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## **Social workers, substance use problems and SerD: role, competencies and educational needs**

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# **Social workers, substance use problems and SerD: role, competencies and educational needs**

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Abstract. This article presents some reflections on Social Work Education, practice, and theories based on the results of a qualitative study conducted with social workers from addiction services in a region of northern Italy. The focus is on the role of social workers in Addiction Services (SerD), specifically on the adequacy of university and continuing education in responding to professional needs in this field. Through a qualitative analysis of 25 semi-structured interviews with social workers, it emerges that many practitioners feel unprepared and therefore feel compelled to ‘invent’ their role in addressing the complexities of addiction. The interviewees described a training path that was not sufficiently focused on addiction-related issues, as well as difficulties in recognizing their professional approach within a context dominated by a medical-healthcare culture and approach. This article discusses the role, competencies, and educational needs of social workers from a Critical Social Work perspective (Healy, 2014). Finally, it considers the possibilities of updating and integrating social work university curricula, paying greater attention to the work and support of individuals with substance use problems to better prepare future social workers for the complexities of working in SerDs.

Keywords: Social Work Education, Social Workers’role, Substance Use, Educational Needs.

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## Introduction

The International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) are deeply committed to promoting, protecting, defining, and enriching the social work profession and academic education of future social workers. At the international level, the IFSW and IASSW have drafted and promoted numerous updates over the years regarding Global Standards for Social Work Education and Training, outlining the core competencies and skills that social workers must develop during their academic education (IFSW and IASSW, 2020). These guidelines and international standards define the competencies required to address various social challenges, including issues related to substance use and addiction. One of the essential skills for social workers is the ability to work in complex contexts and to understand the biopsychosocial factors that influence situations of discomfort and suffering (Blom, 2004; Cellini e Dellavalle, 2022; Campanini et al., 2020). In this sense, substance use issues are considered a critical area in which social workers must be able to act with sensitivity and competence. Social workers need to develop the ability to understand and address the dynamics and problems associated with substance use and addiction, not only from an individual perspective but also from their family, community, and social implications (*ibid.*; Galvani, 2015). However, international guidelines do not always explicitly and systematically highlight addiction and substance use problems as a priority area of education; rather, they are included in the general competences related to supporting vulnerable and marginalized individuals. The field of addictions appears to be underexplored and under considered, both in research and in social work education (Jenson, Howard, and Vaughn, 2004; Galvani and Forrester, 2009).

The topic of social work education, and necessarily practice, in the field of addiction inevitably brings with it discussion of the approach to education and practice in social work that distinguishes, separates, clashes and sometimes integrates, between a generalist social work education and practice perspective versus a specialist approach. The salient elements of the generalist approach-widely adopted in many degree curricula, both at the Italian and international level (Cellini and Dellavalle, 2022; Campanini et al., 2022; Campanini, 2020; Blom, 2004)-has the merit of providing a common base of knowledge, values, and skills applicable in a wide range of professional contexts, as well as ensuring a holistic view of the person, problems, resources, and context (Blom, 2004; Vandekinderen et al., 2020; Cellini and Dellavalle, 2022). At both the national and international levels, however, there is a growing tendency toward specialization. According to several authors (Campanini, 2020; Campanini et al., 2022; Blom, 2004), specialization is necessary in increasingly complex contexts and enables professionals to further develop

and strengthen their competencies. At the same time, it may entail the risk of reducing a holistic perspective and weakening the relational dimension of practice with individuals. The field of addiction shows a complexity and distinctiveness that goes beyond the complexity with which social work is usually deputed to deal, requiring both generalist and specific skills to foster both the relationship with the person and the path to help, and the integration and confrontation with the other professions involved.

The research conducted explored the perspectives of social workers and young adults who have experienced a pathway of change and help in the addiction services (SerD) during their adolescence, focusing on the helping relationship and recovery pathways. This article specifically addresses the profession and education of social workers in the field of addiction and substance use related problems. It aims to highlight the professional role of social workers in SerDs and addictions, both in terms of their self-perception and external perception, in connection with the specific academic and continuing education of social work. Based on these findings, some reflections are made to guide educational proposals, both at the university level and in the area of continuing education, which is mandatory for social workers.

## **Literature review**

The education of social workers in the field of addiction has received increasing attention, particularly in light of the challenges that many professionals face in effectively responding to the complex needs of individuals who use alcohol and other substances. The importance of education that addresses substance use and substance use related problem in connection with the professional role of social workers is relevant for all social workers (Galvani, 2007), as these problems can emerge in different work settings: child protection, probation and justice, marginalization, and social exclusion, and, in specialized addiction social services. In the latter, social workers are certainly confronted daily with issues of addiction that affect not only individuals' lives but also the family and social context in which they live. However, despite the centrality of these issues, the literature points to a significant gap between the competencies required and those acquired by social workers during their educational pathways (Galvani, 2007; 2015). This aspect can be related to the generalist approach to social work education (Vandekinderen et al., 2020), spread all over Europe, in contrast to the rising of specialization in public sector, in welfare organization and in social work itself (Blom, 2004; Cellini e Dellavalle, 2022). Previous studies have highlighted how social work curricula often overlook crucial aspects related to alcohol and substance use. Guy and Harrison (2003) and Forrester and Harwin (2006) have identified a significant lack of attention to these issues, particularly in

the context of child protection, where parental substance use is a critical factor that strongly influences social workers' decisions related to the risk of Children' harm. Several studies have found that many social workers do not feel adequately prepared to address substance use within the families they work with, which is particularly relevant in child protection. Forrester and Harwin (2006) emphasize that despite the importance of the issue, many social workers struggle to manage cases where parents have addiction problems, resulting in less effective interventions and a high emotional burden for the professionals involved. Kearney et al. (2000), in their analysis of social workers' educational needs regarding alcohol and drug use issues, found "little specific training on alcohol" (p. 26) and widespread uncertainty among professionals on how to address addictions in their daily interventions. This educational gap often leads to a sense of ineffectiveness among workers who report difficulties in assessing situations and intervening appropriately (McCarthy and Galvani 2010). McCarthy and Galvani (2010) documented how professionals feel the lack of operational and methodological tools to intervene effectively, describing how they often feel "ill-equipped to work with individuals with addiction issues (p. 86)". These educational needs go beyond mere substance knowledge, which is a secondary aspect for social workers, and include relational skills and methodological knowledge to build effective helping relationships with service users, working effectively within a non-individualized, ecological, and network-based perspective. Another key aspect is the ability to adopt non-judgmental and empathetic approaches, which are crucial given the stigma and prejudice surrounding the world of drugs and the people who use them (Galvani, 2007; 2012; 2015, Buchanan, 2004). According to Galvani (2007), it is essential for social workers to develop a deep understanding of the social context of addiction, seeking to understand the person in their environment and the broader context of their lives. This perspective should allow social workers to move beyond the medical approach, which is also widespread among social work professionals who treat addiction solely as a pathology (Paylor et al., 2012; Healy, 2014). A medical approach/discourse appears to be reductive for social work and can hinder the development of meaningful helping relationships, and a comprehensive approach to addiction that views substance use as a lifestyle, in which individuals can exercise agency over, rather than just a disorder (Folgheraiter, 1998, 2004; Galvani, 2007; Paylor et al., 2012).

### **Social work e substance use**

The literature highlights that the role of social workers in addiction goes beyond immediate and individualized interventions regarding substance use issues (Cassidy and Poon, 2019). As emphasized by Callon et al. (2018), social work plays a crucial role in responding to the social needs of indi-

viduals with substance use disorders and related problems. Coping with, and managing, addictions and related problems cannot only be seen from a medical perspective; it must include an interdisciplinary approach in which social workers play a fundamental role in coordinating access to support services, psychosocial interventions, and recovery pathways (Galvani 2015; Cassidy and Poon 2019). For example, programs such as the Addiction Social Work Fellowship Program in Canada demonstrate the importance of interdisciplinary training in improving social workers' ability to intervene effectively in addiction-related cases (Callon et al., 2018). Limiting a purely biological perspective makes it essential for social work education to provide students with perspectives and approaches that emphasize individuals' strengths and resources, along with their networks and relationships. Although such an approach is widely used in various social work fields, it remains underdeveloped in the field of substance use (Galvani, 2012; Paylor et al., 2012; Folgheraiter, 1998, 2004). It is necessary to offer more opportunities for reflection on the social dimension in the education of future social workers, particularly considering the professional context in addiction services, where social aspects have been considered less relevant and even secondary (Palumbo and Dondi, 2012). This marginalization is largely due to the medicalization process, a phenomenon that is widely spread in various areas of life and society, as highlighted in the literature (Maturo, 2008; Maturo and Conrad, 2009). The lack of adequate education, and the feeling of unpreparedness among social workers risks leading to the "submission" of social workers' autonomy and professionalism to the dominance of medical professionals. In Forrester and Harwin's (2006) research on parental substance use, it became clear that social workers often lacked confidence in addressing substance abuse issues because of insufficient social work-focused training on addiction. More recently, McNeil (2021) emphasized the need for both social work practice and education to make explicit the epistemological assumptions that guide reflection when working with individuals who use substances. According to McNeil (2021), social workers' frequent adoption of a medical model, based on the "disease" concept, shifts the focus away from the person and their environmental, contextual, and social-relational factors. From a relational perspective, the medical model fails to recognize the individual's capacity for action as well as their strengths and resources in coping with addiction' problems (Folgheraiter, 2011). In this regard, some authors have highlighted that the separation between social work education and the training of medical and nursing staff has limited opportunities to develop integrated approaches to managing addiction (Nguyen, 2020; Callon et al., 2018). Traditionally, social workers' education has been distinct from that of healthcare professionals, which has created a fragmentation of interventions and limited communication among the various professions involved in this

area of problem (Nguyen, 2020). The implementation of education programs that promote a multidisciplinary approach is therefore considered essential by several authors to improve social workers' preparedness in this field and foster a comprehensive approach to the care and support of individuals with substance use issues (Cellini e Dellavalle, 2022; Nguyen, 2020; Callon et al., 2018). The most critical aspect of this evident gap in education pathways is that social work literature offers, actually, epistemological and methodological models that allow for social interpretation of addiction. For example, the ecological model (Collins and Keene, 2000; Paylor et al., 2012) focuses on environmental dimensions and relationships with family, friends, and the living context (*ibid.*; Galvani, 2012), and the strengths-based approach (Weick, 1989; Saleebey, 2006), which views the individual as an active participant, both in defining the problem and in identifying interventions, coping strategies and possible solutions. The Relational Social Work approach (Folgheraiter, 1998, 2004, 2011) includes at its core salient aspects of the social work models outlined above and it seen addiction as a life problem that can be addressed. In this view, the "resolution" of social problems is possible, at the beginning, only with the collaboration of a natural support network that, then, becomes a coping network: individuals directly involved in, or affected by, the problem, who are interested and motivated to address it, working together to overcome it, or limiting its negative consequences (*ibid.*).

### **Role of social workers with person with substance use problems.**

Education related to social work with people experiencing substance use issues, contrary to what might seem, is not a specialization required only for those who work or will work in addiction services. As Galvani (2015) emphasized, social workers in all areas and work settings may encounter individuals facing difficulties related to substance use. According to the author (*ibid.*), it is possible to identify at least five areas of life that are "impacted," five types of problems resulting from substance use that may lead individuals with substance use problems to access different social services: lack of financial resources, negative effects on the ability to cope with daily life tasks (from parental responsibilities to caregiving for a significant other, or executing daily activities), deterioration of physical and mental health, that requires support and assistance, social/legal consequences (loss of housing, social isolation, illegal and criminal behaviours), and loss or deterioration of relationships (partners, family, friends). Based on this, the author (*ibid.*) highlighted the importance of including key aspects in the education of all social workers that provide them with central elements that define their professional roles in such situations. Specifically, the three key professional competencies are "to engage", "to motivate", and "to support" (*ibid.*). First, this implies that social workers should critically reflect on their views and expe-

periences with substances and how this might (negatively) impact the helping and trust relationship with the individual. This reflection allows social workers to ensure respect and non-judgment, engaging with the person to address substance-related challenges and needs, recognizing both the risks and negative consequences of substance use, and encouraging the involvement of significant people, family, and friends in discussing the situation and identifying necessary support. Secondly, “*to motivate*” means working by recognizing the individual’s level of motivation for change and supporting motivation throughout the process, directing them to specific support services. In this role, risk and resource assessment skills, as well as knowledge of services, interventions, and local resources that can support the individual and their network, are fundamental. Finally, it is crucial to recognize and support the efforts and steps that individuals and their networks take in addressing the situation, promoting the maintenance of achieved changes, and recovering social aspects that have been negatively affected by substance use, including family and social relationships, work activities, and legal or criminal issues.

## **Methodology**

The literature clearly indicates that social worker education in the field of substance use is not sufficiently adequate to meet the challenges and complexities faced by social workers in their practice. Given this context, it was deemed valuable to explore the role and professional competencies of social workers working in addiction services in the Italian context, aiming to understand how they perceive their professional role and whether they identify a concrete lack of training, as well as how this perceived gap affects their professional practice. This research was conducted using a qualitative methodology and adopted a participatory approach (Aldridge, 2015, 2017), involving a *steering group* of four social workers from SerD services as co-researchers. The research team chose to develop and conduct semi-structured interviews aimed at exploring the education, competencies, and specific tools related to social work in addiction services. A total of 25 semi-structured interviews were conducted with social workers working in SerDs. Of these, 24 interviews were realised online and only one participant opted for an in-person interview. The use of telematic methods for conducting video interviews has been positively evaluated in scientific literature (Deakin & Wakefield, 2014). This prevalent use of online interviews, on the one hand, helped reduce the environmental impact associated with travel within the regional territory and, on the other, increased the participation and engagement of the interviewees. The interviews were audio-recorded, transcribed, and subjected to a thematic analysis (Braun and Clarke, 2006). Data coding

was performed using the MAXQDA software, and categories were identified as the result of a participatory process with the *steering group*. The involvement of experts by experience, particularly in the analysis process, is an important element in the development of participatory research, as highlighted by Nind (2011). The interviewees were initially identified through a mailing list of social workers from SerD services in the Veneto region, and subsequent recruitment was carried out through snowball sampling. The interviewees were predominantly women (22 out of 25), with an average age of 51 years and 19 years of experience working in SerDs. The participants had a minimum of 2 years and a maximum of 37 years of experience in SerDs. Seventeen interviewees held only a bachelor's degree, two held a diploma from the pre-university school of social work, and six social workers held a master's degree. The interviewees represented 54.1% of SerDs in the region where the study was conducted. Data were collected and processed in compliance with EU Regulation 2016/679 regarding the protection of individuals in relation to the processing of personal data. All participants were provided with information regarding privacy and data processing, and their consent was requested for interview recording and data processing. All collected data were anonymized.

## Results

The interviews revealed interesting insights and themes related to the specific role of social workers in SerDs, their functions and competencies within multi-professional, socio-health teams, as well as the education received and the education they desired.

### **Working in the SerD according to the perspective of the social workers interviewed**

A preliminary aspect, that seems to set the stage for the results that follow, involves identifying the presence of stereotypes and prejudices in the experiences of some interviewees. A dual experience of prejudice emerges: some social workers who initially held biases about working in addiction services ended up working in the field and came to appreciate their experience. At the same time, others perceive themselves as being the target of prejudice and stigma, viewed as “second class” or lower-value social workers, simply because they work in stigmatized settings and with individuals who are negatively labelled by society.

*I no longer supervise social work interns because, on their part, there's often no motivation to do an internship here—they come because they have nowhere else to go. I understand that there are more sought-after places... but to do an internship or work at a SerD, in my opinion, you*

*need to have extra motivation. ...otherwise, you won't make it, you'll struggle to build relationships; you'll have difficulty accepting the whole range of things that come with it. (Int24)*

*The SerD is truly a world... because it also helps us navigate the complexity that is life. My colleague and I—who knew each other even before working here—used to always say, 'Anywhere but the SerD.' We had our own stigma, but today, we're still here, and neither of us intends to leave... even though sometimes it's more challenging than other times, but...(Int10)*

### **Feeling Unprepared and Creating Their Own Role**

One of the main themes that emerged from the interviews with SerDs social workers concerned the widespread feeling of unpreparedness. Many of them stated that they did not feel sufficiently trained or equipped to deal with the complexities related to addiction. This issue is often linked to a lack of specific preparation during university courses and the need to learn the profession in the practice field. According to the interviewees, this is particularly relevant in the field of substance use problems compared to other areas of social work, precisely because of the lack of training opportunities on issues related to this during their academic education.

*Social workers, in terms of education, don't ... at university, they don't give you training to work effectively with certain groups. (Int16)*

*In SerDs, you learn the job by doing it. There isn't a 'handbook for good social workers who work in SerDs.' I do not know how it is in other services, but for other services, it is clearer what it means to work as a social worker in neuropsychiatry, in a family counselling centre, or in a municipality. But in SerDs, they don't even talk about it at university. (Int8)*

In line with this, many interviewees reported a sense of “navigating blindly,” expressing difficulty in having a clear and structured picture of what working in SerDs entails. As a result, other social workers discussed how a clear understanding of their role within SerDs developed slowly through their experience in the context.

*I like the idea of a boat, that we always have to follow the winds because if we go against the winds, no sea is favourable to us. [...] Sometimes, we also have to shelter us from the wind to see what happens, especially when the sea is stormy. Even when situations are so complex, so chaotic, we somehow have to take shelter. (Int10)*

*The dynamics related to addiction are very complex, and I myself recognize that, when I first arrived at the SerD, to move independently, to have*

*a clear understanding of how a whole range of things worked, I think it took me five years. (Int9).*

The diversity and possibilities of the social workers' role are so blurred that some interviewees, particularly those with over 25 years of experience in SerDs, reported having created and invented the social work area within the SerD they work in. They were aware of the profound differences in work, competencies, and approaches among the various social workers in different SerDs across the region. This autonomy and variability seem to be connected to weak social work education for addressing addiction-related problems, but also to the issue of professional recognition among professionals from different fields.

*Every service has its own character... it's something that you invent depending on the experience of the people who work there. As far as I know, no other social worker in SerDs does the work that I do... All the SerDs here in our region have social workers with different areas of competence than mines. So... this is something that's fairly well known. (Int3)*

*When I started working at the SerD, I began to build the social work area. That's when I managed to do what, in my opinion, a social worker should do in SerDs, bringing with me the experience from my previous service. (Int4)*

### **Lack of Specific Education and the Search for Training Opportunities**

Some interviewees explicitly emphasized a critical issue for them during the interviews: the lack of specific training in addiction during their academic (bachelor's and master's degrees) social work education. The interviewees reported a significant gap between the tools provided by universities and the real needs of social work in SerDs.

*Universities give you general tools, but this does not mean they are applicable to all groups of the population. That you graduate from university ready to be a social worker, I do not think so. There's a huge gap, huge. (Int16)*

*Training is really needed, which I consider essential. I notice a lack of training, both in universities and in continuing education... there's a huge gap for addictions. (Int13)*

In this sense, some interviewees expressed disappointment with preparation provided by universities that did not address the specific challenges of social work in SerD.

*In my opinion, university training is severely lacking in social work education. At least in my limited experience—I haven't attended all the universities in Italy, and I'm sure there are some that do a great job!—but*

*the experience I've had directly and what I see with the trainees is dire, it's dire. (Int21)*

*To work in these fields, you need training, in my opinion, because you could end up working in a SerD in your professional career. Therefore, the specificity of a service such as ours requires specific training. No specific training has ever been considered in areas where social workers work, and social work is generally studied. In my opinion, there should be specific training for all the services that a social worker might go into. (Int24)*

Given this lack of preparation, there is a clear demand for education, knowledge, and ongoing professional development, and some social workers reported actively seeking out training opportunities on their own. However, continuing education opportunities, as well as master's degrees and advanced specialization programs, often fall within adjacent disciplines, such as psychology or medicine. As a result, these opportunities do not always meet the professional needs of social workers because of their inherently different approaches and perspectives. Many interviewees reported that it was difficult to find and participate in specific training opportunities for social work in SerDs. On one hand, these statements show the proactive and critical professional reflection of social workers trying to fill the perceived educational gap. On the other hand, it highlights the lack of resources specifically dedicated to their roles. Other social workers reported having “made do” on the job, building their own competences through informal experiences or by independently consulting various texts.

*I've had to piece together my own education, drawing from various disciplines, from different texts, and so on. (Int1)*

*Over the years, I've had the good fortune to access very specific and highly effective training, but it's more psychological in nature. (Int6)*

*We didn't have the opportunity to attend specific training. We made do on the job. (Int7)*

*I try to attend as many training sessions and continuing education programs as I can that are directly related to the role of social workers in SerDs because unfortunately, in SerDs, the training is mostly medical. Therefore, it is very difficult to stay motivated in the profession, and continuing education for social workers is helpful. But specific social work training is hard to find. (Int22).*

### **Peer Support and Collaboration Among Colleagues**

In the absence of structured training, peer support and collaboration among colleagues proved essential for many of the social workers inter-

viewed. This informal exchange is a valuable resource for refining skills and addressing daily challenges. In some settings, the presence of social work coordination among social workers in SerDs within an entire Local Health Authority serves as the primary context for reflection, sharing, and specific training on the role and competencies of social work in the field of addiction. These settings, in which more experienced colleagues offer their knowledge and support to younger colleagues, have been identified as key opportunities for professional development. In such contexts, some interviewed social workers reported that they were able to define the boundaries of their professional responsibilities and identify which tasks fell outside their expertise.

*We have also done a lot of work as a coordinator on this issue of understanding what to take into account when taking care of the user, what aspects we, as social workers, are going to work on, and when it is time to pass on to others because our competence may be reaching its limit.*  
(Int22)

This suggests an effort to more clearly define the professional boundaries of social workers, although this process is often left to individual initiatives or collaboration among colleagues. Another significant aspect raised is the need to recognize and protect one's competencies in the workplace. This relates to the recognition of the profession and its specificities by external professionals, particularly those in the healthcare sector. Self-recognition and external recognition of the profession and the competencies of social workers in the field of addiction appear to be critical issues in many of the settings involved in the research, although there are also examples of teams that work collaboratively within an ecological approach to well-being, focusing not only on physical and psychological health, but also on social and relational aspects of life.

*I have this competence, it's recognized, and I defend it. I defend it because when it comes to contacting external organizations, I believe it is my job. It depends on the team you are part of, and the mission you are given... But I always try, beyond everything, to assert the specificity of my role.*  
(Int11)

Thus, a dual dynamic emerges: on the one hand, the medical-healthcare context tends to reduce the social workers' contributions to administrative or secondary tasks; on the other hand, social workers themselves struggle to reassert their role and showcase their competencies, even though for some, this is a well-defined "battle" they are determined to fight.

*Often, we complain that our role isn't recognized, and this issue is particularly critical in socio-health services. [...] You feel this difficulty. But we complain a lot. No one recognizes us. Sometimes, it's not that no one recognizes us; sometimes, we fail to make ourselves recognized.* (Int21)

*Human beings consist of many aspects: the idea of working in a situation where the social aspect—the glue—is missing, for me, is unthinkable, and I continue to emphasize this to my colleagues. I am sorry to say it, but if I do a specific activity, and the doctor does their specific work, then the social aspect is also specific. People are in a social situation in which family relationships and other social contexts are involved. And yet, sometimes I really feel that this aspect is unclear to other professionals. This made me very angry. The glue is the team, it must be that way for everyone. There is not one profession that's up, and the other down. There shouldn't be one competency that stands out above the others; all competencies should be resources available to the person and their family. (Int13)*

The reality in many SerDs shows an inadequately defined and validated professional identity for social workers—partly due to the educational gaps—which translates into the actual risk that the role of social workers in SerDs is perceived as that of a “jack-of-all-trades,” with duties far beyond their specific area of expertise. This sense of versatility is experienced by some with frustration, while others accept it, feeling that their role often expands to cover areas outside their competence.

*I'd say we are very flexible as professionals, almost like 'jacks-of-all-trades,' as I mentioned before. So, they sneak us in here and there. (Int19)*

*In reality, I find myself doing a bit of everything and more, working with all the clients. The numbers are small, but yes, my role expands a lot. (Int15)*

*Sometimes I find myself going beyond my competences because I'd like to do everything, but sometimes I have to take out the code of ethics and remind myself: 'These are your competences. You have a lot of them, and you can make the most of them, so stick to what you know.' (Int22)*

### **The Influence of Medical Language and the Absence of a Structured Social Approach**

One of the most complex aspects that emerged from the interviews, which seems closely related to the training gaps previously discussed, concerns the adoption of medical language by many of the interviewed social workers when describing addiction-related issues. Terms such as “patients,” “relapse,” and “disease” are commonly used, reflecting the influence of the healthcare context and prevailing medical culture within SerDs. On the one hand, language is an important vehicle for thought, and medical culture is deeply embedded in the field; on the other hand, many interviewees highlighted the risk of reducing the complexity of social work to a more technical, standardized approach. This reduction often does not fully respond to individuals' real needs, revealing how the social work approach is often marginalized in

favor of a more clinical-medical perspective, thus limiting the development of genuinely integrated multidisciplinary interventions. At other times, the perception that social work is “not directly related to addiction care” has led to an increase in administrative and bureaucratic tasks for social workers.

*I feel strongly that here, we work a lot in the healthcare domain, and while the social aspect is present and important, it's collateral. In my opinion, the SerD context is difficult. We are somewhat the 'last wheel on the wagon,' in a sense. Thus, the main work was done by others. This is unfortunate because professionally, it's a bit hard to grow here as social workers since medical-healthcare aspects prevail. (Int22)*

*[The social worker] is a figure that, culturally speaking, is still seen as the one furthest from the person and their experience in the SerD... because first, there's the doctor who examines you, who sees the body, who heals the body. (Int17)*

## Conclusions

One aspect to be emphasized before proceeding to the discussion and consideration of the implications of the results presented is related to the analysis of the characteristics of the research participants. As illustrated, the average age and years of experience of the interviewed social workers requires consideration of the long period between their academic training and the time when the interviews were conducted (2022). This aspect can certainly be seen as a limitation of the research; however, it is also necessary to consider two other factors that seem to confirm the need for reflection on university training programs and attention given to life challenges and working with people who use substances. The first factor relates to the fact that the same issues and difficulties highlighted in the results are experienced and perceived by both older and younger social workers whose university training is more recent. The second factor pertains to continuing education, which, as emerged in the findings, tends to be more clinically oriented than focused on the specific themes, skills, roles, and responsibilities of social workers in this field.

The perception of being inadequately prepared and trained in the field of substance use and SUD's related problems, coupled with the lack of specific social work methodologies and approaches learned during formal education, along with the accounts of many social workers who described creating their own specific social work practices in the context of addiction services, provides several important areas for reflection. First, the gap in education, the perceived educational shortfall as described in the interviews, often leads social workers to experience a lack of professional self-recognition, which is

mirrored by the lack of recognition from other professionals in these services. This was identified as a critical issue by the research participants and *steering group*. Despite the institutional mandate, legislation, and sectoral scientific literature acknowledging the fundamental importance of the existential and social dimensions in the recovery process from addiction, the organizational structure of SerDs—at least for those where the interviewees work—tends to prioritize a curative, medical approach, largely entrusted to clinical professionals, focused on “fixing” or “correcting” what is going wrong. The role and specificity of social work struggled to emerge, even from the individual perspectives of the interviewees, many of whom used medical-health terminology. This is an important aspect, as seen through the lens of Critical Social Work, as noted by Healy (2014), in regard to the power exerted by dominant discourses that have shaped social work theory, practice, and education. Among these dominant discourses, “biomedical discourse” stands out, which has been emphasized by several authors (McNeil, 2021; Paylor et al., 2012; Galvani, 2012) and continues to dominate the social work approach in the field of addiction. This issue is particularly significant, as it influences the dynamics of professional self- and external recognition identified in the research findings, and it is also a consequence of the perceived lack of training. The *steering group* reflected on how this difficulty could be influenced by the organizational context itself, characterized by the strength and power of the medical culture, which tends to prevail over other perspectives, and by the “professional shyness” of social workers. These elements can create environments in which the social dimension and professional skills of social workers are marginalized or considered secondary (Palumbo and Dondi, 2012; Maturo, 2007). The *steering group* discussed the challenges faced by social professionals working in socio-healthcare settings, where professional recognition is more difficult both externally and internally. From our analysis, it emerges that in such contexts, social workers run the risk of becoming “free agents,” trying to pursue their professional approach while the organization and common thinking head in a different direction. Given the sense of insufficient recognition of the profession, both externally and internally, in a highly integrated socio-healthcare context, like SerD, it is important to highlight the professional specificity, roles, and functions of social workers, in light of the literature reviewed. For the steering group members this can be achieved through the action of each individual professional who, thanks to theoretical and practical training, engages in the work on a daily basis to highlight the specific focus of social work, striving to make the other professionals understand the specificities of the profession. Another aspect emerging from this research is the innovative role that social workers can play through direct field experience, especially in complex contexts, such as SerDs. Many interviewees described how, in the absence of structured

training, they had to “invent” personalized intervention strategies based on their experience. Initially perceived as difficult, this approach can become a significant resource for developing new and creative best practices. Encouraging action research or practice research projects, directly involving social workers, could help formalize best practices and shared operational models as well as provide crucial insights for education. In this regard, from the research it seems to emerge the importance of an integration between the generalist perspective in social work training and the specialist perspective, in which having trained in academic settings predominantly marked by a generalist approach – as recounted by the interviewees, but also as found in the literature (Cellini and Dellavalle, 2022; Vandekinderen et al., 2020) – may have provided the skills and resources for social workers to “invent” their role, as described by them. The need for specialization appears, instead, as an element to be integrated, also in order to foster integration among professionals and recognition of the profession in social and health care services. This echoes the need, already highlighted elsewhere (ibid.), to expand and reinforce the presence of social work disciplines in academic degree programs.

In conclusion, based on the literature and the data analysed, it is important to emphasize the need to create new opportunities for reflection on current social work programs and curricula in the Italian context to better understand how to provide a greater focus on the specific social work approaches and methods relevant to the lives of people with addiction problems and related issues, but not only. The search for specific courses and education opportunities, combined with the difficulty of finding them, leads social workers to seek out educational opportunities in psychology or medicine, increasing the risk of losing the specificity, professionalism, and deeper meaning of a social work perspective when addressing addiction. This issue needs to be more widely addressed and considered by universities, professional training agencies, and professional associations with the aim of developing education programs that include more coherent and relevant social work perspectives and content. Not only the context of education, but also social work research must engage more actively in this area to provide empirical support for training. Finally, practitioners working in the field could also take more initiative, drawing from local experiences observed, towards collaboratively defining the role, professionalism, competences, and training needs based on their direct field experience.

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