

# Conversations About Alcohol Use Help Social Workers Assess, Reduce Clients' Risky Drinking

BY LESLIE SIRRIANNI, LCSW-S

“One good conversation can shift the direction of change forever.” The hope expressed in this statement attributed to author Linda Lambert perfectly describes what motivates my work at the Health Behavior Research and Training Institute (HBRT) in the Steve Hicks School of Social Work at the University of Texas at Austin.



At HBRT, under the leadership of Mary Marden Velasquez and Kirk von Sternberg, we develop, test and disseminate brief behavioral interventions to help people make healthy changes. A primary focus of our work is preventing alcohol-exposed pregnancies for women at risk through the CHOICES family of research studies.

CHOICES, funded by the Centers for Disease Control and Prevention, is a brief intervention based on the transtheoretical model of change and motivational interviewing. In my role as trainer, coach and fidelity monitor for two major research projects under the CHOICES umbrella, I have listened to hundreds

of conversations with women enrolled in our studies—comprising approximately 43 percent Black; 39 percent Latina; 13 percent white women; and 5 percent other.

Our clients speak with our behavioral health counselors about their alcohol and other substance use, and their

risk of substance-exposed pregnancies. One of the most common—and moving—responses I hear is how genuinely grateful, and more empowered, these women feel when they learn about alcohol and other substance use risks and can discuss them in a judgment-free environment. The women in our programs feel heard, and they often indicate what a rare and remarkable experience that is for them.

The sense of validation the women in our CHOICES programs report feeling reinforces a strong body of evidence showing how powerful these conversations can be. More than 30 years of research supports alcohol screening and brief intervention (SBI) as an effective clinical tool to reduce risky drinking. A recent literature review by the U.S.

Preventive Services Task Force found that pregnant women who received counseling interventions were more than twice as likely to abstain from alcohol as those who did not receive counseling.

Despite this good news, there is also much work to do: According to the CDC, less than 14 percent of women who binge drink were advised to cut back on drinking by a health care provider—even though the CDC and other leading medical organizations recommend alcohol screening and brief intervention for all adults. Clearly, initiating these conversations is a critical first step in addressing risky alcohol use. In order to provide that opportunity, however, universal alcohol use screening (using a validated instrument) in all community and health care clinic settings is a must. Not only does universal screening normalize the inclusion of alcohol use as part of the health care conversation, it also ensures all patients—including our underserved populations—are screened in the primary care setting where they are most likely to interact with a health professional.

SBI also can help address racial health disparities, particularly among women. While white women continue to report the

highest levels of alcohol use, followed by Latina and Black women, respectively, the race and ethnicity gap is narrowing for problematic alcohol use, often referred to as heavy or binge consumption. Compared to white women with similar patterns of consuming alcohol, Black women are five times more likely to report alcohol dependence symptoms with more rapid progressions (known as “telescoping”) and three times more likely to report having arguments, injury, and occupational, legal and health-related problems. A growing body of research also demonstrates different pathways to alcohol use within racial/ethnic minorities as compared to white people.

For instance, increased alcohol use and problem drinking behaviors by minorities have been linked to acculturative stress experienced through ethnic discrimination and intragroup marginalization. Clearly, it is critical to understand these risks and create opportunities to discuss these risks in an informed, evidence-based, culturally insightful way with all women. Universal alcohol screening opens the door for these conversations to take place, and, most importantly, for conversations to take place where clients feel heard.

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Social workers are one of the largest groups of behavioral health providers, with a presence in a variety of practice settings that intersect with women who may be engaging in risky drinking. As such, we are well-positioned to recognize, advocate and promote use of evidence-based intervention strategies for women who drink at risky levels.

Social workers in health care settings, in particular, can help address racial disparities by advocating for

and implementing alcohol SBI within their clinical practices. Most importantly, we can all improve our own conversations with clients—and perhaps influence those of our colleagues—by expanding our knowledge of the effects of alcohol use, including the impact of alcohol use on people of color, with the understanding that, indeed, one good conversation really may have the potential to change the direction of a client’s life for the better. 🎯



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