can shape treatment outcomes (Prates, 2021).

Importantly, in this study, *professional attitudes* refer to social workers' attitudes towards working with individuals experiencing alcohol use problems—not personal judgments about the clients themselves. The SAAPPQ, which is used in the research, captures this by assessing role adequacy, motivation, self-esteem (and other) in professional engagement. This framing aligns with the study's focus on the professional Use of Self, highlighting that professional attitudes in working with stigmatised client groups, like people using alcohol, are as important as knowledge and education.

When considering the delicate subject of alcohol misuse, which is still covered with stigma and prejudice toward people having difficulties with alcohol usage in general and between healthcare professionals, discussing social workers' attitudes become even more necessary. This is because alcohol usage problems are among the most stigmatised health conditions (Finn et al., 2023) and among the mental health disorders with the lowest treatment rates (Probst et al., 2015). Additionally the stigma at the societal and professional level is one of the main factors imposing barriers to seeking help, whether it be professional treatment or informal support from social networks (Finn et al., 2023).

Raising awareness of professional attitudes toward individuals with alcohol use problems is crucial, especially since social workers often serve as first responders in such cases and regularly encounter these issues across diverse work contexts. Analysing attitudes is necessary to identify and reduce stigma, enhance professional-client engagement, and improve intervention outcomes (De Vargas et al., 2020). Maddocks (2023) introduced a model demonstrating that attitudes significantly influence both cognitive functioning and emotional regulation. The author advocates recognizing attitudes as a foundational element in developing emotional intelligence (Maddocks, 2023). Given the emotionally demanding nature of social work with individuals facing alcohol-related challenges, effective emotional regulation is a vital component of practice. Therefore, this chapter explores scientific research and key findings on professional attitudes to emphasise the need for their continuous re-evaluation in social work practice.

Stigma surrounding problematic alcohol use persists in both general society and healthcare settings. Recent research shows that 20% to 51% of healthcare professionals—including medical staff, psychiatrists, psychologists, social workers, and residents—hold negative attitudes toward individuals who misuse substances (Cazalis et al., 2023). According to Soh et al. (2019), both the general public and healthcare workers often view individuals with alcohol use disorders as responsible for their condition and less likely to be seen as mentally ill. Alcohol consumption is frequently perceived as voluntary and controllable, leading to the belief that alcohol

use disorders reflect moral failings or weak character (Soh et al., 2019). Similarly, Subramaniam et al. (2016) found that alcohol-related problems are more often interpreted as personal weaknesses than as medical conditions.

In another systematic review of the stigma associated with substance use disorders, Boekel and colleagues (2013) concluded that social workers and other health professionals frequently have negative attitudes towards patients with substance use disorders, which leads to insufficient care for these patients (Boekel et al., 2013). Similarly, a study on social work students' attitudes showed that they believed that dealing with substance abusers is unpleasant and large number of study participants would prefer to send a client who abuses substances to a treatment centre rather than try to provide services themselves (Soto & Stuart, 2014). Therefore, it appears necessary to invite social workers to regularly revise their attitudes towards individuals with alcohol usage problems given the high prevalence of negative attitudes in society and among health professionals, including social workers.

Studies show that social workers' and healthcare professionals' attitudes influence multiple aspects of their practice and the quality of care they provide. Negative attitudes reduce the motivation to engage with clients who misuse alcohol or other substances, while positive attitudes are associated with greater engagement, more comprehensive interventions, adherence to treatment plans, and improved client outcomes (Anderson et al., 2004; Anderson et al., 2017; Cartwright et al., 1996; Darlow et al., 2012; Hutchinson et al., 2013; Van Boekel et al., 2014; Skinner et al., 2005). Negative stereotypes—whether internalised or expressed—can discourage clients from discussing their issues and hinder collaborative efforts (Curtis & Harrison, 2001). Such attitudes may also cause clients to avoid or deny the issue altogether (Henderson et al., 2014; Prates et al., 2021). Accordingly, individuals with substance use disorders have emphasised the importance of respectful and cooperative treatment. Positive professional attitudes contribute to increased optimism, self-esteem, and a sense of value among clients, enhancing their overall experience in rehabilitation settings (Wangensteen & Hystad, 2022). Furthermore, when multidisciplinary teams—including social workers—hold favourable attitudes towards alcohol use and those affected by it, this positively influences health promotion efforts and the clients' commitment to treatment (Prates et al., 2021).

In a recent PhD dissertation, Pacher (2019) examined social workers' perceptions of treatment challenges related to substance dependence. Attitudes and treatment perceptions emerged as key obstacles in focus group discussions. Participants identified issues such as discrimination and a lack of self-awareness, while social workers often evaluated clients based on past experiences with similar individuals, raising concerns about objectivity. The study emphasised the need for increased awareness of how attitudes can influence client care and recommended enhancing practitioners' understanding of substance misuse (Pacher, 2019).

Research underscores the importance of education in shaping social workers' attitudes toward substance abuse (Amodeo, 2000; Galvani & Hughes, 2010; Hutchinson et al., 2013; Senreich & Straussner, 2013; Senreich et al., 2017). Hutchinson et al. (2013) emphasise that professional training should give equal weight to attitudes, knowledge, and practical skills. Amodeo (2000) found that practitioners who received substance abuse training were more likely to assess clients for related issues and held more supportive views toward individuals struggling with addiction. Similarly, Senreich et al. (2017) highlight that educational exposure to substance use topics not only enhances competence but also reduces stigma, fostering more empathetic and effective practice.

However, some studies have not demonstrated significant changes in social workers' attitudes toward substance use problems following specific training or university coursework. For instance, Fenster et al. (2017) found no notable shift in general attitudes, although there was a change in preferences for specific intervention strategies, such as increased support for harm reduction models. Additionally, Stein (2003) reported no significant attitude changes among students after participating in an educational session on substance abuse. These findings suggest that to better understand how educational programmes influence attitudes, it is essential to consider the diversity of course content, teaching methods, and duration (Stein, 2003).

The extensive work by Galvani et al. presents important insights into substance abuse education in social work (e.g., Galvani, 2007, 2017; Galvani & Allnock, 2014; Galvani & Hughes, 2010; Galvani et al., 2013), in which the authors examined social workers' attitudes, education, and roles in alcohol and drug misuse settings. Galvani (2007) argues that social work education has not adequately addressed the need for effective training on alcohol and substance use issues. She emphasises that this gap is not due to social workers' lack of capacity or willingness to engage with these issues. Later, Galvani and Hughes (2010) have highlighted the interconnection of knowledge, peer support, and role legitimacy, stressing that knowledge plays a crucial role in helping social workers feel like legitimate contributors in the field of substance misuse. Galvani (2017) further notes that values, attitudes, and knowledge are individual factors that must be explored when preparing professionals for work in this area.

However, it is also important to recognise the complexity of knowledge as a construct and the fact that its development extends beyond formal education. Social workers' attitudes toward individuals with alcohol or substance use issues can be shaped by various factors, including gender, ethnicity, personal experiences with substance use in close environments (Senreich & Straussner, 2013), and professional experience or peer support (Cartwright, 1980). Additionally, Livingston (2014) introduces the concept of "non-codified" knowledge—knowledge that is not formally taught but constructed through personal and professional experiences, cultural norms, ethical principles, and individual wisdom. These elements collectively form the knowledge base that social workers draw upon in practice.

Nevertheless, this PhD study does not aim to explore the origins of professional attitudes or the relationship between education and attitudes—topics that require dedicated research. Instead, the study serves a descriptive purpose: to investigate the current state of social workers' attitudes toward working with individuals with alcohol use problems in Lithuania.

Additionally, it introduces a self-assessment tool designed for quick use by students and professionals to evaluate their attitudes following educational courses, training, or other learning experiences. This tool aims to promote continuous self-reflection, which, as the literature suggests, is essential for maintaining a bias-free and stigma-free professional relationship with clients experiencing alcohol misuse. A detailed description of the attitude components examined in this study, along with the framework used for their analysis, will be provided in the methodology section.

3.3. Professional competencies in social work with individuals having alcohol usage problems

This chapter explores the concept of professional competence in social work, with particular emphasis on the emerging notion of holistic competence, which has only recently gained attention in social work literature and research. Within the context of the Use of Self in social work practice—especially when working with individuals experiencing alcohol-related issues, the central focus of this PhD research—holistic competence and its meta-competence dimension are viewed as expressions of the social worker's personal-professional integration. Meta-competence, defined as a higher-order set of traits and skills encompassing critical, introspective, and cognitive abilities (Kaushik, 2017), reflects the depth of professional engagement. Accordingly, the Use of Self in social work can be understood as a process of developing holistic competence, which requires deliberate attention to both affective and cognitive dimensions of practice.

In general, competence refers to the ability to perform a task effectively. At its core, it involves not only the capacity to complete a task but also to do so thoroughly and appropriately (Drisko, 2014). Within the discipline of social work, competence is understood as encompassing sub-dimensions such as knowledge, skills, and attitudes or values, and it reflects the development of professional capabilities through the enhancement of these elements (CSWE, 2022). Given that specialised knowledge is a fundamental aspect of professional competence, possessing the necessary knowledge is considered essential (Drisko, 2014).

Joseph (2016) further defines competence as the integration of knowledge, skills, and self-awareness required to carry out social work tasks successfully. The author also emphasises that competence entails a comprehensive understanding of the profession's methodology, values, guiding principles, and ethical code. Moreover,

social workers are expected to continuously expand their knowledge base, refine their skills, and remain responsive to the evolving landscape of emerging social issues (Joseph, 2016).

Social work education aims to enhance students' professional competence by developing their knowledge, values, and skills, thereby enabling them to effectively fulfil the core functions of the profession—namely, the alleviation of distress and the promotion of well-being (Stanley & Mattilda, 2019). Importantly, competence encompasses not only the enhancement of the clients' well-being but also the well-being of the professionals themselves. The most recent edition of the NASW Code of Ethics (2021) underscores professional self-care as a vital component of competent and ethical social work practice. Given the demanding nature of the profession, including challenging work environments and frequent exposure to trauma, social workers are expected to maintain their personal and professional health, safety, and integrity (NASW, 2021). Therefore, social work competence can be understood as essential for safeguarding both the well-being of clients and that of the practitioners.

The NASW Code of Ethics emphasises that “social workers practice within their areas of competence and develop and enhance their professional expertise” (NASW, 2021). According to the Council on Social Work Education (2022), professional social work practice is structured around nine interrelated competencies:

- ***Demonstrating ethical and professional behaviour:*** this competence involves applying ethical principles in all aspects of practice, maintaining integrity, making decisions in the best interest of clients, and safeguarding confidentiality. It also includes attending to one's own well-being as part of professional responsibility.
- ***Engaging diversity and difference in practice:*** social workers are expected to recognise and respect differences in socioeconomic status, gender, sexual orientation, race, ethnicity, and other. This requires cultural humility, empathy, and an understanding of how these differences shape clients' experiences.
- ***Advancing human rights and social, economic, and environmental justice:*** this competence focuses on advocacy and addressing systemic inequalities. Social workers are called to empower marginalised populations and promote social change by recognizing the broader environmental and socioeconomic factors affecting clients.
- ***Engaging in practice-informed research and research-informed practice:*** social workers are expected to integrate evidence-based knowledge into their interventions and contribute to the field through research, evaluation, and remain informed about emerging trends and best practices.
- ***Engaging in policy practice:*** this involves understanding and influencing policies that affect clients and communities. Social workers must analyse, advocate for, and implement policies that promote social welfare and justice.

- ***Engaging with individuals, families, groups, organisations, and communities:*** building strong, supportive relationships is essential. This competence emphasises collaboration with diverse stakeholders to identify needs, provide support, and facilitate change.
- ***Assessing individuals, families, groups, organisations, and communities:*** this assessment involves gathering and analysing information to understand client needs, strengths, and challenges. Social workers use various tools and methods to develop comprehensive and tailored interventions.
- ***Intervening with individuals, families, groups, organisations, and communities:*** this competence focuses on implementing appropriate strategies to address identified issues and achieve desired outcomes. It includes skills in crisis response, problem-solving, and service coordination.
- ***Evaluating practice with individuals, groups, organisations, and communities:*** ongoing evaluation is essential to ensure that interventions are effective. Social workers must assess outcomes and use findings to improve their practice and responsiveness to client needs.

(Council on Social Work Education, 2022)

In short, these nine competencies not only provide the foundation for professional social work practice but also reflect the multifaceted nature of the profession and the ongoing development of knowledge, skills, and values required to meet the evolving and complex needs of individuals and society.

3.4. Holistic competence in social work

Moreover, since 2015, the concept of holistic competence has been incorporated into social work accreditation standards in the United Kingdom by the Council on Social Work Education (CSWE). This framework explicitly recognises the importance of cognitive and affective processes alongside knowledge, skills, and values as integral components of professional competence. Subdimensions of cognitive and affective processes include professional judgment, emotional responses, and critical thinking. Critical thinking is an explanation-oriented process that involves an open-minded pursuit of understanding the ‘why’ behind situations (CSWE, 2022). The recently updated Educational Policy and Accreditation Standards (EPAS) describe social work competence as:

“the ability to integrate and apply social work knowledge, values, skills, and cognitive and affective processes to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being”

(Council on Social Work Education, 2022, p. 7)

Subdimensions of cognitive and affective processes in social work include critical thinking, emotional responsiveness, and professional judgment. Critical thinking is a reflective and explanation-driven process that emphasises open-minded inquiry into the underlying reasons behind situations (CSWE, 2022). As Mathias (2015) explains, it involves the formulation, analysis, and evaluation of diverse sources of knowledge—such as observation, emotional response, and reasoning—making it a rigorous and intellectually grounded activity. This capacity is fundamental to professional competence, ensuring that social work practice remains intentional and analytically sound. In contrast, affective response refers to the emotional reactions a social worker experiences in response to a client's situation. Closely linked to empathy, it plays a vital role in shaping compassionate and attuned practice (Mathias, 2015).

Poulin and Matis (2015) emphasise that effective social work practice requires practitioners to be emotionally attuned not only to their clients' experiences but also to their own internal reactions. Therefore, professional judgment involves making informed decisions grounded in a combination of knowledge, analytical reasoning, and experiential insight. This process demands a comprehensive evaluation of each case, integrating both subjective and objective data to reach sound conclusions. As such, the application of professional judgment is a cornerstone of competent social work practice (Poulin & Matis, 2015).

Poulin and Matis (2015) further argue that competence reflects the uniqueness of each practitioner and their ability to synthesise various elements—knowledge, values, emotional insight, and personality—into meaningful and authentic interactions with clients and their environments. These interactions define the distinctive nature of social work, where the practitioner's inner self, including critical thinking, emotional responsiveness, and professional judgment, aligns with the foundational principles of the profession. Similarly, Asakura et al. (2021) highlight that effective social work is shaped not only by intervention skills but also by contextual factors, with reflective and critical thinking serving as essential components of competent practice. Therefore, it could be summarised that central to the contemporary understanding of social work competence is the recognition that emotional and cognitive capacities are equally as important as technical knowledge, skills, and professional values. Competence in social work thus extends beyond routine application and encompasses a deeper engagement—where the practitioner's mental and emotional involvement plays a critical role in shaping practice.

This crucial aspect of a professional's emotional and cognitive processes are embedded in the model of holistic competence, which is grounded in the understanding that social work requires a complex integration of competencies. These include not only knowledge, values, and skills, but also the ability to respond to context-specific situations using professional intuition and practice wisdom. In addition to conducting assessments, applying theoretical frameworks, and

implementing interventions, social workers must draw on their internal cognitive and emotional resources (Bogo, 2018). According to this model, cognitive and affective processes serve as filters through which practitioners interpret relevant knowledge, evidence-based practices, and complex decision-making scenarios (Bogo, 2020).

Bogo (2018) emphasises that social work is a multifaceted profession requiring the integration of diverse competencies within nuanced and sensitive relationships between practice, environment, and client needs. This integration involves aligning professional knowledge and values with the personal self. Consequently, Bogo's (2018) Model of Holistic Competence—which acknowledges the professional self, including its cognitive and emotional dimensions, as essential to competent practice—serves as the theoretical competence framework underpinning this PhD study. While this model is relatively new in the global social work field, it is entirely novel within the Lithuanian context, particularly in the area of social work with individuals experiencing alcohol use problems.

The Model of Holistic Competence proposed by Bogo (2018) categorises competencies into two distinct groups: procedural competencies and meta-competencies. Procedural competencies are demonstrated through observable behaviours and include communication skills, the ability to build collaborative relationships, conduct evaluations, and implement interventions. These competencies encompass the knowledge and skills necessary to perform various social work tasks (Bogo et al., 2013; Kourgiantakis et al., 2019). In essence, procedural competencies represent the day-to-day verbal and non-verbal actions that social workers engage in within complex practice settings (Bogo, 2020).

Meta-competencies, by contrast, refer to higher-order cognitive, critical, and reflective abilities such as self-awareness, emotional regulation, self-reflection, and sound decision-making. These competencies involve maintaining awareness of one's internal emotional and cognitive states and exercising flexibility in determining when and how to apply various theoretical perspectives and empirical evidence to specific practice situations. Such cognitive processing requires critical thinking, an understanding of the factors influencing decisions, and the ability to select appropriate interventions (Kourgiantakis et al., 2019).

Another component of meta-competence is affective processing, which involves being aware of one's attitudes, beliefs, and emotional responses to real-world circumstances. These internal factors can significantly influence how professionals assess situations, select interventions, and implement them. Self-reflection is essential to affective processing, as it helps practitioners recognise how their personal perspectives may shape their professional judgments and actions (Bogo, 2022).

Earlier, Brown (1993) described meta-competence as a comprehensive capability that underpins all other competence skills. It encompasses higher-order abilities such as learning, adapting, anticipating, and creating. In this sense, meta-competence

serves as the foundation for the application of all other practice competences and can influence various aspects of professional practice (Bogo et al., 2013; Bogo, 2022).

Procedural and meta-competencies are interconnected. For instance, self-awareness—being conscious of one’s own emotional reactions—can enhance a practitioner’s ability to manage emotionally challenging situations with clients. This emotional insight supports the effective application of procedural competencies (Bogo et al., 2013). Therefore, when procedural and meta-competencies are aligned, social work practice becomes more efficient and responsive, enabling professionals to navigate complex and demanding tasks with greater skill and adaptability.

Social workers must be aware of their own presumptions, attitudes, biases, and relationship dynamics with each client. According to Asakura and colleagues (2021), instead of merely putting into practice a predetermined specific strategy, they must also be prepared to modify their interventions to fit the particular circumstances of their clients. Furthermore, these meta-competence skills enable the practitioner to successfully navigate a wide range of knowledge and skills that are consistent with their own cognitive and affective processes, enabling them to interact authentically with particular client situations. This makes professionals’ meta-competencies especially important in psychosocial support (Asakura et al., 2021). Therefore, meta-competence is more than just knowing “how” to accomplish a task; it also involves thinking through the most effective plan of action while establishing an empowering relationship and maintaining continuous awareness of one’s feelings and ideas.

Importantly, competence is context-specific and depends on the context in which social workers operate (Epstein & Hundert, 2002). Competence describes the ability to do tasks in a variety of scenarios and involves professionals using their knowledge and abilities in many contexts (Drisko, 2014). Bogo (2022) emphasises that context significantly influence practice situations in social work. This is based on embracing such theories as ecosystems framework, person-in-environment perspective, and psycho-social model in social work practice. Similarly, professional, organisational, community and societal contexts also influence practice competences (Bogo, 2022). Given that competence comprises knowledge, skills and the mental/emotional capacity to apply that knowledge most effectively in a given social issue and specific client situation, the goal of this PhD research is to explore the holistic competence in social work with clients who having alcohol use problems.

This holistic understanding of competence has been widely promoted to support the development of both procedural and meta-competencies in social work (Lee et al., 2021). Research suggests that meta-competencies should be introduced early in social work education and can be effectively cultivated through simulation-based learning. This pedagogical approach allows students to assume the role of a social worker in simulated, realistic practice scenarios—offering a safe environment to develop professional skills without risking harm to real clients. Because it integrates

the full spectrum of holistic competence—knowledge, skills, values, and cognitive-affective processes—simulation-based learning is increasingly recognised as a model approach for both teaching and assessing competence in social work (Lee et al., 2021).

Kourgiantakis et al. (2019) also highlight that simulation-based learning in mental health curricula enhances students' practical knowledge, fosters critical reflection, and supports the development of self-awareness and emotional regulation. However, while knowledge and attitudes are essential, they do not always translate into professional behaviour. Therefore, students must be encouraged to develop holistic competence, which includes both observable skills and internal capacities (Lee et al., 2021). However, much of the existing research in social work education—particularly in areas such as mental health, addiction, and suicide—has focused predominantly on knowledge acquisition and attitude change, often overlooking essential competencies such as assessment, self-awareness, and emotion regulation (Kourgiantakis et al., 2019). Therefore, integrating holistic competence into social work education ensures that both practical and emotional dimensions are addressed, providing a robust foundation for future professional practice.

Given that competence encompasses knowledge, skills, and the emotional-cognitive capacity to apply them effectively in specific social issues and client situations, this PhD research aims to explore holistic competence in social work with individuals experiencing alcohol use problems. By doing so, it contributes to a deeper understanding of how social workers can integrate both procedural and meta-competencies to respond effectively and ethically in this complex field.

4. METHODOLOGY OF THE STUDY

4.1. Study design

Scientific research aims to generate evidence-based insights that inform both practice and policy, while also deepening our understanding of the complex and multifaceted nature of social phenomena. Well-informed policies and programmes are essential, as they have the potential to improve lives and address social challenges effectively. Research also plays a vital role in expanding knowledge, identifying patterns and trends, and assessing the impact of interventions (Bhandari, 2023). Given the limited research and the complexity of social work with individuals facing alcohol use issues in Lithuania, this study seeks to explore the field in greater depth. It does so by examining the broader context of alcohol consumption in Lithuania, the approaches and services used in social work with affected individuals, and the concept of the Use of Self—analysed through the lens of professional attitudes and competencies.

To address this aim, the primary research question is supported by the following sub-questions. 1) How is alcohol consumption researched, analysed, and conceptualised in Lithuanian scientific literature? 2) What methods, services, and practices are applied in social work with individuals experiencing alcohol use problems in Lithuania, and what challenges are encountered? 3) What attitudes toward individuals with alcohol use problems are most and least positive among Lithuanian social workers, and how are these attitudes related to their formal education and professional experience? 4) How do Lithuanian social workers self-report their professional competencies when working with individuals with alcohol use problems, and how reliable and valid is the Lithuanian version of the PSWCS for measuring these competencies? By investigating social work with individuals who struggle with alcohol use in Lithuania, this study provides a comprehensive overview of the current situation from multiple perspectives.

The research methodology is grounded in a positivist ontology and epistemology, guided by principles of objectivity and deductive logic. According to positivist ontology, objective knowledge is attainable because the world exists independently of the researcher's beliefs or perspectives. Research within this paradigm emphasises description and explanation, with a focus on generalisation (Neuman, 2000). Scientific studies are considered positivist when they involve formal hypotheses, quantitative measurement of variables, and conclusions drawn from samples to broader populations (Majeed, 2020).

As such, current social work research on helping people with alcohol use problems applies positivist scientific reasoning when defining variables and collecting data through quantitative research, which leads to specific conclusions based on broad hypotheses. In that instance, conclusions from the sample can be applied to a larger social work context with these clients in Lithuania by looking at the unique distribution of variables measured (social work methods, practices, services, professional attitudes, and competences). This makes it possible to comprehend the phenomena under analysis, expand and impact the theories that have been evaluated, and provide evidence-based solutions that are applicable in practice by looking into general explanatory principles that are derived from the variables measured in social work practice in this area.

Positivism also leans on a hypothetic-deductive model of science, which defines variables and measures, and builds on experimentation and/or a priori hypothesis examination. Scientific research based on positivism concentrates on finding explanatory associations or causal relationship through quantitative approaches, where findings produce generalisable conclusions. Hypothetic-deductive research is completed when the results of such a study are applied to support theory and add to the literature or can be used to potentially refine, improve and extend theory (Tariq, 2015). Since it draws from pre-existing theories and theoretical constructs in social work (such as the Use of Self and its sub-components of professional attitudes and professional competencies), this specific PhD study is based on deductive reasoning.

Furthermore, the use of quantitative methods such as exploratory factor analyses and ANOVA strengthens the scientific rigor of the study. These methods allow for an objective and comprehensive investigation of alcohol-related social work practice. Guo (2014) notes that quantitative research enhances the discipline by applying advanced techniques and integrating methodological innovations from other fields. Additionally, to achieve its aims, this PhD study employs a cross-sectional survey design, collecting and analysing data at a single point in time. This design enables the identification of current patterns and relationships without the need for longitudinal tracking.

Given the under-researched nature of social work with individuals experiencing alcohol use problems in Lithuania, this PhD study adopts a quantitative methodology to develop evidence-based solutions for the challenges faced by practitioners. According to the National Association of Social Workers Code of Ethics (NASW, 2021), social workers are ethically obligated to assist those in need and address social problems. Therefore, identifying effective interventions, selecting appropriate tools, and informing policy through research are essential tasks. To improve the lives of individuals and communities affected by alcohol misuse, social workers must rely on research-informed practices grounded in objective knowledge. This requires a thorough investigation of the phenomenon, which can serve as a foundation for future evidence-based solutions in Lithuanian social work practice.

Currently, research on social work with individuals experiencing alcohol use problems in Lithuania is scarce, particularly in terms of quantitative studies. As noted earlier, most existing research relies on qualitative methods or focuses on evaluations of individual organisations. However, international literature clearly shows that social workers everywhere must be prepared to work in contexts involving alcohol misuse. Therefore, this study uses a quantitative approach to collect objective data and analyse pre-defined measures of professional attitudes and competencies. The findings will be generalisable and applicable to practice.

Another reason for choosing a quantitative approach is to contribute to the broader development of social work as a scientific discipline. While qualitative methods are widely used in social work research (Kurten et al., 2021), quantitative research holds equal academic value (Sheppard, 2019). The Sheppard Report (2015) highlights efforts by key institutions to build capacity in quantitative research, reinforcing the discipline's ability to generate and interpret such data. This study responds to the lack of quantitative research in Lithuania and contributes to the international development of the field.

The first sub-study adopts a narrative synthesis approach to describe the context of alcohol consumption in Lithuania. A narrative synthesis is a textual method used to systematically review and synthesise findings from multiple studies, primarily through descriptive language. It facilitates the identification of patterns and relationships across studies and provides an evaluative overview of the evidence (Ray et al., 2020). This method was chosen to analyse Lithuanian scientific literature on alcohol consumption published since the country regained independence in 1990.

This study uses a narrative synthesis to generate contextual knowledge about alcohol consumption in Lithuania, offering essential background information for understanding the societal environment in which the social work with individuals experiencing alcohol use problems is situated. Building on this foundation, the second sub-study adopts a descriptive focus to gather data on social work practices, services, and methods used and challenges encountered with individuals experiencing alcohol use problems. Descriptive research provides valuable insights into study samples and variables, enabling the identification of key patterns and characteristics (Fowler, 2013). By collecting frequency data on social work practices and methods—whether derived from the literature or defined by the Law on Social Services of the Republic of Lithuania (2006)—this sub-study outlines the general framework of social work with this population. The resulting statistical data can serve both as a standalone source of insight and as a basis for further research (Fowler, 2013). To identify both strengths and areas for development in Lithuanian social work practice, the data were compared with the global context of social work with similar clients. This comparison not only reinforces the continuation of effective existing practices but also facilitates the integration of internationally recognised best practices into the Lithuanian social work context.

The third sub-study, which explores respondents' attitudes descriptively, also examines how these attitudes relate to other variables such as experience and education. This makes the study also correlational in nature. Correlational research facilitates the prediction and explanation of relationships between variables, helping to clarify how different factors are associated (Seeram, 2019). While it does not establish causality, descriptive-correlational research enables a detailed understanding of the phenomenon and the interrelations among its components (Lappe, 2000).

The fourth sub-study employs an exploratory factor analysis (EFA) to investigate field-specific competencies in social work with individuals experiencing alcohol use problems. While EFA is a quantitative technique, in this context it serves a descriptive-exploratory purpose by identifying underlying dimensions of professional competence without testing predefined hypotheses.

4.2. Study procedure and participants

Recruiting participants

At the beginning of the data collection phase, an information letter of research (Appendix A), detailing the social workers' consent to participate in the study, was shared with the managers of the relevant organisations. These managers subsequently forwarded the letter to potential participants. The information letter began with a comprehensive explanation of the study's content and objectives. It then addressed the principles of informed consent, including the concepts of anonymity and confidentiality.

To gather a sample of social workers operating in diverse contexts yet encountering individuals with alcohol usage problems, initial contact was made with municipal or district social service centres located in major Lithuanian cities and regions. These centres are the primary institutions responsible for supervising crisis centres, family and child welfare services, homelessness assistance, short- and long-term custody homes, child day centres, and similar services. Social service centres aim to provide preventive, general, and specialised social services, including in-home support, based on the assessed needs of individuals and families, while ensuring the quality of services delivered. Given that these centres address a wide range of social needs within the broader societal context, it is important to examine the services and methods they provide, as well as the professional attitudes and competencies of the social workers employed there.

The invitation to participate in the study was also extended to non-governmental organisations specializing in alcohol treatment and intervention services for families, men, and women, provided they were officially registered. Additionally, five primary addiction treatment facilities located in Vilnius, Kaunas, Panevėžys, Klaipėda, and

Šiauliai were contacted. To broaden the reach of the sample, the invitation was also shared with the Social Workers Association of Lithuania.

The study focused on contacting a wide range of organisations with the primary aim of reaching previously unspecified social workers who self-identify as working with individuals experiencing alcohol consumption issues. In Lithuania, there is no formal specialisation in clinical or addiction social work. Although some social workers may have completed specific training related to alcohol abuse, all social workers share a common educational background. Furthermore, the services provided by social workers are largely determined by the policies of the organisations in which they are employed, as there are no national guidelines in Lithuania specifically addressing social work with individuals experiencing alcohol use problems. Therefore, a diverse range of organisations was selected to reflect the various contexts in which social workers may encounter such clients.

An unspecified sample was selected to include social workers from various institutions who may work with clients misusing alcohol—regardless of whether those clients have received treatment, hold a formal diagnosis, or are at different stages or levels of severity in their condition. As highlighted in the international literature (Galvani, 2015; Ting, 2019), alcohol misuse is frequently intertwined with broader social issues. Consequently, social workers often encounter individuals with alcohol-related problems across diverse settings, not solely within specialised treatment facilities. It is also important to recognise that alcohol use problems exist on a continuum, ranging from minimal use to severe addiction. Therefore, such issues should not be viewed as a static diagnosis but rather as a dynamic and evolving condition.

Study participants

An important aspect of this research was that social workers themselves were responsible for determining whether they met the study's inclusion criterion of "meeting individuals with alcohol usage problems in daily practice." In Lithuania, direct assistance for individuals with alcohol use problems is typically provided by specialised centres, healthcare facilities, certain non-governmental organisations, or psychiatric clinics. However, alcohol abuse is a far more widespread issue. Therefore, social workers from a variety of institutions and roles, with differing responsibilities and job functions, may encounter individuals facing such problems.

However, it was not possible to estimate the exact size of the target population, as participation in the study was based on the respondents' own judgment regarding whether they regularly worked with individuals experiencing alcohol use problems. Additionally, there is no national register of social services provided specifically to this client group, nor are there official statistics on the number or proportion of social workers in each municipality who work with individuals affected by alcohol misuse. Therefore, given that alcohol-related issues may arise across various social

work settings and client groups, it was assumed that such cases could be encountered in any area of social work practice. As a result, social workers themselves determined their eligibility to participate in the study.

The response rate for the survey was 33.78%, calculated by dividing the number of completed responses ($n = 149$) by the number of individuals who opened the online survey link ($n = 441$), and multiplying by 100.

An online survey format was chosen for this study because it allowed for broad geographic reach across various districts and institutions throughout Lithuania. This approach aligned with the study's primary aim—to capture a comprehensive and diverse picture of social work practice with individuals experiencing alcohol use problems, rather than limiting the sample to specific institutions or regions. Additionally, the online format helped minimise the risk of response bias, particularly social desirability bias, as the survey was anonymous and conducted without a supervising instructor. This anonymity provided professionals with a more comfortable space to respond openly and honestly. Given the sensitivity of the topic and the stigma often associated with alcohol use, ensuring anonymity was especially important for obtaining authentic responses.

No reminder rounds were conducted during the data collection period. However, the survey link was distributed through multiple channels, including municipal social service centres, non-governmental organisations, and professional networks, to ensure wide accessibility and voluntary participation.

In total, 149 social workers participated in the study. A detailed description of the participants is provided in Table 4.

Table 4. Study participants

Variable	
Age (years) (n =137) Mean (SD)	41.28 (10.54) Range 22-63
Gender (M/F) (%)	4/145 (97)
Work experience overall, (years) (n=147) Mean (SD)	9.93 (6.67) Range 1-29
Work experience (years) (n=147); (%)	
<=5	49 (33)
6-13	56 (37)
14+	44 (30)
Degree of education, (n=147); (%)	
Bachelor's	100 (68)
Master's	47 (32)
Workplace (n=149); (%)	
Municipality/District social services centre	75 (50)
Family Support Centre	32 (22)
Non-governmental organisation	2 (1)
Crisis centre	2 (1)
Addiction centre	9 (6)
Psychiatric clinic	1 (1)
Primary health care centre	2 (1)
Foster home/temporary home	5 (3)
Other ^a	21 (14)

^a Respondents who chose more than one workplace, or those who chose "other" but did not specify their workplace; SD - standard deviation

Naturally, the majority of the sample was drawn from district or municipal social service centres, which employ the largest number of social workers. The same applies to family support centres, which have a high likelihood of encountering individuals struggling with alcohol use. This finding also demonstrates that alcohol use problems are evident in social service centres that are not specifically designed to address such issues. In other words, social workers encounter alcohol-related problems across a variety of contexts, suggesting that alcohol abuse is a common component of broader social issues.

It is also noteworthy that 14% of the sample either held multiple workplaces or did not specify their workplace. This further supports the notion that social workers encounter individuals with alcohol use disorders in a wide range of settings. As highlighted in international literature, alcohol abuse is frequently intertwined with other social problems (Galvani, 2015; Ting, 2019), and thus social workers are likely to engage with individuals experiencing alcohol use issues in diverse professional environments—not only in specialised treatment facilities.

4.3. Data collection

The research instrument

The data was collected via an anonymous, on-line Webropol survey (see Appendix B) during 05.01.2021 - 05.03.2021. The questionnaire included following topics:

- Socioeconomic as well as demographic variables. Information on gender, age, education, employment and work experience was gathered in order to characterise the sample profile.
- Social work methods. The literature was reviewed in order to compile a list of traditional social working methods. Likert type scale (from 1-never, to 5-always).
- Social work services. Law on Social Services of the Republic of Lithuania (2006), which distinguishes between special and general social services, served as the foundation for the list of services. Likert type scale (from 1-never, to 5-always).
- Social work practices. An extra question by the research author was used to address more particular practices in order to assess the larger features of potential social work with individuals who have alcohol consumption problems. Likert type scale (from 1-never, to 5-always).
- Challenges. Based on the literature analysis an extra question was formulated which aimed to address the primary issues that social workers may have in their day-to-day work with clients who have alcohol consumption problems. Likert type scale (from 1-never, to 5-always).
- The Short Alcohol and Alcohol Problems Perception Questionnaire ([SAAPPQ], Anderson & Clement, 1987). Likert type scale (from 1- strongly disagree, to 5 - strongly agree).
- The Perceived Social Work Competence Scale ([PSWCS], Wang & Chui, 2017). Likert type scale (from 1 - not at all confident, to 5 - very confident)
- Respondents were asked to respond to four open-ended questions about social working methods, services, challenges, and skills that, in their opinion, might not have been covered in the scales they completed. They were also given the opportunity express any concerns or offer comments on the research in general.

The Short Alcohol and Alcohol Problem Perception Scale

Professional attitudes are multifaceted constructs shaped by both personal and professional experiences, as well as by the specific circumstances in which practitioners operate. These contextual factors influence how attitudes are formed and expressed in practice. Therefore, to obtain specific insights into social workers' attitudes when working with individuals experiencing alcohol usage problems, it was necessary to employ an instrument capable of measuring attitudes toward this particular client group and capturing multiple dimensions.

Therefore, the Short Alcohol and Alcohol Problem Perception Questionnaire (SAAPPQ) (Anderson & Clement, 1987) was selected to evaluate social workers' attitudes toward individuals with alcohol consumption difficulties. A formal request for permission to use the scale was sent to the original author, Anderson P., who granted written consent for its use and translation into Lithuanian. The SAAPPQ was originally developed to assess the attitudes of social workers and general practitioners toward individuals with alcohol use problems (Anderson & Clement, 1987), and has since been widely applied in both social work and healthcare contexts (Anderson et al., 1987; Anderson et al., 2004; Berstein et al., 2022; Geirsson et al., 2005; Kennedy et al., 2019).

The SAAPPQ consists of ten items rated on a 5-point Likert scale, where 1 indicates strong disagreement and 5 indicates strong agreement. Higher scores reflect more positive attitudes toward individuals using alcohol. Although the original version of the scale used a 7-point Likert format, this study adopted a 5-point scale—consistent with previous research (e.g., Goncalves et al., 2020)—to ensure consistency across the questionnaire and minimise participant distraction.

As the SAAPPQ has not been assessed for sensitivity and specificity, it does not include cutoff points (Goncalves et al., 2020). Therefore, the midpoint score was used to indicate the direction of attitudes (positive or negative), and average scores were used for group comparisons throughout the evaluation process. The SAAPPQ measures five sub-scales: adequacy, motivation, legitimacy, satisfaction, and task-specific self-esteem. When these sub-scales are analysed collectively, they reveal two latent constructs: therapeutic commitment and role security. The content of the SAAPPQ is presented in Table 5.

Table 5. The structure of the Short Alcohol and Alcohol Problem Perception Questionnaire.

Role Security	
feelings while working with people who have alcohol usage problems and reflect the level of psychological safety a professional feels while conducting daily tasks	
Role adequacy	feelings about the adequacy of own knowledge and skills while working with a person having alcohol usage problems
Role legitimacy	feelings of appropriateness (or having the right) to work with a person having alcohol usage problems
Therapeutic Commitment	
dedication to work with individuals having alcohol usage problems	
Task related self-esteem	the level of self-esteem while fulfilling professional tasks in work with individuals having alcohol usage problems
Motivation	willingness to accomplish professional tasks
Work Satisfaction	expectations of work satisfaction with individuals having alcohol usage issues

Sources: Anderson et al. (2017); Cartwright and Gorman (1993)

A double-translation design was used to develop a Lithuanian version of the SAAPPQ (Lithuanian items in Appendix C). Compared to the back translation approach, double translation offers various advantages, as stated in the Translation and Verification of the Test and Survey Material published by the Organisation for Economic Cooperation and Development (OECD, 2012). A double-translation design that offers higher equivalence of the translation is the use of two separate translations from the source language plus a third-party reconciliation; discrepancies are also reconciled in the target language (OECD, 2012). The SAAPPQ was translated into Lithuanian by a qualified translator (YZ) and the researcher (JK), who are both proficient in the target language. By evaluating the versions in the source and target languages, two social work specialists from Lithuania reconciled the translation. Discrepancies were solved through translation analysis. The two translations of the sentences were nearly identical; when there were any differences, the most common cause was the use of different synonyms for the words.

Given that SAAPPQ was developed in 1987, some of the wording is now regarded as stigmatizing toward those who struggle with alcohol use (Anderson & Clement, 1987). The term ‘drinker’ was replaced in this scale with ‘individual with an alcohol usage problem’ because this phrasing reflected fundamental social work values of human dignity and worth of the individual. The words were changed in this way to

minimise stigmatisation and to represent person-centred language (Mahmoud et al., 2020).

The SAAPPQ was derived by factor analysis from the full version of the AAPPQ (Cartwright, 1975), which was developed and validated as part of the Maudsley Alcohol Pilot Project (MAPP), established in 1978 to design a comprehensive community response to alcohol problems. Role Security and Therapeutic Commitment scores were found to be predictive of general practitioners' and social workers' engagement in handling alcohol problems (Keurhorst, 2016). Since the SAAPPQ primarily developed to measure attitudes of social workers, it seems reasonable to conclude that the SAAPPQ measures should remain the same in this PhD research where participants are also social workers. Hence, a validation study was not conducted.

However, as Price et al. (2015) state 'validity is a judgement based on various types of evidence', the arguments for SAAPPQ validity come from few resources (Price et al., 2015). Firstly, according to this PhD research, the SAAPPQ showed good internal reliability with a Cronbach's alpha value of 0.764. Another important indicator of the scale's validity is the ongoing usage of this scale in various research (Cartwright, 1975; Anderson et al., 1987; Anderson et al., 2003; Berstein et al., 2022; Cartwright, 1975; Crothers & Dorrian, 2011; Geirsson et al., 2005; Kennedy et al., 2019; Munoz et al., 2019), which indicates the SAAPPQ to be a consistent and valid instrument. Additionally, the SAAPPQ has been widely used in different countries and cultures over sustained periods of time, for instance in a nine-country WHO study (Anderson et al., 2003); the AMPHORA study (Drummond et al., 2013); and the ODHIN study (Anderson et al., 2016). In all these studies, individual country and cross-country distributions of the Role Security and Therapeutic Commitment scales were normally distributed with only relatively small variations (Keurhorst et al., 2016). Therefore, the proven reliability of the scale, the matching of participants between the original SAAPPQ research and this PhD, and the widespread reuse of the scale can be viewed as supporting evidence for the validity of the SAAPPQ.

The Perceived Social Work Competence Scale

Another goal of this PhD study was to quantitatively examine holistic competence, which is a relatively new concept globally and a significantly underexplored one in Lithuania. Due to its novelty, no prior quantitative research was found that specifically examined holistic competencies in the context of social work with individuals experiencing alcohol usage problems. This underscores the evolving conceptualisation of holistic competence as a framework for assessing the multidimensional professional capabilities of social workers.

The relationship between social workers and clients struggling with alcohol use is often delicate and emotionally demanding. Therefore, it is essential to investigate holistic competence—the combination of both procedural and meta-

competencies—that are activated in such interactions. To assess the expression of holistic competence in social work with individuals facing alcohol use challenges, a scale was needed that could provide rich data across multiple dimensions of competence.

Although recently developed, the Perceived Social Work Competence Scale (PSWCS) (Wang & Chui, 2017) was chosen for this study because it is grounded in Bogo's Holistic Competence Model. The PSWCS (Lithuanian items in Appendix D) measures social work students' skills across nine dimensions using 48 indicators: therapeutic and insightful skills (TIS), community-working skills (CWS), supportive skills (SS), professional-resilience development (PRD), team-working skills (TW), case-management skills (CMS), relationship-forming skills (RF), professional-knowledge skills (PKS), and professional values and ethics (PVE) (Wang & Chui, 2017). Respondents were asked to rate their confidence in each skill using a 5-point Likert scale ranging from 1 (I am not at all confident, I can do this) to 5 (I am very confident, I can do this), specifically in the context of working with clients who have alcohol use issues. The selected instrument was examined using an exploratory factor analysis to uncover its unique patterns.

With the authors' permission to use the scale (Wang & Chui, 2017), the PSWCS was translated into Lithuanian using a double-translation design, identical to the procedure used for the SAAPPQ and described earlier. The English and Lithuanian versions of the PSWCS are presented in Appendix B (research instrument, questions 11 and 12), and Appendices C and D.

Originally developed and validated for assessing social work students' competence in Mainland China, the PSWCS has demonstrated applicability in large-scale studies focused on investigating and enhancing social work competencies (Yi et al., 2018; Zhang et al., 2018; Wang et al., 2021). Importantly, the scale's structure is based on the hierarchical competence model proposed by Canadian social work scholar Marion Bogo, thereby reflecting a Western ideology of social work—an approach which is also prevalent in Lithuania. Bogo et al. (2006) developed a model distinguishing between first-order (meta) and second-order (procedural) competencies, based on decades of research and 19 in-depth interviews with experienced field professionals (Wang & Chui, 2017). The hierarchical model and structure of the PSWCS are presented in Table 6.

Table 6. The structure of Perceived Social Work Competence Skills.

<i>Central Concept</i>	<i>Two categories</i>	<i>Conceptual dimensions</i>	<i>Operationalised and measured constructs</i>
Perceived Social Work Competence	Meta-Competence	Cognitive/Conceptual Interpersonal/Relational Personal/Professional Values/Ethics	Professional knowledge development Team working Relationship formation Professional resilience development Professional values and ethics
	Procedural Competence	Assessment Intervention Communication/ Presentation	Therapeutic skills Insight skills Supportive skills Case management skills Community work skills

Source: Wang & Chui, 2017

The validation study conducted as part of this PhD research served both to confirm the validity of the Lithuanian version of the PSWCS and to explore perceived competence in Lithuanian social work with individuals experiencing alcohol usage problems. The Lithuanian PSWCS was found to be a valid instrument for assessing holistic competence in this context. A detailed description of the validation procedures and findings is provided in the subsequent chapter titled Results. Furthermore, the Lithuanian PSWCS demonstrated strong internal consistency, with a Cronbach's alpha value of 0.995, indicating a high level of reliability. These reliability results are also presented in the Results chapter.

4.4. Data analysis

The main analytical strategy in this quantitative study is the use of statistical methods, which are essential for transforming raw data into meaningful insights and enabling the interpretation and presentation of findings (Ali & Bhashar, 2016). Statistical methods can generally be categorised as descriptive or inferential. Descriptive statistics present data exactly as it is, summarizing key features of the dataset, while inferential statistics allow researchers to draw broader conclusions from sample data about a larger population (Byrne, 2006). According to Mishra et al. (2019), the selection of statistical methods is influenced by three key elements:

the purpose and objective of the study, the type and distribution of the data, and the type of observation (paired or unpaired). Therefore, this chapter provides an overview of the statistical methods, selection criteria, and practical applications used in sub-studies 2, 3, and 4—each with a distinct aim, yet collectively supporting the main objective of this PhD research.

Sub-study 2, which aimed to analyse social work with individuals having alcohol usage problems in Lithuania was primarily a descriptive study, which is a type of quantitative research used to reveal the phenomenon through analysis of frequencies, underlying patterns, categories and observing trends (Kim et al., 2017). Nassaji et al. (2015) state that the first and most important stage in determining the cause of a problem and in discovering relationships and correlations between various variables is description. A population or phenomena may be precisely and methodically described using the descriptive research approach, which also makes it possible to collect the data needed to fully comprehend the nature of a study topic (Nassaji, 2015). Therefore, firstly this PhD research focuses on a description of social work in Lithuania—examining its services, methods, practices and challenges—and analysing their frequency based on the percentage distribution of responses across categories.

Sub-study 3 aimed to analyse social workers' attitudes towards individuals with alcohol usage problems in Lithuania with two objectives. The first involved a more descriptive perspective on examining most and the least positive attitudes towards individuals with alcohol usage problems in a sample of Lithuanian social workers. The second utilised inferential statistics to determine the relationship between the professionals' attitudes, their formal education and their work experience.

For the first research question of sub-study 3, the descriptive data on separate attitude domains was described using min/max scores, means and standard deviations. As well, as mentioned in the previous chapter, the SAAPPQ does not have cut-off points since the sensitivity and specificity has not been assessed (Goncalves et al., 2020), therefore midpoint analysis was chosen. While the midpoint indicated neither a positive nor a negative attitude, scores above it indicated a more positive attitude and those below it represented a more negative attitude.

To address the second research question—"What is the relationship between professionals' attitudes, their formal education, and their work experience"—inferential statistical methods were employed to explore potential associations between these variables and attitude domains. A one-way ANOVA was conducted to analyse differences in attitude scores across stages of work experience, categorised using tertile-based cut-off points.

Where significant differences were found, Bonferroni post hoc tests were applied to identify specific group contrasts. To assess the magnitude of these effects, Eta squared (η^2) was calculated for the ANOVA models, and Cohen's *d* was used for *t*-tests, providing standardised measures of effect size. A Cohen's *d* value of 0.2 is a small effect, 0.5 is a moderate effect and 0.8 is a large effect (Cohen, 1977).

Additionally, differences in attitude domains between two educational groups (bachelor's vs. master's degree holders) were examined using either a Student's t-test or Mann–Whitney U test, depending on the distribution of the data.

The main goal of sub-study 4 was to validate the PSWCS scale and explore the underlying structure of social workers' perceived competencies; therefore, an Exploratory Factor Analysis (EFA) was conducted. Principal Component Analysis (PCA) was used as the extraction method within EFA. The factor structure was examined using both orthogonal (varimax) and oblique (promax) rotation; however only the promax results were reported, assuming that the extracted factors were correlated. Sampling adequacy was confirmed using the Kaiser–Meyer–Olkin (KMO) test and Bartlett's test of sphericity (Bartlett, 1954). Components with eigenvalues greater than 1 were retained as factors.

Communalities represent the proportion of the variance in the original variables that is accounted for by the factor solution. The factor solution should explain at least half of each original variable's variance, so the communality value for each variable should be 0.50 or higher. Variables were checked for complex structures if there was more than one factor in the solution. If a variable had a complex structure, it was removed from the analysis. Items with a loading factor of more than 0.60 were considered to have an acceptable loading factor.

The internal consistency (reliability) of the scale was checked by investigating whether items within each subscale correlated significantly with each other (using Cronbach's alpha statistics). The Cronbach's alpha was computed to verify that the variables for factors measured similar entities which were valid to add together. It was expected that each subscale would produce values of alpha of 0.6 or above, indicating internal reliability (Taber, 2018).

To assess discriminant validity, an ANOVA (using a generalised linear model) analysis was conducted to examine whether different social worker characteristics (education, working place, work experience) and SAAPPQ subscales dichotomised at a cut point higher than the median had overall effects on PSWCS concepts. The effects are reported as an F statistic and its associated degrees of freedom and p value.

The Statistical Package for the Social Sciences Version 22.0 (IBM Corp., Armonk, NY, USA) was used to run all the analyses.

4.5. Ethical considerations

Ethical standards are fundamental to ensuring that research is valuable, responsible, and safe. In the context of social work, ethical research also contributes to the development of evidence-based solutions that improve client outcomes. This chapter outlines the general principles of ethical research and describes how they were applied in this study, with reference to both Finnish and Lithuanian codes of ethics.

In its broadest sense, research ethics can be defined as a hallmark of scientific inquiry that ensures the reliability of research activities and the well-being of participants. As Anastas (2024) explains in the *Encyclopaedia of Social Work*, research ethics in social work encompasses the relationships between the researcher and participants, the researcher and scholarly community, the researcher and the organisations or communities involved in the study, and the maintenance of scientific integrity. As such, from the initial identification of the research problem to ongoing communication with participants, organisations, supervisors, reviewers, and the broader social work community, ethical research is a continuous process that underpins the development of scientific knowledge.

Only ethically responsible research can fulfil its ultimate goal: to generate knowledge that addresses contemporary challenges and informs practical solutions. Resnik (2020) emphasises that ethical norms are essential for fostering trust, responsibility, mutual respect, and fairness among researchers, participants, and institutions. Research that upholds these values is more likely to be accepted and applied by society (Resnik, 2020). Therefore, it could be stated that researchers must cultivate trust throughout the research process—through clear, respectful communication, responsiveness to feedback, and a commitment to quality. Ethical accountability, in turn, enables the practical application of research findings—in this case, the development of research-based indicators to enhance social work with individuals experiencing alcohol use problems.

Moreover, ethical research contributes to the advancement of the social work profession. The National Statement on Research Integrity in Social Work (CSWE, 2007) highlights the importance of ethically sound research in supporting the profession's ongoing development. Social work researchers have a responsibility to generate knowledge that helps practitioners deliver effective services (CSWE, 2007). Therefore, this study was conducted with the aim of supporting social work practice with individuals affected by alcohol use in Lithuania—an area that remains under-researched despite growing international attention. By adhering to ethical standards throughout the research process, this study fulfils the ethical obligations of the social work researcher and contributes to the profession's evidence base.

The integration of ethics in this PHD research

This section summarises how the primary ethical principles outlined in the Belmont Report (1978), the Finnish National Board on Research Integrity TENK (2019), and the Lithuanian Code of Ethics (2012) were adhered to throughout this PhD research. Each phase of the study is linked to relevant ethical principles, where applicable.

Preparation Phase. This study contributes to the ongoing development of the social work field and aims to support practitioners in effectively assisting clients with alcohol use problems. It was developed in response to the current challenges faced

by Lithuanian social workers, including the high prevalence of alcohol use and the critical role of social work in addressing these issues.

According to the general provisions of the Lithuanian Code of Ethics (2012), researchers have a societal duty to uphold the moral and foundational principles of scientific work, grounded in values such as objectivity, honesty, and the pursuit of truth. Researchers should be primarily motivated by a desire to understand social and environmental patterns. In line with this, my goal as a social work researcher is to enhance practice with individuals experiencing alcohol use problems by providing practitioners with relevant, ethically grounded knowledge and solutions. After selecting appropriate research instruments, permission was sought from the original authors to translate and use the scales in this study. Written consent was obtained for the translation and reuse of the SAAPPQ and PSWCS instruments.

It was also necessary to determine whether an ethical committee review was required. However, the study did not meet the criteria outlined in the TENK (2019) guidelines for a mandatory review: participation did not violate the principle of informed consent; there was no intervention in participants' physical integrity; all participants were adults over the age of 15; no particularly strong stimuli were used; and there was no risk to participants, researchers, or their families (TENK, 2019). Similarly, in Lithuania, ethical committee approval is required only for biomedical research involving techniques aimed at advancing scientific understanding of human health, illness, diagnosis, treatment, or prevention (Lithuanian Code of Ethics, 2012). Therefore, ethical committee approval was not sought, as none of these conditions applied to this study.

Conducting the Research Phase. In accordance with the principle of respect for persons outlined in the Belmont Report (1978) and the general provisions of TENK (2019), participants' autonomy, dignity, privacy, freedom of expression, and voluntariness were safeguarded through explicit informed consent. Participants were provided with detailed information about the study's purpose and procedures. Participation in the study was entirely voluntary, with respondents free to choose whether to answer any or all questions. The research was conducted anonymously: no personally identifiable information was collected, and all responses were stored securely without any links to individual participants. This approach was essential given the sensitivity of the topic—professional attitudes toward individuals experiencing alcohol use problems. Ensuring anonymity helped protect the participants from potential judgment and supported open, honest responses. Additionally, the survey design and language were carefully reviewed to avoid reinforcing social stigma. The framing of questions was guided by ethical principles and aimed to maintain neutrality and respect toward the target group, acknowledging the vulnerability of the population under study.

Following TENK (2019) guidelines, participants were informed about the study's objectives at the beginning of the questionnaire. It was clearly stated that

the results would be used solely for research purposes. Participants were also given the contact details of the lead investigator, Justina Kievišienė, for any questions or concerns. Participants had the right to discontinue their participation at any time without facing any negative consequences, as emphasised in TENK (2019). They were thanked for their time and contribution. Consent was obtained online: selecting “Yes, I agree” directed participants to the survey, while selecting “No, I do not agree” led to a thank-you message and terminated the session.

Institutional administrators were contacted beforehand to ensure respect for the organisations where social workers were employed. They were informed about the study’s purpose and assured that results would be shared upon request. The distribution of the questionnaire among staff was managed by the institutions’ leadership.

The principle of beneficence, as described in the Belmont Report (1978), was upheld by designing a study that posed no harm to participants. The questionnaire did not include sensitive content, and efforts were made to minimise any potential negative effects while maximizing participants’ well-being. Participants could contact the lead investigator with any concerns and were offered the opportunity to receive the research findings.

Beneficence also entails that scientific research should improve the participants’ lives and enhance service delivery, thereby contributing to social change. This study aimed to provide evidence-based insights that could help social workers improve their interactions with clients experiencing alcohol use problems. By strengthening the Use of Self in social work practice, the study may indirectly foster broader societal change through improved client outcomes.

The principle of justice, as emphasised in the Belmont Report (1978), was reflected in the equal treatment of all participants. Participants were selected based on their relevance to the research objectives, received identical materials, and were treated with respect and fairness throughout the process.

Research Results and Analysis Phase. As stated in the Lithuanian Code of Ethics (2012), the study’s concept, methodology, and data are transparently reported and discussed in sub-studies and publications that reflect the entire PhD research process, including this summary section. All collected data is kept confidential and used solely for the purposes of this PhD research.

Furthermore, all findings presented in this summary and related publications are properly referenced in accordance with ethical standards for disseminating research results (Lithuanian Code of Ethics, 2012). Any concepts or methods adapted from other sources are properly credited.

In alignment with open science principles and TENK (2019) guidelines, all publications resulting from this PhD research are open access. Participants who requested access to the results received them in the original English or in Lithuanian, depending on their preference. Additionally, the research data is available upon

reasonable request from the lead investigator, as indicated in sub-studies 3 and 4.

In sum, upholding ethical integrity was a foundational objective of this PhD research, which was conducted in accordance with the Belmont Report (1978), the Finnish National Board on Research Integrity TENK guidelines (2019), and the Lithuanian Code of Ethics (2012). The study was grounded in transparency and aimed to generate meaningful benefits for Lithuanian social workers and the broader social work community. By adhering to the core ethical principles of respect for persons, beneficence, and justice, the research produced new data to support evidence-based interventions for clients experiencing alcohol consumption issues.

5. THE MAIN RESULTS

This PhD research is based on four sub-studies. The first two aim to describe the broader context of alcohol consumption and social work in this field, while the latter two focus on investigating the concept of the Use of Self (in terms of professional attitudes and competencies) in social work practice with individuals experiencing alcohol consumption issues in Lithuania. Each sub-study has been published as a peer-reviewed article (sub-studies 2,3,4) or book chapter (sub-study 1), offering an in-depth examination of specific components of the overall research. An overview of these sub-studies is presented in Table 7 below.

Table 7. The sub-studies, their research questions and main results.

Date	Title	Data	Research questions	Methods	Main results
2020	Alcohol Consumption as a Phenomenon in Lithuania: A Narrative Synthesis	69 articles met the selection criteria (Lithuanian authors/ co-author; include Lithuanian sample; analyse alcohol usage) for narrative synthesis and was grouped by timeline into 3 decades.	1. How is alcohol consumption researched, analysed, and conceptualised in Lithuania-scientific articles?	<i>Narrative synthesis</i> of scientific articles regarding topic explored.	Main contextual issues faced by Lithuania in a particular period of time. <i>First decade</i> resulted in one article which explored the post Soviet transition and need for alcohol control policy. <i>Second decade</i> focused on individual level topics: alcohol usage among youth, sociodemographic profile of alcohol user. <i>Third decade</i> focused on societal level consequences of alcohol usage on health, mortality, societal problems, family issues, and exploration of alcohol control policy, alongside individual level issues.

Date	Title	Data	Research questions	Methods	Main results
2022	Social Work Involving Individuals with Alcohol Usage Problems: Overview of the Situation in Lithuania	Questions on social work methods, services, practices, challenges	1. What methods, services and practices are applied and difficulties faced in social work with individuals having alcohol usage problems in Lithuania?	<i>Frequency analysis</i> used to examine the usage of methods, services, practices and challenges in this specific area	1. Strong preference for individual intervention method. 2. Uncommon use of network, community, and group methods. 3. Most often used service information provision, consultation, and representation. 4. Favor family consultation. 5. The largest challenge in this field is clients' lack of motivation.
2024	Exploring Lithuanian social workers' attitudes towards individuals with alcohol usage problems	The Short Alcohol and Alcohol Problem Perception Questionnaire (SAAPPQ)	1. What attitudes towards individuals with alcohol usage problems are the most and the least positive in a sample of Lithuanian social workers? 2. What is the relationship between the professionals' attitudes, their formal education and their work experience?	<i>Descriptive statistics, t-tests, Mann-Whitney U tests, and one-way ANOVA</i> (with Bonferroni post hoc) were used to analyse differences in attitudes across education and work experience groups. Effect sizes were calculated using Cohen's d and Eta squared (η^2). <i>Internal reliability</i> of the SAAPPQ was confirmed with Cronbach's alpha test.	1. Generally positive attitude towards individuals with alcohol usage problems. 2. Role legitimacy is the most positive attitude domain. 3. Work satisfaction is the least positive attitude domain. 4. Master degree holders scored higher on total attitude score, work satisfaction and therapeutic commitment. 5. 6–13 years of work experience was associated with a more positive attitude compared to those with less than 5 years of experience.
2024	Professional competencies in social work concerned with alcohol use problems in Lithuania: Moving beyond 'know-how'	The Perceived Social Work Competence Scale (PSWCS)	1. How do Lithuanian social workers who work with individuals with alcohol use problems self-report their professional competencies? 2. How reliable and valid is the Lithuanian version of the PSWCS for the measurement of professional competencies in social work with individuals with alcohol use problems?	<i>Exploratory Factor Analysis (EFA)</i> to validate the structure of the Perceived Social Work Competence Scale (PSWCS) <i>Internal reliability</i> of the PSWCS was confirmed with Cronbach's alpha test <i>Interpretative dimension analysis</i> to explore patterns of competencies across domains.	1. In social work with individuals having alcohol usage problems Lithuanian social workers perceive their competence in a specific combination of procedural and meta-competence dimensions. 2. The translated scale exhibits strong reliability, and consists of 30 items.

5.1. Alcohol consumption as a phenomenon - sub-study 1

In terms of alcohol consumption, Lithuania has historically ranked among the highest in the world. For instance, in 2016, Lithuania held the top position globally, with an average of 16.3 liters of pure alcohol consumed per person (World Health Organisation [WHO], 2018). Although Lithuania is no longer among the top alcohol-consuming countries—largely due to effective political interventions—the long-standing prevalence of alcohol abuse has had a profound impact on various layers of Lithuanian society.

To contextualise this issue, a narrative synthesis was conducted to examine the societal, economic, and physical/mental health effects of alcohol consumption in Lithuania. The guiding research question was: how is alcohol consumption researched, analysed, and conceptualised in Lithuanian scientific articles. This question was addressed by analysing scholarly articles authored or co-authored by Lithuanian researchers during the first three decades of the country’s independence.

A systematic search was conducted using the keywords “alcohol” and “Lithuania” across four academic databases: PubMed, ScienceDirect, Wiley Online Library, and EBSCO. The inclusion criteria required full-text articles in English that involved at least one Lithuanian author or collaborator and included data on alcohol consumption in Lithuania. To identify patterns in the evolution of research, the selected studies were categorised into three time periods by decade, spanning from 1990 to 2019. Out of 6,250 titles screened, 69 articles met the inclusion criteria and were selected for narrative synthesis. These were grouped by timeline and thematic focus, as presented in Table 8.

Table 8. Themes of scientific publications about alcohol usage in Lithuania.

<i>II decade 2000-2009</i>		<i>III decade 2010 - 2019</i>	
48%	Alcohol consumption among youth	36%	Alcohol-related morbidity and mortality
28%	Various alcohol consumption issues in different groups	27%	Various alcohol consumption issues in different groups
24%	Sociodemographic profile of alcohol user	12%	Alcohol as risk factor for mental health
		9%	Sociodemographic profile of alcohol user
		9%	Alcohol policy evaluation
		7%	Motivational factors

The thematic distribution by percentage of articles selected for contextual analysis is presented in Table 8. Notably, the first decade (1990–1999) is not included in the table, as only one article met the inclusion criteria. This article focused on Lithuania’s post-Soviet transition and the urgent need for an alcohol control policy—an expected theme given the country’s recent independence and the necessity to establish political, economic, and social stability.

Articles published in the subsequent two decades covered a range of thematic areas, each contributing distinct insights into the state of alcohol consumption in Lithuania. Following Lithuania’s accession to the European Union in 2004, Lithuanian researchers increasingly participated in national and cross-national comparative studies, many of which focused on youth drinking behaviours. This trend was particularly evident in articles from 2000–2009 that met the inclusion criteria. During this period, the sociodemographic profiles of alcohol users were also extensively examined, offering valuable information on both risk and protective factors associated with alcohol abuse.

The analysis of the most recent decade (2010–2019) revealed a broader societal concern regarding the consequences of alcohol consumption. Lithuanian researchers addressed its impact on politics, the economy, healthcare, social well-being, family dynamics, education, and other societal domains. There was a marked increase in health and medical research, particularly studies identifying alcohol as a risk factor for morbidity and mortality. Additionally, the growing recognition of the need for effective interventions led to a focus on policy evaluation and the identification of motivational factors that could support practitioners and agencies in implementing more effective strategies.

Overall, the narrative synthesis and chronological review of alcohol consumption research illuminated the societal challenges Lithuania has faced due to widespread alcohol use. The post-Soviet transition period, marked by the absence of a coherent alcohol control policy, contributed to a sharp rise in consumption. At the same time, the field of social work was still in its formative stages. These conditions created unique challenges for Lithuanian social workers, who were increasingly confronted with issues such as alcohol-related family dysfunction, co-occurring mental and physical health conditions, and the societal consequences of political decisions related to alcohol policy. The synthesis also highlighted broader societal issues that must be considered when working with individuals struggling with alcohol use.

Following this contextual analysis, it became essential to explore how social workers in Lithuania engage with individuals experiencing alcohol-related problems in their daily practice. This will be discussed in the following chapter.

5.2. Social work with individuals having alcohol usage problems (methods, services, practices, challenges) - sub-study 2

In Lithuania, social work with individuals experiencing alcohol usage problems is not formally outlined in national guidelines, and services for this population are not systematically monitored. This lack of structure highlights the extent to which this area of social work remains understudied and in need of further investigation and evidence-based intervention. Therefore, sub-study 2 aimed to describe current social work scope with individuals facing alcohol-related issues in Lithuania.

The guiding research question was: what methods, services, and practices are applied, and what difficulties are encountered in social work with individuals experiencing alcohol usage problems in Lithuania. This question was addressed through frequency analyses to provide a descriptive overview of the current situation in this field (see Figures 2 and 3, and Tables 9 and 10).

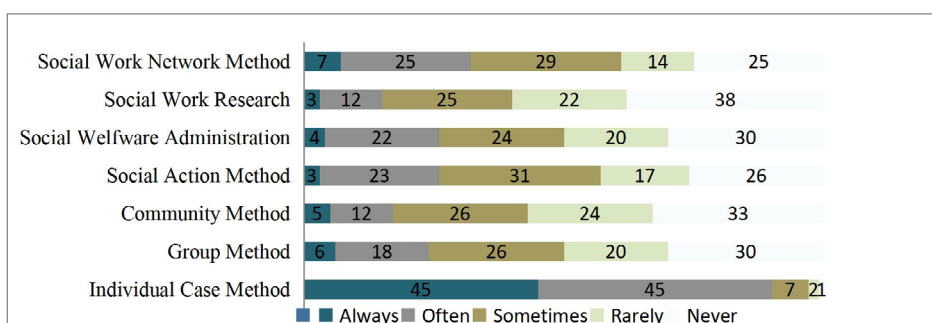


Figure 2. Social work methods with individuals having alcohol usage problems (%). Frequency analysis by percentage distribution of responses by categories.

The findings show that social work with people with alcohol use problems was most frequently based on the individual case method, whereas social work research and the social action method were the least frequently employed methods.

Table 9. Social work services with individuals having alcohol usage problems.

<i>General Services</i>					
	Always	Often	Sometimes	Rarely	Never
Providing information	77%	21%	1%	1%	0%
Consultation	77%	21%	1%	1%	0%
Mediation and representation	61%	31%	7%	1%	0%
Sociocultural services	18%	29%	37%	13%	3%
Transport organisation	20%	24%	28%	20%	8%
Catering organisation	13%	25%	25%	19%	18%
Provision of clothing	16%	24%	37%	16%	7%
<i>Special Services: supervision</i>					
Home services	22%	15%	14%	8%	41%
Developing social skills Independent living home ^a	53%	30%	6%	7%	4%
Temporary accommodation	3%	7%	28%	24%	38%
Crisis management	6%	7%	15%	23%	49%
	8%	20%	30%	25%	17%
<i>Special Service: care</i>					
Day social care	2%	5%	14%	14%	65%
Short-term social care	5%	5%	19%	21%	50%
Long-term social care	4%	3%	22%	15%	56%

Among general services, the most frequently offered services with these clients were information provision, consultation, mediation, and representation; among special services, the most frequently offered services were social skills development.

Table 10. Social work practices with individuals having alcohol usage problems.

<i>Social work practices</i>					
	Always	Often	Sometimes	Rarely	Never
Family consultation	45%	33%	13%	9%	0%
Social skills development	39%	48%	10%	3%	0%
Psychological skills development	13%	45%	32%	9%	1%
Everyday skills development	35%	43%	16%	5%	1%
12 step AA program	3%	11%	11%	18%	57%
Consultation using my own technique	5%	26%	29%	15%	25%
Organisation of training for professionals	1%	1%	6%	7%	85%
Consultation of other professionals	4%	2%	13%	17%	64%

According to Table 10, which lists different social work practices, social workers also frequently conduct daily skill development with people who had alcohol use issues and provided family consultation.

Challenges with people who struggle with alcohol use are presented in Figure 3 below, which indicates that the most common issue encountered when working with these clients was a lack of client motivation.

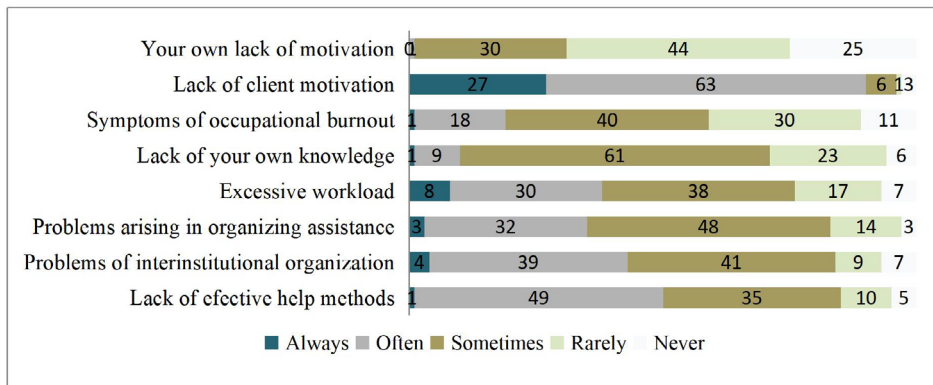


Figure 3. Challenges in social work with individuals having alcohol usage problems (%). Frequency analysis by percentage distribution of responses by categories.

As a result, the general review of methods, services, practices, and challenges provided valuable insight into the current state of social work with individuals experiencing alcohol usage problems in Lithuania. This overview serves as a necessary starting point in a field that remains significantly under-researched. Importantly, the overall assessment revealed potential avenues for further development and professionalisation of social work practice in this area.

In Lithuania, social work with individuals who have alcohol use problems tends to be primarily individually oriented. The most frequently applied services include providing information, offering consultations, and mediating access to general services—typically delivered through the widely used individual casework method. In contrast, the limited use of network, community-based, or group methods suggests a lack of broader community-level engagement in social work with this client group. Furthermore, the low adoption of secondary social work methods—such as social action, social welfare planning, or social research—indicates that social work with individuals experiencing alcohol-related issues is still evolving into a more robust societal and political force.

5.3. Professional attitudes in social work with individuals having alcohol usage problems - sub-study 3

The third sub-study focused on social work practitioners' attitudes toward individuals with alcohol consumption problems. Since attitudes are a key component of the Use of Self, this sub-study marked a shift from broader contextual analysis to the examination of professional-specific attributes. As noted by Molina-Mula et al. (2018), understanding professionals' attitudes is just as important as possessing adequate knowledge about substance use. Attitudes influence multiple aspects of both professional and client well-being, including the quality of care, the nature of services provided, willingness to engage with clients, and the therapeutic relationship (Anderson et al., 2004; Skinner et al., 2005; Van Boekel et al., 2014).

Given this context, examining Lithuanian social workers' attitudes was essential for understanding their professional functioning and the role of the Use of Self in practice with individuals experiencing alcohol-related problems. Two research questions guided the study. 1) Which attitudes toward individuals with alcohol usage problems are the most and least positive among Lithuanian social workers? 2) What is the relationship between professionals' attitudes, their formal education, and their work experience? These questions were addressed using descriptive and correlational statistical procedures, which enabled the identification of both the most and least positive attitude domains, as well as the relationships between attitudes, education, and work experience.

The Lithuanian version of the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ; Anderson & Clement, 1987) demonstrated good internal reliability, with a Cronbach's alpha of 0.764. The data collected using the SAAPPQ were analysed using means, standard deviations, and minimum/maximum scores to define the five attitude subscales—Role Adequacy, Role Legitimacy, Motivation, Task-Specific Self-Esteem, and Work Satisfaction—as well as two latent domains: Role Security and Therapeutic Commitment.

Additionally, a midpoint analysis was conducted to determine the direction (positive or negative) of attitudes within each domain. Scores above the midpoint indicated more positive attitudes, while scores below it reflected more negative attitudes. The midpoint itself represented a neutral stance (see Table 11).

Table 11. Sample characteristics: Mean SAAPPQ subscale results.

SAAPPQ ^a subscale	N above midpoint	% above midpoint ^b	Median (25-75%)	Min	Max	Mean	SD
Role Adequacy	115/149	77.2	8 (7-8)	4	10	7.60	1.34
Role Legitimacy	136/149	91.3	8 (8-9)	2	10	8.25	1.32
Motivation	89/149	59.7	7 (6-8)	3	10	6.83	1.54
Task-Specific Self-Esteem	100/149	67.1	7 (6-8)	2	10	7.23	1.51
Work Satisfaction	36/149	24.2	6 (5-6)	2	10	5.91	1.73
Role Security	137/149	91.9	16 (15-17)	9	20	15.85	2.15
Therapeutic Commitment	96/149	64.4	20 (18-22)	12	30	19.97	3.56

^a SAAPPQ: Short Alcohol and Alcohol Problems Perception Questionnaire; SD - standard deviation

^b Midpoints:

Role Adequacy, Role Legitimacy, Motivation, Task-Specific Self-Esteem and Work Satisfaction = 6

Role Security = 12

Therapeutic Commitment = 18

The study's findings indicate that Lithuanian social workers generally believed they had the right to assist clients struggling with alcohol use, as reflected in the SAAPPQ subscale Role Legitimacy, which showed the highest proportion of positive attitudes (91.3% above the midpoint). However, the results also revealed a lower willingness to engage in social work tasks with this client group, with only 59.7% scoring above the midpoint on the Motivation subscale. The Work Satisfaction subscale yielded the lowest score (24.2% above the midpoint), suggesting that respondents did not find working with individuals who have alcohol use disorders particularly fulfilling or enjoyable.

A notable contrast was observed between the two latent constructs: Role Security (91.9% above the midpoint) and Therapeutic Commitment (64.4% above the midpoint). This suggests that while social workers felt psychologically secure in their roles—believing they had the right and the necessary skills to work with individuals experiencing alcohol use problems—their level of dedication and emotional investment in this specific area of practice lower.

The study also explored whether attitudes differed based on educational background. Specifically, it examined whether social workers with bachelor's and master's degrees held different attitudes towards individuals with alcohol use problems. Group differences were assessed using either a Student's t-test or the Mann-Whitney U test, depending on the distribution of the data (see Table 12). To evaluate the magnitude of these differences, Cohen's d was calculated for the t-test results. Cohen's d is a standardised measure of effect size, indicating the extent of

difference between groups relative to the variability within the data. According to Cohen (1988), a *d* value of 0.2 represents a small effect, 0.5 a moderate effect, and 0.8 a large effect (see Table 12).

Table 12. SAAPPQ mean results: bachelor's and master's degree comparisons.

Dependent Variable	Bachelor's N = 100 Mean (SD)	Master's N = 47 Mean (SD)	df	t	Sig.	Cohen's d
SAAPPQ total	35.15 (4.78)	37.16 (4.60)	1,147	-2.44	0.016	-0.426
Role Adequacy	7.49 (1.31)	7.83 (1.41)	1,145	-1.39	0.165	-0.243
Role Legitimacy, Md (IQR) ^a	8.00 (8-9)	8 (8-10)	1,145	2133 ^a	0.170 ^a	-0.249
Motivation	6.72 (1.53)	7.06 (1.54)	1,145	-1.27	0.205	-0.222
Task-Specific Self-Esteem	7.14 (1.57)	7.40 (1.35)	1,145-	-1.02	0.309	-0.178
Work Satisfaction	5.66 (1.63)	6.41 (1.85)	1,145	-2.52	0.013	-0.439
Role Security	15.63 (2.13)	16.25 (2.16)	1,145	-1.75	0.081	-0.306
Therapeutic Commitment	19.52 (3.59)	20.88 (3.36)	1,145	-2.21	0.029	-0.386

^a Mann-Whitney *U* test (*U*, *p*); Md: data in median (25th-75th percentiles); IQR, interquartile range; SD - standard deviation

The study revealed statistically significant differences in attitudes based on education level. Participants with a master's degree scored significantly higher on the SAAPPQ total score ($t = -2.44$, $p = .016$), the Work Satisfaction subscale ($t = -2.52$, $p = .013$), and the latent domain Therapeutic Commitment ($t = -2.21$, $p = .029$). These findings suggest that social workers with a master's degree were more likely to take proactive steps in addressing problematic alcohol use, reported greater satisfaction in their work, and generally held more positive attitudes toward individuals with alcohol use issues.

To further explore the influence of professional experience, the study examined whether years of work experience were associated with social workers' attitudes. Initially, curve estimation models were used to visualise the relationship between the continuous variable "work experience" and various attitude domains. This analysis revealed a statistically significant non-linear relationship between Work Satisfaction and years of experience.

To deepen the analysis, a one-way ANOVA was conducted by categorising work experience into three groups based on tertile cut-off points. This allowed for the examination of how different stages of professional experience relate to specific attitude domains. Following the ANOVA, Bonferroni post hoc multiple comparisons were applied to assess differences across groups for all dependent

variables (SAAPPQ total and subscales). Effect sizes were calculated using eta squared (η^2), which represents the proportion of total variance explained by work experience. According to Cohen (1988), η^2 values of 0.01, 0.06, and 0.14 indicate small, medium, and large effects, respectively for the Anova model.

Table 13. Group by work experience interaction effects on SAAPPQ.

Dependent Variable	≤ 5 years; N = 49	6-13 years; N = 56	14+ years; N = 44	F	Sig.	Effect size η^2
	Mean (95% CI)	Mean (95% CI)	Mean (95% CI)	2,144		
SAAPPQ total	34.08 (32.76-35.40)	37.02 (35.78-38.25)**	36.21 (34.81-37.59)	5.39	0.006	0.069
Role Adequacy	7.16 (6.79-7.53)	7.91 (7.56-8.25)**	7.68 (7.29-8.07)	4.34	0.015	0.056
Role Legitimacy	8.22 (7.84-8.60)	8.32 (7.96-8.67)	8.18 (7.78-8.57)	0.15	0.864	0.002
Motivation	6.57 (6.14-7.01)	7.07 (6.67-7.47)	6.81 (6.36-7.27)	1.39	0.253	0.019
Task-Specific Self-Esteem	6.75 (6.34-7.17)	7.48 (7.09-7.87)*	7.43 (6.99-7.87)	3.74	0.026	0.049
Work Satisfaction	5.37 (4.88-5.84)	6.23 (5.78-6.68)*	6.09 (5.58-6.59)	3.74	0.026	0.049
Role Security	15.38 (14.78-15.99)	16.23 (15.66-16.79)	15.86 (15.22-16.50)	2.03	0.135	0.027
Therapeutic Commitment	18.69 (17.71-19.67)	20.78 (19.86-21.7)**	20.34 (19.31-21.37)	5.10	0.007	0.065

* $p < 0.05$ and ** $p < 0.01$ ANOVA post hoc test (Bonferroni correction) for ≤ 5 years vs. 6-13 years; CI, confidence interval

The findings indicated that social workers with 6–13 years of professional experience, compared to those with five years or less, demonstrated significantly more positive attitudes in several domains. Specifically, they reported greater confidence in their knowledge and abilities when working with clients who have alcohol use disorders (Role Adequacy, $p = .015$), stronger engagement with these clients (Therapeutic Commitment, $p = .007$), higher satisfaction with their daily tasks (Work Satisfaction, $p = .026$), and greater task-specific self-esteem ($p = .029$).

Overall, the study of Lithuanian social workers' attitudes towards individuals with alcohol use problems revealed that Role Legitimacy was the most positively rated domain, indicating that social workers generally accept responsibility for working with this client group. However, lower scores in the Work Satisfaction and Motivation domains highlight areas that require attention and support. The findings also suggest that obtaining a master's degree in social work may be associated with more positive attitudes across multiple domains. Finally, work experience emerged as a relevant factor, with early-career professionals holding less favourable attitudes

in several areas. These insights underscore the importance of both education and professional development in shaping social workers' readiness and commitment to working with individuals experiencing alcohol-related issues.

5.4. Professional competencies in social work involving individuals with alcohol usage problems - sub-study 4

Competencies represent another essential dimension of the professional Use of Self, yet this topic remains underexplored in the field of social work with individuals experiencing alcohol use problems—both globally and particularly in Lithuania. Nevertheless, it is widely recognised that cases involving alcohol and drug use require highly skilled and committed social work interventions and preventive efforts (Galvani & Forrester, 2009; Osborne-Leute et al., 2019).

Drawing on Bogo's (2006) holistic competence model, this study examined patterns of competence and abilities that constitute two distinct dimensions: procedural and meta-competencies. This model emphasises that social work practice demands a complex integration of knowledge, values, skills, and the capacity to respond to context-specific situations using practice wisdom and professional intuition, alongside conducting assessments, applying methodologies, and implementing interventions (Bogo, 2018)

The first research question—examining how Lithuanian social workers who work with individuals with alcohol use problems self-report their professional competencies—aimed to identify the perceived constitution of competencies in this area of practice. A second research question was posed to evaluate the measurement tool itself: how reliable and valid is the Lithuanian version of the PSWCS for assessing professional competencies in social work with individuals with alcohol use problems. This question was intended to support the development of a self-assessment tool for Lithuanian social workers working in this field.

To address both questions, the study employed the Perceived Social Work Competence Scale (PSWCS), which is grounded in Bogo's (2006) holistic competence framework and enables the assessment of both procedural and meta-competencies. Exploratory factor analysis (EFA) was conducted to evaluate the scale's validity and to analyse the structure of self-perceived competencies. The results indicated that all assumptions required for a principal component analysis (PCA) were met (see Table 14).

Table 14. Measurement indicators in the exploratory factor analysis tests.

Index	Value results	Recommendation	Decision
Kaiser-Meyer-Olkin Measure of Sampling Adequacy (Index KMO)	0.889	$0.8 < x \leq 1.0$	Fit
Bartlett's Test of Sphericity	$p < 0.001$	$p < 0.05$	Fit
Approx. Chi-Square	3429.74		
Df	435		
Sig.	< 0.001		
Factor Loading	0.630- 0.957	0.4 – 0.9	Fit
Eigenvalues	> 1.009	≥ 1.0	Fit

The data was suitable for factor analysis, as shown by the KMO index value of 0.889, which was much higher than the minimal threshold of 0.5 (Kaiser, 1974). A value near 1.0 is seen as promising for informative factor analysis since it suggests that underlying factors might account for a reasonable amount of the variance in study variables (Kaiser, 1974). The correlation matrix was not random, as demonstrated by the significant result of Bartlett's test of sphericity ($\chi^2[435] = 3429.74, p < 0.001$) (Bartlett, 1954).

The greatest model fit was found in the EFA eight-factor solution that excluded 18 original items (questions 3, 4, 5, 9, 11, 13, 21, 27, 28, 29, 30, 34, 35, 39, 41, 42, 45, and 48) after eight rotations. High loadings on several factors indicating a complicated structure led to the removal of those items from the final model. Variables that load on just one factor are regarded as having a simple structure. Additionally, according to typical guidelines, just two elements loaded on the relationship formation factor—which is less than recommended to stay on a factor (Schreiber, 2021). However, once the content of the questions was assessed and theoretical evidence was presented to support the significance of the concept of “relationship formation” in social work, the factor was retained in the study. In exploratory factor analysis, this kind of procedure is optional.

The internal reliability of the PSWCS-30 was checked; the Cronbach's alpha was 0.995, indicating strong internal reliability. Additionally, the Cronbach's alpha internal consistency was calculated for each competence dimension, to confirm that the variables for a factor assessed measured similar entities that could be legitimately grouped together. The study's subscale reliability values, which ranged from $\alpha = 0.858$ to $\alpha = 0.911$, were good. The interval consistency of the items supporting their usage in a summated scale is supported if the Cronbach's alpha for exploratory research is 0.60 or above (Table 15).

Table 15. The PSWCS-30 descriptive characteristics.

Q ^a	Item	Construct/Competency*	Mean	Loading	% of variance	Cronbach Alpha
		Factor 1 Consultation Skills			43.55	$\alpha = 0.911$
24	TIS	Teaching clients how to accomplish tasks more effectively	3.93	0.873		
23	TIS	Teaching clients how to manage their own problem behaviours	3.87	0.865		
22	TIS	Showing clients how to reward themselves for progress with problems	3.92	0.838		
25	TIS	Teaching clients how to monitor their own behaviours	4.09	0.781		
10	PKD	Identifying your own learning needs	4.09	0.772		
26	TIS	Collaborating with clients on plans to help them cope with occasional relapses of a problem	4.01	0.752		
12	PKD	Making plans to increase your own learning opportunities	4.06	0.737		
		Factor 2 Emotional Support Skills			8.011	$\alpha = 0.879$
46	PVE	Demonstrating respectful behaviour for various cultural norms, values systems, ethics, and moral beliefs in interactions with colleagues and client groups	4.30	0.818		
33	SS	Pointing out successes in order to increase self-confidence	4.35	0.816		
31	SS	Providing emotional support for clients	4.33	0.815		
32	SS	Helping clients feel like they want to open up	4.28	0.791		
47	PVE	Being accountable to the client system, the agency, and the profession	4.31	0.771		
20	TIS	Gentle probing to help them uncover troubling feelings	4.13	0.700		
		Factor 3 Case Management Skills			6.036	$\alpha = 0.899$
38	CMS	Networking with agencies to coordinate services	4.30	0.916		
37	CMS	Providing information about other services available to clients	4.41	0.899		
36	CMS	Making referrals to other services	4.35	0.886		
		Factor 4 Professional Resilience Skills			4.484	$\alpha = 0.884$
15	PRD	Managing the feelings you have when clients or their families blame you for things going wrong	3.83	0.913		
14	PRD	Managing the feelings that you will have when working with clients experiencing emotional and psychological distress	3.90	0.883		
16	PRD	Managing the feelings you have when team members from other disciplines blame you for things going wrong	3.75	0.882		
		Factor 5 Retrospective Consultation Skills			4.216	$\alpha = 0.890$
18	TIS	Helping clients to learn from past attempts to solve problems	4.05	0.901		

17	TIS	Helping clients to learn from past experiences	4.05	0.894		
19	TIS	Exploring with clients how past relationships contribute to the understanding of current problems	4.12	0.820		
Factor 6 Team Working Skills					3.991	$\alpha = 0.858$
6	TW	Working with agency staff	4.42	0.914		
7	TW	Working with field supervisor	4.28	0.895		
8	TW	Working with other professionals	4.31	0.812		
Factor 7 Community Work Skills					3.423	$\alpha = 0.893$
43	CWS	Conducting particularly collaborative and participatory action research with members of the community	3.58	0.949		
44	CWS	Monitoring and evaluating in the community	3.56	0.932		
40	CWS	Assessing at the level of the community	3.81	0.804		
Factor 8 Relationship Formation Skills					3.36	$\alpha = 0.882$
1	RF	Establishing contact with clients	4.44	0.940		
2	RF	Forming working relationship with clients	4.46	0.925		
Total variance explained					77.071	$\alpha = 0.955$

*Renamed after interpretative analysis

^a Question from original PSWCS (48 questions-items)

Extraction Method: Principal Component Analysis.

Rotation Method: **Promax** with Kaiser Normalisation.

^a Percentage of variance each factor explains.

TIS - therapeutic and insight skills; CWS - community work skills; SS - supportive skills; PRD - professional resilience development; TW - team working; CMS - case management skills; RF - relationship formation; PKD - professional knowledge development; PVE - professional values and ethics.

All final communalities were 0.617 or higher (mean 0.770), and the final questionnaire included 30 questions loaded into eight factors, accounting for 77.071% of the total variation in the variables included for the factors. A scree plot (Figure 4) displaying eight components with eigenvalues greater than one verified the PSWCS-30's structure.

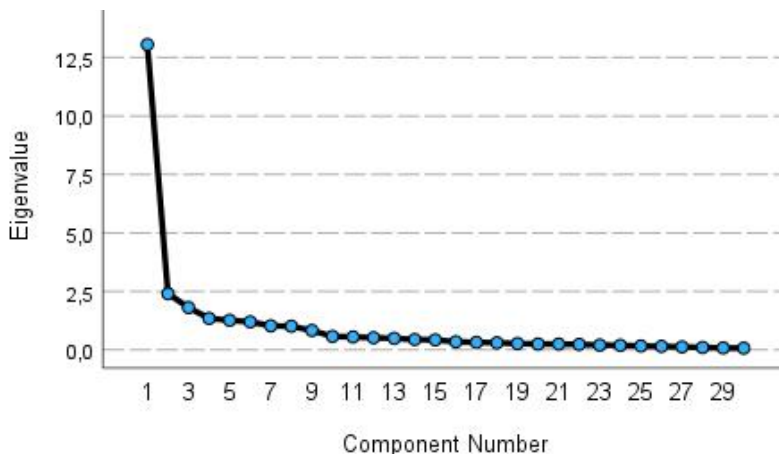


Figure 4. Scree plot showing the eigenvalues for the PSWCS-30.

Additionally, an ANOVA (using a generalised linear model) analysis was used to evaluate known-group validity. It examined the overall impact on the PSWCS dimensions of several social worker characteristics (education, total SAAPPQ score, and five SAAPPQ subscales dichotomised at a value greater than the median). The effects are presented as p-values, F-statistics, and their associated degrees of freedom (F1,147) (Table 16).

Table 16. Discriminant validity of PSWCS-30, Analysis of variance by factors (F_{1,147} statistic).

Worker's characteristics		PSWCS-30 factors (competence)							
		1	2	3	4	5	6	7	8
Degree of education (B; M)	F	1.900	1.153	0.417	0.847	0.977	1.599	0.543	3.292
	P	0.170	0.285	0.520	0.359	0.325	0.208	0.462	0.072
SAAPPQ (2 categ)	F	10.408	2.984	1.608	8.020	7.752	5.712	0.014	14.732
	P	0.002	0.086	0.207	0.005	0.006	0.018	0.905	0.000
Age group	F	1.223	0.507	0.976	0.884	1.045	1.453	1.090	0.572
	P	0.298	0.603	0.380	0.415	0.355	0.238	0.339	0.566
Role adequacy ^a	F	37.243	13.749	19.836	28.693	13.828	8.888	8.079	27.739
	P	0.000	0.000	0.000	0.000	0.000	0.003	0.005	0.000
Role legitimacy	F	13.329	11.818	11.407	9.951	6.402	4.448	1.184	14.025
	P	0.000	0.001	0.001	0.002	0.012	0.037	0.278	0.000
Motivation	F	5.387	2.225	0.560	1.790	1.874	0.300	0.035	2.315
	P	0.022	0.138	0.455	0.183	0.173	0.585	0.852	0.130
Task-specific self-esteem	F	2.643	0.220	1.590	0.515	1.301	0.003	0.699	1.712
	P	0.106	0.640	0.209	0.474	0.256	0.960	0.404	0.193
Work satisfaction	F	5.857	4.510	0.614	4.477	2.845	0.195	2.638	1.921
	P	0.017	0.035	0.435	0.036	0.094	0.660	0.106	0.168
Role security	F	21.713	11.918	14.967	20.101	16.164	8.966	0.669	20.087
	P	0.000	0.001	0.000	0.000	0.000	0.003	0.415	0.000
Therapeutic commitment	F	4.216	1.743	1.801	4.591	2.929	2.293	0.003	5.127
	P	0.042	0.189	0.182	0.034	0.089	0.132	0.956	0.025

Degree of education (B; M): 0 = bachelor's; 1 = master's

SAAPPQ: negative vs. positive

Age group: <34; 35-46; 47+ years

^a all SAAPPQ subscales are dichotomised at cut point >Md

The findings indicate that Lithuanian social workers perceive themselves to possess a combination of procedural and meta-competencies with field-specific characteristics when working with individuals experiencing alcohol use problems. In this sample, eight distinct competence dimensions emerged: case management, consultation, emotional support, professional resilience, retrospective consultation, teamwork, community service, and relationship building. These results underscore the complexity of social work in this area and highlight the need for a multifaceted skill set to effectively support clients.

Furthermore, the Lithuanian version of the PSWCS-30 demonstrated a high level of internal reliability, indicating that the items consistently measure the intended construct. This suggests that the scale may be a valuable tool for both practice and educational settings, offering a structured means of assessing and developing professional competencies in social work with individuals affected by alcohol use.

6. DISCUSSION

6.1. Exploring social work with individuals having alcohol usage problems in Lithuania: from context and practical elements to professional Use of Self

Social work was officially recognised as a profession in Lithuania in 1995. A year later, the Law on Social Services of the Republic of Lithuania laid the foundation for the development of the field and the expansion of social services across the country. Over time, social work in Lithuania has evolved from a micro-level public sector role—primarily focused on supporting the elderly, children, and individuals with disabilities—into a more macro-level profession that engages in social innovation and broader societal issues. However, the profession remains in a state of development and continues to require ongoing professional education (Adomaitytė-Subačienė, 2023). To enhance both social work education and practice, the integration of field-specific knowledge is essential.

One such area, which is gaining international attention but remains under-researched in Lithuania, is social work with individuals who struggle with alcohol use. International studies have shown that social workers often fail to recognise the signs of problematic alcohol use or underestimate its prevalence (Anderson et al., 2009; Dance et al., 2014). Scholars have also noted that social work education and practice frequently lack the necessary knowledge, skills, and confidence to address substance use effectively (Galvani & Allnock, 2014; Galvani et al., 2012). As a result, there is a growing consensus that improved education is needed to support field-specific knowledge. This includes analysing the role of social workers in this area, exploring various intervention approaches, and re-evaluating professional attitudes—all of which can contribute to enhancing practitioners' expertise when working with individuals who use alcohol problematically (Amodeo, 2000).

Accordingly, the primary aim of this dissertation is to describe social work with individuals experiencing alcohol use problems in Lithuania. This is achieved by examining the national context of alcohol consumption, identifying the methods, services, and practices used in social work, and analysing the challenges encountered in this field. Additionally, the dissertation investigates social work practice through the lens of the Use of Self by exploring professional attitudes and field-specific competencies.

The organisation of the results discussion is guided by Pettigrew's (1988) model, which emphasises the importance of analysing context, content, and process

as foundational elements of change theory in health and welfare systems. This framework serves as the unifying structure for the dissertation, as the social and health sectors are closely interconnected—particularly in the context of alcohol use. The context–content–process matrix is therefore highly relevant to this research (see Figure 5).

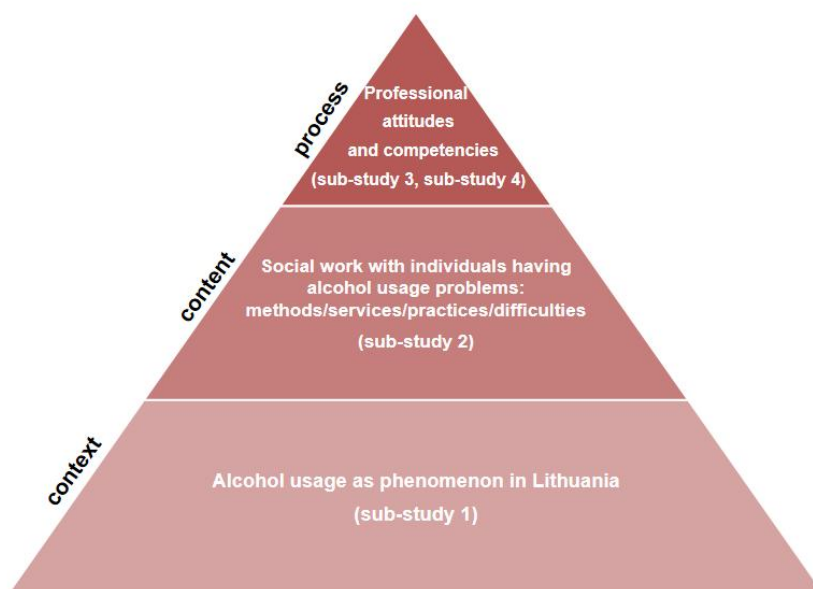


Figure 5. The context, content and process matrix.

According to the context–content–process matrix, sub-study 1 provided a narrative overview of the alcohol consumption phenomenon in Lithuania during the first three decades of the country’s independence. Sub-study 2 explored the content of this specific area of social work by examining the methods, services, practices, and challenges encountered when working with individuals experiencing alcohol use problems. Together, these two sub-studies established the broader societal and professional context and content and positioned the research within the national landscape of alcohol-related issues.

The subsequent quantitative sub-studies focused on the process dimension of social work, specifically through the lens of the Use of Self. Sub-study 3 examined professional attitudes, while sub-study 4 assessed field-specific competencies based on Bogo’s (2006, 2018) holistic competence model. Importantly, these internal dimensions of practice—attitudes and competencies—only emerge through the dynamic process of social work, which involves both the professional and the client in interaction. In this sense, the Use of Self is inherently relational: it manifests externally in the relationship between the social worker and the client (on both

individual and societal levels), and internally through the professional's thoughts, beliefs, attitudes, and values. Thus, the integration of context, content, and process analysis not only revealed the unique characteristics of social work in this field but also provided a structured framework for its further development.

6.2. The context of alcohol consumption in Lithuania

Alcohol consumption as a phenomenon in Lithuania (sub-study 1) was analysed through the lens of social constructivism, which posits that knowledge is constructed by individuals living in specific places, times, and social contexts, rather than being derived from an objective reality (Burr, 2015). This theoretical approach enabled the examination of alcohol consumption as perceived and explored by individuals living in Lithuania during distinct historical and societal periods.

The political, social, and economic instability following Lithuania's independence in 1990 was reflected in the earliest article included in the narrative synthesis, which emphasised the urgent need for an alcohol control policy (sub-study 1; Jakubonienė, 1998). After transitioning from the Soviet Union, Lithuania faced the challenge of reestablishing its national identity and political structure. The absence of governmental regulation, high unemployment, declining living standards due to industrial collapse (Jurėnienė & Jurėnė, 2018), and widespread social issues such as migration, divorce, and hopelessness (Cornia & Paniccià, 2000) contributed to increased rates of crime, alcohol use, suicide, and mortality. These factors, along with elevated mortality from cardiovascular and liver diseases, may be explained by the psychological stress experienced by Lithuanian society during this period.

Despite significant policy efforts, alcohol consumption remains a major public health concern in Lithuania. While recent interventions have led to a decline in overall consumption, Lithuania's alcohol use levels still exceed the European average (OECD, 2023; Department of Drug, Tobacco and Alcohol Control, 2022). This is further supported by more recent context analyses introduced in sub-studies 2 and 3, which show that alcohol use is closely linked to various health conditions, including cancer, liver cirrhosis, and coronary heart disease (Radišauskas et al., 2021; Rovira et al., 2022). In 2020, alcohol was estimated to contribute to 7% of all deaths in Lithuania (Department of Drug, Tobacco and Alcohol Control, 2022), and excessive alcohol use has also been associated with the country's high suicide rate (Dambrauskienė et al., 2019).

Alcohol's impact on families is also significant. According to the 2015/2016 Evaluation Report on Alcohol Consumption Consequential Damages in Lithuania, nine out of ten children in custody came from homes with alcohol abuse, half of all families considered "at risk" involved alcohol misuse, and six out of ten violent crimes in domestic settings were committed by intoxicated individuals (Štelemekas

et al., 2019). These findings underscore the prevalent societal challenges posed by alcohol consumption and the unique difficulties faced by social workers in this context.

The second timeline (2000–2009) examined in sub-study 1 revealed a research focus on the sociodemographic characteristics of alcohol users, particularly youth. Studies during this period explored the prevalence and patterns of alcohol use among school-aged children, adolescents, and university students. Given the high rates of youth alcohol consumption, social workers should pay close attention to cases involving children, especially considering the fact that parental drinking is strongly correlated with early alcohol use (Yang et al., 2023).

This result accompanies the results of sub-study 2 where family consultation is a frequently used practice in this area. According to sub-study 2, 45% of participants reported “always” consulting families, and 33% reported doing so “often” when working with individuals experiencing alcohol use problems. Based on data indicating high alcohol consumption within Lithuanian families (Petrauskienė et al., 2007; Štelemekas et al., 2021) and among youth (Merfeldaitė et al., 2019), it can be concluded that alcohol use contributes to family-related issues such as behavioural and psychological problems, and may continue alcohol misuse across generations.

Although this study did not specifically examine social work with youth experiencing alcohol use problems, the high prevalence of alcohol consumption among school-aged individuals (sub-study 1), the correlation between parental and child drinking (Yang et al., 2023), and the psychological and emotional harm caused by alcohol abuse (Christensen & Bilenberg, 2000) suggests that social workers should remain alert to identifying and addressing alcohol-related issues among children. This is particularly important when working with families at risk.

A possible illustration of this need could be regarded to the information gap between school professionals and social workers as presented by Goštautaitė-Midttun, 2017 study. Schools are a primary environment for children, and municipal social workers are responsible for planning and delivering social support within family settings Goštautaitė-Midttun, 2017. However, one Lithuanian study found that only 3% of school professionals—including teachers, social pedagogues, psychologists, and health specialists—reported awareness of child alcohol abuse (Izokaitis & Stonienė, 2017), despite data showing that 33% of 13-year-old Lithuanian schoolchildren had consumed alcohol (ESPAD, 2019). This highlights the importance of collaboration between school services and social workers to identify and support children affected by alcohol use.

To continue, sub-study 1 also revealed a shift in research focus during the 2010–2019 period, with increased attention to the negative consequences of alcohol consumption, including disease, mortality, and mental health. Studies began to explore lifestyle and sociodemographic factors influencing alcohol-related behaviour, as well as protective and motivational elements that may discourage

alcohol use. For instance, in addition to its established links to various cancers (Everatt et al., 2012; Kuzmickienė et al., 2013), liver and cardiovascular diseases, and overall mortality (Grigoriev et al., 2017; Sapranavičiūtė-Zabazlajeva et al., 2017), alcohol consumption has also been examined as a risk factor for mental health issues. Excessive alcohol use has been associated with depression, suicidal ideation, and reduced psychological well-being (Bunevičius et al., 2014; Dambrauskienė et al., 2019; Sapranavičiūtė-Zabazlajeva et al., 2017). As a result, the narrative syntheses contribute to a deeper understanding of the interconnection between alcohol abuse and its mental and physical health consequences, as well as the broader circumstances surrounding these issues when working with clients in diverse social work settings.

Additionally, sub-study 1's narrative synthesis in the third decade of analysis (2010–2019) revealed a growing attention on the psychological and motivational aspects of alcohol abuse. For instance, it was found that religious beliefs and health consciousness significantly influence individuals' intentions to purchase alcohol (Sinkevičius, 2016). Additionally, among patients with alcohol dependence, emotional expressivity—the ability to recognise, understand, regulate, and appropriately express emotions—was shown to increase motivation to abstain from alcohol (Slavinskienė & Žardeckaitė-Matulaitienė, 2014). These findings suggest that during this period, Lithuanian researchers increasingly concentrated on behaviour modification and prevention, as well as on the analysis of alcohol's detrimental effects on mental and physical health. They also explored strategies for prevention, treatment, and support. Therefore, the third decade of alcohol consumption research in Lithuania emphasised the potential goals of intervention with clients—particularly focusing on emotional regulation and motivation as key components of effective support.

Finally, according to sub-study 1, a key takeaway from the third decade of research (2010–2019) is the growing focus on evaluating alcohol policies and their potential effects on alcohol consumption in Lithuania (Paukštė et al., 2014; Rehm et al., 2019; Sauliūnė et al., 2012; Štelemekas et al., 2019). The authors documented the success of evidence-based alcohol control measures implemented in Lithuania, including the 2008 alcohol ban, which introduced restrictions on advertising and availability, alongside tax increases. These measures were associated with a reduction in alcohol-related injuries (Sauliūnė et al., 2012). Furthermore, studies have shown that evidence-based public health policies related to alcohol and tobacco use have gradually gained political support (Štelemekas et al., 2019).

As noted, the results of the narrative synthesis (sub-study 1) showed that the last decade (2010–2019) was characterised by a focus on implementing and evaluating policy strategies. However, none of the reviewed articles explored the role of social work at the policy level. This absence may be understandable, given that social work as a profession was only formally established in Lithuania in 1995, and it takes time to assert its role in political and policy-making spheres.

This is consistent with the findings of sub-study 2, which indicate that Lithuanian social workers rarely employ secondary social work methods—such as social welfare administration, social action, or social research—when addressing alcohol use. These methods are intended to supplement direct practice by addressing client issues indirectly (Chukwu, 2019). Therefore, the use of secondary methods in substance abuse work has long been acknowledged at the policy level. For example, social workers have been recognised as leaders and consultants in the field of substance use disorders through their involvement in treatment planning, legislative advocacy, and research (NASW, 2013).

Nevertheless, the American Academy of Social Work and Social Welfare (2015) has identified the reduction and prevention of alcohol misuse as a major challenge for the profession. To address this, scholars have called for social workers to take the lead in coordinating multidisciplinary efforts, advancing scientific initiatives, and participating in policymaking (Begun & Clapp, 2016). Similarly, a recent study by Singwane and Ramoshaba (2023) emphasised the importance of including social workers in policy forums to improve addiction management. As a result, these findings highlight the need to strengthen the role of social work in policy-making and multidisciplinary collaboration to more effectively address alcohol use and foster systemic change.

6.3. The content of social work with individuals having alcohol usage problems: methods, services, practices, difficulties

The context description in the previous sub-chapter provided insight into the societal environment in which social work with individuals struggling with alcohol use operates. In brief, following the economic, political, and psychological turbulence associated with the country's transition from the Soviet Union, the effects of heavy alcohol consumption became evident. These effects included severe negative impacts on physical and mental well-being, family functioning, increased alcohol consumption among youth, and the absence of alcohol control policies—factors that eventually led to the gradual development of such policies.

As previously mentioned, sub-study 2 revealed the low application of secondary methods—such as social action, welfare administration, and social research—in social work with individuals struggling with alcohol use. These methods are essential for promoting policy engagement and structural change, which are critical for addressing the systemic roots of substance use issues rather than focusing solely on individual-level interventions. In fact, professional standards emphasise that social workers should actively engage in policy advocacy, interdisciplinary leadership, and research to improve addiction treatment and influence systemic change (NASW, 2013). Nevertheless, given the relatively recent establishment of social work as

a profession in Lithuania and the evolving national alcohol control policy, this limited use of secondary methods may reflect broader systemic and political factors influencing the profession's development

Yet, promoting social workers' active involvement in policy processes and structural social work—aimed at addressing the root causes and systemic determinants of social problems—is essential for strengthening the profession as a whole, not only in the context of supporting individuals with alcohol use issues. The newest international studies show rather low engagement in policy development or efforts to address systemic causes (Burzlaff et al., 2025), which is consistent with Kallio et al. (2023) and supported by Saxena and Chandrapal (2022), indicating the importance of preparing future professionals for policy engagement and structural social work—an area that remains underdeveloped in Lithuanian practice. This is particularly relevant in the field of substance use, where social workers are expected not only to provide direct support but also to advocate for systemic change and collaborate across disciplines to influence policy (NASW, 2020).

Following this, the primary findings of sub-study 2 also indicated that Lithuanian social workers predominantly employ the individual case method when assisting clients with alcohol abuse issues. In addition to this, the most commonly utilised services include information provision, consultation, mediation, and representation (sub-study 2). This is understandable within the context, as the individual case method—one of the earliest approaches in social work—offers direct, personalised support in a specific setting (Chukwu et al., 2019). It enables a deep understanding of an individual's needs and life circumstances (Parmar, 2014) and remains a fundamental strategy for addressing a wide range of client problems, relying heavily on the relationship between the social worker and the client (Pivoriene & Abeciunaite, 2010). The social worker builds a supportive relationship, assesses the client's needs and resources, determines the most appropriate course of action, and assists in resolving the issue through ongoing observation and adjustment (Pivoriene, 2007). Given that this method provides a foundation for relationship-building—essential for client empowerment—it is reasonable that Lithuanian social workers rely on the individual case method when working with clients who struggle with alcohol use. However, according to the further results of sub-study 2, Lithuanian social workers rarely employ group or community methods, despite their recognised value in international research on alcohol abuse (Uranta & Ogbanda, 2017; SAMHSA, 2022; Wells et al., 2013). Group methods are particularly effective in addiction-related work, as they enhance individuals' self-awareness by fostering communication changes through peer evaluation of reality (Uranta & Ogbanda, 2017). Group therapy also promotes the development of social relationships among alcohol-dependent individuals, their family members, and co-workers (Ibrahim & Ibrahim, 2022). Sharing personal experiences and collaboratively seeking solutions is beneficial for individuals facing similar challenges and supports the acquisition of new social skills (Wells et al., 2013).

Additionally, the limited use of community-based methods is particularly concerning, as Wolf et al. (2018) emphasise that recovery extends beyond the therapist's office and occurs within communities, where individuals experiencing substance abuse benefit from the support of certified social workers. Community involvement creates a healing and restorative environment for those attempting to overcome addiction (Wolf et al., 2018). Furthermore, recent guidance on community participation in substance use prevention systems (SAMHSA, 2022) highlights that community engagement integrates the skills, knowledge, and experiences of diverse groups to develop and implement solutions that benefit all community members. Engaging stakeholders—including individuals with substance use issues, families, youth organisations, schools, local and state governments, public health organisations, and medical facilities—in needs assessments, prevention planning, capacity building, and the implementation and evaluation of evidence-based approaches is essential in the community's response to substance abuse (SAMHSA, 2022). Therefore, promoting the use of group and community methods in social work with individuals struggling with alcohol use in Lithuania appears both reasonable and necessary.

Moreover, the findings of sub-study 2 regarding the limited use of group and community methods align with the results of sub-study 4, which revealed that social workers perceive themselves as having lower competence in community work. Specifically, the mean values for perceived community work skills were the lowest among all assessed competency categories (sub-study 4). To foster the development of community competence and increase the application of community work methods with individuals experiencing alcohol use problems, it is important to explore the underlying reasons for the limited use of these methods in Lithuanian social work practice and identify what is needed to build greater confidence in this area.

One possible explanation for the limited application of community-based methods (as observed in sub-study 2) and the lower self-assessed competence in community work (as noted in sub-study 4) is the relatively recent formal recognition of macro-level social work in Lithuania. This dimension of practice was formally established only in 2022 through the revised Law on Social Services of the Republic of Lithuania, which expanded the definition of social work to include responsibilities related to community-level social change, community engagement, and the implementation of various social work domains. It also positioned social workers as active participants in the execution of social policy (Law on Social Services of the Republic of Lithuania, 2022, art. 20). This legislative development marks a significant broadening of the scope and professional responsibilities of social workers in Lithuania which is still relatively new.

Although the community aspect of social work was acknowledged in the original Law on Social Services of the Republic of Lithuania (2006), the focus at that time was primarily on the provision of services aimed at preventing social problems among

individuals, families, and communities, and promoting social security (Law on Social Services of the Republic of Lithuania, 2006). Therefore, this can be seen as a natural reflection of the relatively young age of social work as a profession in Lithuania, which is still undergoing significant development and professional expansion. Lastly, findings from sub-study 2 indicate that the most significant challenge in working with individuals experiencing alcohol use problems is their lack of motivation to change. Supporting unmotivated clients is inherently complex, yet motivation remains a critical factor that all helping professionals must address. To address clients' motivation to change alcohol use behaviour, it is crucial to examine the underlying reasons for drinking (Glavak Tkalić et al., 2013) and tailor interventions to the client's stage of change (DiClemente & Hughes, 1990; Kim et al., 2007). In this context, motivational interviewing has emerged as a key intervention strategy within social work practice, particularly in the field of substance use (Hodorowicz et al., 2020; Munoz et al., 2019; Putney et al., 2017; Sacco et al., 2019). Consequently, motivational interviewing—which is both highly effective and well aligned with social work values—is recognised as a key evidence-based practice in working with individuals experiencing alcohol-related issues (Boyle et al., 2019; Wahab, 2005). Therefore, equipping social workers with the knowledge and practical skills of motivational interviewing is essential—not only to overcome one of the primary barriers to behavioural change in alcohol misuse, but also to enhance the effectiveness of interventions by fostering client engagement and readiness for change.

6.4. The process of social work with individuals having alcohol usage problems: the Use of Self framework in terms of professional attitudes

According to Galvani and Forester (2018), social workers play a crucial role in identifying alcohol use problems and are key professionals in supporting both individuals and communities affected by alcohol-related issues. Therefore, it is essential not only to strengthen knowledge and expertise in this area but also to examine professionals' attitudes toward working with individuals experiencing alcohol use problems, as these attitudes can significantly influence the quality and effectiveness of support.

Despite the increasing global focus on stigma and negative perceptions among health and social care providers (Hayek et al., 2024), there is a notable lack of research on social workers' attitudes toward individuals with alcohol use problems in Lithuania. Sub-study 2 aimed to address this gap by pursuing two objectives: first, to explore the composition of Lithuanian social workers' attitudes toward these clients; second, to promote ongoing self-awareness as a core element of the professional Use of Self. Attitude research is important, as it contributes to deeper self-awareness—a

foundational component of the Use of Self. This self-awareness emerges through relational processes and plays a vital role in facilitating meaningful change.

Addressing social workers' attitudes is particularly important because negative attitudes can hinder the entire helping process. For example, they may impair collaboration with clients (Boekel et al., 2013), disrupt the development of effective therapeutic relationships (Anderson et al., 2004), reduce professionals' willingness to engage with alcohol-related issues (Skinner et al., 2005), and diminish the motivation to assist clients (Van Boekel et al., 2014). Pacher (2019) further argues that social workers may project their own negative attitudes onto clients, resulting in inadequate support for individuals experiencing substance use problems. Such attitudes are widely recognised as barriers to effective professional engagement (Galvani & Hughes, 2010; Hutchinson et al., 2013). Similarly, De Vargas et al. (2020) argue that assessing professionals' attitudes is a key strategy for improving the quality of care for this client group.

It is also important to assess professional attitudes in order to safeguard against the widespread stigma surrounding alcohol misuse. Despite significant policy efforts, stigma remains prevalent—not only among individuals with substance use problems but also within broader society and among various healthcare professionals (Boekel et al., 2013; Giandinoto et al., 2018; Galvani & Forester, 2010). This stigma contributes to increased discrimination, acting as a substantial barrier to both seeking and providing help (Busque-Carrier et al., 2022; Mekonnen et al., 2021; Kelly & Westerhoff, 2010).

Importantly, alcohol use problems are among the most stigmatised conditions, and the associated stigma causes additional harm to those affected (Morris & Schomerus, 2023). A recent scoping review revealed that between 20% and 51% of social workers and other health professionals hold stigmatizing attitudes toward individuals with addiction (Cazalis et al., 2023). In response, international research has increasingly focused on provider stigma interventions, highlighting the effectiveness of educational strategies and the importance of direct contact with individuals in recovery (Bielenberg et al., 2021).

In line with the global context, results from sub-study 2 indicate that Lithuanian social workers rated their own motivation to work with clients experiencing alcohol-related issues as one of the lowest among the assessed attitude domains. This is concerning, as professional motivation is closely linked to work engagement and personal well-being (Putra et al., 2016; Shkoler & Kimura, 2020; Smith & Shields, 2013; Trépanier et al., 2020). While multiple factors may influence motivation, stigmatizing beliefs—such as attributing blame to clients or perceiving them as lacking motivation—can contribute to reduced willingness among social workers to engage meaningfully with this population (Cazalis et al., 2023).

However, it is important to recognise that professional motivation is shaped by both intrinsic and organisational factors. Ryan and Deci (2000) note that

external pressures such as deadlines, rigid evaluations, and imposed goals can diminish intrinsic motivation, whereas positive feedback, meaningful tasks, and the absence of dehumanizing attitudes can enhance it. Similarly, Van den Berg et al. (2013) emphasise that intrinsic motivation can be fostered through professional development and autonomy. Therefore, the low motivation scores observed in sub-study 2 may also reflect institutional or personal challenges that Lithuanian social workers face in their daily practice.

Another contributing factor to lower attitudes in the motivation domain could be due to role ambiguity in social work with individuals having alcohol usage problems. This could be defined as a lack of clarity regarding the actions required to achieve individual goals, which can hinder employees' understanding of their responsibilities and creating uncertainty about how to meet performance expectations—ultimately reducing motivation (Rodriguez et al., 2018). In Lithuania, role ambiguity is a broader issue affecting the social work profession overall, exacerbated by shifting laws and policies, limited resources, complex societal challenges, and the absence of clear solutions. The wide range of client groups and circumstances that Lithuanian social workers must address contributes to diverse responsibilities, which can intensify professional expectations and potentially compromise the effectiveness of care provided to individuals and communities (Rimkus, 2015).

This issue becomes even more pronounced in the context of social work focusing on alcohol use. For example, Tamaliūnaitė (2022) reports that there is currently no legal framework in Lithuania mandating social worker consultations for individuals with alcohol use problems. There are no official statistics on consultations or social services provided to this client group, nor is there a consistent approach to working with them (Tamaliūnaitė, 2022). Therefore, it could be assumed that when professionals lack clear guidance on appropriate interventions or role expectations, their motivation to engage with this population may be significantly diminished.

Moreover, the literature consistently highlights that working with individuals who have alcohol use problems is a stressful and demanding area of social work (Grant & Kinman, 2020; Tucker et al., 2020). Contributing factors include high emotional strain and burnout risk (Baldwin-White, 2014), frequent relapse and resistance to change among clients (Tucker et al., 2020), and strained interpersonal relationships due to inadequate communication or lack of positive feedback (Gudzinskienė et al., 2021). As such, the combination of working in a challenging and sensitive field without clearly defined role functions, alongside the clients' lack of motivation to change, may place social workers in particularly demanding professional circumstances.

To continue, sub-study 3 indicated that another factor closely related to the motivation-related attitude domain—work satisfaction—was rated the lowest among all attitude domains in this study. According to Weiss (2002), work satisfaction refers to the degree to which an individual feels content with their

job, particularly in relation to whether professional standards and job values are being met. It is fostered through growth and goal-oriented behaviour, supported by a professional's confidence in their ability to perform tasks within their area of expertise (Granziera & Perera, 2019). Research shows that employees' motivation to deliver high-quality services is strongly influenced by their job satisfaction and perceptions of their work environment (Safadi, 2019).

Low work satisfaction can result from various factors, including salary (Schweitzer et al., 2013), workplace flexibility (Marmo & Berkman, 2020), job demands and quality (Geisler et al., 2019), coworker support (Marmo & Berkman, 2020), and professional burnout (Gómez-García et al., 2020). Whereas among factors that raise work satisfaction are knowledge and information management (Alias et al., 2018), team culture and role support (Skinner et al., 2005), autonomy, supervision, and opportunities for professional development (Smith & Shields, 2003; Van den Berg et al., 2013), as well as organisational interventions aimed at enhancing psychological need satisfaction (Busque-Carrer et al., 2021). These factors collectively shape social workers' job satisfaction and, in turn, their motivation.

Despite lower ratings in the motivation-related and work satisfaction attitude domains, sub-study 3 found that role legitimacy was the most positively rated attitude domain among Lithuanian social workers. This is a significant finding, as role legitimacy reflects the belief that one has the right and appropriateness to work with individuals experiencing alcohol use problems. It is considered a key component—alongside role adequacy—in effective substance use practice (Skinner et al., 2005). As Loughran et al. (2010) note, role legitimacy is particularly important in professions like social work, where addressing substance use is not always a central focus, yet often occurs simultaneously.

Historically, social workers encountering clients with alcohol or substance use problems often did not treat these issues as primary concerns. Instead, such problems were considered outside the scope of their responsibilities and were typically referred to other professionals (Hohman et al., 2006). This question of professional responsibility remains relevant today. Hafford-Letchfield et al. (2017) found that social workers often experience uncertainty about when and how to intervene, particularly in cases involving less severe alcohol use. This suggests that role legitimacy continues to shape professional behaviour and influences decisions about whether and how to engage with clients experiencing alcohol use problems.

To continue, the findings of sub-study 3 demonstrated that in terms of two latent attitude domains, role security (91.1% above the midpoint) was higher than therapeutic commitment (64.4% above the midpoint). This suggests that Lithuanian social workers feel psychologically secure in their roles—believing they possess the knowledge, skills, and responsibility to address alcohol use problems—but show comparatively lower dedication to working with this client group. Therapeutic commitment, defined as a practitioner's willingness and motivation to engage with

clients experiencing substance use issues, is a critical factor that shapes professional behaviour and influences intervention decisions (Amodeo, 2000). As Cartwright (1980) argued, enhancing therapeutic commitment can improve the effectiveness of responses from non-specialist professionals.

Given the importance of therapeutic commitment, it is valuable to explore factors that may influence it—particularly education, which can shape not only professionals' working methods and interventions, but also attitudes. For instance, sub-study 3 found that social workers with a master's degree, who are typically considered more knowledgeable, demonstrated more favourable attitudes in several domains. These professionals reported higher levels of work satisfaction and showed greater willingness to engage with clients experiencing alcohol use problems also. This finding is particularly relevant in the Lithuanian context, where both work satisfaction and therapeutic commitment were among the lowest-rated attitude domains in the sample.

The results of sub-study 3, indicating that the education level significantly correlates with such attitude domains as work satisfaction and willingness to engage with clients experiencing alcohol usage problems, could be explained by several factors. Firstly, it could be assumed that continuing education at the master's level provides social workers with more knowledge and practice opportunities, which in turn might increase their professional confidence while working. For instance, Holden et al. (2002) showed that overall social work students' confidence increased over time and was associated with educational experiences, implying that opportunities to continue studying help build higher confidence later. In other words, confidence has been identified as a positive outcome of social work education.

Accordingly, a study by Bogo et al. (2017) revealed that application of knowledge, emotional self-regulation, and relational skills were key factors influencing social workers' confidence. This supports the idea that continued education at the master's level fosters those skills and possibly contributes to confidence in practice. The same study also emphasised that social work education focusing on self-awareness and emotional regulation helps students manage high-anxiety clinical situations (Bogo et al., 2017) —one of which was investigated in this PhD research, namely working with individuals experiencing alcohol usage problems. Therefore, it could be stated that the more opportunities students have to integrate knowledge with reflective practice, the better equipped they are for professional challenges.

The results of this study are in line with international studies regarding the effect of education on attitudes towards substance abusing clients. For instance, research by Richmond and Foster (2003) revealed that social workers and nurses educated to a postgraduate level were less moralistic in their approach and had greater treatment optimism than non-graduates. Seinreich and Strausnerr's (2013) research demonstrated that master's-level social work students who took a course on substance abuse, worked in substance abuse-related settings, or received non-

academic training on substance abuse demonstrated more positive attitudes (total attitude score) towards individuals who struggled with alcohol use. Nguyen et al. (2020) found that when social work students had more knowledge about drugs and drug-related issues, they were more motivated to work with drug users. Perhaps more educational experience also contributes to the higher willingness to engage with clients experiencing alcohol usage problems, as shown in this research, because continuing education at the master's level offers more possibilities not only to build knowledge and increase self-awareness but also to strengthen one's professional identity and resilience. The fact that this research did not stratify educational institutions in regard to the modules taught only reinforces the finding that continued education at the master's level enhances professionals' attitudes while working with individuals experiencing alcohol usage problems. Naturally, analysing the course settings and underlying factors in more depth would be useful to better understand the mechanisms that link education and professional attitudes.

6.5. The process of social work with individuals having alcohol usage problems: the Use of Self framework in terms of perceived professional competencies

The Use of Self refers to the effective and intentional application of social work values, knowledge, and skills to enhance a client's well-being (Kaushik, 2017). Similarly, social work competence is defined as "the ability to integrate and apply social work knowledge, values, skills, and cognitive and affective processes to practice situations in a culturally responsive, purposeful, intentional, and professional manner to promote human and community well-being" (Estreet & Gomez, 2021). It should be noted that these two definitions are theoretically interconnected, particularly through the well-established social work triangle of knowledge, skills, and values. Therefore, this study is grounded in the assumption that the Use of Self and professional competence in social work are closely related constructs.

According to Bogo's (2006) theory of holistic competence, professional competencies extend beyond procedural skills—such as interviewing, communication, and assessment—to include a meta-competence level. This higher level encompasses cognitive, critical, and self-reflective capacities. Bridging procedural and meta-competencies requires self-awareness, which is widely recognised as a foundational element of competent social work practice (Kondrat, 1999). Some scholars even argue that professional self-awareness constitutes a distinct professional skill (Feize & Faver, 2018). Grounded in the literature and findings from sub-studies 3 and 4, the Use of Self can be conceptualised as a dynamic process in which the practitioner acts as a main precursor for change, integrating self-awareness in both attitudinal orientation and professional competence.

Importantly, this PhD research focuses exclusively on the professional Use of Self. The personal Use of Self—which includes personality traits, beliefs, lived experiences, and cultural background, as distinguished by Dewane (2006)—is not addressed here, as it would require a fundamentally different research design and methodological approach.

The study's findings (sub-study 4) reveal that social workers in Lithuania who support clients with alcohol consumption issues perceive their professional competence as comprising eight distinct yet interrelated skill domains. These domains reflect both procedural and meta-competence dimensions. Furthermore, through a rigorous statistical assessment of validity and reliability, the study demonstrates the potential applicability of the Professional Social Work Competence Scale (PSWCS) in the Lithuanian context. Thus, the theoretical proposition that perceived competence in social work with clients experiencing alcohol-related problems consists of multiple, distinct competence categories is empirically supported by the psychometric properties of the Lithuanian version of the PSWCS.

To start with, an exploratory factor analysis revealed Consultation Skills as the primary factor, accounting for the largest proportion of variance. This suggests that competencies related to client guidance and behavioural support are perceived as foundational in social work practice. This procedural competence is defined as the ability to be therapeutic and insightful during intervention, evaluation, communication, and interpersonal engagement (Bogo et al., 2012). It encompasses the application of knowledge and abilities demonstrated through observable behaviours in the performance of various social work tasks (Bogo et al., 2013; Kourgiantakis et al., 2021). Given that all core social work processes—such as planning, evaluating, and interviewing—occur within the context of client interaction and communication, consultation skills may be considered foundational to social work practice, particularly in substance use settings.

By establishing a therapeutic alliance that respects and enhances client autonomy, practitioners—including healthcare providers, substance use counsellors, mental health professionals, and social workers—can facilitate positive behavioural change in individuals experiencing substance use issues (SAMHSA, 2019). In this regard, consultation skills enable social workers to navigate complex client situations and engage in therapeutic conversations that support change.

However, this study further reveals a distinct pattern in how consultation skills are applied by social workers in Lithuania when working with clients experiencing alcohol use problems. According to interpretative item analysis, all skills mapped within the consultation competence dimension were centered on teaching clients how to change their behaviour. This includes strategies such as helping clients to complete tasks more effectively, manage problematic behaviours, reward themselves for progress, and develop relapse prevention techniques. This suggests that Lithuanian social workers perceive themselves as possessing the skills necessary

to facilitate behavioural change—an essential component in supporting clients' adaptation to challenging life circumstances.

In addition to therapeutic and insight-oriented skills, the consultation skills dimension also included two items related to professional knowledge development: identifying one's own learning needs and planning for further learning opportunities. These items, classified as meta-competencies, were grouped with procedural consultation skills based on shared variance identified through exploratory factor analysis (Watkins, 2018). This finding suggests that the perceived consultation competence in this sample is linked not only to the ability to teach behavioural change but also to the capacity for self-directed professional learning. As a result, a unifying theme across these skills, based on subjective content analysis, may be described as teaching and learning.

Given the theoretical proposition that meta-competencies influence the enactment of procedural competencies (Bogo et al., 2013; Bogo, 2022), this observed interaction—where meta-competence (professional learning) and procedural competence (consultation) co-occur—can be interpreted as an interplay between two levels of competence. This aligns with Bogo's (2006) assertion that meta-competencies shape procedural competencies by enabling practitioners to apply procedural skills effectively and adaptively within specific practice contexts. The finding of sub-study 4 also suggests that the boundaries between meta-competence and procedural competence are fluid and context-dependent, reflecting a dynamic interplay rather than a fixed separation.

Drawing from the results, the interplay between meta- and procedural competences appears to capture the process of the Use of Self, wherein the social worker's practical consultation skills serve as a foundation for self-awareness—specifically, the recognition of the need for professional development. More precisely, the study identified a connection between the ability to recognise one's own learning needs and perceived competence in consultation related to teaching and learning. This suggests that the capacity for critical self-reflection and awareness of professional development needs is closely aligned with the consultation skills required in social work practice with clients experiencing alcohol use problems. Therefore, building upon the theoretical framework of the Use of Self, Bogo's (2006) holistic competence model, and the empirical findings of this study, this interaction may be viewed as an expression of the Use of Self—where the practitioner integrates newly acquired knowledge and skills into practice while simultaneously engaging in critical reflection on their own expertise, learning opportunities, and developmental needs.

Emotional Support Skills, the second competence dimension identified in this study which formed a clearly defined and reliable factor also revealed specific and meaningful content. This dimension represents a combination of meta-competence (professional values and ethics) and procedural competence (therapeutic, insight-

oriented, and supportive skills). Notably, all the skills mapped within this emotional support competence dimension—such as providing emotional support, highlighting client successes, encouraging openness, and probing to uncover difficult emotions—shared a strong emotional component.

The emotional aspects of practice are particularly relevant in the context of alcohol use issues, where social workers must remain empathetic and supportive while assisting individuals facing complex and often stigmatised challenges. These conditions often hinder open communication and emotional expression. As Galvani (2015) emphasises, empathy and reflective listening are foundational to effective social work with individuals struggling with alcohol use. These skills are essential for building engagement, fostering communication, and developing therapeutic relationships (Galvani & Forrester, 2011). Consequently, in such emotionally charged situations, the social worker's ability to recognise emotional tension and facilitate sincere, supportive dialogue becomes the first step in an empowering process.

Interestingly, two items originally associated with the professional values and ethics dimension also loaded onto the emotional support dimension: “being accountable to the client system, the agency, and the profession,” and “demonstrating respectful behaviour toward diverse cultural norms, value systems, ethics, and moral beliefs in interactions with colleagues and client groups.” Their grouping in the exploratory factor analysis suggests a shared underlying construct. This raises the question of how, in this particular sample, values and ethics—typically considered moral or cognitive domains—also encompass emotional dimensions of practice in this social work area.

The literature supports the idea that effective intervention requires continuous reflection on both professional values and emotional dynamics (Asakura et al., 2021). Emotional processes do not merely accompany moral judgments; they actively shape them (Horne & Powell, 2016). For instance, Carmona-Perera et al. (2013) argue that emotional experiences can influence decision-making in moral dilemmas. Given the emotionally demanding nature of social work with individuals who misuse alcohol, it can be concluded that promoting professional values and ethics in this field requires practitioners to remain responsive to both their current emotional states and their emotional histories.

To continue, it is important to highlight Professional Resilience Skills, a distinct factor of perceived competence. However, the mean scores for items within this factor were among the lowest compared to other competencies. Mean scores were used to assess the relative strength of perceived competencies across the factors identified in the exploratory factor analysis. While these scores provide insight into areas of higher and lower self-perceived proficiency, they reflect subjective evaluations and should be interpreted accordingly.

Professional Resilience includes skills related to emotional regulation when supporting individuals in distress or when facing blame from clients, family members,

or colleagues for negative outcomes. In the context of social work with individuals experiencing alcohol use problems, resilience skills are essential alongside emotional support competencies, as this field often involves working in emotionally charged and high-stress environments. These findings may suggest that social workers feel less confident in managing emotionally challenging situations, highlighting a potential area for professional development, as resilience is crucial for maintaining well-being and effectiveness in demanding practice settings.

International research highlights that professionals in this area frequently encounter clients with co-occurring mental health conditions (Jacob et al., 2021; Li et al., 2020), resistance to change, relapse, or difficulty maintaining recovery (Tucker et al., 2020). Combined with increasing workloads and elevated stress levels (Grant & Kinman, 2020), these factors make social work in substance use settings particularly demanding. As such, the findings of sub-study 4 suggest that Lithuanian social workers supporting clients with alcohol use problems may need to strengthen their professional resilience skills. Moreover, they should be supported in doing so, as organisational factors play a significant role in shaping resilience.

Additionally, social workers are among the health and welfare professionals most affected by work-related mental health conditions, including stress, anxiety, depression, and burnout, due to the emotionally intense nature of their work (Hitchcock et al., 2021). In this context, resilience—defined as the ability to respond to challenges using personal, psychological, and professional resources (Grant & Kinman, 2020)—becomes a critical competence, particularly in emotionally taxing situations such as working with individuals who misuse alcohol.

The tendency toward lower confidence in Professional Resilience Skills aligns with the findings from sub-study 3, which revealed reduced levels of therapeutic commitment and slightly negative attitudes toward job satisfaction among Lithuanian social workers. Previous research has demonstrated that resilience not only buffers the emotional impact of workplace stress but also fosters professional commitment and job satisfaction (Harker et al., 2016). Therefore, it is reasonable to hypothesise that emotional strain and workplace stressors may be contributing to lower perceived resilience among Lithuanian social workers, which in turn could affect their engagement and satisfaction when working with clients experiencing alcohol use problems, as indicated in sub-study 3.

Finally, it is important to note that a Community Skills dimension emerged in this study as a distinct area of competence in social work with individuals experiencing alcohol use problems. Descriptively, this dimension showed the lowest mean values among all identified competencies. As a procedural competence, the community skills dimension includes the ability to monitor, assess, and evaluate community needs, as well as to conduct research in collaboration with community members.

While the lowest mean score for Community Work Skills is notable, it is important to emphasise that this finding is based on descriptive statistics. No inferential

statistical tests were conducted to determine whether the difference between this and other competence dimensions were statistically significant. Nonetheless, mean scores offer insight into perceived strengths and weaknesses across skill areas and help identify potential targets for professional development.

In this study, Community Work Skills showed the lowest mean scores, suggesting a need for further support. This interpretation aligns with the results of sub-study 2, which indicated that community-based methods are rarely used in practice with this client group. However, based on the current data, it remains unclear whether the limited use of community methods precedes or results from lower perceived competence in this area. Yet, the theoretical correspondence between the low usage of community methods and the low mean scores in perceived community competence suggests an important area for further investigation.

Considering the significant role that social and environmental factors play in both the development and resolution of alcohol-related problems, community-level social work is particularly relevant in this field. Community engagement is recognised as a key component of substance abuse prevention (SAMHSA, 2022). Identifying community strengths and building supportive social networks are essential strategies for assisting individuals with alcohol use problems, as emphasised in the UK Clinical Guidelines for Alcohol Treatment (National Health Service [NHS], 2022). Similarly, Ohmer and Underwood (2013) argue that community assessments provide a comprehensive understanding of local contexts, which can inform action plans and mobilise resources from within and beyond the community.

In conclusion, the possibly underdeveloped dimension of community work skills may indicate a gap in both training and professional application. When combined with the limited application of community working methods in supporting individuals with alcohol use problems, this highlights the need to broaden social workers' professional identity beyond individual-level interventions to include active engagement with communities as networks of support and contributors to change.

The Foundation of Change: A Pettigrew Model-Based Analysis

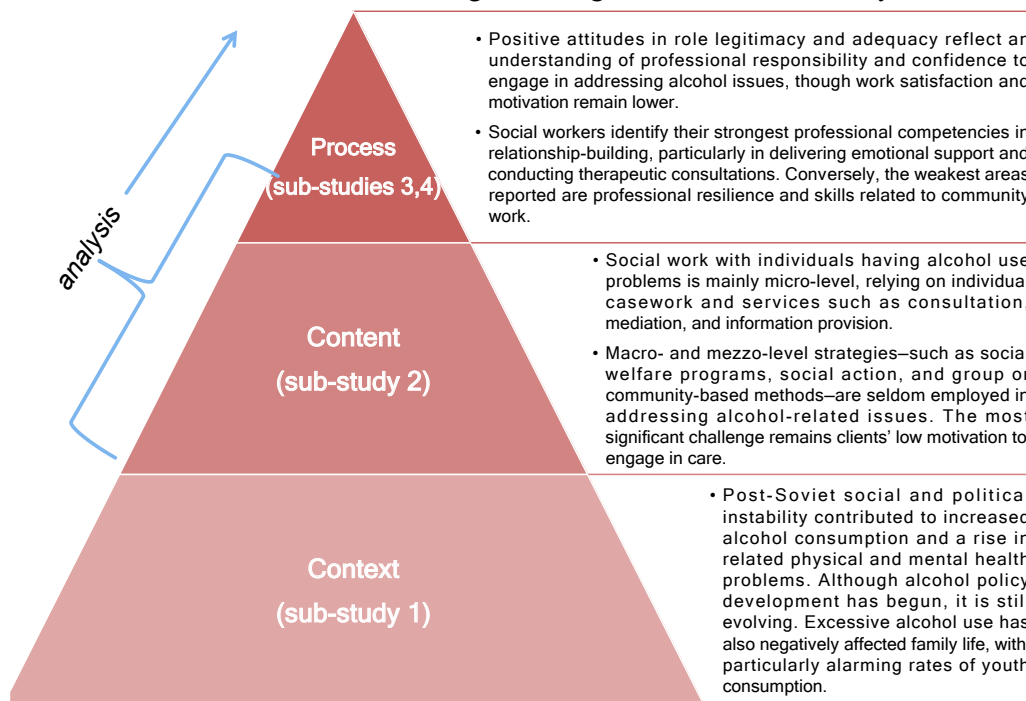


Figure 6. The updated context, content and process matrix.

In summary, as seen in Figure 6, this PhD study grounded social work with people who struggle with alcohol use from the context, content, and process perspective. This helps to identify the current pattern of social work with these clients and suggests potential future directions that could improve social work with individuals having alcohol usage problems in Lithuania.

7. CONCLUSION

This study aimed to investigate how social work with individuals experiencing alcohol-related problems is conducted in Lithuania, with a particular focus on the professional attitudes and field-specific competencies that constitute the Use of Self in practice. The research provided valuable insights into the contemporary state of social work in this area, highlighting both strengths and limitations. It not only identified the dominant approaches used in social work with this client group of social work within this area of practice but also identified critical areas for professional development and systemic improvement. Thereby, this study contributes to the field by offering a context-specific understanding of how Use of Self is expressed in social work with individuals experiencing alcohol use problems, highlighting the interplay between professional attitudes, competencies, and societal context.

Overall, the unifying concept toward which all four sub-studies systematically developed was the Use of Self in social work with individuals experiencing alcohol use problems. The initial sub-study, which focused on the cultural-societal context of alcohol consumption in Lithuania, served as a foundational element by situating social work practice within the broader national framework. This narrative synthesis not only mapped prevailing societal challenges and patterns related to alcohol use but also illustrated the lived environment of Lithuanian social workers—both as professionals and as members of the same society.

From the perspective of the *Use of Self*, contextual grounding is essential, as it fosters the development of self-awareness and enables practitioners to consciously integrate their personal characteristics, values, and experiences into their professional roles (Walsh, 2021). The cultural-social analysis thus provides an important context—characterised by high alcohol consumption rates, low emotional health, and the turbulence of post-Soviet transition—for understanding how social workers' personal and professional identities are shaped by, and respond to, the societal realities surrounding alcohol use.

For instance, the early years of social work in Lithuania were marked by socio-political instability following the country's regained independence. This period was defined by widespread unemployment, fragile governance, elevated alcohol consumption, and numerous social challenges, including family dysfunction, low emotional well-being, and high rates of anxiety, depression, and suicide. These conditions not only posed significant challenges for professionals but also influenced their personal and professional identities.

Because working in environments characterised by high alcohol use and political instability demands resilience and adaptability. Similarly, engaging with families affected by alcohol use, emigration, and emotional distress requires a heightened level of emotional self-awareness. These contextual pressures probably contribute to the development of specific attitudes and competencies, actively shaping how social workers perceive their roles and engage with clients.

As demonstrated in sub-study 2, there is a strong preference for the individual case method, which is the foundational and oldest method in social work, while approaches aimed at broader social or political change are rarely employed. This pattern might reflect the historical development of the profession, which has had to establish its identity while also seeking to position itself as a potential agent of societal and political transformation. This is particularly evident in social work with individuals experiencing alcohol use problems—a widespread issue that, despite its prevalence, has only recently begun to receive focused attention both globally and in Lithuania. In this context, both personal and professional factors may influence social workers' Use of Self—that is, how they apply their knowledge, skills, and attitudes in practice. According to the study, this application remains predominantly micro-level oriented.

Similarly, considering that the Use of Self is a contextual process (Kaushik, 2017), this is reflected in the findings of sub-study 4, which showed that competencies in community work and resilience were the lowest in this area of practice. While lower community work skills may be linked to the relatively young and still-developing nature of the social work profession in Lithuania, the lower levels of resilience highlight the need to strengthen the emotional dimension of the Use of Self in this challenging field. Social work with individuals experiencing alcohol use problems remains emotionally demanding and is often shaped by stigma, client resistance, and complex psychosocial issues—all of which place additional demands on professional resilience. These findings may also point to the need to better support the psychological well-being of practitioners in their work environments.

However, social work interventions that emphasise relationship-building and one-to-one interaction remain essential to working with individuals experiencing alcohol use problems, as the relationship itself often serves as the foundation for recovery. Therefore, it can be reasonably inferred that the micro-level orientation observed in Lithuanian social work practice—particularly the emphasis on consultation and information provision, as highlighted in sub-study 2—creates a foundation for building strong professional-client relationships.

This is further supported by findings from sub-study 4, which indicate that social workers' competencies in this field are largely rooted in relationship-building skills, such as emotional support and therapeutic, insightful consultation. These findings suggest that Lithuanian social workers feel confident in offering guidance and establishing supportive, trust-based relationships with clients struggling with

alcohol use. Such competencies are especially critical in this area of practice, where clients may face significant challenges in expressing emotions or forming meaningful interpersonal connections.

Given that the Use of Self evolves with each professional relationship, it is important to recognise that social workers themselves also develop through the process of engaging in effective, relationship-based practice (Newcomb et al., 2022). This highlights the dynamic and reciprocal nature of the Use of Self, where both the client and the practitioner influence one another, and their interaction actively shapes how the Use of Self is expressed in each unique context. In this light, it appears that Lithuanian social workers' Use of Self is particularly oriented toward fostering relationship-based practice in cases involving alcohol misuse. This is reflected in their confidence in competencies such as emotional support and consultation—skills that are central to building trust and connection in sensitive and often emotionally complex situations.

To continue, the third sub-study offered deeper insights into how Lithuanian social workers engage with their Use of Self when working with clients experiencing alcohol use problems, by specifically examining their professional attitudes. Drawing on the understanding of the Use of Self as the intentional application of one's knowledge, skills, and values or attitudes in practice (Kaushik, 2017), this sub-study explored attitudes as a key sub-component. Since social workers' personal values, beliefs, and biases can significantly influence the quality of support they provide (Heydt & Sherman, 2005), developing awareness of these internal factors is essential for building effective helping relationships. These attitudes not only shape how practitioners interact with clients but also affect the outcomes of interventions.

The findings revealed that Lithuanian social workers maintain a strong sense of professional responsibility, viewing support for individuals with alcohol use problems as an integral part of their professional role. Moreover, they expressed confidence in their knowledge and skills in this area, reflecting a generally positive professional stance within this field of practice. This is important because confidence in one's professional role and knowledge when working with individuals experiencing alcohol use problems may reinforce the transformative potential of the Use of Self. Thus, the practitioner emerges as a central agent in facilitating change. When a practitioner views his work as a legitimate part of the profession and trusts in his own skills and expertise, this can support a more intentional and reflective application of the Use of Self in practice.

However, the findings related to therapeutic commitment, motivation, and work satisfaction—dimensions that scored lower in sub-study 3—suggest that the emotional aspect of the Use of Self may require further investigation. Although each of these attitudinal components contributes to the overall effectiveness of practice, their lower expression highlights the need to explore the underlying causes. Lower therapeutic engagement or reduced motivation may hinder the ability of social

workers to apply the Use of Self in an empathetic and intentional manner. Therefore, investigating these patterns is essential, as they may impact the quality of the helping relationship and the outcomes of interventions with individuals experiencing alcohol use problems.

One possible approach to strengthening professional attitudes may lie in the area of education. Findings from this study indicate that educational attainment plays a significant role in shaping certain attitudinal dimensions, with advanced education being associated with more positive attitudes towards working with individuals experiencing alcohol use problems. This supports broader international efforts to promote evidence-based interventions in the field of substance use and highlights the importance of enhancing social work education in this area. Strengthening education in social work may not only improve knowledge and skills but also foster more reflective, empathetic, and intentional Use of Self in practice.

As a result, this study provides insight into how the Use of Self is expressed in social work practice with individuals experiencing alcohol use problems in Lithuania. It begins with an exploration of Lithuania's societal context regarding alcohol use, progresses to an examination of the current state of social work in this area, and culminates in a focused analysis of the Use of Self through its subcomponents—attitudes and competencies.

Building on the descriptive foundation of this study, several avenues for future research emerge. First, a more detailed exploration of the knowledge base in social work—both in general and specifically related to alcohol use—is needed to understand how professional knowledge connects to practitioners' attitudes and competencies. Additionally, future studies should investigate the internal and external factors that promote or hinder the application of secondary social working methods, such as policy advocacy, community engagement, and structural interventions.

There is also a need to examine social workers' competencies in community-based practice, particularly in the context of alcohol-related issues, where systemic and environmental factors play a significant role. Comparative cross-national studies could further enrich understanding by exploring how cultural, educational, and political contexts shape the Use of Self in social work practice.

Importantly, future research could adopt explanatory approaches to investigate the causal and structural relationships between professional attitudes, competencies, and contextual factors. Applying multivariate analytical methods—such as regression analysis or structural equation modelling—would help reveal the underlying mechanisms that influence professional engagement in alcohol-related social work. Furthermore, comparing professionals across different institutional contexts (e.g., municipal centres, NGOs, addiction clinics) could provide valuable insights into how organisational environments shape the Use of Self and inform targeted training, policy development, and organisational support strategies.

Limitations of the study

While this research provides valuable insights into social workers' Use of Self when working with individuals experiencing alcohol use problems, several limitations must be acknowledged.

First, the study is descriptive in nature and based on a relatively small survey dataset, which limits the generalisability of the findings. Accordingly, the study cannot determine causality, which would have provided even greater scientific insight into the phenomenon under investigation. A larger sample size could also have helped reveal additional patterns and, for instance, addressed how attitudes evolve with increased experience working with individuals experiencing alcohol use problems. Additionally, the variables used were shaped either by the available data (e.g., methods, services applied) or by preexisting scales (e.g., SAAPPQ, PSWCS), and may not fully capture the complexity of the practitioners' experiences or attitudes.

Methodologically, the reliance on self-reported measures introduces potential biases, particularly social desirability bias. This is especially relevant given the sensitive and stigmatised nature of working with individuals experiencing alcohol use problems, and the questionnaire's focus on the professionals' determination, motivation, competencies, and other nuanced concepts. Although the questions were carefully constructed to avoid reinforcing societal prejudices or stigma, it remains important to acknowledge that the respondents may still have been influenced by perceived expectations or norms when answering.

Furthermore, the sample size did not permit an analysis of gender-based differences, as the majority of participants were women. The study also did not differentiate respondents by workplace, which could influence access to training, supervision, and practice models in the field of substance use, thereby shaping attitudes and competencies. Similarly, no distinction was made between the respondents' formal education institutions, which may vary in terms of the curriculum content related to substance use. While these factors could be seen as limitations, they also reflect the study's broader aim: to capture the overall situation of social work practice with individuals experiencing alcohol use problems in Lithuania. Notably, even without such differentiation, statistically significant associations between education and attitudes were identified, underscoring the importance of substance use education in social work training. Moreover, although serious consideration was given to the proper double-translation of the SAAPPQ scale, a factorial analysis was not conducted; therefore, the scale cannot be considered validated within this study. Additionally, the continuous variable "work experience" was grouped by tertiles, meaning the specific cut-off points are relevant only to this sample and may not be applicable in other contexts.

In conclusion, while these limitations should be considered when interpreting the results, they do not diminish the study's contribution to understanding the Use of Self in social work with individuals having alcohol usage problems. Rather, they highlight important directions for future research and reinforce the relevance of the findings for education, policy, and professional development.

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Appendix A. Lithuanian invitation to participate in the research.

Laba diena

Esu Laplandijos universiteto Suomijoje socialinių mokslų doktorantė. Analizuoju socialinio darbo su asmenimis, turinčiais alkoholio vartojimo problemų, specifiką. Siekiame ištirti šią sritį, sunkumus ir stiprybes, bei formuoti rekomendacijas soc.darbuotojams, susiduriantiems su priklausomybės alkoholiui kontekstu.

Norėčiau paprašyti pagalbos pakviečiant dalyvauti tyrime socialinius darbuotojus, savo profesinėje veikloje susiduriančius su alkoholio vartojimo problemų turinčiais klientais.

Galbūt galite pasidalinti kvietimu dalyvauti moksliniame tyrime su savo centro socialinio darbo specialistais, kurie praktikoje susiduria su alkoholio vartojimo problemų turinčiais asmenimis?

Pats klausimynas pildomas online formatu, gali būti pildomas telefone, kompiuteriu. Anonimiškumas ir konfidencialumas garantuojamas.

Klausimynas:

<https://link.webpolsurveys.com/Participation/Public/a13d5052-b87e-409e-8497-b6d070e4ce06?displayId=Fin2141315>

Justina Kievišienė
Socialinių mokslų doktorantė
Laplandijos universitetas, Suomija

PRAŠYMAS
2020 12 04

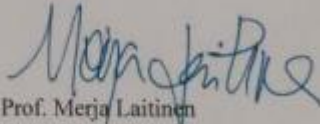
Kreipiuosi į Jus prašydama leidimo atlikti mokslinį tyrimą (apklausą) Jūsų vadovaujamoje įstaigoje/skyriuje/departamente savo doktorantūros studijų tezei tema „Socialinio darbo raiška su asmenimis, turinčiais alkoholio vartojimo problemų: įgalinimo iššūkiai“.

Apklausos tikslas - išanalizuoti socialinio darbo su asmenimis, turinčiais alkoholio vartojimo problemų, pobūdį, socialinių darbuotojų požiūrį bei profesinius įgūdžius, reikiamus šiame socialinio darbo kontekste.

Apklausa bus atliekama naudojantis elektroniniu klausimynu, kuriame neprašysime jokių asmeninių duomenų.

Garantuojame anonimiškumą ir konfidencialumą, rezultatai bus analizuojami tik apibendrinta forma ir naudojami tik mokslu tikslais.

Moksliniai vadovai


Prof. Merja Laitinen


Dr. Pia Skaffari

Tyrėja


Justina Kievišienė

	Never	Rarely	Sometimes	Often	Always
Family consultation	1	2	3	4	5
Social skills development	1	2	3	4	5
Psychological skills development	1	2	3	4	5
Everyday life skills development	1	2	3	4	5
12 step AA program	1	2	3	4	5
Consulting / educational system found and adapted by myself	1	2	3	4	5
Organization of professional education in social work with alcohol addicts for students or colleagues	1	2	3	4	5
Professional consultation for social workers in context of alcohol addiction	1	2	3	4	5
Other (please specify)					

7. In social work with individuals who abuse alcohol I use the following methods:

	Never	Rarely	Sometimes	Often	Always
Individual case method	1	2	3	4	5
Group work method	1	2	3	4	5
Community work method	1	2	3	4	5
Social action method	1	2	3	4	5
Social welfare administration	1	2	3	4	5
Social work research	1	2	3	4	5
Social work network method	1	2	3	4	5
Other (please specify)					

8. In social work with individuals who abuse alcohol I perform the following services in person:

Service	Never	Rarely	Sometimes	Often	Always
General services					
Information	1	2	3	4	5
Consulting	1	2	3	4	5

Mediation and representation	1	2	3	4	5
Socio-cultural services	1	2	3	4	5
Transport organization	1	2	3	4	5
Catering organization	1	2	3	4	5
Supply for essential clothing	1	2	3	4	5
<i>Special services: social care</i>					
Home services	1	2	3	4	5
Development and maintenance of social skills	1	2	3	4	5
Accommodation in a home for independent living	1	2	3	4	5
Temporary accommodation	1	2	3	4	5
Intensive crisis management assistance	1	2	3	4	5
<i>Special services: social custody</i>					
Day social care	1	2	3	4	5
Short-term social care	1	2	3	4	5
Long-term social care	1	2	3	4	5

9. What are the main challenges in your social work process with individuals who abuse alcohol:

	Never	Rarely	Sometimes	Often	Always
Lack of client motivation	1	2	3	4	5
Lack of effective help methods	1	2	3	4	5
Problems of inter institutional organization of assistance	1	2	3	4	5
Problems of organizing assistance with other specialists	1	2	3	4	5
Excessive workload	1	2	3	4	5
Symptoms of occupational burnout (apathy, anxiety, tension)	1	2	3	4	5

10. Maybe some challenges in social work process with individuals who abuse alcohol were not mentioned, but are very important in your daily practices.

Please comment, from your professional experience, what other challenges you meet in your practice:

11. Please indicate how much you agree or disagree with the following statements about working with individuals who abuse alcohol:

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
1. I feel I know enough about causes of drinking problems to carry out my role when working with individuals who abuse alcohol	1	2	3	4	5
2. I feel I can appropriately advise my patients about drinking and its effects	1	2	3	4	5
3. I feel I do not have much to be proud of when working with individuals who abuse alcohol	1	2	3	4	5
4. All in all, I am inclined to feel I am a failure with individuals who abuse alcohol	1	2	3	4	5
5. I want to work with individuals who abuse alcohol.	1	2	3	4	5
6. Pessimism is the most realistic attitude to take towards individuals who abuse alcohol	1	2	3	4	5
7. I feel I have the right to ask clients questions about their drinking when necessary	1	2	3	4	5
8. I feel that my clients believe I have the right to ask them questions about drinking when necessary	1	2	3	4	5
9. In general, it is rewarding to work with individuals who abuse alcohol	1	2	3	4	5
10. In general, I like working with individuals who abuse alcohol	1	2	3	4	5

12. Here you will find statements reflecting different professional skills. While thinking about social work with individuals who abuse alcohol (problematic drinkers, binge drinkers, dependent on alcohol individuals), please express your opinion in your own confidence regarding every professional skill. Read the claim and evaluate it in system

from 1 (not at all confident I can do this), to (I am very confident can do this), showing how confident you are in every concrete skill.

Claims	Not at all confident	Not confident	Little confident	Confident	Very confident
1. Establish contact with clients.		2	3	4	5
2. Form working relationship with clients.	1	2	3	4	5
3. Provide relevant information and advice.	1	2	3	4	5
4. Collect relevant information.	1	2	3	4	5
5. Work with other social workers.	1	2	3	4	5
6. Work with agency staff.	1	2	3	4	5
7. Work with field supervisor.	1	2	3	4	5
8. Work with other professionals.	1	2	3	4	5
9. Apply theoretical models appropriately.	1	2	3	4	5
10. Identify your own learning needs.	1	2	3	4	5
11. Evaluate your own practice.	1	2	3	4	5
12. Make plans to increase your own learning opportunities.	1	2	3	4	5
13. Manage the frustration you feel working with agency bureaucracy.	1	2	3	4	5
14. Manage the feelings that you have when working with clients experiencing emotional and psychological distress.	1	2	3	4	5
15. Manage the feelings you have when clients or their families blame you for things going wrong.	1	2	3	4	5
16. Manage the feelings you will have when team members from other disciplines blame you for things going wrong.	1	2	3	4	5
17. Help clients to learn from their past experiences.	1	2	3	4	5
18. Helping clients to learn from their past attempts to solve problems.	1	2	3	4	5
19. Exploring with clients how past relationships contribute to the understanding of current problems.	1	2	3	4	5
20. Gentle probing to help them uncover troubling feelings.	1	2	3	4	5

21. Teaching clients specific skills to deal with certain problems.	1	2	3	4	5
22. Showing clients how to reward themselves for progress with problem.	1	2	3	4	5
23. Teaching clients how to manage their own problem behaviors.	1	2	3	4	5
24. Teaching clients how to accomplish task more effectively.	1	2	3	4	5
25. Teaching clients how to monitor their own behaviors.	1	2	3	4	5
26. Collaborating with clients on plans to help them cope with occasional relapses of a problem.	1	2	3	4	5
27. Measuring client progress over time with scales.	1	2	3	4	5
28. Engendering confidence so that clients can cope better with their problems.	1	2	3	4	5
29. Helping clients to feel good about themselves.	1	2	3	4	5
30. Helping clients to feel motivated to work on their problems in treatment.	1	2	3	4	5
31. Providing emotional support for clients.	1	2	3	4	5
32. Helping clients feel like they want to open up to.	1	2	3	4	5
33. Pointing out their successes in order to increase their self-confidence.	1	2	3	4	5
34. Assessing their level of material resources.	1	2	3	4	5
35. Advocating on behalf of clients.	1	2	3	4	5
36. Making referrals to other services.	1	2	3	4	5
37. Providing information about other services available to clients.	1	2	3	4	5
38. Networking with agencies to co-ordinate services.	1	2	3	4	5
39. Engage with people on different levels.	1	2	3	4	5
40. Assess at the level of the community.	1	2	3	4	5
41. Negotiate and resolve conflicts.	1	2	3	4	5
42. Obtain and manage resources.	1	2	3	4	5
43. Research particularly collaborative and participatory research with members of the community.	1	2	3	4	5
44. Monitor and evaluate in the community.	1	2	3	4	5

45. Communicate in a wide range of situations and contexts.	1	2	3	4	5
46. Demonstrate respectful behavior for various cultural norms, values systems, ethics, and moral beliefs in interaction with colleagues and client groups.	1	2	3	4	5
47. Be accountable to the client system, the agency, and the profession.	1	2	3	4	5
48. Describe behavior in nonjudgmental terms.	1	2	3	4	5

13. If you think, that some of social work skills necessary in social work with individuals who abuse alcohol are missing and need to mentioned, please comment:

14. In your opinion, what social work services, methods and practices (from your daily social work) are the most important in social work with individuals who abuse alcohol:

15. We would like to improve our research, therefore we are asking for your help. If you think that some aspects in social work with individuals who abuse alcohol are missing, or you would like to express any other concerns relating to this theme, please comment:

Thank you!

Appendix C. The Lithuanian SAAPPQ items.

The Lithuanian SAAPPQ items.

Teiginys
Manau, kad apie alkoholio vartojimo priežastis žinau pakankamai, kad galėčiau atlikti savo pareigas darbe asmenimis, turinčiais alkoholio vartojimo problemų.
Aš jaučiu, kad galiu tinkamai konsultuoti savo klientus apie alkoholio vartojimą bei jo padarinius.
Aš jaučiu, kad nedaug kuo galiu didžiuotis savo darbe su asmenimis, turinčiais alkoholio vartojimo problemų.
Apskritai, esu linkęs (linkusi) manyti, kad man prastai sekasi dirbti su asmenimis, turinčiais alkoholio vartojimo problemų.
Aš noriu dirbti su asmenimis, kurie turi alkoholio vartojimo problemų.
Pesimizmas yra realiausias požiūris į asmenis, kurie turi alkoholio vartojimo problemų.
Manau, kad turiu teisę paklausti klientų apie jų girtavimą, kai to reikia.
Manau, kad mano klientai žino, kad aš turiu teisę paklausti jų apie jų alkoholio vartojimą, kai to reikia.
Apskritai, darbas su asmenimis, kurie turi alkoholio vartojimo problemų, man teikia pasitenkinimą.
Apskritai, man patinka dirbti su asmenimis, kurie turi alkoholio vartojimo problemų.

Appendix D. The Lithuanian PSWCS items.

The Lithuanian PSWCS items.

Užmegzti darbinį santykį su klientu.
Suteikti reikiamą informaciją ir patarti.
Surinkti reikiamą informaciją.
Bendradarbiauti su kitais socialiniais darbuotojais.
Bendradarbiauti su darbovietės personalu.
Bendradarbiauti su organizacijos vadovu.
Bendradarbiauti su kitais profesionalais.
Tinkamai taikyti teorinius modelius.
Įvertinti savo paties mokymosi poreikius.
Gebėti kritiškai pažvelgti į savo praktiką.
Planuoti kaip pagerinti savo paties mokymosi galimybes.
Valdyti frustraciją, kylančią dėl darbovietės biurokratijos.
Valdyti savo jausmus, dirbant su emocinį ir psichologinį stresą išgyvenančiais klientais.
Valdyti jausmus, kylančius, kai klientai ar jų šeimos nariai kaltina jus dėl to, kad reikalai klostosi ne taip.
Valdyti jausmus, kylančius, kai kitų sričių komandos nariai kaltina jus dėl to, kad reikalai klostosi ne taip.
Padėti klientams mokytis iš jų praeities patirčių.
Padėti klientams pasimokyti iš jų ankstesnių bandymų spręsti savo problemas.
Kartu su klientais analizuoti, kaip praeities santykiai padeda suprasti dabarties problemas.
Jautriai reaguoti į kliento pastangas, siekiant jiems padėti atskleisti slegiančius jausmus.
Padėti klientui formuoti problemų sprendimo įgūdžius.
Mokyti klientus kaip atlyginti sau už pažangą problemos sprendime.
Mokyti klientus probleminio elgesio valdymo būdų.
Mokyti klientus efektyvių tikslo/uždavinių siekimo būdų.
Skatinti kliento atsakomybę už savo elgesį.
Bendradarbiauti su klientu planuojant pagalbos strategijas atkryčio situacijoje.
Vertinti kliento pažangą skalės būdu.
Kurti pasitikėjimu grįstą santykį su klientu siekiant optimaliausio problemos sprendimo.
Padėti klientui gerai jaustis.

Skatinti klientų motyvaciją patiems spręsti savo problemas pagalbos proceso metu.
Teikti klientui emocinį palaikymą.
Skatinti kliento atsivėrimą/išsiskyrimą.
Pabrėžti klientų pasiekimus, siekiant padidinti jų pasitikėjimą savimi.
Įvertinti klientų materialių resursų lygį.
Atstovauti klientus.
Kreiptis į kitas institucijas.
Suteikti informaciją klientams apie kitas jiems prieinamas paslaugas.
Bendradarbiauti su institucijomis, siekiant koordinuoti paslaugas.
Bendrauti su žmonėmis ne tik paviršutiniškai, bet ir gilesniu
Veikti bendruomenės lygmenyje
Vesti derybas ir spręsti konfliktus.
Gauti ir valdyti išteklius.
Tirti bendruomenės galimybes įsitraukti ir dalyvauti veikloje.
Stebėti ir įvertinti bendruomenę.
Bendrauti įvairiose situacijose ir kontekstuose.
Bendraudant su kolegomis ir klientais demonstruoti pagarbą įvairioms kultūrinėms normoms, vertybėms, etikai bei moralės įsitikinimams.
Jausti atsakomybę prieš kliento sistemą, darbuvię ir profesiją.
Laikytis nesmerkimo principo apibūdinant kliento elgesį.

Article I

Kievišiene, J., & Skaffari, P. (2020). Alcohol Consumption as a Phenomenon in Lithuania: A Narrative Synthesis. In S. Gutmane, & E. Aciene (Eds.), *Scientific Proceedings of Latvian Christian Academy: Scientific Proceedings 6 (2020): Client and human dignity* (Vol. 6, pp. 176-196). Latvijas Kristīgā Akadēmija. <http://en.kra.lv/proceedings-6-2020/>

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Alcohol Consumption as a Phenomenon in Lithuania: A Narrative Synthesis

Alkohola patēriņš kā fenomens Lietuvā: naratīva sintēze

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This article presents the context of the alcohol consumption phenomenon in Lithuania during its first 30 years of independence. This context is revealed through a narrative synthesis of scientific articles analyzing alcohol consumption in various aspects. EBSCO, Science Direct, Wiley Online, and PubMed were searched using the key words “alcohol” and “Lithuania”. Studies were included if they met the selection criteria: full-text English articles with a Lithuanian author or coauthor and evaluating Lithuanian samples with at least some aspect of alcohol consumption. To analyze phenomena development patterns, a literature search was done in three time periods by decade from 1990 to 2019. As a result, 6,250 titles were screened, and 69 were selected for narrative synthesis. We summarized the main emerging themes regarding a particular time period and highlighted the main sociocultural aspects regarding alcohol consumption. Context analysis of alcohol as a phenomenon in Lithuania can contribute to future policymaking, as it provides the ability to relate the field of alcohol consumption research with the state’s implementation of knowledge through a timeline overview and synthesis of this topic.

Key words: alcohol consumption, health, Lithuania, narrative synthesis.

Introduction

Lithuania is one of leading countries in alcohol consumption worldwide (WHO, 2019). Heavy drinking has become a leading cause of many health problems and social issues (Lithuanian Institute of Hygiene, 2017). Serious warning signs from the Organization for Economic Co-operation and Development (OECD) state that Lithuania is first in both mental (high depression and suicide rates) and physical diseases (high circulatory disease rate) that are significantly caused by alcohol consumption. The lowest life expectancy at birth in Lithuania compared with those in other European countries, is also related to high alcohol consumption rates and associated health issues (OECD, 2020).

Excessive alcohol consumption is mainly related to psychological problems and a complex social context primarily highlighted by economic transition in 1990 (Karpuškienė *et al.*, 2019). Among the Eastern Europe countries (Estonia, Latvia, Poland), Lithuania is an example of an emerging economy facing a post-Soviet transition process (Sinkevičius, 2016). This was a time not only of important political or economic transformation but also of future uncertainty, cultural and social confusion, or new social and personal challenges (Ghedrovici & Ostapenko, 2013). In this case, the social circumstances of Lithuania are inseparable from alcohol consumption issues; therefore, attention to context is imperative.

Nowadays, the significant role of context in the synergy of policymaking and scientific research is clear (Weyrauch *et al.*, 2016). Systematic changes in the health system are inseparable from understanding the conditions of changes intended (The Health Foundation, 2020). To know what and how it works (in this case, health improvement), one has to know where it works (Pettigrew *et al.*, 1988).

“Social scientists of the most varying standpoints agree that human action can be rendered meaningful only by relating it to the contexts in which it takes place. The meaning and consequences of a behaviour pattern will vary with the contexts in which it occurs. This is commonly recognized in the saying that there is a “time and a place for everything” Alvin Gouldner 1951 (Child & Bate, 2017, 35).

Regarding the precursor of change theory in the health system, Pettigrew (1988) argued that research in the health sector has to deal with analysis of context, content, and process. Therefore, it is not enough to prepare the “right” or “effective” intervention; there is also the fundamental need to assess the capacity of the target group (Pettigrew *et al.*, 1988).

The idea of context importance and subjective reality construction implies the cornerstone of social constructivism (Burr, 1995), which is chosen as a knowledge frame for this article. Social constructivism states that pure knowledge of the world is not derived from its “real” nature; it is constructed by people living in certain places, in certain times, and in certain social interactions (Burr, 2015). As initiators of the term “social construction,” Berger and Luckmann (1991) pointed out that everyday reality is a world that originates in the thoughts and actions of members of society and is maintained as real, and scientists may take this reality as the object of their analysis and as data for particular a phenomenon analysis arising within it (Berger & Luckmann, 1991). And language is an instrument which allows one to reach this particular reality.

Language is a tool for public communication and expression of thought done in society and leads to cooperation; therefore it is a social phenomenon “controlled by collective intentionality of a linguistic community“ (Bo, 2015). In essence, language is a reflection of reality whether spoken or written. Therefore, this paper is an attempt to search for reality regarding alcohol consumption as observed by scientists living in certain periods and thus in certain cultural, political, and social circumstances (second-order narrative).

In this paper, the specific field of alcohol consumption in Lithuania is approached through narrative synthesis, which enables the exploration of connections within the data, allows for the investigation of similarities and differences among studies, and enables summarizing and constructing knowledge related to a specific research problem (Karolina & Porritt, 2016). Narrative synthesis relies primary on the use of

text to investigate the phenomena researched (Popay *et al.*, 2006). Therefore, narrative synthesis was chosen for the overview and analysis of the current knowledge in the field of alcohol consumption in Lithuania.

The purpose of our study was to provide the context of alcohol consumption in Lithuania. Therefore, the research question is as follows: *How is alcohol consumption researched, analyzed, and conceptualized in Lithuania-scientific articles?* The research question is answered through article analysis about alcohol consumption in Lithuania in various aspects and written during specific periods chosen following the SANRA method (Baethge *et al.*, 2019). In this paper, alcohol consumption is analyzed through a biopsychosocial viewpoint; therefore, the chosen articles addressed various issues, starting from themes arising from health science to social or even pedagogical concerns. The main underlying idea was to directly check everything written in the scientific field about alcohol consumption in Lithuania that served as a reality reflection based on social constructivism theory. Then, after applying narrative synthesis principles, emerging tendencies, specificities, and themes were searched that could reflect the biopsychosocial context of a particular decade regarding the issues addressed.

This paper may provide interdisciplinary insight into various practitioners and scientists, but special emphasis could be placed on social work. Social work attempts to deal with society problems in general and is aimed at individual, group, or community levels more precisely. Nowadays, it is acknowledged that alcoholism as a disease affecting not only individuals but also the community, the healthcare system, the workplace, families, schools, and even world economy and society as a whole. Therefore, this work can contribute to the understanding of the alcoholism phenomenon in Lithuanian society and on this particular period when social work as a discipline is still creating a foundation for professionalism in Lithuania and social workers are facing alcoholism in many circumstances.

1. Methodology

To analyze the sociocultural context of alcohol consumption in Lithuania, narrative synthesis, which is a qualitative methodology, was used to collect data and analyze and report results (McAlpine, 2016). Narrative synthesis was done within the framework of social constructivism (Burr, 2015) based on two premises: it allowed for the interpretation of second-order narratives (scientific articles) as a subjective representation of reality in a particular time and a particular sociocultural context, and second, it provided an opportunity to simply dive into narratives (articles in this paper) and look for trends, themes, and interest groups. After all, the importance of understanding the reality of the subject from this point of view is based on social constructivist theory (Burr, 2015), and, in essence, this paper is an attempt to take society as a client to understand its reality regarding a concrete problem (alcohol consumption).

The comprehensive analysis of scientific literature on alcohol addiction in Lithuania focuses on the context of phenomena development through three decades after the country's independence (1991-2019). To be more specific, the main purpose is not only to overview a topic but also to analyze the progression of scientific research of alcohol dependence done in Lithuania over time. Therefore, instead of effect size or intervention effectiveness measures (more traditional applications of narrative synthesis), this type of narrative synthesis seeks to analyze all potentially relevant research for the analyzed topic while detecting main themes, theoretical perspectives, or common areas of interest within phenomena (Wong *et al.*, 2013).

With a full intent to reach the quality criterion of narrative synthesis, this narrative review was done considering a newly constructed and scientifically proven critical appraisal tool: SANRA (Baethge *et al.*, 2019). Following these guidelines, this study provided the conditions for using the narrative synthesis method's best properties for a context description of alcohol phenomenon research. We followed the assessment of narrative review guidelines and reported on (1) the justification of the article's importance to its readership, (2) the statement of concrete/specific aims or formulation of question, (3) the description of literature search, (4) referencing, (5) scientific reasoning, and (6) appropriate presentation of data (Baethge *et al.*, 2019).

1.1. Identifying studies

A comprehensive electronic database search was carried out in EBSCO, Science Direct, SpringerLink, Wiley Online, and PubMed. The primary search focused on two keywords to screen potentially relevant articles: "alcohol" and "Lithuania". These keywords were searched during whole article, not only the title. Articles were finally selected for analysis if they met the selection criteria: full-text English articles with a Lithuanian author or coauthor and evaluating a Lithuanian sample with at least some aspect of alcohol consumption. The article search was conducted in three different time restrictions: (1) *the first decade*, published during 1990-1999; (2) *the second decade*, published during 2000-2009; and (3) *the third decade*, published during 2010-2019.

1.2. Data results

For the research material, 6,250 titles were screened and the abstracts further evaluated in case of a need for clarification. The full selection criteria were met by 69 articles. Considering the nature of the study question, a full-text review was done to assess the fit of the study in the chosen selection criteria. After a final article assessment, only one was left in the first decade (reasons explained in 2.1.), 26 in the second decade, and 42 in the third decade. Categorized research results are presented in Supplementary Material Table 1 (*see Appendix*).

1.3. Synthesis and interpretation of results

The articles were analyzed and categorized according to the main themes/results represented. The first decade (1990-1999) resulted only in one article, which was not sufficient to produce any category (situation will be discussed later). The other two decades produced some specific leading thematic groups, which are shown in Figure 1 below. Articles that had a single theme or did not comprise a larger thematic group were categorized under "various consumption issues in different groups."

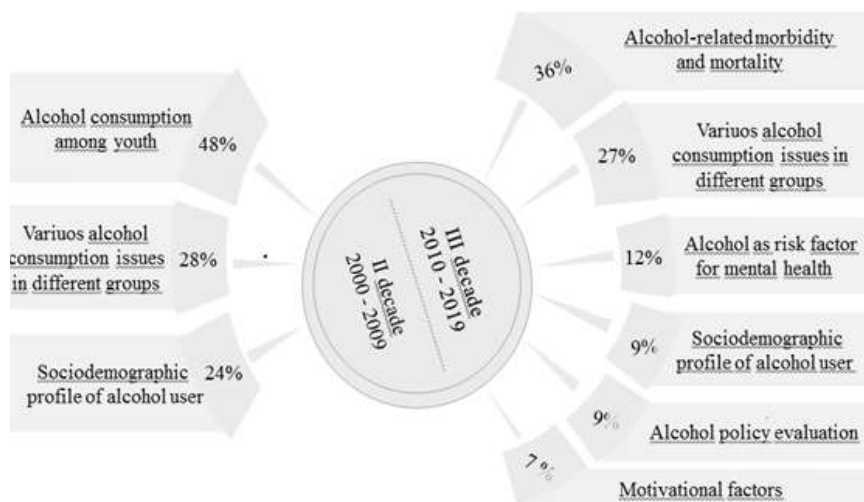


Fig. 1. Thematic groups of scientific research done in Lithuania (1990-2019)

As narrative synthesis in the social scientific field allows for more interpretation, the results below are presented already classified by emerging theme, with each part (or decade) having an introduction, exposition, and discussion.

2. Narrative synthesis of study results

2.1. The first decade (1990-1999)

The first decade of Lithuania's independence was orientated toward life stability in all state levels. The scientific field in Lithuania was only emerging. The country had to deal with overall tension and high stress because of its transition from being dependent on Russia and faced changes in its legal system, economic model, and existing institutions and strategies in trade, labor, and health (Sinkevičius, 2016). Lithuanian society faced high rates of unemployment and lowered living standards because of industry decline and therefore faced poverty (Jurėnienė & Jurėnė, 2018).

The scientific literature review resulted in one article which met the criteria for selection. Indeed, this scientific article clearly represented the context of the alcohol phenomenon in the first researched decade. Jakubonienė (1998) defined the need for an alcohol control policy while describing the post-Soviet transition. Overall, this article clearly described the phenomenon in the first decade of Lithuanian independence, which could be summarized as having political, societal, and economic chaos (Jakubonienė, 1998).

As there was not enough scientific material to construct the social context of 1990-1999 in Lithuania, some articles from this decade that were not written by Lithuanians (do not fully meet the selection criteria for this narrative review) needed mentioning. The articles described were deliberately chosen and were published in this specific period. This is congruent with the social constructivist notion and the idea of narrative as a reflection of reality. Therefore, it is important to analyze the knowledge and the view that were constructed during this time (the context sets the knowledge).

The post-Soviet transition period may be characterized by at least six factors: poverty, unemployment, uncertainty, migration, divorce, and hopelessness (Cornia, 1996). Researchers emphasized that psychosocial stress may be the explanatory factor for increased mortality in the transition because of heart and liver diseases, alcohol psychosis, and suicide (Cornia, 1996). Statistics showed a rapid increase in mortality, suicide, alcohol consumption, and crime (Law on Alcohol Control, 1995). Higher psychological strain and lowered interest in one's own health (Ginter, 1995) resulted in risky health behavior, from a rise in alcohol poisoning and alcoholic psychosis (Jakubonienė, 1998) to increased crime and suicide (Ginter, 1995). Considering the historical background, it is not surprising that there was a lack of scientific literature during this period.

2.2. The second decade (2000-2009)

At around 2004-2008, Lithuania began to benefit from the first results of longitudinal cross-cultural cohort studies, mostly initiated by the World Health Organization (WHO) or other European organizations. Therefore, identifying the sociodemographic alcohol consumer profile was the focus in this decade. However, the youth gained the most attention, as the majority of studies during this period (48%) were concerned with alcohol consumption prevalence and patterns and psychosocial risk factors among the youth (schoolchildren, adolescents, students under 23 years old). From early childhood, alcohol consumption was spreading, along with an increase in alcohol risk-taking behavior, gambling, and bullying, which are shown to be associated with a huge paternal impact. Lithuanian researchers during this period were interested in various alcohol consumption aspects and alcohol usage habits in different single-study target groups, too.

Sociodemographic profile of alcohol consumption. Lithuania was ranked second among Baltic countries in the number of people consuming alcohol every week, based on data from 1997 (McKee *et al.*, 2000). However, the first study done in Lithuania, which compared health behavior patterns in Estonia, Finland, and Lithuania, showed similar sociodemographic patterns of risk-related behaviors (Puska *et al.*, 2003). Therefore, this decade was marked with the search for the sociodemographic profile of alcohol consumers. Lithuanians showed binge drinking patterns (especially on weekends) (Chenet *et al.*, 2001). A between-country comparison revealed that Lithuanian men (34-49 years old) drank strong alcoholic drinks more often in Estonia than in Lithuania. In the case of alcohol consumption among women, it was more prevalent among the highest educated in Finland and Lithuania (Puska *et al.*, 2003). Women began to drink more (1994-2002) while heavy drinking was more common among better-educated and divorced men (Helasoja, 2008), and men were more prone to risky drinking, with every fifth alcohol consumer shown to be a risky consumer (Grabauskas *et al.*, 2008). Drinking men also were more prone to misreporting their educational and marital status (Shkolnikov *et al.*, 2007).

Risk factors for alcohol consumption and prevalence rates among Lithuanian youth. Alcohol consumption becomes a significant social and health problem among Lithuanian youth. Research found that alcohol consumption increased with age among school-aged (11-15 years old) children in Lithuania in 1994-2002 (Šumskas & Zaborskis, 2004). These children reported being drunk two or more times more often compared with their peers from other EU countries, and boys may be characterized by an early onset of

alcohol consumption (Zaborskis & Lenciauskienė, 2006; Zaborskis *et al.*, 2006). As a consequence, Lithuanian students (under age 23) are more prone to problem drinking and are more suspected to develop alcohol dependence syndrome compared with students from other EU countries (Stock *et al.*, 2009).

The main reasons for alcohol usage among school children at higher grades (7th, 9th, and 11th grades) are relaxation, curiosity, or fear of being different from others (Bielskutė & Zaborskis, 2005). Alcohol consumption at a young age was shown to be associated with adverse behavior patterns such as gambling (Skokauskas & Satkevičiūtė, 2007) and more risk-prone behavior resulting in injuries (Starkuvienė & Zaborskis, 2005), which are highly prevalent among adolescent offenders (Narkauskaitė & Juozulynas, 2006). However, only smoking habits (not alcohol consumption) were related to bullying activities at school (Jankauskienė *et al.*, 2008). The role of family in the development of alcohol-consuming behavior has been shown to be highly significant too.

Alcohol usage is widespread in Lithuanian families (Petrauskienė *et al.*, 2007), and Lithuanian children report their parents having the highest overuse rate among four investigated countries (Latvia, Lithuania, Macedonia, and Moldova), and parental overuse of alcohol was significantly correlated with emotional and physical abuse (Sebre *et al.*, 2004). Fewer parental examples of substance usage not only prevents abuse in families but also prevents kids from alcohol consumption behaviors among boys while for girls, the preventative factor is family time spent together (Garminė *et al.*, 2006). Petronytė *et al.* (2007) summarized that the situation of alcohol consumption among the youth showed ineffective prevention and signaled the need for a more adaptive solution to this psychosocial problem (Petronytė *et al.*, 2007).

Alcohol consumption among different target groups. Some distinct and more specific target groups attracted researchers' attention. Interest was focused on the alcohol consumption habits of offenders and people in prison (Narkauskaitė *et al.*, 2005; Narkauskaitė *et al.*, 2007) with results showing a widespread (more than 80%) alcohol usage some time before imprisonment. A cohort study of medical radiation workers' lifestyle to obtain direct observational evidence of health effects associated with this professional specificity showed only smoking habits as more prevalent compared to non-radiologists while alcohol consumption was less frequent (Samerdokienė *et al.*, 2005). Another specific biological research was done to reveal associations between environmental pollution and different intensities of alcohol consumption in two different Lithuanian districts and showed that this combination causes various alterations in immune system functions in males and females (Kazbarienė *et al.*, 2007). More research addressed alcohol issues in family settings or pregnancy and showed that maternal alcohol consumption was associated with low birth weight (Dičkutė *et al.*, 2002) and prenatal deaths (171 deaths per 1,000 births during the perinatal period in 1997-1998) (Gaižauskienė *et al.*, 2003). However, later studies could not confirm the findings of previous ones showing the impact of maternal alcohol on premature death, stating that the influence of the father's alcohol abuse has a statistically significant negative impact on pregnancy outcomes (Gaižauskienė *et al.*, 2007).

The alcohol consumption context in 2000-2009 could be referred as still highly tied to health policy development, intervention search, and epidemiological information on Lithuanian conditions. Therefore, cross-national comparison studies or epidemiological studies within Lithuania addressed such questions as "what happens" and "what it is like." As Piovani and Krawczyk (2017) stated, this type of inquiry is basically at the core

of cross-national comparative research. Comparative studies in social science not only set the context or knowledge background but also may be used to diagnose the social problems of the sample (country) and set the foundation for policies and legitimation (Piovani & Krawczyk, 2017). The World Health Organization (WHO) also emphasized the effect of cross-national comparison on policy and intervention making, with specific regard to understanding the sources underlying those policies (Gilson, 2012). The majority of cross-national or epidemiological studies in Lithuania directly represent the efforts of a young country (10-20 years after independence) to set the background of the social context related to alcohol consumption and the search for policy or other intervention tools to deal with this national health issue effectively.

2.3 Third decade (2010-2019)

The period between 2010 and 2019 complemented the scientific alcohol consumption field with more diversity and an essentially distinct focus on research. More attention was paid to determine alcohol as a risk factor for concrete diseases (gastric cancer, ischemic heart disease, etc.), for overall mortality (homicides, traffic death), and for mental health (depression, anxiety, suicide). Protective factors or aspects of motivation to refuse drinking, as well as motivation to change drinking behaviors, were analyzed. These themes were absent in the previous decade, which were more generally focused on the sociodemographic picture and pattern of alcohol consumption. Debates arose on the effectiveness of alcohol policies applied in Lithuania – again, a subject that was absent in the previous decade.

Alcohol-related morbidity and mortality. Starting from tendencies to misclassify alcohol-attributable deaths as coronary deaths leading to an unclear real situation of alcohol-attributable mortality (Radišauskas *et al.*, 2011), Lithuania dealt with mortality on roads associated with alcohol consumption (Lengrand *et al.*, 2013; Lunevičius *et al.*, 2010) and homicides related to alcohol intoxication in almost 60% of homicide victims (Chmieliauskas *et al.*, 2018) and was characterized as having lower life expectancy and higher alcohol-related mortality than Western European countries (Madureira-Lima & Galea, 2018). However, most of the scientific attention in this decade was drawn to the connection between alcohol consumption and disease risk, which indicated the role of human genome variants (Baronas *et al.*, 2018; Hubacek *et al.*, 2019). Links were found with gastric cancer (Everatt *et al.*, 2012), estrogen receptor-positive breast cancer (Strumylaitė *et al.*, 2015), pancreatitis and liver cirrhosis (Aghdassi *et al.*, 2017), total cancer (upper aerodigestive tract, oral cavity, pharynx, larynx, esophagus, colorectal, and liver cancer, but not pancreatic cancer) (Everatt *et al.*, 2013; Kuzmickienė *et al.*, 2013), and alcohol-induced liver disease (Grigoriev *et al.*, 2016). Heavy alcohol consumption increased the risk of all-cause mortality and mortality from cancer and cardiovascular disease (CVD) (Bobak *et al.*, 2016; Sapranavičiūtė-Zabazlajeva *et al.*, 2017). However, earlier, only higher body mass index and poor population plasma lipid profile (not alcohol consumption) were found to be contributing factors to high CVD mortality and morbidity in Lithuania (Burokienė *et al.*, 2017).

Alcohol as a risk factor for mental health. Lithuanian researchers began to search the impact of alcohol on mental health problems. Alcohol consumption was indicated to have a relation with suicidal ideation (Bunevičius *et al.*, 2014) and suicide attempts (Dambrauskienė *et al.*, 2019). It was also found to be related to depression in women (higher alcohol consumption per occasion) and in men (higher alcohol consumption per year) (Sapranavičiūtė-Zabazlajeva *et al.*, 2014). Men with higher psychological

well-being (PWB) consumed alcohol less frequently whereas women with higher PWB consumed alcohol more frequently compared to the lower-PWB group (Sapranavičiūtė-Zabazlajeva *et al.*, 2017). Finally, alcohol consumption proved to affect child mental health, as maternal problem drinking was associated with adverse psychological and behavioral reactions among eight-year-old girls (Husky *et al.*, 2017).

Structural dimension as a point of research interest. Alcohol policy evaluation is a new theme during this period. The role of the alcohol ban (2008) on the reduction of alcohol-related injuries was analyzed (Sauliunė *et al.*, 2012), and the need for international regulations to limit the influence of the alcohol industry's interest on national law making was asserted (Paukštė *et al.*, 2014). Later, Rehm (2019) introduced an alcohol policy evaluation protocol (Rehm *et al.*, 2019), and Štelemėkas (2019) established a tool to monitor tobacco and alcohol control policies (Štelemėkas *et al.*, 2019). These articles provide a clear basis for understanding alcohol control policies in Lithuania.

Sociodemographic characteristics of alcohol consumption in different target groups. There was still little interest in sociodemographic pattern of regular drinking that showed that in young and highly educated women, regular drinking of wine and beer is frequent (Klumbienė *et al.*, 2012). Unemployed men are at higher risk of alcohol-related death (Grigoriev *et al.*, 2017). Less physically active men living with a partner more often drink alcohol (Sauliūnė *et al.*, 2014). Tamutienė (2017) found that women living in urban areas and who frequently and excessively consume alcohol are at an increased risk to be harmed by strangers (Tamutienė, 2017).

Various aspects of alcohol use in different target groups. Correlates of alcohol usage with various aspects were investigated in different target groups: kids, students, and elderlies. For example, it was investigated that the elderly (60-84 years) used alcohol more often in cases of psychological abuse (Tredal *et al.*, 2013). Also, it was investigated that university students perceive peer alcohol use to be higher than their own use and were more likely to drink alcohol themselves (Helmer *et al.*, 2016). Alcohol usage among students was associated with psychological factors, such as stress reduction, relaxation, or the need for increased communication (Merfeldaitė *et al.*, 2019). However, leisure activities among students can be both risk and protective factors for alcohol usage when participation in sports or hobbies protect students from usage while going out to a disco, cafe, and party increases the risk of alcohol intake (Rupšienė *et al.*, 2018). Lastly, some attention was focused on the educational viewpoint initiating learning changes to improve knowledge and attitudes among psychiatric residents in treating alcohol-/substance-related disorders (Jokubonis *et al.*, 2019).

In school-aged groups, some important results were presented as well, indicating an increase in the prevalence of smoking and drinking (Šumskas *et al.*, 2012), which encouraged the search for reasons and their correlation, and attention was directed to families. Parental heavy drinking was positively associated with child maltreatment (Tamutienė, 2018) whereas among adolescents, some more strict parental styles were associated with weekly use of alcohol (Šumskas & Zaborskis, 2017). Alcohol abusers' family members face stigmatization, and other family members, such as kids, have to take responsibility for the drinker, which results in the neglect of personal needs (Tamutienė & Laslett, 2017). However, studies show that children not only suffer from maltreatment in drinking families; they also face problems in disclosing their troubles in professional settings, reducing the possibility for professional help (Tamutienė & Jogaitė, 2019). Low internal motivation and decreased recognition of alcohol harm increase the risk of alcohol usage in schoolchildren (Leskauskas *et al.*, 2018).

Psychological/cognitive/motivational factors in alcohol usage. The readiness to change unhealthy lifestyle questionnaire was validated in the Lithuanian sample with an alcohol consumption part (Petrolienė *et al.*, 2016). Among protective factors of alcoholism, religion and health consciousness were found to significantly influence alcohol purchase intention (Sinkevičius, 2016), and emotional expressivity was found to increase motivation to refuse alcohol among alcohol-dependent patients (Slavinskienė & Žardeckaitė-Matulaitienė, 2014).

Overall, this period raised questions regarding changes in the adverse alcohol consumption situation and searched for motivation to refuse drinking and indicated preventative solutions for the future. The third decade (2010-2019) also showed a switch from epidemiology to search for alcohol consumption influences to physical and mental diseases or the investigation of psychosocial or intentional factors for alcohol usage. The biggest attention was focused on alcohol as a risk factor for etiology in concrete physical and mental illnesses. Two other distinct focus groups that were absent in the previous period (as well as mental health investigation) emerged: alcohol policy evaluation and psychological or motivational factors in alcohol consumption and refusal. Along with ongoing results from sociodemographic profile investigation, Lithuanian researchers were still highly focused on situations in families consuming alcohol and of young people under these circumstances.

Conclusions

This narrative synthesis of scientific articles published from the Lithuanian independence until today (almost 30 years) revealed the alcohol consumption phenomenon in various aspects. Since around 2004, literature mainly focused on large-scale cross-national and national comparison studies, but further research gained more depth with more specific and distinct sample evaluation and a search for underlying psychosocial consumption reasons, intentions, or alcohol policy analysis. Lithuanian scientists addressed alcohol consumption problems in various age groups (kids, youth, adolescence, students, and, in the last decade, the elderly), analyzed the role of the wider social context in alcohol consumption issues, and investigated mortality and morbidity in relation to alcohol consumption.

In this narrative synthesis, social constructivism was chosen as an underlying knowledge frame for two reasons. First, it allowed for looking into subjective reality as a research object, and second, it enabled a search for reality with specific attention to political, historical, and social circumstances. Simply put, alcohol consumption in Lithuania (a reality) was analyzed through words (scientific papers written by Lithuanian authors) with special attention to circumstances (context) in which it arose.

Lithuania, as a young country, has dealt with various obstacles in its healthcare system and overall social health situation, politics, economy, and societal issues (family level, schools, etc.) during this transition time. The need for knowledge oriented Lithuanian scientists toward health and medical research (alcohol as a risk factor for mortality and morbidity). The need to understand alcohol consumption in a developing society directed research toward various age groups and distinct target groups. Lastly, the need to change the situation (shown during the last decade) increased attention to motivational factors or to policy evaluations so that services and practitioners working with alcohol users could adopt more effective interventions.

The research results provided a background on the state of knowledge regarding alcohol consumption in Lithuania during the first three decades of independence. Because of attention to the context implied by the social constructivist paradigm and narrative in essence, this research allowed the reality of the alcohol phenomenon to unfold in every social dimension, from epidemiology to motivational issues or policy interventions. This is especially important in social work – to get to know the society where the social work is performed or to obtain a knowledge foundation from which effective solutions could be implemented.

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APPENDIX

Supplementary Material Table 1

The first decade (1990-1999). 1 article.

	<i>Alcohol policy</i>
1.	Jakubonienė Daiva. (1998) Alcohol control legislation in Lithuania. In: <i>European Journal of Health Law</i> , Vol 5, No. 2, pp. 185-189.

The second decade (2000-2009) thematic groups. 26 articles.

	<i>Sociodemographic profile of alcohol consumer</i>
1.	Chenet Laurent, Britton Annie, Kalėdienė Ramunė & Petrauskienė Jadvyga. (2001) Daily variations in deaths in Lithuania: The possible contribution of binge drinking. In: <i>International Journal of Epidemiology</i> , Vol. 30, No. 4, pp. 743-748. https://doi.org/10.1093/ije/30.4.743
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4.	McKee Martin, Pomerleau Joceline, Robertson Aileen, Pudule Iveta, Grinberga Daiga, Kadziauskienė Kamelija, Abaravičius Algis & Vaask Sirje. (2000) Alcohol consumption in the Baltic Republics. In: <i>Journal of Epidemiology and Community Health</i> , Vol. 54, No. 5, pp. 361-366. http://dx.doi.org/10.1136/jech.54.5.361
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3.	Jankauskienė Rasa, Kardelis Kęstutis, Šukys Saulius & Kardelienė Laimutė. (2008) Associations between school bullying and psychosocial factors. In: <i>Social Behaviour and Personality: An International Journal</i> , Vol. 36, No. 2, pp. 145-162.
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Alkohola patēriņš kā fenomens Lietuvā: naratīva sintēze

Kopsavilkums

Raksts aplūko kontekstu alkohola patēriņa fenomenam Lietuvā tās pirmajos 30 gados kopš neatkarības atjaunošanas. Šo kontekstu atklāj naratīva sintēze zinātniskajiem rakstiem, kuri aplūko alkohola lietošanas dažādos aspektus. Raksti tika meklēti tādās zinātniskajās datu bāzēs kā *EBSCO*, *Science Direct*, *Wiley Online*, un *PubMed*, par atslēgas vārdiem izvēloties jēdzienus “alkohols” un “Lietuva”. Pētījumi tika atlasīti pēc šādiem atlasē kritērijiem: raksti angļu valodā ar lietuviešu autoru vai līdzautoru, un Lietuvas piemēru izvērtēšana ar vismaz vienu alkohola lietošanas aspektu. Lai analizētu fenomena attīstības gaitu, tika izvēlēta literatūra no trim laika periodiem: trim dekādēm no 1990. līdz 2019. gadam. Rezultātā tika izsijāti 6250 raksti, un 69 no tiem tika izvēlēti naratīva sintēzei. Mēs apkopojām galvenās tēmas, kas bija raksturīgas konkrētajiem laika periodiem (desmitgadēm), un izcēlām galvenos sociokulturālos aspektus attiecībā uz alkohola patēriņu. Konteksta analīze alkohola lietošanai Lietuvā var sniegt ieguldījumu valsts politikas veidošanai nākotnē, jo tā sasaista alkohola lietošanas izpēti lauku ar valsts politikas īstenošanu caur ilgāka laika posma vispārēju analīzi un šīs tēmas sintēzi.

Atslēgas vārdi: alkohola patēriņš, veselība, Lietuva, naratīva sintēze.



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Article II

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Social Work with Individuals Having Alcohol Usage Problems: Overview of the Situation in Lithuania

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Summary. This article analyzes social work with individuals having alcohol usage problems in Lithuania. In this survey-based quantitative research, frequency data was gathered to examine the usage of methods, services, practices and challenges in this specific area. The results revealed a strong orientation towards individual intervention in social work with individuals having alcohol usage problems. Uncommon usage of group, community or network methods was observed in research data. Low usage of social action or social welfare methods might represent a weak policy-making function. Among services, providing information, consultation and representation are the most often applied. Lithuanian social workers also favor social skills development and family consultation in terms of specific practices, as those are the most often used. Finally, professionals acknowledge that low the motivation among clients to change is among the biggest challenges in this field. Improvements in social work with individuals having alcohol usage problems could be made through the enhancement of skills and practices that are the most effective in the substance abuse area, although relatively rarely used in social work in Lithuania.

Keywords: social work, alcohol usage, social work methods, services, practices.

Introduction

Social workers encounter alcohol usage problems almost on a daily basis, as this is not only a part of a social worker's statutory obligations, but it also overlaps with other directions of activities, such as domestic violence, crisis in families, clients with mental distress and other areas (Galvani, 2015). Alcohol usage problems are often connected to the client's presenting problems, and it affects every domain of personal well-being, starting from difficulties in maintaining one's basic needs, health, security, continuing into social relationships and personal achievement, and finally groving into the societal level (Begun & Clapp, 2015). Social work operates in multisectoral settings and interfaces with the populations that are the most likely to face alcohol usage problems (Begun & Clapp, 2015). A professional able to directly or indirectly detect underlying alcohol

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usage problems may narrow the gap between the numbers who need treatment and who receive it (NASW, 2013). Therefore, social work may be referred as the primary help source to individuals with alcohol (and other substances) usage problems.

While encountering the problem of alcohol usage routinely, social workers play an important role in its assessment, prevention, intervention, treatment and policy formulation (Begun & Clapp, 2015). A multidimensional addiction phenomenon requires a systematic approach towards the problem, and social work may provide a path in long-term recovery by influencing personal (social skills, everyday skills, etc.), biological (e.g. direction to medical centers), environmental (work habits, satisfactory life, etc.) aspects (Raheb et al., 2016). Being a care manager, service provider or policy maker, a professional in social work take a significant role in selecting, delivering and advocating for evidence-based substance abuse treatment practices (Wells, 2013). Researchers emphasize prevention as an essential domain in social work practice, highlight intervention through education, social support management, family interventions, screening and brief counselling (Hafford-Letchfield, 2017), and point to comprehensive assessments based on social work values and skills to be highly important social work directions in this area. Consequently, social work as a profession has a unique opportunity to suppress alcohol usage problems at individual, family, community and even larger system levels.

Together with requirements for skills and evidence-based practices in social work with individuals having alcohol usage problems, the need for changes in social work education arise. The area of alcohol usage problems in social work becomes more specified and professionalized. National Association for Social Workers (NASW) provided with standards for social work practice with clients with substance use disorder (NASW, 2013). In short, NASW standards overviewed *ethics, qualifications, interventions, function, decision making, collaboration* and etc. in work with substance use disorders. A few years later, Manchester Metropolitan University provided the first description of a social worker's roles in work with alcohol and other substance users, which are *engagement, motivation and support in making and maintaining changes* (Galvani, 2015). More recently, Osborne-Leute et al. (2019) described social work practice in the field of alcohol and other substance use disorders in four core aspects: *knowledge, skills, attitudes, and interprofessional practices* (Osborne-Leute et al., 2019). Scholars also state that social work curricula should be extended in substance abuse knowledge and practical skills, including communicational and relational, assessment skills (Svendsen et al., 2019), research skills in social work to improve treatment services (Unegbu, 2020; Wilkey et al., 2013), risk assessment, types of interventions (Galvani et al., 2013), substance abuse recovery strategies (Urada et al., 2014), screening and motivational interviews (Munoz et al., 2019), etc. Generally, it is acknowledged that teaching and learning substance abuse topics should be a higher priority in social work programmes (Galvani & Allnock, 2014). Increased training opportunities for social work professionals that are not addiction specialists but address addiction-related issues during their standard services would enhance the ability to effectively carry out screening, education and evidence-based interventions in this field (Wolf et al., 2015).

Although social work as a profession in Lithuania has already more than 30 years of evolution, quantitative research in the area of alcohol usage problems is insufficient. A literature analysis discloses that scientific endeavor in this theme is mostly orientated toward theoretical (Ivanauskienė & Motiečienė, 2010; Zubavičius, 2019) or qualitative (Černauskaitė, 2015; Laucė, 2021; Lukaitė-Cekavičė, 2015) directions; the topic is often analyzed through the perspective of social work with families (Černauskaitė, 2015; Kutkauskienė, 2005; Stremauskienė & Žibėnienė, 2014) and often relies on an analysis of work practice in one (or few) specific organizations, e.g., addiction or rehabilitation centers (Gudžinskienė & Pozdniakovas, 2020; Jaseviciene, 2015) or Lithuania's districts (Laucė, 2021). One quantitative study which analyzed social services for people with alcohol usage issues was found; it concluded that social workers in this area often face a lack of provision of information in the society, a shortage of consistency of services, a lack of professional knowledge, practical skills, and scarcity of positive opinion upon individuals having alcohol usage problems and treatment not only among social specialists but the society as well (Jegeleviciene et al., 2012).

The importance of previous research could not be underestimated as it provided many important insights in social work with individuals having alcohol usage problems. However, nowadays it is acknowledged that social workers encounter individuals having alcohol usage issues on daily basis, not only in specialized addiction centers or rehabilitation services. Therefore there is a need to analyze more generalized situation in social work with individuals having alcohol usage problems, which wouldn't be restricted by district profile or organization specialties. This article is the very first step in uncovering the uncertainty of social work with individuals having alcohol usage problems in Lithuania, starting with a description of the nature of work in this area.

The aim of this study is to analyze social work (in terms of methods, services, practices and challenges) with individuals having alcohol usage problems in Lithuania.

Methodology

Research Design

In this quantitative study, a survey was conducted to analyze social work with individuals having alcohol usage problems, divided into *methods*, *services*, *practices*, and *challenges*.

The descriptive type of the quantitative research method was chosen to reveal the phenomenon, while analyzing the frequencies, underlying patterns, and categories and observing trends (Kim et al., 2017). The descriptive research method is used for accurately and systematically describing a population or phenomenon and enables to gather information needed to comprise a proper understanding of what a research problem is about. Phenomenon description is the primary and fundamental step before investigating why a problem exists and before searching for associations and correlations between different variables (Nassaji, 2015).

Research Terminology

In this research, the concept of *individuals having alcohol usage problems* has been chosen for ethical reasons. “Alcoholism, alcohol addiction, alcoholic, alcohol misuse, abuse” and etc. are among various terms to use while discussing a person using alcohol in an personally and socially unhealthy manner. However, not every individual experiencing negative consequences of alcohol usage is alcoholic (a term which nowadays is not usable due to its disrespectful and stigmatizing nature), and not every individual with unhealthy alcohol usage is an alcohol addict. Alcohol addiction is a medical condition with concrete symptoms, and only professionals in health care may determine whether a person is afflicted with this disease or not. Moreover, not only alcohol addiction may cause biopsychosocial problems for a person; even symptoms and behavior which are not reaching medical criteria might induce personal and social challenges. Therefore, to cover the whole possible range, the term *alcohol use disorder* is preferred instead of alcohol addiction. It refers to an “impaired ability to stop or control alcohol use despite adverse social, occupation, or health consequences” and is distributed into 3 categories based on symptom severity. It is important to mention that *alcohol use disorder* refers to such conditions as alcohol addiction, dependence, abuse or even alcoholism (National Institute on Alcohol Abuse and Alcoholism, 2021).

The terminology associated with alcohol problems has historically had a stigmatizing language – an abuser, drinker, addict, alcoholic. A systematic review, the first to analyze stigma-related substance abuse disorders, showed that stigma might not only reduce willingness to address substance abuse problems appropriately, but it might also stop an afflicted individual from seeking treatment (Yang et al, 2018). Moreover, terms and concepts, used in alcohol usage contexts, often incorporate expressions which might impose a more negative personal responsibility than an understanding that adverse alcohol usage is tightly connected to biological processes (which direct behavior) as well. For example, *abuse, misuse* might somehow indicate a willful behavioral act rather than an upcoming or already existing disease (Fadus, 2019). Therefore, to uphold the essential principle of respect for the individual and his/her integrity in social work, the most unstigmatized language was used.

Placing an *individual* in the first order and adding potential problems they might face, such as *having alcohol usage problems*, protects us from having negative perceptions and at the same time shows respect to a person and a problem that they might have to deal with. Such a terminology is described as recovery-orientated, because the expression “having an alcohol usage problem or disorder” excludes the assumption that drinking alcohol harmfully is a moral fault (Fadus, 2019).

Research Procedures

Since this research was focused on descriptive purposes of the research object, it was aimed to reach a broad and beforehand unspecified part of social workers, working in

various institutions, to reveal the scope of social work with individuals having alcohol usage problems in different contexts. Importantly, the main criteria to participate was outlined - a social worker working with or facing individuals having alcohol usage problems on their daily practices. Therefore, all social services centers from main cities and regions in Lithuania that are officially registered (list available on line www.rekvizitai.lt, this is a list of companies officially working in the Republic of Lithuania) were invited to participate via email. Municipality or district social services centers are main departments for managing social services across various areas: child and family centers, child care units, care centers, crisis centers, homelessness hostels and etc. An invitation to participate was also shared with the help of the Social Workers Association in Lithuania, was sent to 5 major addiction centers in Lithuania (Vilnius, Kaunas, Panevėžys, Klaipėda, Šiauliai), A list of NGOs was also covered. However, the response rate could not be calculated because it was not known how many respondents did the invitation to participate reach, and overall how many of them meet the criteria to participate.

Sample Characteristics

In total 149 respondents participated, with average age of 41 (range 22-63, SD=10.5) years, and the most was women (97%). The majority (n=103, 69%) of participants obtained their education in the university, and had a Bachelor's degree (n=100, 69%). Based on social work qualification, more than half (n=82, 55%) were social workers. On average, respondents had almost 10 years of work experience (mean=9.9, SD=6.7, range 1-29). In terms of workplaces, two main organizations occurred: social services center in the municipalities or elderships (n=75, 50%) and family support centres (n=32, 22%). More detailed sample characteristics are presented in Table 1.

Table 1: **Percentage and frequency distribution of sample characteristics.**

Variable	Group	No. (%)
Gender	Women	145 (97)
	Men	4 (3)
Age ^a	Below ≤ 40	71 (52)
	Above > 40	66 (48)
Education	University	110 (69)
	College	44 (30)
	Still studying	2 (1)
Education level	<i>Bachelor's degree</i>	
	• Social work	87 (60)
	• Other discipline	13 (9)
	<i>Master's degree</i>	
• Social work	31 (21)	
• Other discipline	14 (10)	

Variable	Group	No. (%)
Qualification	Social worker	82 (55)
	Senior social worker	57 (38)
	Social worker expert	1 (1)
	Other	9 (6)
Workplace	Municipality/Seniorship social services center	75 (50)
	Family Support Center	32 (22)
	NGO	2 (1)
	Crisis centre	2 (1)
	Addiction center	9 (6)
	Psychiatric clinic	1 (1)
	Primary health care center	2 (1)
	Foster home/temporary home	5 (3)
	Other ^b	21 (14)

^a n=137 (median 40).

^b Respondents who chose more than one workplace, or those who chose „other“ but did not specified their workplace.

Measures

An online-administered questionnaire via <https://webropol.com/> (a web-based survey creation and distribution platform) was used. Respondents were asked to evaluate the frequency of applying each specific method/service/practice on scale from 1 (never) to 5 (always):

- *Demographics and socioeconomic variables.* Data including gender, age, education, employment place, work experience were collected to describe the sample characteristic.
- *Social work methods.* The list of classical social work methods was created based on a review of literature.
- *Social work services.* The list of services was based on the Law on Social Services of the Republic of Lithuania (2006), which divided them into social services of general interest and special social services.
- *Social work practices.* To analyze the broader aspects of possible social work with individuals having alcohol usage problems, an additional question posited by the study author was used to address more specific practices.
- *Challenges.* An additional question addressing the main possible challenges social workers face in their daily practices with individuals having alcohol usage problems was comprised by the study author based on the literature review.

Analysis

Analysis was conducted using Statistical Program for Social Sciences (SPSS) version 26 software.

Results

Social work methods, services, practices, challenges

Figure 1 presents social work methods used with individuals having alcohol usage problems. An examination of the percentage expression of baseline scores reveal that social work is the most often based on individual case analysis (45% of respondents reported to use this method “always”), and the least often used methods are social work research (38% “never”) and community method (33% “never”).

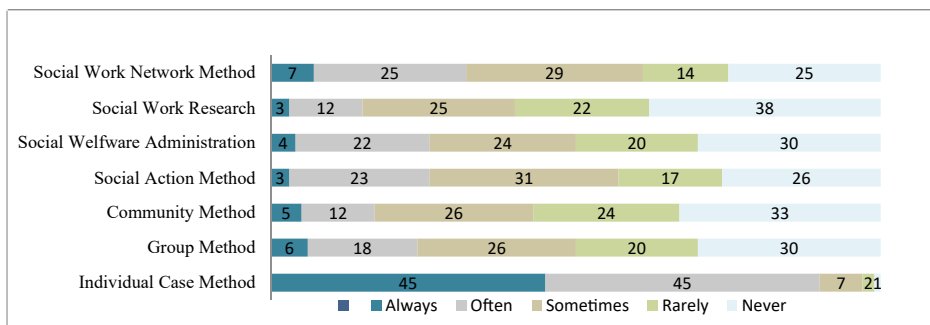


Figure 1. **Social work methods with individuals having alcohol usage problems (%)**.

Frequency analysis by percentage distribution of responses by categories.

Table 2. **Social work services with individuals having alcohol usage problems.**

General Services					
	Always	Often	Sometimes	Rarely	Never
Providing information	77%	21%	1%	1%	0%
Consultation	77%	21%	1%	1%	0%
Mediation and representation	61%	31%	7%	1%	0%
Sociocultural services	18%	29%	37%	13%	3%
Transport organization	20%	24%	28%	20%	8%
Catering organization	13%	25%	25%	19%	18%
Provision of clothing	16%	24%	37%	16%	7%
Special Services: supervision					
Home services	22%	15%	14%	8%	41%
Developing social skills	53%	30%	6%	7%	4%
Independent living home ^a	3%	7%	28%	24%	38%
Temporary accommodation	6%	7%	15%	23%	49%
Crisis management	8%	20%	30%	25%	17%
Special Services: care					
Day social care	2%	5%	14%	14%	65%
Short-term social care	5%	5%	19%	21%	50%
Long-term social care	4%	3%	22%	15%	56%

^aAccommodation in a home for independent living.

The evaluation of services provided in social work with individuals having alcohol usage problems were divided into general and special (supervision and care) services (Table 2). Results show that providing information and consultation are the most often used general social work services; up to 77% of respondents use those methods always. On the other hand, transport organization and catering are among the least often applied services with individuals having alcohol usage problems – on average, around 30% of respondents do not use those methods, or do that rarely. Among special services (category – *supervision*) the development of social skills was the most often used (53%), and in general, accommodation services (home services, temporary accommodation or accommodation in a temporary living home) were the least or never applied services. Finally, all special services (category – *care*) could be reported as uncommon in this researched sample, as at least half of the respondents (at least 50%) never apply none of the three *care* services.

Among social work practices with individuals having alcohol usage problems, family consultation is the most often used – 45% of respondents use it always (Table 3). Social skills development (39%) and everyday skills development (35%) were also among the most often used practices. On the contrary, services towards educational purposes were the least often applied – even 85% of respondents never organize professional training in the field of social work with individuals having alcohol usage problems, and 64% of respondents do not provide consultations to other professionals in this field. Table 3 lays out the frequency of applicable practices in more detail.

Table 3. Social work practices with individuals having alcohol usage problems.

Social work practices					
	Always	Often	Sometimes	Rarely	Never
Family consultation	45%	33%	13%	9%	0%
Social skills development	39%	48%	10%	3%	0%
Psychological skills development	13%	45%	32%	9%	1%
Everyday skills development	35%	43%	16%	5%	1%
12 step AA program	3%	11%	11%	18%	57%
Consultation by my own technique	5%	26%	29%	15%	25%
Organization of trainings for professionals	1%	1%	6%	7%	85%
Consultation of other professionals	4%	2%	13%	17%	64%

In the figure below, the percentage distribution of challenges faced in social work with individuals having alcohol usage problems is presented.

Among the most-often faced challenges, a lack of client motivation is the most common – 27% of respondents agree that this is interrupting social work process *always*, and 63% of respondents face this *often* (Figure 2). In contrast, the least-often faced challenge is the lack of the social worker’s own motivation (25% of respondents *never* and 44% only *rarely* have this difficulty).

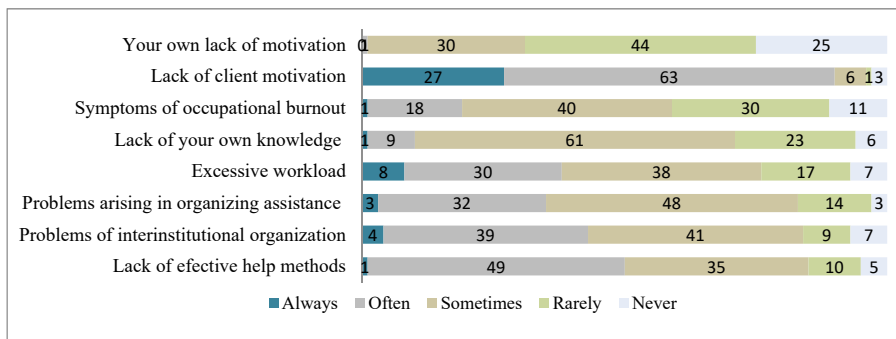


Figure 2. **Challenges in social work connected to individuals having alcohol usage problems (%)**
Frequency analysis by percentage distribution of responses by categories.

Discussion

The aim of this study was to analyze social work (in terms of methods, services, practices and challenges) with individuals having alcohol usage problems in Lithuania. Study results could help in uncovering the strengths and weaknesses in nowadays social work in this concrete area, and based on analysis, improvements may occur.

The results of this research indicate that in social work with individuals having alcohol usage problems, individual case analysis is the most often applied method – that is, social work in this area is focused on an individual solution for an individual problem. Being the oldest method in social work practice, the individual case method is a method of direct and individually orientated support in a concrete situation (Chukwu et al., 2019). Despite the undeniable need and applicability of the individual case method in social work, scientific research shows the great effectiveness of the group method for individuals having alcohol usage problems (Uranta, Ogbanda 2017), a method of low incidence in this research. The group method in the addiction field may be successfully applied due to some of the method's properties: it helps raise awareness through changes in communication skills due to reality assessments between similar reality members (Uranta, Ogbanda 2017).

Additionally, the community approach could also be a central preventative method by social workers in problematic alcohol usage circumstances (Haggerty & Shapiro, 2013). Wolf (2018) even claims that people recover not in the therapist's office but in communities, with the help of professional social worker (Wolf, 2018). However, this research shows a rare use of this method. Another low usage social work method called the "social network" is also highly applicable in problematic alcohol usage situations, as network-based recovery through supporting the strategy of abstinence. An earlier study in Lithuania showed a successful application of the social network method as a secondary prevention of drug addiction with a focus on reconstructing, mobilizing, maintaining the same constructive, and forming new networks in recovery (Žydzūnaitė et al., 2010).

Study findings also show that secondary social work methods (welfare, action, research), which serve the primary methods and are aimed at supporting their implementation (Chukwu et al., 2019), were a highly unpopular choice of social work form in this research. This might be explained by the fact that social action or social welfare administration are action models for the organization leaders and initiators, as it requires various skills to influence processes at the political and social levels (Chukwu et al., 2019), and this research was not focused on leadership agents in social work organizations; therefore, the percentage of leaders at this particular case might have been low. On the other hand, a low acquisition of secondary social work methods may reflect the overall situation in social work professionalizing in Lithuania. Secondary methods are the ones of change in society, influencing political decision, providing the voice for unheard societal issues, and which work extensively with communities (Parmar, 2014). And it could only be presumed that such a still young profession in Lithuania needs to build its own professionalism, quality and self-confidence not only in practical (direct methods) but also in broader, academically based methods aimed to achieve social progress and construct social welfare.

Scientific research, as social work method, is also spotlighted in the substance abuse area and might be named as a competence that is underestimated and unreasonably rarely used. Foreign authors highlight the inclusion of the research methodology and research implementation in social work education (Unegbu, 2020; Wilkey et al., 2013). However, study findings show a low usage of this method. Social work research informs policy, programs and interventions, form routine practices, examine evidence-based strategies, identify problems, and evaluate techniques (Depanfilis, 2014). Evidence-based practices, driven by scientific enquiry, constitute a process of seeking better outcomes for clients; it also includes the client in the search for effective solutions and involves them in decision-making (Drisko & Grady, 2015). Lundgren and Krull (2014) claim that integrated care provided by social workers in addiction field should be based on interdisciplinary research and practice (Lundgren & Krull, 2014). Evidence-informed social work will provide opportunities to improve performance or intervene on low performance in substance abuse recovery, or will supplement the course of help with real-time knowledge for successful client empowerment (Wolf, 2018).

Foreign literature also highlighted the importance of mixed method incorporation in social work in substance abuse area. For example, Australian social workers perform roles which incorporate a mix models of methods (Fraser & Jarldorn, 2018). A case manager can run groups, participate in social policy discussion, conduct studies in search for evidence of good practice or solutions to practical problems. Social work intervention based on case and group work may result in multiple outcomes, as, e.g., opioid addiction after systematic social work intervention resulted on improvement in general health, social functioning and reduced depression (Raheb, 2016). Perhaps mixing the methods used may supplement the whole social work process with a particular client group and support the client empowerment process from various perspectives.

Among general social services used with individuals having alcohol usage problems, providing information, consultation and mediation/representation (general services) and developing social skills (special services) are the most often used. In previous research in Lithuania, just in a different context (social work with crisis families), the same three general services were found to be the most prominent (Augustavičius, Sadauskas, 2018). Social services as a mean of assistance provision to a person who has lost the ability or opportunity to take care of personals or his family life independently, are directed at developing or strengthening abilities to solve the client's social problems, maintain social relations, and help overcome social exclusion (Ministry of Social Security and Labor of the Republic of Lithuania, 2020). The study results also showed the importance of family consultations and social or everyday skills development in this field researched. Alcohol usage problems affect the whole family; therefore, the support oriented to it is an important line in social work (NASW, 2013). Family support should be focused on counselling (providing change to talk about the problem), providing information, exploring coping skills with drinking problems, enchanging social support, and exploring the need for referral to further treatment options (BASW, 2012).

Assisting a person with low motivation to change may be challenging; however, motivational factors are the main chaining indicators to which all helping professionals should be aimed at (Waite, 2018). As indicated by study findings, the lack of client motivation is the main challenge in working with individuals having alcohol usage issues. Not without reason great attention worldwide is paid towards motivational interview skills as an essential practice in social work in substance abuse area. Motivational interview skills (Munoz et al., 2019), together with knowledge and skills in evidence-based substance abuse recovery strategies (Urada et al., 2014), could enhance social work practice in this specific area. Evidence-based practices in substance abuse counseling, which contains motivational interview skills (Hodorowicz et al., 2020; Putney et al., 2017; Sacco et al., 2017), as well as skills in making and maintaining changes (Galvani, 2015), and expertise in communicational, assessment practices (Svendsen et al., 2019) are among the most important topics to include in social work education, which are recognized worldwide. It could be assumed that professional skills development in motivation interview, and other areas mentioned, may help to overcome this tension sphere. It is important to note, that research respondents indicated a lack of effective help methods as a second leading challenge in this case. And it is even more important to further investigate what reasons underlie this result.

Conclusion

Except indefinite, but probably a rather small number of social workers whose professional specification is exclusively work with individuals having alcohol usage problems and whose activities were not captured by this research or reflected only at a small number of incidence; this study may be referred as a detailed and up-to-date picture of social work with individuals having alcohol usage problems in Lithuania.

In general, social work with individuals having alcohol usage problems in Lithuania is more individual intervention-orientated. That is, through the most often used individual case method, direct intervention, provision of information, consulting and mediating general services are most often applied. Intervention orientation also reflects on a high incidence of such special services as social skills development or family consultation. Low acquisition of community, group or network methods show a direction towards individual intervention as well. However, the prevention and policy making functions are relatively weak in this case, considering the low usage of secondary social work methods, such as social action, social welfare, or social research methods.

Limitations

This research is presenting generalized results; therefore, social work in certain organizations providing specialized services to individuals having alcohol usage problems may diminish under a majority trend. It is also important to mention that study data do not represent the individual/personal efforts of social workers in this area. Although, keeping in mind a high tendency towards qualitative research tendency in social work, capturing a more generalized picture, as seen in this quantitative study, is necessary.

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Article III

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Exploring Lithuanian social workers' attitudes towards individuals with alcohol usage problems

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Abstract

Aim: Social workers are at the front line of helping individuals experiencing alcohol usage, due to their professional duties, ideology and values that underpin it. In Lithuania, where social work still continues to develop in both practice and education, it is crucial to supplement with relevant information to strengthen social work's response to issues with alcohol usage. Therefore, the aim of this study was to explore social workers' attitudes towards individuals with alcohol usage problems. **Methods:** In total, 149 Lithuanian social workers completed a web survey that gathered information about education, work experience and workplace, and filled in the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ) to measure their attitude towards individuals with alcohol usage problems. **Results:** The social workers showed a positive attitude towards individuals with alcohol usage problems (mean 35.81 [SD 4.8]). Attitude domain analysis revealed Role Legitimacy (91.3% above the midpoint) to reflect the most positive attitudes and Work Satisfaction (24.2% above the midpoint) to reflect the least positive attitudes. Those with master's degrees scored higher on the total SAAPPQ ($t = -2.44$, $p = 0.016$) and its subscales Work Satisfaction ($t = -2.52$, $p = 0.013$) and Therapeutic Commitment ($t = -2.21$, $p = 0.029$). Having 6–13 years of work experience (mean SAAPPQ = 37.02 [SD 5.11]) was associated with a more positive attitude compared to those with less than 5 years of experience (mean SAAPPQ = 34.08 [SD 3.87]). **Conclusion:** Although social workers understand their professional responsibility to work with individuals with alcohol usage problems, their dedication to work, motivation and task-specific self-esteem

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are low. The results also support education, as those with master's degrees showed more positive attitudes. This study further encourages support for social workers just beginning their career, who might report lower attitudes towards individuals with alcohol usage problems.

Keywords

alcohol, attitudes towards alcohol usage, SAAPPQ, social work, staff attitudes, substance use

Understanding professionals' attitudes towards their clients is as important as adequate knowledge and skills within the field of substance abuse. Molina-Mula et al. (2018) declare that this is even essential to developing the ability to work with clients with dependence problems. An attitude generally refers to the way people think or feel about something (Merriam-Webster, n.d.), as well as reflects an evaluation of an object or situation (Jain, 2014). In the most general sense, attitude determines type of response, which varies from negative to positive (Prates et al., 2021). However, attitude has another important role: to predict behaviour (Shrigley, 1990). Nowadays, prediction and explanation of behaviour are dominant goals of attitude research in various contexts, ranging from political, commercial and lobbying to public health and human service sectors (Howe & Krosnick, 2017).

Attitudes can influence behaviour; however, the relationship is not straightforward. First, behaviour and attitude do not always match up completely (Chaiklin, 2011), as there are many factors that influence the engagement in behaviour, such as environmental factors, normative beliefs and social norms, personal beliefs and values, behavioural intentions and so on (Ajzen, 2001; Ajzen & Fishbein, 1972, 2000; Bakanauskas et al., 2020). Even more complicated is the activation of behaviour in terms of conscious and unconscious processes, where attitudes might operate outside individuals' awareness, as well as behaviours that can be automatically influenced by knowledge led by accidental social cues (Ferguson & Bargh, 2004). According to Chaiklin (2011), the "order of change" dilemma arises in

this situation too: is it crucial to modify attitudes in order to change behaviour; do these changes occur simultaneously; or is it enough to modify only behaviour? Although human behaviour is complex, and people do not always act upon their thoughts, the mental component, expressed in beliefs, attitudes and intentions, based on the Theory of Planned Behaviour, is a priori, and often become the target of intervention in motivating people to engage in and maintain particular behaviour or to encourage awareness of the behaviour they conduct (Ajzen & Schmidt, 2020). Therefore, in this particular study, attitude is chosen as the mental component of behaviour, which can be measured with psychometric tests, the results of which make it possible to use interventions to achieve change in social work with individuals with alcohol usage problems.

Evidence suggests that health and social professionals' attitudes impact the quality of care and services they provide, as well as connect to various dimensions of work. For example, negative attitudes may decrease motivation to help clients (Van Boekel et al., 2014), interfere with professionals' willingness to work with alcohol-related problems (Skinner et al., 2005) or form a barrier to a good therapeutic relationship (Anderson et al., 2004). Conversely, positive attitudes are related to higher engagement with individuals who use various substances (Cartwright et al., 1996; Hutchinson et al., 2013), and lead to more intensive intervention activity (Anderson et al., 2017), positive treatment outcomes (Anderson et al., 2004) and adherence to treatment plans or recommendations for educational activity (Darlow et al., 2012). Cartwright et al. (1996) show that

professionals' attitudes may even be used to predict clients' treatment behaviours. In that study, workers who were most committed to their work created affective bonds with their clients and managed to formulate shared goals and treatment processes; as a result, their clients were the most engaged in their treatment. A more recent study also reveals that patients with substance usage problems emphasised professionals' attitudes as incredibly important in their treatment (Wangensteen & Hystad, 2022). Those treated in a respectful and collaborative manner developed higher self-esteem and optimism, felt valued and created a more positive experience in the substance abuse treatment unit. In contrast, a disrespectful professional attitude increased a sense of helplessness (Wangensteen & Hystad, 2022). Unconsciously imposed or consciously exhibited negative beliefs about people with substance usage problems also affect clients' openness to discuss the problem and threaten mutual cooperation (Curtis & Harrison, 2001). However, in such a sensitive area as substance abuse, the risk of stigmatising attitudes is high, which may result in client avoidance or unwillingness to respond to the problem (Henderson et al., 2014; Prates et al., 2021). Thus, it is important to produce empirical knowledge on social workers' attitudes towards individuals with alcohol usage problems to strengthen the interventions that can be applied during standard services and those specifically orientated towards substance abuse. This knowledge can in turn improve social work practice within this field and enhance client involvement and cooperation. In spite of the complex nature of attitude formation, incorporating personal and professional experience, societal norms and values, or even cognitive reasoning processes, education/formal learning might have a significant influence on attitude construction in social work with individuals with alcohol usage problems. Research supports the importance of education for social work professionals' attitudes towards substance abuse problems (Amodeo,

2000; Galvani & Hughes, 2010; Senreich & Straussner, 2013; Senreich et al., 2017). For instance, those social workers who underwent 9 months of postgraduate psychoactive substance abuse training were more likely to assess their clients for these issues and held more optimistic attitudes about clients with alcohol and other drug usage problems. Studies were aimed to increase social workers' skills and knowledge in the areas of diagnosis, treatment, assessment and relapse prevention (Amodeo, 2000). The scientific research of Galvani and colleagues (Galvani, 2007, 2017; Galvani & Allnock, 2014; Galvani & Hughes, 2010; Galvani et al., 2013) have long analysed the influence of the formal and special education for social workers while working with individuals with substance abuse problems, and attitudes are discussed in detail. Galvani (2007) stated that this is not an inability or unwillingness of the social worker to address substance use issues, this is a failure of social work education to respond to the calls for more effective training on this topic. Later she explained that knowledge, support from colleagues and legitimacy of the role are highly connected, emphasising the importance of the knowledge to make social workers feel like legitimate performers of their role in the field of substance abuse (Galvani & Hughes, 2010). Recently, the author presented the ecological perspectives of the place of substance abuse within social work education and human resources, and social workers values, attitudes and knowledge are recognised as individual influences, which should be analysed while educating professionals for social work within the field of substance abuse (Galvani, 2017). Accordingly, attitudes, knowledge and skills should be treated equally in the training of professionals (Hutchinson et al., 2013). Although some researchers have not observed a change in social workers' attitudes towards substance usage problems after receiving specific training or after a university course, they did note a change towards utilising particular intervention options; for example, training increased the

usage of a harm reduction model (Fenster et al., 2017). The contents of training/courses also influence attitude construction, though the main question is how to bring this knowledge into real practice (Galvani & Hughes, 2010). Consequently, it is not only important to boost attitudes through knowledge and skills but also to grasp how this is done. The present study neither distinguishes the concept of knowledge more precisely nor investigates it in further detail with regard to practice hours, environments or formal education subjects. But it is still critical to recognise how complex knowledge is as a construct and that not only formal education constitutes its development. Education does not literally mean only lectures or seminars, and knowledge is not delivered only in a university or college. Livingston's (2014) model of knowledge for social work in the field of alcohol usage raises the question of the origin and impact of social workers' knowledge brought to specific contact with individuals with alcohol usage problems. The author suggests that this is not only the case of formal knowledge (learnt through education), but also of so-called "non-codified" knowledge, constructed through individual and professional experience, cultural norms, personal values and ethics, and individual wisdom that construct social workers own knowledge framework upon which social workers' practices occur (Livingston, 2014).

Substance abuse problems are well recognised in Lithuania (Dambrauskiene et al., 2019; Department of Drug, Tobacco and Alcohol Control, 2022; Klumbiene et al., 2012; OECD/European Observatory on Health Systems and Policies, 2021; Radisauskas et al., 2021; Rehm et al., 2021; Rovira et al., 2022; Stelemekas, 2021; WHO/World Health Organization, 2023). Alcohol consumption is a major public health concern in Lithuania (OECD, 2021), with up to 35% higher alcohol usage than the European average (Department of Drug, Tobacco and Alcohol Control, 2022). In Lithuania, drinking alcohol may have been a factor in 7% of all deaths in 2020

(Department of Drug, Tobacco and Alcohol Control, 2022), with large numbers of cases of cancer, liver cirrhosis and coronary heart disease, which are closely connected with alcohol usage (Radisauskas et al., 2021; Rovira et al., 2022; Stelemekas, 2021). The high suicide rate in Lithuania (WHO, 2023) might also be attributable to excessive alcohol usage (Dambrauskiene et al., 2019). Approximately 70% of men and 43% of women who attempted suicide had issues with problematic alcohol consumption (Dambrauskiene et al., 2019). Excessive alcohol usage painfully touches families. The research by Tamutienė and Jogaitė (2019) highlighted the harm experienced by children (aged 8–18 years) growing up in an environment with parental alcohol consumption. It was found that not only are maltreatment and domestic violence present in such families, the pathways to help are often complicated by social stigma (Tamutienė & Jogaitė, 2019). Statistics show that in as many as 76% of cases, when children had to be taken from families, it was because one of the caregivers was under the influence of alcohol and/or narcotic, psychotropic or other psychoactive substances and could not care properly for the child (Department of Drug, Tobacco and Alcohol Control, 2022). Apart from statistics and documented research, there are the intangible costs of alcohol consumption that are difficult to measure, even though they highly affect the individual and all of society. Social workers encounter issues with alcohol and other substance usage directly and indirectly. In Lithuania, social work is organised by the Ministry of Social Security and Labour of the Republic of Lithuania and is described as a profession that aims to assist individuals, families, communities and society in resolving social issues and overcoming challenges brought on by their interaction with the environment (Ministry of Social Security and Labour, 2022). After completing a study programme in the field of social work and acquiring a qualification in social sciences (bachelor and/or master level education) in one of the six universities or nine colleges in Lithuania, social workers conduct their professional role by

services and functions described on the Law on Social Services of the Republic of Lithuania (2006), which vary from general (providing information, consultation, mediation, representation and so on) to more specific (developing social skills, crisis management, social care etc.) (Law on Social Services, 2006). Importantly, the institutional services and functions that a social worker carries out are the same, although the origins of the social problems vary, indicating the importance of appropriate knowledge within a specific field of practice. Social workers often evaluate the complete spectrum of needs that people have, but they could be less knowledgeable about concerns with alcohol and other drugs. Interventions for other problems will not be as successful if this crucial area of need is overlooked and unmet (McCarthy & Galvani, 2018). Being at the centre of many social problems, such as families at risk, violence in the immediate environment and so forth, social work professionals do face problems with alcohol use, even though they do not always work directly with those individuals; rather, they provide information or consult families or individuals with social problems, but may notice or are aware of a drinking problem. Then the question arises of the worker's responsibility and willingness to consider the alcohol issue, as well as his or her ability and willingness to discuss it with the client while dealing with other issues. Certainly, in specific centres, such as alcohol or drug rehabilitation or dependence clinics, social workers may take more active steps in the rehabilitation process. However, when it comes to alcohol prevention or intervention through daily practices, it is up to the social worker's competence and commitment (in terms of actual help and in terms of quality of help) to determine what the next steps will be when he or she notices the client's drinking problem. Those steps may depend greatly on the professional's knowledge, skills and, as the above research indicates, attitude. Therefore, this study is not an attempt to evaluate specific social services in alcohol-related institutions alone; the aim of the present study was to analyse the overall picture of social workers'

attitudes while providing any standard or specific services to individuals with alcohol usage problems. As Galvani once declared, alcohol consumption should not only be seen as a health problem, it is a social issue as well (Galvani, 2007). Therefore, it is essential to consider the factors that could improve social workers' responses to these issues, one of which is attitude, which has recently gained considerably more scientific attention. As a relatively new profession and science, social work in Lithuania differs significantly from the Western or Nordic welfare systems in terms of approach, service organisation and functions. Only after regaining its independence in 1990 did Lithuania start to grow a more autonomous social work sector, and it was during this time that social work started developing increasingly as a profession (Mačiulskytė, 2014). However, to successfully address social concerns and satisfy the needs of vulnerable people, the profession still faces obstacles, such as the need for more evidence-based resources and support. In addition, the role of social work in Lithuania still faces great uncertainty, which is reinforced by changes in policies and regulations, limited resources, complex social problems and various dilemmas without a clear solution (Rimkus, 2015). Social workers in Lithuania are required to work with a range of settings and populations, creating a diversity of tasks that aggravate the expectations of their profession, and, as a consequence, might affect the efficiency of client and community care. This is especially true in complex cases, such as problematic alcohol use, when a social worker has to deal with the client's practical day-to-day issues and simultaneously faces an emotional and psychological demanding situation. Thus, the overall objective of social work education in Lithuania is to prepare professionals who can use the most recent research, balance the interests of diverse communities and respond to unpredictable situations (Rimkus, 2015). This article is an attempt to include knowledge in social work with individuals with alcohol usage problems in Lithuania and is a part of a doctoral dissertation focusing on an in-depth analysis

of social work with individuals with alcohol usage problems in Lithuania; it belongs to several articles that consistently explore this phenomenon (Kievišienė, 2022; Kievišienė & Skaffari, 2020). Being the first quantitative study focusing on social workers' attitudes towards individuals with alcohol use problems in Lithuania, the study has two research questions: (1) what attitudes towards individuals with alcohol usage problems are the most and the least positive in a sample of Lithuanian social workers; and (2) what is the relationship between the professionals' attitudes, their formal education and their work experience?

Methods

Study sample

Social workers from various social service institutions in Lithuania participated in this research. Those institutions included municipality or district social service centres from main cities and regions in Lithuania (which are the main departments for managing social services in family and child care, governing crisis centres and homelessness care, and so on), five major addiction centres in the main cities of Vilnius, Kaunas, Panevėžys, Klaipėda and Šiauliai, as well as non-governmental organisations related to alcohol rehabilitation or intervention centres for families/men/women based on the official register in Lithuania. An invitation to participate in the research was also spread through the Social Workers Association in Lithuania, which includes around 1100 members. Importantly, a working with or encountering people with alcohol usage problems on a regular basis was described as the primary criterion for a social worker's inclusion in the study. Since this research was designed for descriptive purposes, the focus was on generating an unspecified sample of social workers so that a broader scope of social work with individuals with alcohol usage problems could be attained. The sample size could not be calculated because the condition for participation

was "working with individuals with alcohol usage problems" in daily practice, but was not specified to only those social workers working in specialised dependence treatment units; therefore, it was the social worker's decision whether he or she often met individuals with alcohol usage problems, and as result could participate in the research.

Questionnaire

An initial explanatory letter outlining informed consent to participate in the study was shared with the institutions' leaders and then distributed further to the social workers themselves. To gather the participants, an online administered questionnaire was obtained. The research scale started with detailed information about the purpose of the study; the informed consent with principles of confidentiality and anonymity of the study was also outlined, and only after the participant agreed to answer the questionnaire (by pressing "yes, I agree to participate") was he or she further automatically directed to the start of the study questions. The questionnaire gathered demographic and socioeconomic data, including sex, age, education, place of employment and work experience. The social workers' attitudes towards individuals with alcohol usage problems were assessed using the shortened version of the AAPPQ (the SAAPPQ) (Anderson & Clement, 1987). This internationally used scale has previously shown good applicability in various disciplines, such as healthcare, education and social work (Clancy & Oyefeso, 2019; Gonçalves et al., 2020; Iqbal et al., 2015; Munoz et al., 2019; Santos & Rosário, 2015; Williamson, 2019; Wilson et al., 2011). The SAAPPQ has five subscales (Adequacy, Self-Esteem, Motivation, Legitimacy and Satisfaction), which, when combined, represent two latent constructs (Role Security and Therapeutic Commitment), as shown in Table 1. The SAAPPQ has 10 items that are evaluated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). Total attitude

score are in the range of 10–50, with a higher score indicating a more positive attitude.

Per the SAAPPQ's authors' (Anderson & Clement, 1987) agreement to use the scale for this research, a double-translation design was used to obtain a Lithuanian version of the SAAPPQ. It was advantageous to employ more than one translator for this design to enhance the equivalence of the source and target languages, as achieved by recording discrepancies in the target language (as compared to a back-translation procedure) (Organisation for Economic Co-operation and Development [OECD], 2012). A professional translator (YZ) and the researcher (JK), both fluent in the target language, translated the SAAPPQ into Lithuanian. Two social work professionals from Lithuania reconciled the initial translation by assessing both the source and target language versions. Discrepancies were resolved through discussion. The two translations of the statements were generally identical; in case of discrepancies, the selection of word synonyms was the most frequent reason. Moreover, person-centred SAAPPQ item stems (following Mahmoud et al., 2020) were used to avoid stigmatisation and better represent the human worth principles of social work ethics. For instance, the word "drinker" was replaced with "an individual having alcohol usage problems". The Lithuanian translation of the whole SAAPPQ questionnaire is shown in Table 2.

Statistics

Analyses were performed using SPSS for Windows, version 22.0 (IBM Corp., Armonk, NY, USA). A two-tailed p value of 0.05 was considered significant. The descriptive data were presented as means and standard deviations alongside 95% confidence intervals or median (25th–75th percentile), and categorical variables as the frequency and percentage. A Shapiro–Wilk test and inspection of shape parameters, such as skewness and kurtosis coefficients, were performed to check the normality assumption. Levene's test was used to check

whether samples had equal variance. To measure the relationship between continuous variable "work experience" and different attitude domains, data visualisation by curve estimation models was first performed (the data showed a statistically significant non-linear correlation between the attitude domains "work satisfaction" and "work experience"). However, to achieve a deeper analyses of different stages of work experience and their association with separate attitude domains, a one-way ANOVA was performed while categorising "work experience" by cut-off points determined by statistical tertile analyses. The Bonferroni to *post hoc* multiple comparisons after rejection of a one-way ANOVA for all dependent variables (SAAPPQ and subscales) were applied. The differences between the two groups (education level of bachelor or master) were assessed using a Student's t -test or Mann–Whitney U test, as appropriate. A comparison between the three groups of work experience (the continuous variable was categorised into tertiles) was performed using a one-way ANOVA. The magnitude of change (effect size) in SAAPPQ subscale scores was assessed using Eta squared (η^2 , the percent of the total variance in value that is associated with work experience; $\eta^2 = 0.01$ indicates a small effect, 0.06 indicates a medium effect, 0.14 indicates a large effect) for the ANOVA model and Cohen's d for the t -test. Cohen's d is a standardised measure of effect size and provides information on the amount of change in the measure relative to the variation within the measure. A Cohen's d value of 0.2 is a small effect, 0.5 is a moderate effect and 0.8 is a large effect (Cohen, 1977). The internal reliability of the Lithuanian version of the SAAPPQ was measured using a Cronbach's alpha test and showed good internal reliability, with a Cronbach's alpha value of 0.764 (Taber, 2018).

Results

In total, 149 social workers completed the survey. The survey's response rate was

Table 1. The structure of the SAAPPQ.

Role Security	
Feelings while working with people who have alcohol usage problems, and the level of psychological safety the professional feels while conducting daily tasks	
Role Adequacy	Feelings about the adequacy of one's own knowledge and skills while working with a person with alcohol usage problems
Role Legitimacy	Feelings of appropriateness (or having the right) to work with a person with alcohol usage problems
Therapeutic Commitment	
Dedication to working with individuals with alcohol usage problems	
Task-Related Self-Esteem	Level of self-esteem while fulfilling professional tasks in work with individuals with alcohol usage problems
Motivation	Willingness to accomplish professional tasks
Work Satisfaction	Expectations of work satisfaction when working with individuals with alcohol usage issues

Note. SAAPQ = Short Alcohol and Alcohol Problems Perception Questionnaire. Sources: Anderson et al. (2017); Cartwright and Gorman (1993); Gorman and Cartwright (1991).

Table 2. The Lithuanian translation of SAAPPQ.

1. Manau, kad apie alkoholio vartojimo priežastis žinau pakankamai, kad galėčiau atlikti savo pareigas darbe su asmenimis, turinčiais alkoholio vartojimo problemų.
2. Aš jaučiu, kad galiu tinkamai konsultuoti savo klientus apie alkoholio vartojimą bei jo padarinius.
3. Aš jaučiu, kad nedaug kuo galiu didžiutis savo darbe su asmenimis, turinčiais alkoholio vartojimo problemų.
4. Apskritai, esu linkęs (linkusi) manyti, kad man prastai sekasi dirbti su asmenimis, turinčiais alkoholio vartojimo problemų.
5. Aš noriu dirbti su asmenimis, kurie turi alkoholio vartojimo problemų.
6. Pesimizmas yra realiausias požiūris į asmenis, kurie turi alkoholio vartojimo problemų.
7. Manau, kad turiu teisę paklausti klientų apie jų girtavimą, kai to reikia.
8. Manau, kad mano klientai žino, kad aš turiu teisę paklausti jų apie jų alkoholio vartojimą, kai to reikia.
9. Apskritai, darbas su asmenimis, kurie turi alkoholio vartojimo problemų, man teikia pasitenkinimą.
10. Apskritai, man patinka dirbti su asmenimis, kurie turi alkoholio vartojimo problemų.

Note. SAAPQ = Short Alcohol and Alcohol Problems Perception Questionnaire.

33.78% (the response rate was calculated by dividing the total number of responses [$n = 149$] by the number of people who opened the link to the online survey [$n = 441$] and multiplied by 100). The majority of responders (97.3%) were female, which is consistent with Lithuanian work force data for occupations where women hold the majority of positions (Office for National Statistic, 2023). The mean age of the final sample 41.28 years (SD 10.54; age range 22–63 years). Their range of work experience was 1–27 years (mean 9.93 years

[SD 6.67]). In total, 47 (32%) individuals had a master's degree and 100 (68%) had a bachelor's degree; 2 (1%) did not answer the question. The majority of respondents worked in municipal or eldership social service centres ($n = 75$, 50%) or in family support centres ($n = 32$, 22%) (Table 3).

Overview of attitudes

The sample's mean SAAPPQ score was 35.81 (SD 4.8), representing an overall positive

Table 3. Baseline characteristics of participating social workers.

Variable	
Age ^a (years) (n = 137)	41.28 (10.54) (22–63)
Sex (M/F)	4/145 (97)
Work experience overall ^a (years) (n = 147)	9.93 (6.67) (1–29)
Work experience (years) (n = 149)	
≤5	49 (33)
6–13	56 (37)
14+	44 (30)
Level of education (n = 147)	
Bachelor's	100 (68)
Master's	47 (32)
Workplace (n = 149)	
Municipality/Senior social services centre	75 (50)
Family support centre	32 (22)
Non-governmental organisation	2 (1)
Crisis centre	2 (1)
Addiction centre	9 (6)
Psychiatric clinic	1 (1)
Primary healthcare centre	2 (1)
Foster home/temporary home	5 (3)
Other ^b	21 (14)

Note. Values are given as n (%) unless otherwise indicated. F = female; M = male; SD = standard deviation.

^aValues are given as mean (SD) (range).

^bRespondents who chose more than one workplace or those who chose "other" but did not specify their workplace.

attitude among the social workers towards individuals with alcohol usage problems (score range 10–50). The analysis of the attitude subscales and latent domains was described as min/max scores, means and standard deviations. A midpoint report was also generated, with the midpoint indicating neither a positive nor a negative attitude, scores above it indicating a more positive attitude and those below it representing a more negative attitude (Table 4).

The most positive attitudes were expressed in the SAAPPQ subscale Role Legitimacy

(91.3% above the midpoint), meaning that the social workers felt that they had the right to work with people with alcohol usage problems. However, the respondents reported much lower attitudes in the Motivation (59.7% above the midpoint) and Task-Specific Self-Esteem (67.1% above the midpoint) subscales, showing a lower willingness to accomplish social work tasks with individuals with alcohol usage problems and possibly lower self-confidence in fulfilling them. The lowest results were in Work Satisfaction (24.2% above the midpoint), indicating that, in general, the respondents considered working with clients with alcohol usage problems as not very rewarding or pleasant. Considerably different attitude scores between the two latent constructs Role Security (91.9% above the midpoint) and Therapeutic Commitment (64.4% above the midpoint) reflected that the social workers felt psychologically safe in their work (i.e. they have the right to work with individuals with alcohol usage problems and have the knowledge and skills to proceed with daily tasks). However, they might have lacked dedication in social work dealing specifically with individuals with alcohol usage issues.

Level of education

The data analysis also revealed associations between the level of education and various SAAPPQ subscales and latent domains (Table 5).

Participants with a bachelor's degree scored lower in every domain of the SAAPPQ than those with a master's degree (Table 5). There were significantly higher scores for master's degree holders compared to bachelor's degree holders for the total SAAPPQ score ($t = -2.44$, $p = 0.016$), the Work Satisfaction subscale ($t = -2.52$, $p = 0.013$) and the latent Therapeutic Commitment domain ($t = -2.21$, $p = 0.029$). In short, those who had a master's degree held more positive attitudes towards individuals with alcohol usage problems overall, were

Table 4. Sample characteristics: mean SAAPPQ subscale results.

SAAPPQ subscale	N above midpoint	% above midpoint ^a	Median (25%–75%)	Min	Max	Mean	SD
Role Adequacy	115/149	77.2	8 (7–8)	4	10	7.60	1.34
Role Legitimacy	136/149	91.3	8 (8–9)	2	10	8.25	1.32
Motivation	89/149	59.7	7 (6–8)	3	10	6.83	1.54
Task-Specific Self-Esteem	100/149	67.1	7 (6–8)	2	10	7.23	1.51
Work Satisfaction	36/149	24.2	6 (5–6)	2	10	5.91	1.73
Role Security	137/149	91.9	16 (15–17)	9	20	15.85	2.15
Therapeutic Commitment	96/149	64.4	20 (18–22)	12	30	19.97	3.56

Note. SAAPPQ = Short Alcohol and Alcohol Problems Perception Questionnaire; SD = standard deviation.

^aMidpoints are: Role Adequacy, Role Legitimacy, Motivation, Task-Specific Self-Esteem and Work Satisfaction = 6; Role Security = 12; and Therapeutic Commitment = 18.

Table 5. SAAPPQ mean results: bachelor's and master's degree comparisons.

Dependent variable	Bachelor's (n = 100)	Master's (n = 47)	df	t	Sig.	Cohen's d
SAAPPQ total	35.15 (4.78)	37.16 (4.60)	1,147	-2.44	0.016	0.426
Role Adequacy	7.49 (1.31)	7.83 (1.41)	1,145	-1.39	0.165	0.243
Role Legitimacy ^a	8.00 (8–9)	8 (8–10)	1,145	2133 ^b	0.170 ^b	0.249
Motivation	6.72 (1.53)	7.06 (1.54)	1,145	-1.27	0.205	0.222
Task-Specific Self-Esteem	7.14 (1.57)	7.40 (1.35)	1,145	-1.02	0.309	0.178
Work Satisfaction	5.66 (1.63)	6.41 (1.85)	1,145	-2.52	0.013	0.439
Role Security	15.63 (2.13)	16.25 (2.16)	1,145	-1.75	0.081	0.290
Therapeutic Commitment	19.52 (3.59)	20.88 (3.36)	1,145	-2.21	0.029	0.386

Note. Values are given as mean (SD) unless otherwise indicated. IQR = interquartile range; SAAPPQ = Short Alcohol and Alcohol Problems Perception Questionnaire; SD = standard deviation.

^aValues are given as median (IQR).

^bMann-Whitney *U* test (*U*, *p*).

more satisfied with their work and were more willing to take steps to address problematic alcohol usage.

Work experience

Work experience (in years) had a significant effect on overall attitude towards individuals with alcohol usage problems ($F = 5.39$, $p = 0.006$). Professionals reporting 6–13 years of work experience (mean SAAPPQ = 37.02) held more positive attitudes overall compared to those reporting ≤ 5 years of experience (mean SAAPPQ = 34.08). Similar work experience effects were also found for Role Adequacy ($F = 4.34$, $p = 0.015$), Task-Specific Self-Esteem ($F = 3.74$, $p = 0.026$), Work Satisfaction ($F =$

3.74, $p = 0.026$) and Therapeutic Commitment ($F = 5.1$, $p = 0.007$) (Table 6).

In general, the results showed that having more social work experience (6–13 years) was associated with social workers' higher confidence in their own knowledge and skills while working with individuals with alcohol usage problems, yielded more intensive engagement in social work with those clients and raised the social workers' self-esteem and satisfaction in fulfilling their daily tasks.

Discussion

The aim of this study was to explore social workers' attitudes towards individuals with alcohol usage problems. The findings indicate

Table 6. Group by work experience interaction effects on SAAPPQ.

Dependent variable	≤5 years (n = 49)	6–13 years (n = 56)	14+ years (n = 44)	F (2,144)	Sig.	Effect size (η^2)
SAAPPQ total	34.08 (32.76–35.40)	37.02 (35.78–38.25)**	36.21 (34.81–37.59)	5.39	0.006	0.069
Role Adequacy	7.16 (6.79–7.53)	7.91 (7.56–8.25)**	7.68 (7.29–8.07)	4.34	0.015	0.056
Role Legitimacy	8.22 (7.84–8.60)	8.32 (7.96–8.67)	8.18 (7.78–8.57)	0.15	0.864	0.002
Motivation	6.57 (6.14–7.01)	7.07 (6.67–7.47)	6.81 (6.36–7.27)	1.39	0.253	0.019
Task-Specific Self-Esteem	6.75 (6.34–7.17)	7.48 (7.09–7.87)*	7.43 (6.99–7.87)	3.74	0.026	0.049
Work Satisfaction	5.37 (4.88–5.84)	6.23 (5.78–6.68)*	6.09 (5.58–6.59)	3.74	0.026	0.049
Role Security	15.38 (14.78–15.99)	16.23 (15.66–16.79)	15.86 (15.22–16.50)	2.03	0.135	0.027
Therapeutic Commitment	18.69 (17.71–19.67)	20.78 (19.86–21.7)**	20.34 (19.31–21.37)	5.10	0.007	0.065

Note. Values are given as mean (95% CI) unless otherwise indicated. CI = confidence interval. SAAPPQ = Short Alcohol and Alcohol Problems Perception Questionnaire. * $p < 0.05$, ** $p < 0.01$ ANOVA post hoc test (Bonferroni correction) for ≤5 years vs. 6–13 years.

that Lithuanian social workers have a favourable attitude toward clients who have alcohol use problems. This outcome may reflect the experience and frequency of work-cases involving alcohol misuse. Given that Lithuania has a high rate of alcohol consumption (OECD, 2021), problematic alcohol use as a topic or subtopic may come up in various social work settings. Previous research by Hutchinson et al. (2013) showed that work-case experience related to higher substance use increased positive attitudes. In addition, researchers found social workers' attitudes towards people with alcohol and other drug usage problems to be rather unsure than negatively disposed (Hutchinson et al., 2013). The most positive attitudes were expressed in the domains Role Legitimacy and Role Adequacy, indicating that the examined sample of social workers feel that they have the right and adequate knowledge and skills to work with individuals with alcohol usage problems. However, the willingness to accomplish professional tasks (Motivation) and the expectations of work satisfaction (Work Satisfaction) reflected neutral or even slightly negative attitudes. The participants also showed much higher Role Security than Therapeutic Commitment (latent constructs), indicating relatively small engagement in daily tasks with individuals with alcohol usage problems. Moreover, the results revealed that level of education and work experience have a significant effect on the attitudes of social workers. As mentioned above, the most positive outlook social workers held concerned their Role Adequacy and Role Legitimacy, which implies feelings of having knowledge about their work and believing they have the right to treat individuals with alcohol usage problems. This is a very optimistic finding, as these constructs relate strongly to the nature of the services provided by the participants. According to Loughran et al. (2010), both are key mechanisms to understanding the changes in ideas and interventions that professionals in this area apply, as well as explaining the aversion or willingness to discuss substance abuse

issues with their clients. Role legitimacy is a belief of appropriateness to address specific client concerns (Loughran et al., 2010); therefore, in professions where working with individuals with alcohol usage problems is rare or not the first focus of the services provided, professionals may consider treating these clients as not being a legitimate part of their job. The concept of role legitimacy also incorporates the sense of perceived boundaries of professional obligation to intervene (Skinner et al., 2005); therefore, in unspecified social work services (e.g., in social service centres where a social worker is providing information or consulting a client not necessarily regarding his drinking problem, but is aware of it), this is up to the worker's belief whether he or she should also intervene in the problematic alcohol usage situation. Recent research demonstrating positive attitudes toward role legitimacy in social work with people who have alcohol use problems also suggests that Lithuanian social workers encompass alcohol abuse issues in their professional field. This might be a positive reflection of reduced role insecurity, a problem that is particularly relevant to Lithuanian social work (Rimkus, 2015) and prominent in the field of addiction social work (Galvani & Hughes, 2010; Livingston, 2014; Loughran et al., 2010). Importantly, this research was focused on a previous unspecified sample of social workers, meaning that it was only asked whether they met clients with alcohol usage problems in daily practice, but it was not asked whether social workers were taking active therapeutic or any other specific actions to the drinking problems. As stated by the British Association of Social Workers (BASW), alcohol (as well as other drugs) is often a part of the lives or people receiving social work services, and interventions for other problems will not be as successful if this pressing need is neglected; therefore, role legitimacy is a significant indicator in the social work profession (McCarthy & Galvani, 2018). Accordingly, role legitimacy and adequacy are important concepts in

professions with a wide scope of practice, such as social work. Considering that social work is often seen as a continuum from practical services to therapeutic work, there is plenty of space to garner all professional roles and functions, meaning the interventions should clearly cover all topics of legitimate work. At the same time, Work Satisfaction was one of the areas where the social workers exhibited less positive or even slightly negative attitudes. Work satisfaction is the result of one's evaluation of one's job to enable the achievement (or not) of professional expectations or job values (Weiss, 2002). It is achieved through progress and engagement in goal-directed activity, as supported by a professional's belief in their ability to perform professional tasks (Granziera & Perera, 2019). Research demonstrates that employees' attitudes towards their job (work satisfaction) affect their willingness to provide adequate services (Safadi, 2019). Low work satisfaction can be related to numerous factors, including salary (Schweitzer et al., 2013), workplace flexibility (Marmo & Berkman, 2020), job demands and quality of work (Geisler et al., 2019), co-worker support (Marmo & Berkman, 2020) and professional burnout (Gómez-García et al., 2020). Of the ways to improve work satisfaction, recent research discusses the significance of knowledge and peer-colleague support. Work satisfaction can also be increased through knowledge management, which is a process of knowledge acquisition, sharing, creation and retention (Alias et al., 2018). Skinner et al. (2005) propose moving beyond education and training to focus on team culture and role support to increase work satisfaction. Smith and Shields (2013) also show that work flexibility, autonomy and positive supervisory experiences positively affect work satisfaction. Since this attitude dimension reflected the lowest attitudes towards individuals with alcohol usage issues in this study, in future research it would be interesting to analyse the underlying reasons for this result and search for possible structural/organisational or personal/professional

interventions to optimise it. Motivation to work with individuals with alcohol usage issues was the second lowest attitude dimension identified in the current study. This finding is alarming, because long-term evidence shows that work motivation is associated not only with work engagement (Putra et al., 2016; Shkoler & Kimura, 2020; Smith & Shields, 2013) but also with personal well-being (Trépanier et al., 2020). According to Ryan and Deci (2000), positive performance feedback, optimal work tasks and the absence of humiliating attitudes promote intrinsic motivation, while deadlines, rules, harsh assessments and artificial goals lower it. Other research shows that professional growth and autonomy are among the major job resources that stimulate intrinsic motivation (Van den Berg et al., 2013). In essence, a job environment that fosters workers' psychological resources, such as the need for autonomy, competence and relatedness, encourage motivation (Trépanier et al., 2020). Therefore, a healthy psychological climate as well as adequate work organisation are very important for a worker to stay motivated. Both of the above constructs (Work Satisfaction and Motivation), together with Task-Specific Self-Esteem, comprise the latent construct Therapeutic Commitment, which had much lower attitude results than the latent construct Role Security. Therapeutic commitment directs a practitioner's behaviour while working with clients with substance abuse problems, as it determines whether the practitioner will act upon the client's substance abuse (Amodeo, 2000). Cartwright (1980) furthers this claim in writing that therapeutic commitment determines the effectiveness of a practitioner's response to alcohol users. Later, Cartwright et al. (1996) showed that a professional's level of therapeutic commitment predicts the treatment behaviour of clients with alcohol usage problems. This connection persists independently of a recommended treatment plan and whether the practitioner takes part in that plan (Cartwright et al., 1996). Research also indicates that therapeutic

commitment can be successfully increased through educational interventions (Albery et al., 2003; Chorwe-Sungani & Shangase, 2013; Keurhorst et al., 2014). This study also indicated a connection between level of formal education and attitudes towards individuals with alcohol usage problems. Specifically, a degree (bachelor's or master's) was statistically significantly related to total attitude score, Work Satisfaction and Therapeutic Commitment. Recently, Nguyen (2020) concluded that having an increased knowledge of alcohol abuse and other drug-related problems raises social workers' willingness to work with clients who abuse substances. Seinreich and Strausner (2013) present similar results, informing that master's-level social work students who took a substance abuse course, practised in substance abuse settings or followed non-academic substance abuse training expressed more positive attitudes (total attitude score) towards individuals with alcohol usage problems. Seinreich and Strausner (2013) further note the importance of supervision or academic training on substance abuse: students who practised or volunteered with clients who abused substances in non-substance abuse settings did not show a statistically significant increase in knowledge, total attitude score or increased scores in any other attitude subscales. This implies that simply being exposed to substance abuse and not gaining supervision or formal education within this topic is not enough for social work students (Seinreich & Strausner, 2013). Ongoing support (supervision) and training to gain sufficient knowledge on substance abuse is related to higher perceptions of having knowledge, skills and feeling prepared to work with problematic alcohol consumption (Galvani et al., 2013). The present study showed that social workers with master's degrees, who are assumed to be more knowledgeable generally, have more favourable attitudes toward people who have alcohol use problems and are not only pleased with their profession but also more committed to it. Furthermore, Work Experience was found to be associated with

social workers' attitudes towards individuals with alcohol usage problems. Professionals working for 6–13 years expressed more favourable attitudes towards these clients, and scored higher in the Role Adequacy, Task-Specific Self-Esteem, Work Satisfaction and Therapeutic Commitment domains. Prates et al. (2021) likewise found that working longer in services for clients with alcohol usage problems is connected with more positive attitudes. A systematic review shows similar results: professionals who had worked longer in the mental healthcare sector (including substance abuse treatment) had more therapeutic optimism and were less likely to stereotype their clients (Henderson et al., 2014). Generally, the connection between longer work experience compared to career beginners and more positive attitudes might be explained by various factors. First, the early career beginners in social work might have lower attitudes (e.g., task-specific self-esteem, work satisfaction, therapeutic commitment) due to a lack of expertise in navigating complex systems, dealing with workload, tight time schedules, addressing intersection client needs or other obstacles, which make social work a potentially stressful occupation (Lloyd et al., 2002), but due to novelty in career might become even more challenging. In a sensitive area such as cases of alcohol usage in particular, and mental health social work in general, social workers are managing not only normative social work functions but they also deal with stressors arising from work content, client-related difficulties, severity of cases and so on (Coyle et al., 2005; Lloyd et al., 2005). With more practice, social workers may adopt a more sophisticated approach to managing cases, may have a greater arsenal of interventions that have already been proven to be effective in their practice and may become more confident in adapting their work approach to fit the unique circumstances of each client. Therefore, having more work experience (compared to career beginners) results in having more knowledge, skills and practice, which in

turn enable the individual to feel more comfortable in high work demands, be equipped with more practice or science-based interventions, and build up professional and personal resilience in such emotionally and professionally challenging cases such as alcohol usage. Importantly, research shows that managing emotions and developing emotional competence (Kinman & Grant, 2011), practising multifaceted (physical, spiritual, emotional) self-care (Lee & Miller, 2013), engaging in professional development or gaining social support or professional supervision (Collins, 2008; Dirgelienė, 2013; Fahy, 2007) help to manage stress, add a positive professional self-image, help to increase good self-regulation skills and regulate tension, and as a result could increase the overall professional and personal well-being at the beginning of new job.

Limitations

Although serious consideration had been given to the proper double-translation of the SAAPPQ scale, a factorial analysis was not carried out, so the scale is not validated. It is also important to mention that the continuous variable “work experience” was grouped by tertiles; therefore, those specific cut-off points are relevant only to this study sample. Furthermore, this research aimed for a descriptive understanding of social workers’ attitudes towards individuals with alcohol usage problems, and some analytical motives to search for possible associations between these factors. Accordingly, the study cannot determine causality, which would bring even more scientific benefits to the phenomenon analysed. A larger sample size could have also helped reveal even more potential outcomes and, for instance, answered the question of how attitude changes with more experience with individuals who have alcohol usage problems. Further, the sample did not allow an analysis of sex differences, because the majority of participants were women. It is also important to mention that this research did not differentiate the respondents with regard to their workplace,

which could determine the acquisition and dissemination of knowledge and skills in social work with this particular client group, and as a result influence social workers’ attitudes towards them. Therefore, while this study represents a general picture, it does not encompass organisational or personal social work efforts within the substance abuse field. The research did not differentiate respondents by their formal education institution either, which can differ in modules or specific courses about substance abuse and potentially influence attitude. Yet, in turn, this could be seen as an advantage, as even in such unspecific circumstances, scientifically significant associations between education and attitudes were revealed, putting even more emphasis on the importance of education in social work.

Conclusion

It is first vital to recognise the complicated and multifaceted relationship between attitudes and actions, as well as attitudes and knowledge, as there is no clear relationship between these constructs, and this particular research is unable to explain all of the relations. However, given that social work in Lithuania is a relatively young profession and that its function, skills, services and education are becoming more and more established, it is still crucial to pay attention to these factors, especially in social work with individuals with alcohol usage problems, an area that is gaining considerable attention worldwide. This research showed that social workers understand their professional responsibility to work with individuals who have alcohol usage problems, but their dedication to this work is much lower. This is an important indicator of the need to enhance social workers’ motivation, self-esteem and work satisfaction to increase their well-being or fulfilment within the activities they perform. Supporting social work education about individuals with alcohol usage problems is also important, as the participants in this study with higher education showed more favourable

attitudes towards these clients overall. The study findings also revealed an association between social work experience and attitudes towards individuals with alcohol usage problems. Those in their first years of practice might face difficulties that result in lower self-esteem, satisfaction, role adequacy and work commitment; therefore, providing these new social workers with more information and support through supervision is needed. Overall, this study found a reduced level of commitment to working with people who have alcohol usage problems, which could lead to weaker client interventions and a decline in the preventative objectives of alcohol consumption. Lower employee motivation and job satisfaction should also be taken into account because those attitude domains are intimately related to the quality of services offered. In the case of self-esteem (an attitude domain that was also found to be lower while working with individuals who have alcohol usage problems), it is crucial for the social worker to take care himself on both a professional and personal level in order to address any concerns. As a result, higher self-esteem might potentially improve the quality of services he or she offers. Finally, this study provided important scientific foundation for promoting master's level social work education.

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Article IV

Kievišienė, J. (2024). Professional competencies in social work concerned with alcohol use problems in Lithuania: Moving beyond 'know-how'. *Nordic Studies on Alcohol and Drugs*. 42(2):147-167. doi:10.1177/14550725241291330

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Professional competencies in social work concerned with alcohol use problems in Lithuania: Moving beyond ‘know-how’

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Abstract

Aims: There has been relatively little research on professional competencies in social work with individuals with alcohol use problems. The present study investigates the patterns of competencies and abilities that constitute different competence dimensions in this field of social work. Additionally, the study attempts to confirm the validity and assess the reliability in the use of the Perceived Social Work Competence Scale (PSWCS) for measuring professional competencies in Lithuania. Exploratory factor analysis was used for both purposes. **Methods:** First, the translated scale's reliability and validity were examined, after which an interpretative competence dimension analysis was performed. **Results:** The study shows that the translated scale, consisting of 30 items covering eight competence dimensions (consultation, emotional support, case management, professional resilience, retrospective consultation, team working, community work and relationship formation), demonstrates strong reliability. **Conclusions:** The study provides insight into the ways in which Lithuanian social workers employ a combination of procedural and meta-competencies with field-specific characteristics in their work with alcohol use problems.

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Correction (January 2025): Since the original online publication, redundant text has been removed from page 2, and the acknowledgments section has been added.



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Keywords

alcohol consumption, holistic competence, professional competencies, social work with individuals using alcohol, substance misuse

Introduction

Social workers play an important role in the prevention of and interventions in substance misuse, as well as the development of methods for addressing it at the societal level. The need for highly skilled and dedicated social work interventions and preventative efforts for alcohol and drug use problems is widely recognised (Galvani & Forrester, 2011; Osborne-Leute et al., 2019). The aim of this paper is to further our knowledge regarding the professional competencies at work in social workers dealing with alcohol use problems.

Social work education and training seek to develop professional competence in terms of knowledge, values and skills to effectively enable students to discharge the core functions of the profession, which is the alleviation of distress and enhancement of well-being (Stanley & Mettilda, 2020). Importantly, the competence includes the enhancement of well-being not only for clients, but also for the professionals themselves. Professional self-care is highlighted as essential for competent and ethical social work practice in the most recent edition of the NASW Code of Ethics (NASW, 2021). Due to the demands of their job, challenging work environments, and exposure to trauma, social workers must prioritize their personal and professional health, safety, and integrity (NASW, 2021).

High quality social work also entails ability to integrate a variety of aspects into attentive, genuine and intense interactions with clients and their environment, which, over time, shape unique social work expression, integrating professionals' knowledge, value systems and personalities (Poulin & Matis, 2015). A social worker's capacity to integrate their inner self (critical thinking, affective reactions and judgment with regard to unique practice situations)

with the knowledge and principles of the profession is a necessary component of mastering the practice (Poulin & Matis, 2015). An acknowledgement of the cognitive and emotional dimensions of social workers' competency was first mentioned in a report by the Council on Social Work Education (CSWE, 2015, p.6), in which social work competence was described as "the ability to integrate and apply social work knowledge, values, skills and cognitive and affective processes to practice situations in a culturally responsive, purposeful, intentional and professional manner to promote human and community well-being".

The model of holistic competence by Bogo et al. (2006) incorporates professionals' uniqueness and personalities into their social workers' professional competence framework. This model leans on the idea that social work requires a complex combination of proficiencies, including the ability to respond to context-dependent circumstances mastering practice knowledge and professional intuition (Bogo, 2018). Hence, competence encompasses also an integration of one's own personality. The model categorises competencies into two sets: meta-competencies and procedural competencies. Procedural competencies concern the knowledge and skills used in performing various social work tasks and are expressed through observable behaviour, such as communication skills, developing collaborative relationships, performing assessments and making interventions (Bogo et al., 2013; Kourgiantakis et al., 2019a). Meta-competencies go beyond observable task performance and include self-reflection and cognitive and critical thinking capacities (Bogo, 2022; Bogo et al., 2013), as well as self-awareness and self-regulation abilities, all while staying introspective about one's inner emotional and cognitive states (Kourgiantakis et al., 2019a). Importantly, Bogo et al. (2013) emphasise that meta-

competencies affect actual performance in practice (procedural competencies) (Bogo et al., 2013). For example, understanding one's own emotional responses (self-awareness) improves one's capacity to endure challenging emotional circumstances with clients and helps in the execution of procedural competencies (Bogo et al., 2013). Flexibility and consideration of when and how to apply different concepts and evidence-based interventions are key components of the capacity to conceive and use knowledge frameworks and ethical principles in social practice. Such cognitive processing requires the use of critical thinking skills and an understanding of the factors that influence decisions (Bogo et al., 2021). Understanding one's emotional processes is related to an ability for self-reflection; that is, becoming conscious of and controlling one's beliefs, presumptions and emotional responses to real-world scenarios. These emotions and beliefs affect the way in which interventions and various social work practices are selected, carried out and assessed (Bogo et al., 2021). Asakura et al. (2021) have stated that social workers need to be conscious of their own assumptions, attitudes, biases and relationship dynamics with each client. They also need to be ready to adapt their interventions to the unique circumstances of their clients rather than only implementing a particular pre-defined strategy. Moreover, professionals' meta-competencies are essential in psychosocial support as these non-procedural skills allow practitioners to successfully navigate a wide range of knowledge and skills that are consistent with their own cognitive and affective processes, helping them interact authentically with specific client situations (Asakura et al., 2021). As a result, the alignment of procedural and meta-competencies contributes to more efficient social work practices enhancing greater capabilities to handle challenging and frequently stressful assignments.

A holistic understanding of competence has been extensively proposed to encourage the development of procedural and meta-competencies. This has been seen as crucial

especially considering that the knowledge and attitudes of social work students are not easily converted into professionally expressed behaviours. This is why social work education should strive for achieving both procedural and meta-competences in a holistic understanding of competence (Lee et al., 2021). According to Lee et al. (2020), meta-competencies should emerge early on in an educational programme for social workers and could be taught through simulation-based learning as this learning can successfully connect the elements that comprise holistic competence (Lee et al., 2020). Subsequently, one study that assessed the use of simulation to teach holistic competence discovered that students valued learning about procedural competencies (knowledge and skills) and meta-competencies (professional judgment, self-awareness and self-regulation). The students also reported feeling more self-awareness and more self-regulation associated with improved self-confidence and anxiety management techniques (Kourgiantakis et al., 2019b). As stated by Sewell (2020), in addition to gaining the procedural and metacognitive skills necessary to enter the social work profession, students must also learn to regulate their emotions regarding client situations and experiences. Self-regulation, as an integral component of a holistic competence model, requires special attention in social work education. This is a reason why Sewell (2020) has provided arguments for neuroscience as a foundation to discuss the role of emotions in social work education and has offered methods (experiential learning, mindfulness, embodied practice, simulation and role playing) for managing emotion during social work education and practice (Sewell, 2020).

In line with the current literature on the needed skills and competencies in social work, it is crucial to have appropriate tools for self-evaluation of competence development. The Perceived Social Work Competence Scale (PSWCS; Wang & Chui, 2017) is based on the previously described holistic competence model by Bogo et al. (2006). The present study analyses and validates this scale with (the

purpose of investigating how the competence model of Bogo et al. (2006), was developed in accordance with it and how it can be applicable for social work with clients who have alcohol use problems in Lithuania.

Social work with individuals with alcohol use problems requires special attention because of the sensitivity of the topic of alcohol use. Non-judgmental attitudes, compassion and an adequate understanding of alcohol use from a holistic perspective should guide social work practice (Galvani & Forrester, 2011). With each client, social workers must be aware of their own presumptions, values, prejudices and relational dynamics, and professionals should be prepared to engage in interventions that work for clients' specific situations rather than just following a specific empirically supported intervention (Asakura et al., 2021). Professionals' meta-competencies are crucial, especially in psychosocial support, in which social work typically operates. Non-procedural skills enable practitioners to successfully navigate a vast knowledge base and a variety of skills in congruence with their own cognitive/affective processes to engage authentically in specific client situations (Asakura et al., 2021). As such, meta-competence goes beyond merely knowing "how" to do something; it also involves fostering an empowering relationship and remaining conscious of one's feelings and thoughts. Kourgiantakis et al. (2022) note that the majority of research on education and training related to mental health, addiction and suicide concentrates on knowledge background or attitudes rather than the development of for example assessment abilities, self-awareness and emotion control (Kourgiantakis et al., 2022). The present study aims to fill the knowledge gap regarding the implementation of holistic social work competence in the field of alcohol consumption.

The aim of this study is to analyse Lithuanian social workers' self-reported professional competencies when working with individuals with alcohol use problems. It assesses the validity and reliability of the PSWCS with regard to Lithuanian social workers. The research questions

are: (1) How do Lithuanian social workers who work with individuals with alcohol use problems self-report their professional competencies? (2) How reliable and valid is the Lithuanian version of the PSWCS for the measurement of professional competencies in social work with individuals with alcohol use problems?

Methods

Participants

The study included social workers from a variety of Lithuanian social service organisations. These institutions included the five major addiction centres in the main cities of Vilnius, Kaunas, Panevėžys, Klaipėda and Šiauliai; non-governmental organisations concerned with alcohol rehabilitation and intervention centres for families/men/women on the official register in Lithuania; and municipality or district social service centres in the main cities and regions of Lithuania (which are the main departments for managing social services in family and child care, crisis centres and homelessness care, etc.). The Social Workers Association of Lithuania, which has over 1100 members, also sent out invitations to take part in the study. It is important to mention that only those social workers who regularly interacted with individuals with alcohol use problems were invited to participate. Moreover, it was up to the social workers themselves to decide whether they frequently encountered people with alcohol use problems and, as a result, were eligible to participate in the research. The condition for participation was "working with individuals with alcohol use problems" in daily practice, and it was not limited to those working in specialised dependence treatment units.

Data collection

An explanatory letter outlining informed consent to participate in the study was first shared with the managers of the relevant institutions and then sent directly to the participants. An internet-based questionnaire was used. The research scale began

with a detailed explanation of the goals of the study and went on to explain the informed consent processes, including the principles of confidentiality and anonymity. Only after participants had clicked the “yes” button to indicate that they agreed to participate would the survey begin automatically. The questionnaire included the PSWCS, the Short Alcohol Attitudes Problem Perception Questionnaire (SAAPPQ), and demographic and socioeconomic data on age, gender, education, employment position and work experience.

PSWCS

To measure professional competencies in social work with individuals with alcohol use problems in Lithuania, the PSWCS (Wang & Chui, 2017) was adapted. The original PSWCS included 48 items divided into nine subscales indicating different professional competencies (procedural and meta-competencies). Using a five-point Likert-type scale that ranged from 1 (I am not at all confident I can do this) to 5 (I am very confident I can do this), the respondents were asked to indicate the extent to which they considered themselves confident in each particular social work skill (with a group of skills constituting a competence dimension) when working with individuals with alcohol use problems.

The PSWCS is a relatively new scale that was developed and validated for assessing social work students' competence in Mainland China, with the holistic competence model (Bogo et al., 2006) serving as the foundation for its composition (Wang & Chui, 2017). Subsequent large-scale research has successfully used the PSWCS scale, directed at the enhancement of social work in practice and education in China (Wang et al., 2018, 2021; Yi et al., 2018; Zhang et al., 2019). For example, the cross-sectional study by Wang et al. (2018) with 848 master's-level social work students revealed that, with engagement acting as a full mediator, the students' perceived competence was influenced by their perceptions of support for their autonomy and their achievement motivation. For this reason, it is highly

recommended that students' achievement motivation be increased, that they receive support for their autonomy and that field training be included in their education (Wang et al., 2018). Similarly, Wang et al. (2021) examined the learning process of master's-level social work students with an emphasis on processional competence as a learning goal. Their findings showed how important it is for students to participate in field learning throughout their education to develop their professional competencies. Yi et al. (2018) came to the same conclusion in another study on the significance of field education and supervision in achieving competence. Another investigation examined the effectiveness of a competency-based educational approach for enhancing professional competence in in-service social worker training, which led to a notable improvement in the professional competence of social workers (Zhang et al., 2019).

In accordance with obtaining permission to use the scale for this study (Wang & Chui, 2017), a double-translation design was employed to produce a Lithuanian version of the PSWCS. To improve the equivalence of the source and target languages, it was beneficial to use multiple translators for this design. This procedure involved translating the scale and then resolving any discrepancies in the target language, as recommended by the Organisation for Economic Co-operation and Development (2012). The PSWCS was translated into Lithuanian by an experienced translator (YZ) and the researcher (JK), both of whom were proficient in the target language. After evaluating the versions in the source and target languages, two social work specialists from Lithuania reconciled the initial translation. Discussion was used to settle disagreements.

Other scales and variables collected

The survey also collected information regarding social workers' attitudes towards individuals with alcohol use problems, which is described in detail in the previous substudy (Kievišienė, 2024). The SAAPPQ (Anderson & Clement,

1987) measures professional attitudes over five dimensions: role adequacy (the feeling of the appropriateness of one's own skills and knowledge when assisting a client with alcohol use problems), motivation (motivation to complete professional tasks), role legitimacy (feelings that working with someone who has alcohol use problems is appropriate or right), satisfaction (expectations of job satisfaction when assisting people with alcohol-related problems) and task-specific self-esteem (self-esteem level when performing professional duties and working with people who have alcohol use problems). When these subscales are added, they reveal two latent variables: therapeutic commitment (a commitment to helping people who struggle with alcohol use) and role security (emotions when working with those who struggle with alcohol, as well as the degree of psychological safety that a practitioner experiences when continuing everyday activities). The 10 items of the SAAPPQ are scored on a five-point Likert scale, with 1 indicating strong disagreement and 5 indicating strong agreement. A higher score indicates the more positive attitude towards individuals who use alcohol.

As the focus of this research was to explore professional competencies using exploratory factor analysis, the variables mentioned above were used only to check the discriminant validity of the translated instrument (i.e., the PSWCS).

Ethical considerations

The study followed the ethical principles detailed in the Ethical Principles of Research in the Humanities and Social and Behavioural Sciences approved in Helsinki (National Advisory Board on Research Ethics, 2009) and ensured that the main ethical principles therein were followed: the autonomy of the research participants, avoiding harm and privacy and protection.

Statistical analysis

SPSS, version 22.0 (IBM Corp., Armonk, NY, USA) was used to run the descriptive statistics to identify the assumptions for the exploratory factor analysis (EFA), which was performed to determine the construct validity of the PSWCS-48. The Kaiser–Meyer–Olkin (KMO) test and Bartlett's test of sphericity were applied to measure sampling adequacy. A sample was considered adequate if the KMO value is more than 0.5 and Bartlett's test is significant ($p < .05$). The factor structure was examined using both orthogonal (varimax) and oblique (promax) rotations; however, only the promax results were reported (because it was assumed that the extracted factors were correlated).

The principal component analysis method was applied in the extraction of the components. Components with eigenvalues over 1 were retained as factors. Communalities represent the proportion of the variance in the original variables that is accounted for by the factor solution. The factor solution should explain at least half of each original variable's variance, and so the communality value for each variable should be 0.50 or higher. Variables were checked for complex structure if there was more than one factor in the solution. If a variable had a complex structure, it was removed from the analysis. Items with a loading factor of more than 0.60 were considered to have an acceptable loading factor.

The internal consistency (reliability) of the scale was checked by investigating whether the items within each subscale correlated significantly with each other (using Cronbach's alpha). Cronbach's alpha was computed to verify that the variables for factor measuring similar entities are valid to add together. It was expected that each subscale would produce alpha values of 0.6 or above, indicating internal reliability.

To assess discriminant validity, analysis of variance (using a generalised linear model) was conducted to examine whether different social worker characteristics (education, workplace

and work experience) and SAAPPQ subscales dichotomised at a cut point higher than the median had overall effects on PSWCS concepts. The effects are reported as *F*-statistics and their associated degrees of freedom and *p*-values.

Results

Demographic characteristics of the sample and the response rate

One hundred and forty-nine subjects completed the questionnaire. The final sample was aged 41.28 ± 10.54 years (mean \pm SD), ranging from 22 to 63 years, and included a large proportion of females (97.3%), which is in line with the national distribution of social workers in Lithuania. Years of work experience ranged from 1 to 29 years (mean \pm SD, 9.93 ± 6.67 years). In terms of education, the majority of participants had a bachelor's degree ($n = 100$; 67.10%) (Table 1). Social workers are found in every facet of community life. The respondents most frequently reported working in municipality services or family support centres (57%), followed by social services centres (14%), addiction services (6%), foster homes (3%) and crisis services (1%). The response rate to the survey was 33.78%, which is in line with the mean response rate in the social sciences (Lund, 2023). This was determined by dividing the total number of responses ($n = 149$) by the number of people who opened the link to the online survey ($n = 441$) and multiplying it by 100.

Exploratory factor analysis of the PSWCS

Exploratory factor analysis showed that all assumptions for conducting principal component analysis were met. The KMO index value was 0.889 (well above the minimum standard of 0.5), indicating that the data were appropriate for factor analysis (Kaiser, 1974). Values close to 1.0 are considered to be promising for informative factor analysis and support the possibility that a suitable proportion of variation in

Table 1. Baseline characteristics of study sample.

Variable	
Age (years) ($n = 137$), mean (SD)	41.28 (10.54) Range 22–63
Gender (M/F) (%)	4/145 (97)
Work experience overall (years) ($n = 147$), mean (SD)	9.93 (6.67) Range 1–29
Work experience (years) ($n = 147$) (%)	
≤ 5	49 (33)
6–13	56 (37)
14+	44 (30)
Degree of education ($n = 147$) (%)	
Bachelor's	100 (68)
Master's	47 (32)
Workplace ($n = 149$) (%)	
Municipality/District social services centre	75 (50)
Family support centre	32 (22)
Non-governmental organisation	2 (1)
Crisis centre	2 (1)
Addiction centre	9 (6)
Psychiatric clinic	1 (1)
Primary health care centre	2 (1)
Foster home/temporary home	5 (3)
Other ^a	21 (14)

^aRespondents who chose more than one workplace, or those who chose "other" but did not specify their workplace.

research variables may be caused by underlying factors (Kaiser, 1974). The result of Bartlett's test of sphericity was significant ($\chi^2[435] = 3429.74$, $p < 0.001$), showing that the correlation matrix was not random (Bartlett, 1954). Therefore, the data showed suitability for exploratory factor analysis (Table 2).

The EFA eight-factor solution with 18 original items (questions 3, 4, 5, 9, 11, 13, 21, 27, 28, 29, 30, 34, 35, 39, 41, 42, 45 and 48) removed (after eight rotations) had the best model fit. Those items not included in the final model were removed due to high loadings on more than one factor showing a complex structure (variables that load on only one factor are described as having a simple structure). Furthermore, only two items loaded on

the factor named *relationship formation*, which is less than advised to remain on a factor, based on general recommendations (Schreiber, 2021). However, after evaluation of the items' content, and with theoretical support for the importance of the construct "relationship formation" in social work, the factor was retained in this study. Such a practice is optional in exploratory factor analysis.

The final questionnaire contained 30 items loaded onto eight factors, explaining 77.071% of the total variance in the variables included

on the factors, and all final communalities were 0.617 or greater (mean 0.770). The structure of the PSWCS-30 was confirmed by a scree plot showing eight factors with eigenvalues higher than 1 (Figure 1).

To verify that the variables for a factor measured similar entities that could legitimately be grouped together, the internal consistency of Cronbach's alpha was computed. Cronbach's alpha for the PSWCS-30 as a whole was 0.995, suggesting good internal reliability. The subscale reliabilities in the study were good,

Table 2. Measurement indicators in the exploratory factor analysis tests.

Index	Value results	Recommendation	Decision
Kaiser–Meyer–Olkin Measure of sampling adequacy (Index KMO)	0.889	$0.8 < x \leq 1.0$	Fit
Bartlett's test of sphericity	$p < 0.001$	$p < 0.05$	Fit
Approximate chi-squared	3429.74		
Degrees of freedom	435		
Significance	<0.001		
Factor loading	0.630–0.957	0.4–0.9	Fit
Eigenvalues	>1.009	≥ 1.0	Fit

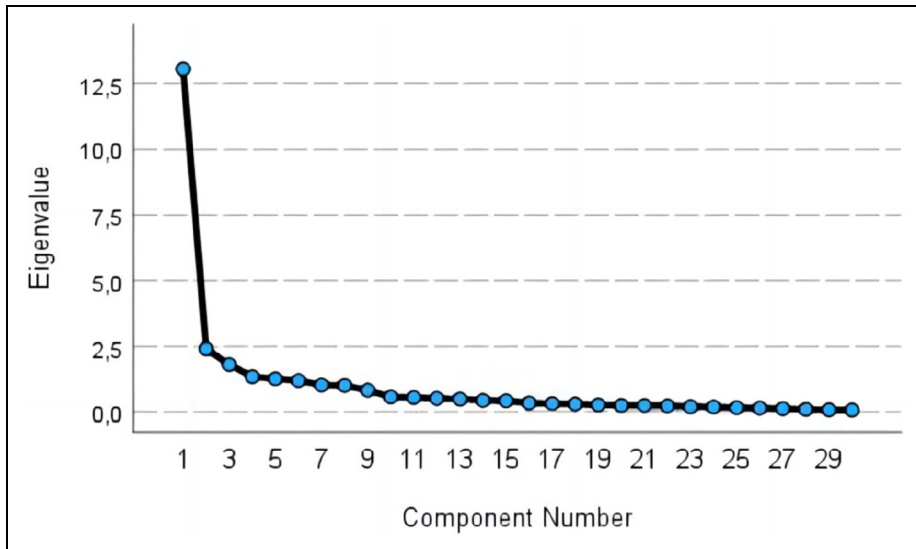


Figure 1. Scree plot showing the eigenvalues for the Perceived Social Work Competence Scale (PSWCS)-30.

ranging from $\alpha = 0.858$ to $\alpha = 0.911$. If Cronbach's alpha is 0.60 or greater for exploratory research, the interval consistency of the items justifying their use in a summated scale is supported (Table 3).

To assess known-group validity, analysis of variance (using a generalised linear model) was conducted to examine whether different social worker characteristics (education, SAAPPQ total and five SAAPPQ subscales dichotomised at a value higher than the median) had overall effects on PSWCS concepts. The effects are reported as F-statistics and their associated degrees of freedom ($F_{1,147}$) and p -values (Table 4).

The PSWCS-30 was not able to discriminate between workers' different reported ages, years of experience and task-specific self-esteem scores (Table 4). Education did not play a significant role in differentiating the importance of the eight competencies. However, there was a tendency towards a significant effect of the education group on F8 (relationship formation score) ($F_{1,147} = 3.3$, $p = 0.72$), and role adequacy had a significant effect on all factors of the PSWCS score (all F -tests $p < 0.01$). Role legitimacy and role security had a significant effect on all factors of the PSWCS, excluding F7 (community work skills). The main effect of therapeutic commitment was on F1 (consultation skills), F4 (professional resilience skills) and F8 (relationship formation skills). Also, it could be seen that social workers' motivation affected F1 scores (consultation skills) ($F = 5.387$, $p = 0.022$) but had no influence on the other seven factors (Table 4).

Discussion

The aim of this study was to explore Lithuanian social workers' self-reported professional competencies when working with individuals with alcohol use problems through an exploration of the characteristics included in the Lithuanian version of the PSWCS. In addition, because the study evaluated the appropriateness of using the PSWCS, an EFA was conducted to

validate the PSWCS. A survey that could quantify social workers' self-reported professional competencies in the field of alcohol use problems helped identify social work specifics in this particular area. Therefore, by examining the current patterns, continuous competence development in social work with people who have alcohol consumption issues may be enhanced.

Starting with the psychometric properties of the Lithuanian versions of the PSWCS, the data analysis showed that the 30-item, eight-factor PSWCS is a valid and reliable instrument for use. All criteria for conducting EFA were met with the KMO index (0.886), Bartlett's test ($p < 0.001$) factor loading (0.630–0.957) and eigenvalues (> 1.009). The translated questionnaire exhibited strong internal consistency (Cronbach's alpha = 0.955), suggesting that it measured various aspects of the same construct of "perceived competence" in this study. Moreover, the newly developed PSWCS can distinguish between various sample characteristics (education and attitude scores assessed using the SAAPPQ) and show differences for the variables examined, which supports the scale's discriminant validity. Therefore, the results suggest that the translated questionnaire is appropriate for assessing social workers' professional competencies in assisting individuals in Lithuania who have problems with alcohol use.

Explorative factorial analysis helps in the investigation of correlative relationships among manifest variables (Goretzko et al., 2021). Not only do those interrelated variables reflect latent constructs, but also a deeper look shows that these relationships arise because items share a common cause (Brown, 2015). As such, the results of the EFA provide not only statistical support for the use of the translated scale, but also valuable insight into the professional competence dimensions and their components present in social work with individuals with alcohol use problems. This helps reveal a more detailed picture of the perceived professional competencies manifested in certain skills present in social work

Table 3. The Perceived Social Work Competence Scale (PSWCS)-30 descriptive characteristics.

Q ^a	Item	Construct/Competency*	Mean	Loading	Percentage of variance	Cronbach's alpha
Factor 1 Consultation Skills					43.55	$\alpha = 0.911$
24	TIS	Teaching clients how to accomplish tasks more effectively	3,93	0.873		
23	TIS	Teaching clients how to manage their own problem behaviours	3,87	0.865		
22	TIS	Showing clients how to reward themselves for progress with problems	3,92	0.838		
25	TIS	Teaching clients how to monitor their own behaviours	4,09	0.781		
10	PKD	Identify your own learning needs	4,09	0.772		
26	TIS	Collaborating with clients on plans to help them cope with occasional relapses of a problem	4,01	0.752		
12	PKD	Make plans to increase your own learning opportunities	4,06	0.737		
Factor 2 Emotional Support Skills					8.011	$\alpha = 0.879$
46	PVE	Demonstrate respectful behaviour for various cultural norms, values systems, ethics, and moral beliefs in interactions with colleagues and client groups	4,30	0.818		
33	SS	Pointing out their successes in order to increase their self-confidence	4,35	0.816		
31	SS	Providing emotional support for clients	4,33	0.815		
32	SS	Helping clients feel like they want to open up	4,28	0.791		
47	PVE	Be accountable to the client system, the agency and the profession	4,31	0.771		
20	TIS	Gentle probing to help them uncover troubling feelings	4,13	0.700		
Factor 3 Case Management Skills					6.036	$\alpha = 0.899$
38	CMS	Networking with agencies to coordinate services	4,30	0.916		
37	CMS	Providing information about other services available to clients	4,41	0.899		
36	CMS	Making referrals to other services	4,35	0.886		
Factor 4 Professional Resilience Skills					4.484	$\alpha = 0.884$
15	PRD	Manage the feelings you have when clients or their families blame you for things going wrong	3,83	0.913		
14	PRD	Manage the feelings that you will have when working with clients experiencing emotional and psychological distress	3,90	0.883		
16	PRD	Manage the feelings you have when team	3,75	0.882		

(continued)

Table 3. (continued)

Q ^a	Item	Construct/Competency*	Mean	Loading	Percentage of variance	Cronbach's alpha
		members from other disciplines blame you for things going wrong				
		Factor 5 Retrospective Consultation Skills			4.216	$\alpha = 0.890$
18	TIS	Helping clients to learn from past attempts to solve problems	4,05	0.901		
17	TIS	Help clients to learn from past experiences	4,05	0.894		
19	TIS	Exploring with clients how past relationships contribute to the understanding of current problems	4,12	0.820		
		Factor 6 Team Working Skills			3.991	$\alpha = 0.858$
6	TW	Work with agency staff	4,42	0.914		
7	TW	Work with field supervisor	4,28	0.895		
8	TW	Work with other professionals	4,31	0.812		
		Factor 7 Community Work Skills			3.423	$\alpha = 0.893$
43	CWS	Research particularly collaborative and participatory action research with members of the community	3,58	0.949		
44	CWS	Monitor and evaluate in the community	3,56	0.932		
40	CWS	Assess at the level of the community	3,81	0.804		
		Factor 8 Relationship Formation Skills			3.36	$\alpha = 0.882$
1	RF	Establish contact with clients	4,44	0.940		
2	RF	Form working relationship with clients	4,46	0.925		
		Total variance explained			77.071	$\alpha = 0.955$

Bold indicate statistically significant p value.

*Renamed after interpretative analysis

^aQuestion from original PSWCS (48 questions – items)

Extraction Method: principal component analysis.

Rotation method: promax with Kaiser normalisation.

^bPercentage of variance each factor explains.

TIS = therapeutic and insight skills; CWS = community work skills; SS = supportive skills; PRD = professional resilience development; TW = team working; CMS = case management skills; RF = relationship formation; PKD = professional knowledge development; PVE = professional values and ethics.

with these individuals. In the process of explorative factor analysis, the 48 skills that comprised the original PSWCS's nine perceived social work competence dimensions (community work, therapeutic and insight skills, supportive skills, professional resilience development, teamwork skills, case management skills, relationship

formation, professional knowledge development, professional values and ethics) were reclassified into eight perceived competence dimensions. The case management skills, professional resilience skills, teamwork skills, community work skills and relationship formation dimensions stayed in the same structure, but had fewer

Table 4. Discriminant validity of Perceived Social Work Competence Scale (PSWCS)-30, analysis of variance by factors ($F_{1,147}$ statistic).

Worker's characteristics	PSWCS-30 factors (competence)								
		1	2	3	4	5	6	7	8
Degree of education (B; M)	<i>F</i>	1.900	1.153	0.417	0.847	0.977	1.599	0.543	3.292
	<i>p</i>	0.170	0.285	0.520	0.359	0.325	0.208	0.462	0.072
SAAPPQ (2 categ)	<i>F</i>	10.408	2.984	1.608	8.020	7.752	5.712	0.014	14.732
	<i>p</i>	0.002	0.086	0.207	0.005	0.006	0.018	0.905	0.000
Age group	<i>F</i>	1.223	0.507	0.976	0.884	1.045	1.453	1.090	0.572
	<i>p</i>	0.298	0.603	0.380	0.415	0.355	0.238	0.339	0.566
Role adequacy ^a	<i>F</i>	37.243	13.749	19.836	28.693	13.828	8.888	8.079	27.739
	<i>p</i>	0.000	0.000	0.000	0.000	0.000	0.003	0.005	0.000
Role legitimacy	<i>F</i>	13.329	11.818	11.407	9.951	6.402	4.448	1.184	14.025
	<i>p</i>	0.000	0.001	0.001	0.002	0.012	0.037	0.278	0.000
Motivation	<i>F</i>	5.387	2.225	0.560	1.790	1.874	0.300	0.035	2.315
	<i>p</i>	0.022	0.138	0.455	0.183	0.173	0.585	0.852	0.130
Task-specific self-esteem	<i>F</i>	2.643	0.220	1.590	0.515	1.301	0.003	0.699	1.712
	<i>p</i>	0.106	0.640	0.209	0.474	0.256	0.960	0.404	0.193
Work satisfaction	<i>F</i>	5.857	4.510	0.614	4.477	2.845	0.195	2.638	1.921
	<i>p</i>	0.017	0.035	0.435	0.036	0.094	0.660	0.106	0.168
Role security	<i>F</i>	21.713	11.918	14.967	20.101	16.164	8.966	0.669	20.087
	<i>p</i>	0.000	0.001	0.000	0.000	0.000	0.003	0.415	0.000
Therapeutic commitment	<i>F</i>	4.216	1.743	1.801	4.591	2.929	2.293	0.003	5.127
	<i>p</i>	0.042	0.189	0.182	0.034	0.089	0.132	0.956	0.025

Degree of education (B; M): 0 = bachelor's; 1 = master's.

Short Alcohol Attitudes Problem Perception Questionnaire (SAAPPQ): Negative versus Positive.

Age group: <34; 35–46; 47+ years.

^aAll SAAPPQ subscales are dichotomised at cut point > Median.

items. Three perceived competence dimensions (consultation skills, retrospective consultation skills and emotional support skills dimensions) were made up of mixed items drawn from different original dimensions, they demonstrated theoretical and logical alignment, which will be discussed later.

Given that the participants were asked to consider only their professional competence in social work with individuals who have alcohol use problems, it is assumed that the content left in the separate competence dimensions reflects the skills prominent in this type of social work. Therefore, in the following, the content of the newly developed perceived competence dimensions relevant to this particular study is subjectively evaluated to better understand this context-specific social work.

To start with, the majority of the **first competence dimension** consisted of five separate therapeutic and insight skills combined with two professional knowledge development skills; therefore, the first factor was renamed **consulting skills**. Therapeutic and insight skills represent procedural competence in social work; they involve professionals' capability to be insightful and therapeutic and refer to interviewing, assessment, intervention and communication skills (Bogo et al., 2012). Because all social work procedures, including interviewing, planning, evaluation and so on, take place during interactions and communication with the client, consulting skills might be seen as the cornerstone of social work in that they create a foundation for social work to be practiced. Generally referred to as procedural

competence, which indicates knowledge and skills expressed in observable behaviour and used in carrying out different social work tasks (Bogo et al., 2013; Kourgiantakis et al., 2022), these consulting skills allow social workers to manage a wide range of difficult situations that arise in a given client situation and enable them to engage in therapeutic dialogues with their clients.

According to this study, there is a unique pattern in the social work consulting skills used with individuals in Lithuania who are struggling with their alcohol use. Interpretative item analysis revealed that all of the abilities mapped in this competence dimension focused on teaching clients to achieve behavioural change; namely, *teaching clients to accomplish tasks more effectively, teaching clients how to manage their own problem behaviours, showing clients how to reward themselves for progress with problems, teaching clients how to monitor their own behaviours and collaborating with clients on plans to help them cope with occasional relapses of a problem*. This generally suggests that Lithuanian social workers perceive that they are competent to teach behavioural change when working with individuals with alcohol use problems, as this might enhance a client's possibilities for successful adaptation in their current situation.

In addition, two items from the *a priori professional knowledge development* meta-competence dimension mapped onto this new factor (*identify your own learning needs and make plans to increase your own learning opportunities*). Based on EFA processes, observed measures are grouped together because they are interrelated or because they share a common cause (Watkins, 2018). It appears that the perceived ability to recognise one's own learning requirements and use consulting skills focused on behavioural changes in clients was linked to abilities in this sample and shared an underlying cause that may be referred to as teaching/learning.

The **second competence dimension** consisted of mixed skills mapped from three

different a priori dimensions (professional values and ethics, supportive skills and therapeutic and insight skills). Keeping in mind that factor (dimension) structure may vary based on the traits, circumstances and cultural diversity of the individuals who complete a survey (Mahdaviazad et al., 2018), this mixed dimension structure may be understood as representative of sample research. By contrast to the original study by Wang and Chui (2017), which included social work students as its target population, the present study's target population was social work professionals who assisted clients with alcohol use problems. This might account for some of the variations observed in these factors. However, to explore the underlying theoretical structure of the phenomena, a more detailed subjective item analysis was performed. This revealed a pattern in this newly composed competence dimension, which was named **emotional support skills**. All of the skills loaded in this new competence dimension involve emotional aspects (e.g., *providing emotional support, pointing out success, helping clients feel like they want to open up and probing to uncover trouble feelings*). These elements of practice are closely connected with the challenges of the alcohol use topic, where the social worker has to show empathy and stay supportive when focusing on helping individuals with alcohol use problems. Clients with alcohol use problems often have poor overall mental health (Jacob et al., 2021; Li et al., 2020) and comorbid mental health problems, such as anxiety, stress and depression (Mohamed et al., 2020; Puddephatt et al., 2022; Ramón-Arbués et al., 2020) and often experience difficulties talking openly and sharing their thoughts and feelings. Therefore, social workers' abilities to reveal clients' emotional tension and to encourage them to talk openly are the starting point for an empowering process in difficult alcohol use situations.

Interestingly, two items from the primary professional values and ethics dimension also mapped onto this dimension (*demonstrate*

respectful behaviour for various cultural norms, values systems, ethics and moral beliefs in interactions with colleagues and client groups and is accountable to the client system, the agency and the profession). The question here is how values and ethics (moral aspects) in this specific sample encompass the emotional sphere, because the fact that those items were grouped together in the EFA means that they share an underlying cause (Brown, 2015). Staying aware of professional values and emotional dynamics is essential to providing the best intervention in every unique client situation (Asakura et al., 2021). Affective processes play an important role in shaping moral judgments rather than just being experienced in parallel with them (Horne & Powell, 2016). Emotional experience also influences decision-making in moral dilemmas (Carmona-Perera et al., 2013). Because social work with individuals who misuse alcohol is emotionally charged and demanding, professionals must be aware of both their current emotional state and their emotional experience to foster professional values and ethics within this specific area of practice.

The **third competence dimension** that emerged in this study was *case management skills*, which retained its original structure, only with fewer items. This procedural social work competence includes the ability to assign social services and provide assistance based on the specific requirements of each client via planning, organisation, evaluation of needs and resources, and advocating a variety of services to meet the client's demands (NASW, 2013). A social worker must create a trustworthy and empowering relationship with the client to accelerate the client's use of services along a continuum of care and, to the greatest extent possible, restore or maintain the client's independent functioning (NASW, 2013).

In this study, the perceived case management skills regarding individuals with alcohol use problems manifest through connection functions; that is, the items *networking with agencies, providing information about other services*

available to clients and making referrals to other services. Nonetheless, it is crucial to recognise that case management skills demand extra caution in situations involving alcohol use. Alcohol use problems affect many layers of a client's life. Hence, services that promote recovery and the client's reintegration into society as a healthy, substance-free individual must be comprehensive (SAMSHA, 2015). Therefore, case management in an alcohol use problem context requires organising treatment services at the appropriate intensity, following strategies to maintain long-term sobriety, avoiding gaps in the services provided, ensuring a continuum of care and quickly responding to relapses (Comprehensive Case Management for Substance Abuse Treatment, 2000). In addition, fostering continuous client engagement in the recovery or care process forms a significant component of the social worker's responsibilities (Vanderplasschen et al., 2019). As a result, maintaining client involvement and organising service continuity require additional efforts and expertise when it comes to case management with clients who have alcohol use problems.

Professional resilience development skills are included in the **fourth competence dimension**. The capability to respond to difficulties, obstacles or stressors using a variety of personal, psychological and professional resources and capacities is referred to as resilience (Grant & Kinman, 2020). Social workers face many stressful and often difficult situations, and the demands that social workers deal with come from a variety of sources. They have to follow the principles, ethics and values of social work and, at the same time, follow externally imposed deadlines, act upon legal standards and policies, and attend to the needs of service users promptly and compassionately (Grant & Kinman, 2014). Due to the high emotional intensity and demanding human services they provide, social workers are among the health and welfare professionals who suffer most from work-related mental health conditions, such as stress, anxiety, depression and professional burnout (Hitchcock et al., 2021).

Resilience is one of the main barriers that protect social workers from these unfavourable emotional states connected to daily stressors at work and preserve their commitment to and satisfaction with their work (Harker et al., 2016; Virgā et al., 2020).

The present study demonstrated that when working with individuals with alcohol use problems, social workers perceived their competences in the professional resilience dimension as twofold: those needed (1) to handle their emotions when assisting clients experiencing psycho-emotional distress and (2) when clients or other professionals hold them responsible for problems arising from alcohol consumption (*manage the feelings you have when clients or their families blame you for things going wrong, manage the feelings you have when working with clients experiencing emotional and psychological distress and manage the feelings you have when team members from other disciplines blame you for things going wrong*). Social work with individuals who struggle with alcohol use can be emotionally draining and stressful. This is because professionals may have to deal with clients who frequently struggle with mental health issues (Jacob et al., 2021; Li et al., 2020) or who are resistant to change, experience relapses or find it difficult to maintain recovery (Tucker et al., 2020). Therefore, resilience skills are crucial to a professional's well-being because they help prevent burnout and work tension and help maintain a positive attitude towards individuals with alcohol use problems.

In this study, one more novel competence dimension emerged in comparison to the basic model proposed by Wang and Chui (2017); namely, a **fifth competence dimension** named *retrospective consultation skills*. This encompasses therapeutic and insight skills regarding past behaviours and experiences (the items *helping clients to learn from past attempts to solve problems, helping clients to learn from past experiences and exploring with clients how past relationships contribute to the understanding of current problems*). This finding

shows that perceived psychosocial counselling skills related to clients' prior experiences form a separate competence dimension. The subjective content analysis of this newly composed dimension revealed that behavioural approaches to problem-solving and concentrating on increasing clients' awareness when analysing their personal experiences and how relationships from the past have affected their present problems were among the perceived competence skills in this social work area.

This retrospective behaviour analysis approach is consistent with social work assessment strategies related to alcohol use problems. For example, NASW (2013) stated that, to increase awareness of the complexity of alcohol consumption, working with persons who have alcohol use problems involves accurate assessment and information evaluation at several levels using a biopsychosocial approach. King and Bordnick (2002) emphasised that a complete and accurate evaluation of a client's behaviour and functioning in connection to alcohol is necessary for effective social work counselling for alcohol consumption issues (King & Bordnick, 2002). As a result, analysing past alcohol use experiences is crucial for thorough evaluations and for the development of holistic interventions that support clients with alcohol-related problems in their overall well-being. This offers a starting point for informed support that considers the unique needs and challenges of each client.

Team working skills form the **sixth competence dimension** in social work with individuals with alcohol use problems. Effective social work practice relies strongly on interdisciplinary collaboration, which originates from a biopsychosocial approach and a systems perspective, both of which recognise the role of the multifaceted nature of various biological, social and psychological components in substance use problem contexts (Linley et al., 2014). As part of multidisciplinary teams, social workers take the position of a main client care coordinator, facilitating communication with various support systems and

professionals who use a variety of skills and experience to provide comprehensive solutions for complex circumstances (Klein, 2015; NASW, 2013). Cooperation with social work colleagues and professionals from other disciplines is essential because addressing complex social problems requires a variety of expertise, resources and interventions.

The results of this perceived competition dimension show that the items composing it reflect a focus on the multidisciplinary nature of teamwork in the field of social work, where practitioners consider working together with field supervisors, agency staff and other professionals to be an essential skill when working with clients who have alcohol use problems (*work with agency staff, work with field supervisor and work with other professionals*). This finding is in line with previously reviewed research that underlined the importance of teamwork in social work. Enabling professionals to share resources, expertise, knowledge and work in collaboration can result in more efficient and productive work. This is particularly relevant when considering the biopsychosocial context of problematic alcohol use, in which a social worker must deal with multiple layers of the problem and a range of ongoing interventions to meet the needs of the client and promote long-term recovery.

The **seventh competence dimension** in this study is composed of behaviours or skills related to **community work**. Because they are focused on strengthening the community's social capital and social change at the local level (Bogo, 2022), social workers apply appropriate theoretical knowledge and evidence-based practice to community development (Matthies, 2022). Considering the importance of social components in the evolution and resolution of alcohol use problems, the importance of social work within communities is undeniable. This has been highlighted by the Substance Abuse and Mental Health Services Administration in the USA, which recently released an evidence-based guide to community engagement (Substance Abuse and Mental Health Services Administration, 2022)

with a clear focus on the community as an essential part of substance abuse prevention overall. Additionally, the UK Clinical Guidelines for Alcohol Treatment (2022) emphasise the importance of finding community strengths and establishing supportive social networks to help individuals with alcohol use disorders (UK Clinical Guidelines for Alcohol Treatment: Core Elements of Alcohol Treatment, 2022). This study's findings demonstrate that perceived competence in the community social work dimension includes evaluation-focused skills (*research, particularly collaborative and participatory action research, with members of the community; monitor and evaluate in the community; and assess at the level of the community*). This perspective addresses the importance of community assessment, which must be undertaken to identify the resources and needs of a community that may be mobilised for change and progress. Community assessments can give a more complete representation of the community, which can then be utilised to develop action plans and mobilise resources from both inside and outside the community to appropriately address existing problems (Omher & Underwood, 2013). Considering the social issues that a client with alcohol use problems may have, professionals' competencies at the community level are essential.

The study's **eighth competence dimension** addresses another essential component of social work: the capacity to interact with and develop collaborative relationships with clients; that is, **relationship formation**. Bogo (2018) argued that social work is, by its nature, entirely relational and that therapeutic cooperation is essential to successful therapy, together with employing evidence-based practices (Bogo, 2018). Without sufficient relationship-building competence and social workers' abilities, such as active listening, empathy, critical thinking, trust building and so on, such an empowering process cannot be established (Bogo, 2022). This sort of trusting relationship provides the foundation for clients to voice their opinions, demands and needs in the present circumstances (Bogo, 2022).

The findings reveal that the perceived competences in establishing relationship dimensions include such skills as establishing contact and forming working relationships with clients (*establish contact with clients and form working relationships with clients*). A professional's capacity to build an honest and trusting relationship, as well as to treat clients respectfully and develop non-judgmental relationships, is essential in social work with clients struggling with alcohol use. Because alcohol use is still stigmatised and discriminated against in today's culture, many people who struggle with alcohol use problems are afraid to seek help (WHO, 2022) and often experience shame about their use problems (Galvani & Forrester, 2011). Thus, a trusting relationship is imperative for collaboration between a social worker and their client to increase well-being and solve the problems faced.

Conclusions

In this study, eight unique but related competence categories were found in Lithuanian social work practice through an EFA of the professional skills common in social work with clients who have alcohol use problems. This examination of professional competencies, in the context of procedural and meta-competencies, provides significant insight into practitioners' abilities in this field of social work. Given the vital role social work plays in preventing and intervening in alcohol use problems, it is important to acquire information that increases our knowledge and contributes to an understanding of field-specific competence in social work.

The present study, based on a methodological approach to assessing validity and reliability, shows that the Lithuanian version of the PSWCS is applicable in Lithuania. The instrument, which consists of 30 questions spanning eight competence dimensions, met the assessment criteria and demonstrated good reliability and discriminant validity. Therefore, the theoretical claim of this study, namely that perceived competence in social work with individuals who have alcohol consumption issues is composed of a

variety of competency categories, is empirically supported by the psychometric properties of the Lithuanian version of the PSWCS.

Furthermore, this study, based on the model of holistic competence by Bogo et al. (2006), demonstrates that social work with people who have alcohol use problems involves a combination of perceived procedural and meta-competencies. This underlines the fundamental principle of the model theory of Bogo et al. (2006), which is that, because social work is a highly complex activity, professionals can only master the practice by integrating a range of skills, professional knowledge and values into their own identities. As a result, in the highly sensitive and intense field of problematic alcohol use social work, professionals' meta-competencies not only support the execution of procedural competencies (e.g., consultation skills, emotional support, case management and community work), but also provide a foundation for client empowerment (meta-competence in relationship formation), support professionals' well-being (meta-competence in professional resilience) and provide context for carrying out social tasks in a more efficient manner (meta-competence in team working).

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Data availability

The data used in this research belong to a larger project and can be accessed only via correspondence with the author.

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