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**An empirical study of practice in industrial social work: Some
implications for curriculum**

Silverman, Beth Alda, D.S.W.

City University of New York, 1988

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A

AN EMPIRICAL STUDY OF PRACTICE
IN INDUSTRIAL SOCIAL WORK:
SOME IMPLICATIONS FOR CURRICULUM

by

BETH ALDA SILVERMAN

A dissertation submitted to the Graduate
Faculty in Social Welfare in partial fulfillment of
the requirements for the degree of Doctor of
Social Welfare
The City University of New York

1988

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Abstract

AN EMPIRICAL STUDY OF PRACTICE IN INDUSTRIAL SOCIAL WORK: SOME IMPLICATIONS FOR CURRICULUM

by

Beth Alda Silverman

Adviser: Professor Simon Slavin

This study, therefore, sought to collect information concerning the nature of industrial social work practice, the knowledge base for that practice and the skills that could activate this unique knowledge base into professional behaviors.

This empirical study involved the use of the Critical Incident technique developed by Flanagan (1954). A content analysis was done on 133 cases collected from thirteen settings reflecting both labor and management sponsorship. A typology of presenting problems and practitioner interventions both internal and external to the auspice was derived from the data. The development of categories was shaped by the intent of the study to derive curriculum

content for industrial social work. The rationale for the more limited direct practice focus on data collection is discussed.

The sample in the study is an urban New York one with significant labor representation largely due to feasibility constraints. However, the diversity of activity captured in the limited sample does appear to reflect the nature of practice behavior as acknowledged by experienced practitioners. While the study observes differences and similarities in the nature of practice behavior in labor and management settings, the curriculum recommendations that emerge from the data analysis attempts an integrative approach that reflects an amalgam of clinical, planning and organizational theory within an ecological systems perspective.

This curriculum model can be offered to a wide spectrum of social work students and practitioners ranging through BSW programs, MSW, post-masters, continuing education and doctoral programs.

This formative descriptive study has demonstrated that there is a sufficiently critical mass of knowledge and skill to provide the base line for educational content specific to a field of practice in Social Work.

The study also revealed a critical interdisciplinary interface between industrial and other fields of practice to warrant further research, especially with aging, mental health and family and children services. This study suggests the need for more research in industrial social work's own internal processes. This includes the growing concerns of industry, government and unions in regulating benefits and entitlements.

Acknowledgments

While the exhilaration and anguish of the dissertation is at times experienced as a solitary phenomenon known privately only by the author the reality is that the process and the product are the outgrowth of a complex tapestry of interaction between family, friends, loved ones, teachers, colleagues, students and the author.

It is with this in mind that I wish to acknowledge the contribution of those individuals whose ideas, labor, love, direction and support fortified this research effort.

To the many pioneers whose precedent setting endeavors cleared a path for my own journey in the world of work, I am most grateful.

I wish to express my thanks to my adviser and Chairman, Professor Simon Slavin for introducing me to the critical incident technique as an instrument for empirically based practice research that significantly influenced the nature of the research design for this study. His conceptual guidance enabled me to formulate a study that embraced several areas of intense professional interest for me: work, work institutions, teaching and social work practice.

For his continuous support and encouragement throughout from formulation to defense I shall always be grateful.

I am indebted to Professor Sheila Akabas whose presence on my committee and in my professional life has expanded my knowledge, skill and overall vision regarding the world of work as a practice domain. Her time, effort, support and practical critique of my work were invaluable. Professor Akabas' pioneering efforts in curriculum, program development and research in Industrial Social Work have contributed enormously to the substance of this study.

I wish to thank Professor Florence Vigilante whose constructive feedback and support reflected a synthesis of the blended perspectives of clinical practice and teaching regarding the world of work. Her rich knowledge and experience in these areas helped to bridge the gap of these dual perspectives and enhanced my awareness of the reciprocal exchanges between them.

For work above and beyond the requisite charting and recording that is part of the life of social work students and practitioners, I wish to express my gratitude to the many social work students and staff in this study who lent their time and commitment to expanding our knowledge and skills in this emerging field of practice by supplying me with practice examples of their own.

My special thanks to Ronnie Sue Jaffe for sharing her work diary as an example of the practice activity of an EAP director in a hospital setting and to Roxanna Melendez for her time, effort and critical feedback in independently

coding a sample of cases to verify the reliability of my own coding of the cases. The support and expertise of such friends and colleagues made positive contributions to this research effort as does their presence to the field of industrial social work in general.

The individuals who contributed practice examples for this study were employed by a range of host institutions. While these organizations are enumerated elsewhere, I nevertheless, wish to express my thanks to the multiple labor and management auspices that granted me entry for data collection.

I have been encircled by family members whose hearts, minds and actions have kept me on course with this life mission as they have with so many other quests.

Each individually has a professional life that reflects dual commitments to learning and teaching as they strive to balance the dominions of love and work. My sister Deborah De Zure, my mother Eleanor T. Silverman and my father Sidney I. Silverman have withstood my intellectual and emotional peaks and valleys while never yielding in their capacity to propel me forward with love and constructive support. Their collective presence has enabled me to affirm life in the midst of struggle.

The nature of my special thanks to my father spans a lifetime -- mine, to date. For his continuous feedback, support and assistance in editing the various drafts of

text my love and thanks are unbounded. As a result of teaching me early in life to treasure the quest for dignity and purpose individually and collectively I have evolved a self that emerges from a composite of experiences encompassing love, friendship and work that reflect his sage counsel. The kaleidoscopic lens through which I have viewed the human experience has been wondrously shaped by his presence. This is a gift for a lifetime for which I offer thanks.

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CHAPTER I

RATIONALE FOR STUDY

This study is predicated upon the following observations:

1. The growing presence of professional social workers employed by industrial auspices constitutes a critical mass of activity that warrants the development of core curriculum in the teaching of industrial social work.
2. There is a distinctive knowledge and experience that represent the domain of industrial social work.
3. There are clearly defined skills based upon this knowledge and experience that characterize industrial social work practice.

This study, therefore, sought to: collect information concerning the nature of practice, the knowledge base for that practice, and the skills that could activate this unique knowledge base into professional behaviors.

The Magnitude of the World of Work

The need for a definitive curriculum is based in part on several considerations. Among these is the sheer size of the constituency of the American public who function in the world of work. The U.S. Bureau of Labor Statistics indicates approximately 120 million persons are in the labor force.¹ They range in age from teenagers who work

part time, to aged adults long past the Social Security retirement age who work full time, earning wages and incomes to support a productive life style. They work as migrant farmers, in heavy industry and manufacturing, in blue and white collar service companies and agencies. They also work as professional, management and public service personnel, as small shop keepers and self-employed vendors.

They are organized in craft and industrial unions, in trade, employee and professional associations. In their private lives they belong to social and political action groups, to religious and fraternal orders. Workers have multiple memberships in these organizations and often espouse contradictory social, political and religious causes, postures and attitudes. A social worker may, thus, be required to mediate these contradictions, e.g., a minimal wage employee, eligible and in need of government entitlements (medicaid, food stamps) refuses assistance because of his political or religious affiliation and is against government intervention in his private life.

This constituency of workers has many unmet human service needs which must be met in concert with 1) their economic options for salary and wages, 2) government laws, rules and regulations, 3) industrial management's capital and profit objectives, and 4) unions' desires to achieve the optimal income and social benefits for workers.

The frequency of service needs can be projected by the

following data.

If one used the District 65 United Auto Workers data as an example, one finds that 25% of its 16,000 members who work in the metropolitan area have preventive contact with interventive and social services programs.² This metropolitan area membership of 16,000 is representative of the 45,000 total national membership of the union. Other union sources present similar data, indicating that the work force at one time or another has contact with social work programs and practitioners.

Schools of social work have curriculum for circumscribed fields of study which are of much smaller population magnitude, than that covered by industrial social work. For example geriatrics, child welfare, and mental health are specialized subject areas for which there are definitive guidelines for course study. The Geriatric population is 28,000,000 or 11% of the U.S. population; the child population is 60 million or almost 25% of the population. Compared to these groups, attention to the needs of the 120 million worker population is long overdue. It is suggestive this latter cohort will benefit from its own social work agenda and a curriculum in Industrial Social Work.

Statement of Need

Industrial social work needs were evident early in 1875, when the H.J. Heinz Company³ called upon Mrs. Aggie

Dunn to "look after" the "working women" the company employed in its Pittsburgh plant. There is exponentially increasing evidence of industrial social work activity from 1875 to today. The evidence is widely observed in the proliferation of occupationally trained Masters of Social Work (M.S.W.) who staff Employee Assistance Programs (E.A.P.). There is also ample evidence during the period of more than 100 years that both industrial management and labor unions have created favorable work auspices for the social work profession to act on behalf of employees. However, the interaction, viewed historically has generated by 1987 an ambivalent "pas de deux" within the world of work that is both regressive and progressive in nature. This chapter will discuss among other issues the nature of this ambivalence.

The need for a more specific curriculum for industrial social work is also revealed by the wide scope of critical issues encountered by practitioners in industrial social work. Some of these issues are specific to knowledge and experience in industrial social work. Others, however generic they may be to social work training, are qualified or altered in character when applied to the workplace setting, to warrant inclusion in the curriculum in an Industrial Social Work course of study. The issues specific to industrial social work supporting the need for curriculum, fall into the following broad categories:

1. The regressive-progressive role of social workers.

2. "Empowerment" issues between labor, management and government.

3. Significance of the environment.

4. The relevant legislation and regulations.

5. The shifting demographics of the work force; i.e. the roles of women, ethnic minorities, handicapped persons, and the changing family constellations.

6. Aging of the labor force and the related issues of pre-retirement, intergenerational training and post-retirement employment.

7. Government, private industry or union responsibility for human services.

A review of some of these issues will confirm the need to explore and clarify a curriculum in industrial social work.

The Regressive-Progressive Role of Social Workers

The social work profession has both entered and retreated from the occupational domain during this century for a variety of complex social and political reasons. Employee assistance programs were not always in the interest of the workers, although Aggie Dunn and her prototypes may have helped to socialize and counsel large numbers of young women at turn of the century America. Often these counseling programs and gestures of assistance were co-opted by corporate and other management leaders as

a means to sabotage or delay labor's effort to unionize. Thus, in the early 1900's, despite the social activist thrust of the profession's involvement in the social reform movement, social work in the industrial auspice was unwittingly colluding with industry to diffuse the growing union movement.⁴ The literature thus documents that during the formative period of the profession's evolution, social workers were abetting, probably without insight, industry's effort to undercut union efforts to meet the individual and collective needs of the workers and their families.

There is a legacy and a price to pay for the lack of insight and sophistication about the consequences of the role of social workers in this changing constellation wherein social work, industry and labor were acting out their special interests. The scope and stake of the social work profession predicated on providing human services was often impressed to deny human services. This alternating regressive or progressive role reflected the social, political and economic milieu which prevailed at any given time in a historic process. Today this ambivalence, manifest as distrust, lingers within both labor and management. Each group fears social workers will overidentify with the needs and interests of the other. These views in which social workers are seen as dangers by both protagonists, persist and may even be intensified in

the absence of a clearly conceptualized knowledge base which delineates, as indicated above, the scope and stake of social work theory and practice in labor/industrial settings.

Empowerment issues between labor, management and government

The regressive-progressive continuum herein identified refers to the degree to which the consequences of practitioners' interventions advanced the individual and collective interests of workers in terms of empowerment. At the regressive end workers were "served" but left dependent on the idiosyncratic benevolence of management; on the opposite progressive pole, there was an accepted notion of advocacy and a quality of respect for the sense of entitlement regarding the rights, privileges and benefits of both labor and management.

Empowerment is also a function of the ecological perspective which focuses on the degree of fit between persons and environments. It is a function of the nature of the transactions between people and the work environments that either support or inhibit adaptation to the interactions. This person-in-situation duality has been more or less accepted as the appropriate unit of attention for social work practice.

The use of the ecological perspective initially elaborated on by Gordon⁵ (1969) was incorporated into the 1983 curriculum policy statement for social work

educational programs⁶ in the work on conceptual frameworks by NASW (1977, 1981)⁷ and in the definition of clinical social work approved by NASW (1983)⁸. Within this framework the workplace is clearly a social context replete with demands and resources. The ecological perspective has been applied to the concept of fields of practice. These include child welfare⁹ (Brown, et al, 1982); (Hartman, 1979)¹⁰; health care¹¹ (Germain, 1984); mental health¹² (Goldstein 1979, 1983); aging¹³ (Germain, 1984). It has also been applied to occupational social work¹⁴ (Akabas, Germain and Silverman, 1983).

When viewing such basic social work principles as self-determination in the context of the workplace³, Grosser & Mondros state:

"self direction may be linked to issues of power, opportunity, access to options and action in areas of life seen as important in a given culture or sub-culture. These connections define the terms for programmatic arrangements and practice skills, which are then guided by the principle of empowerment."¹⁵

Empowerment emphasizes not only working with clients to remove environmental stressors and obstacles but to render the environment more responsive to client's need. In some situations such as the workplace it may involve consciousness raising, aiding workers by releasing them from inappropriate self-blame for problems that may have been structurally or workplace induced. The degree to which social work practitioners are free to explore such

consciousness raising empowering activity has not been the focus of this study. However, there is some preliminary suggestion that labor and management practitioners have varying constraints placed on them when dealing for example with the topic of stress management. Both auspices grant the external source of the stress in the nature of the work. However, much of management's approach to stress reduction lies in teaching the individual employee stress reduction techniques. The solution resides within the person.

A possible model for stress reduction suggested by Lee Schore¹⁶ and Michael Lerner¹⁷ views the labor organization as a base for generating a collective worker consciousness and solidarity that may lead to organizational change or other worker actions. By sharing our expertise, practitioners in union settings may be in a position to enable workers to take hold of democratic rights and principles written in the founding constitution. These privileges and rights may seem less accessible in everyday terms to new less seasoned members or old and cynical workers. For example, the social work practitioner who visits a work site only to find that they have no shop steward is in a position to facilitate a move toward the election of a steward. He or she can talk about it with the workers and inform the union's organizer or business agent who can hold such an election.

Mobilizing collective action may not be easy even in a union setting but there is, nevertheless, an organizational norm or principle to invoke. Management programs may not disclaim empowerment for workers, but they probably do not sanction it either. The industrial practitioner is constantly managing the tension of "Who is the Client?" the employee, the organization or both. The issue of empowerment only serves to crystallize this dilemma which no doubt needs to be addressed as a curriculum concern when formulating educational content for industrial social work. Empowerment as a variable unto itself did not surface in this study. The researcher wishes to raise it as a phenomena in need of future research and attention.

Significance of the environment

Social work has evolved its theory and practice based upon notions of the person-in-environment fit and has embraced the Freudian dominions of love and work as arenas in which to measure one's mental health. If its attention to the dimensions of "love" are in overdrive - one might metaphorically say that social work was perhaps caught "sleeping at the wheel" when it came to having a sophisticated grasp of the world of work in 1970. One might have critiqued psychiatry and psychology similarly. However, of all the mental health professions, social work significantly addresses the issues of assessment and intervention regarding environmental variables. It also

chooses to advocate for clients and intervene in the environment in order to change conditions or obtain necessary resources. In the early 1970's there was a cluster of variables, all part of the social work vocabulary - "rights," "environment," "work," - resonating not only with individual intensity but also in relationship to one another. In addition, as "systems theory" moved into professional social work vogue, here already was a pre-existing "system," (the world of work), with which to interact.

The relevant legislation and regulations

Industrially based social work as a field of practice has grown significantly since the 1960's within an American social and historical context. The period has produced significant legislative changes concerning the issues of equity, and other issues of profound professional concern for social work as a profession.¹⁸ These socio-political changes have caused not only social work, but other disciplines as well, to re-awaken interest and concern in the world of work. Among the most important developments was Title VII of the Civil Rights Act of 1963, the context for Affirmative Action. This title initiated a dramatic change in the composition of the labor force by opening the market place to minorities and women in significant numbers. The Vocational Rehabilitation Act of 1973, in turn, mandated new and long needed opportunities for

disabled Americans to find equitable access to the workplace. The creation of the Occupational Safety and Health Administration (1970) and the Environmental Protection Agency (1970) highlighted the rights of workers to be informed about, and protected from, the potential hazards of their workplace. These statements of national policy also served as reminders to the social work profession that the workplace should appropriately be a focus of its concern.

Other significant pieces of legislation responded to demographic shifts in the population and to the need to protect certain groups. These included the Age Discrimination in Employment Act (ADEA) (1967) and the Older Americans Act, 1965. Both acknowledged the unique and growing bio-psycho-social concerns of this aging, ever-expanding part of America's demography providing funding, federal leadership, designating state roles and barring discrimination against workers or potential workers between the ages of 40-65.

In 1974 Congress enacted ERISA - The Employee Retirement Income Security Act and thereby established minimum federal standards for private pension plans. It established a minimum funding requirement, fiduciary regulations for proper management of funds and vesting rights. This Act provided a level of economic security to older Americans whose plans for retirement had previously

crumbled in the face of bankrupted pension funds.

In 1970 Congressional legislation established a National Institute on Alcohol Abuse and Alcoholism in the National Institute of Mental Health, and authorized \$180 million for formula grants and \$120 million for project grants to the states for programs for prevention and treatment of alcoholism. This legislation appears to be particularly relevant in light of industrial social work's attachment to occupational alcoholism programs.

The legislative action from the 1960's through the 1970's supported the progressive aspects of the continuum in relation to workers and the unions representing them. In the 1980's there has been a regressive momentum to diminish the individual and collective rights of workers through executive directives and judicial decisions that have diminished the impact of the legislation of the prior decades and strengthened management rights and privileges.

The shifting demographics of the workforce

The Civil Rights legislation, creating a climate of affirmative action, and the major shift of women into the labor force for both economic and personal reasons, have drastically changed the composition of the work force and has had a profound impact on the very fabric of life in America. These demographic changes created new issues in the workplace that customary disciplines could or would not resolve. These changes generated an opening for social

work to try its professional skills as instruments of creative response.

The roles of women

The data about women in the work force reveal the dramatic change in the life of women as workers, mothers, heads of households. They reflect the changes in divorce, dependent children, adolescent problems and three generational family households. Women, indeed, are in the world of work. In 1950 they were 28.6% of the work force and by 1981 they were 43.7%. There has also been a steady increase in the presence of women 18-44 years (prime childbearing years) in the labor force. More than 86% of working women are in their childbearing years and 93% are likely to become pregnant during their working lives.¹⁹ There are also 10 million women who are the single heads of households.

In addition to the pattern of the young working mother, it is noteworthy that in comparing labor force participation rates by gender over time, women continue to enter the labor force in increased rates as they age, while men's rate of labor force participation decreases as they age.

In 1960, 31.7% of married women 20-24 and 36% of women 45-64 years were working. By 1982 those numbers had jumped to 62.2% and 47.8% respectively. For men, the picture reverses itself. In 1960, 97.1% of married men, 20-24,

were in the workplace and 93.7% of men, 45-64, were working. By 1982, those numbers decreased to 96.3% and 83.2% respectively. Between 1960 and 1979 there were other demographic shifts. In this time period divorce rates rose by 112%; by 1979 there was almost one divorce for every two marriages. Between 1960 and 1979 at the same time, the proportion of the elderly living with their children declined by approximately 50% while the number of Americans over the age of 65 increased almost the same. These facts suggest that there are needs and issues surrounding the life transitional events of pregnancy, childbirth and parenting of new babies that will require new interpretations of health and welfare benefits in order to respond effectively to individual and family needs. Unless there is a response to the needs of these women with appropriate services, these vulnerable employees are at risk of being unable to remain in the workplace.

The changing family constellations

The AFL-CIO's report on the Future of Work²⁰ proclaims that family and work are "interrelated". The report states that collective bargaining has provided a framework for resolving some of the tensions that exist in accommodating these often conflicting structures.

In 1987, with universal concern about unemployment, especially structural unemployment, the economic and social realities associated with the changing nature of work

itself will be of concern to far more than social workers in the world of work. However, as American society moves increasingly from manufacturing and smoke stack industries to service oriented and high tech industries, social work practitioners functioning within the world of work will be in a position to deliver necessary services. Some of these service needs may be a direct result of these workplace changes. For many workers and their families these job shifts may pose a threat to previously established styles of living and coping. Families may be forced to relocate, develop new skills, accept a new salary structure with less income and fewer benefits. The work/family equilibrium will indeed be challenged and stressed and social work, given its knowledge of individuals, families and organizational systems may be able to create vital linkages between the world of work and the no longer "separate world of family" or community at-large that Rosabeth Moss Kanter (1977)²¹ has described. In her book she attempts to bury the myth of separate worlds of "work and family." However, in order to seize the opportunity most effectively it is important that social workers be as conversant with work variables as they are with family dynamics. Social work education can fortify this objective.

There are also changes, in the American family structure that have increased the demand for help outside the family structure itself. These include the following

family issues: Between 1960 and 1979 the proportion of married women in the labor force with children under 6 years more than doubled from 18% to 43%. In the 1980's 61% of women with children under age 18 are working while 52% of women with pre-school children work. The increase employment of women with infants under 1 year has occurred at an astonishing rate in the last 10 years.²² According to the U.S. Bureau of the Census²³ - labor force participation rates increased from 31% in 1976 to 43% in 1983 for women who had a baby within 1 year of the survey. The demographic changes discussed in this section offer a clarion call to social work, particularly professional practitioners identified with Industrial Social work expertise. Workers and their families may require a vast range of social and psychological supports to assist them in coping with these changes. Benefits regarding child care, maternity or parental leave, and flex-time will be increasingly important. Supportive arenas that assist workers in coping with the personal stresses of new job requirements such as factory workers becoming office workers may also be called for. Families will also be called upon to redesign the division of labor for meeting their own instrumental and expressive needs as work institutions make new demands on workers in terms of time and skill.

Aging of the labor force

Not only are families changing, but so are the demographics of our population with regard to age. The graying of America has been well documented. The need to sustain meaningful social roles and economic supports while utilizing the elderly's still viable skills are particularly relevant for the world of work. Both unions and corporations are focusing increasingly on "retirement" - planning for it - phasing into it - offering work part time, examining the relationship between older and younger workers, older and younger union members.

This age related demographic shift may have special significance for social work in the industrial arena. It may require practitioners "to tool up" regarding the latter stages in the life cycle. Industrial Social Work can benefit by embracing industrial gerontology and interfacing creatively with the field of aging in general. In practical terms, practitioners may need to carve out partialized arenas such as pre and post-retirement programming. An important educational concern may be to expose students to a broad conceptual and inclusive vision during their training for occupational social work. This training should embrace the aging process, the needs of older people and the role that the industrial auspices and work itself might play in later stages of the life cycle.

There are 28 million people today over 65 years of

age.²⁴ It is anticipated that by the year 2000 there will be 35 million people in the United States over the age of 65 and that 5 million of these will be over 85 years old. Can older workers be used to train younger workers? Can the younger worker participate in meeting the needs of older disabled or retired union or non-union employees? Modest efforts in this area have been attempted and need to be examined more carefully for their effectiveness and for clearer articulation of behaviors to identify their relevance for professional training.

Intergenerational Dynamics

Internally from an organizational survival perspective companies and unions are faced with intergenerational dynamics that juxtaposes older workers against younger workers. This only mirrors the culture at large. Once again it is the variable of work that is at the interface of a rapidly shifting social context of American society. Practitioners need a conceptual and practical grasp not only of these intergenerational dynamics at the workplace but in the community-at-large if they are to maximize their professional potential inherent in building services generated by work institutions and work roles. The presence of older people will be felt directly and indirectly. Some will be workers and others will be the responsibility of their children who are in the workforce. There will be a rising tide of men and women (although at

this time it primarily falls to women) in the middle who are caught between the multiple pressures of their nuclear families, the workplace and their aging parents. With a perspective that embraces the needs and capacities of multiple generations within an organizational context, social workers may be able to respond to a growing need for services that reflect these demographic changes.

Government, Private Industry or Union Responsibility for Human Services

The changes detailed thus far have occurred in a period in American history when the debate over the role of the public and private sector in providing human services has produced a steady shift from the public to the private arena.

Industrial social work as a field of practice has been influenced by a rapidly changing division of labor and interrelationship between the government and the private sector:

1. The welfare state has declined with the private sector filling the gap.
2. The growing organization of government workers places union demands on the agenda of the government, acting as employer, and
3. Workers in government are largely female and therefore the government again as employer, must respond to all the changes discussed previously even as it rejects its welfare state role.

The context in which the welfare state matured and women entered the labor force 1945-70 was relative to today, a period of economic expansion, low surplus labor and high wages. The Reagan era of the 1980's, however, reveals increased levels of surplus labor and in many instances a reduction in rights and benefits. These labor problems are exponentially generated as the federal government tries to transfer social service responsibility to the private sector.

For reasons of loyalty, pragmatism, image building and genuine philosophical commitment to quality of life concerns both business and labor unions are trying to fill the gaps in services in the community by developing programs of their own. Social work has been offered the opportunity to try once again to bring its expertise to bear in this industrial arena.

As the public sector retrenches in its commitments and allocation of resources to social services, the need for industrial social work looms larger. Social work may be on the cutting edge of a conceptual "crisis" that mirrors the creative potential in crisis theory itself²⁵. The social work profession may be "at risk" of losing its ethical core as a result of subtle co-optation detailed earlier in the discussion of the regressive-progressive roles. We also have, however, a unique "opportunity" to expand the dimensions of social entitlements within the workplace.

This opportunity can have an impact on all people - i.e. workers, those desirous of gaining access to the world of work, dependents of workers and those significant others who are part of the natural support systems of workers.

There are two powerful variables that shape the social context in which all social work is practiced today - the welfare state and the market economy. Industrial social work as a field of practice finds itself expanding in a period of time when the boundaries between the welfare state and the market economy are breaking down. Perhaps the present demands for services at the workplace represents an extension of the welfare state and of what Titmuss refers to as the "occupational welfare system".²⁶ Neil Gilbert²⁷ argues his point that the political legitimacy of the welfare state in a capitalist economy depends on a well defined terrain such that welfare helps to respond to the excesses of the free market.

Evidence of this increased blurring of boundaries can be seen in the following ways: As noted by Reich government agencies are increasingly contracting with

"profit making private corporations to supply social services like transportation for the handicapped, day care and nursing homes. Eighty (80) percent now operate for profit, although the government pays two-thirds of their cost. Help is provided indirectly through tax credits, vouchers (food stamps) and cash grants, whose recipients purchase goods and services directly from the private sector."²⁸

It is in the same vein that one can observe the number of

companies that are offering a range of tax free social services from drug and alcohol counseling to marital, family, legal and financial assistance.

Neil Gilbert further argues that the intertwining of charity and need with private initiative and enterprise blurs social and economic markets and undermines the legitimacy of the welfare state.²⁹ Can the methods and incentives of capitalism sleep comfortably side by side with the values of welfare? Neil Gilbert sees this problematic blurring resulting from the lack of a coherent social philosophy to guide the development of the welfare state. In this absence of a clear sense of purpose in relation to the rest of society he believes the welfare state has become that much more susceptible to filling the voids left by a dramatically changing family structure in America.

George Martin³⁰ calls our attention as well to the contemporary growth of Industrial Social Work in the 1960's and '70's and the maturation of the Welfare State. He cites several macro-social developments during this period one of which is the extension of rights and benefits represented by the Welfare State. To support this structural expansion of entitlements, there has also been a significant increase in the number of state workers, who are themselves disproportionately female. At this crossroad of expanded benefits both the providers and

consumers are largely female.

While labor unions have a rapidly declining membership in their historically core industries of manufacturing and construction, the developments in the public sector cast a far brighter hue. From 1971-1983 the AFL-CIO public sector membership grew by over 1 million workers while in the private sector it declined by 2 million.³¹ The future of the American labor movement is intimately tied to both women workers and public sector employees who are potential targets for organizing campaigns. The growth potential is clearly there. About 1 in 3 male workers is unionized but only 1 in 8 female workers is organized.³² Social workers sensitive to the needs of women as workers may find effective professional roles for themselves in an expanded public sector branch of the labor movement.

The result of the welfare expansions of the late 1960's and 1970's was that more citizens were eager to see themselves as eligible if not for "welfare" itself - for other government benefits. Benefits and rights accrue to workers. Need, demand and access to these entitlements were further opportunities for a social work response.

The reality of our lives is that the public and private sectors are interrelated in complex ways. Industrial social work as with many fields of practice. evolves within a socio-economic context. The relationship between the public and private sectors seems

relevant to the discussion in terms of highlighting the context in which social work as a profession can continue to refine its own social philosophy and vision.

Historically, however, and it appears to remain constant today, industrial social work as an arena for social work intervention surfaces and increases its activity as the government retreats in its commitments to services.

These are, however, important policy dilemmas. In our mixed economy of a public/private eco-system, who pays for what? If services to workers are privately run and privately financed in the absence of a public policy mandating such services where are the controls over equitable access and monitoring of content of services? We are in an era that speaks again of a "residual" notion of welfare as it directs government responsibility for only the "truly needy." However, across America, the bulk of working people may indeed have unmet needs, especially as they report to work in companies with less than 100 employees. There will be fewer government sponsored services for working individuals and their families not perceived as "truly needy." There is already and will continue to be a gap in services to which social work is preparing itself to respond. However, the issue of auspice and financial sponsorship speaks to more than pragmatics. Will companies with larger profits have more or better services? Will the north do more than the south? Will

services be used to keep the unions out once again? Will there be class, gender and racial discrepancies unwittingly reinforced by services disproportionately offered one group over another? Will occupational social work become a tool for making the rich richer at the expense of the poor? As we move to fill identified gaps in services, we must be mindful of the potential unintended consequences of our attempts at "doing good."

Summary

This review of needs, demographics and social policy reveals the degree to which not only work, workers and work organizations are targets of services, but their families as well. From child care to retirement, including the disabled and the unemployed, the work auspice is generating service activity. In an era when notions of prevention are surfacing with greater frequency, the opportunity to build less stigmatized services within the normative social context of work is indeed a challenge to any helping profession, but especially to social work given its breadth of skill and social vision, and its commitment to an ecological view of service.

It becomes apparent that it is important for social work to approach with great specificity, what it does, how it does it and in what way its educational process for the world of work is designed so as to best suit it for the professional functions to be achieved. In order to develop

appropriate practice principles that may serve as guides for professional behavior there is a need for contextual specificity. Our code of ethics suggests that we are not only to serve individual clients but are bound to encourage organizational change in their interest. As Akabas and others point out, however, there is an all-too-familiar dilemma confronted by practitioners in industrial (as well as other) settings - i.e. what is the practitioner to do when the organization's goals and that of the client are contradictory?³³

Ethical dilemmas rarely yield easy solutions and, therefore, our quest for meaningful guidelines must go hand in hand with a more detailed analysis of the parameters of professional functioning within the world of work.

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CHAPTER II

HISTORICAL OVERVIEW OF SOCIAL WORK'S RELATIONSHIP TO THE WORLD OF WORK

Social work's present level of activity in industry evolved from social work's episodic forays into the world of work. The regressive-progressive continuum within which social work functioned in industry during the last one hundred years lends contextual clarification to today's practice potentials as well as its pitfalls and tensions.

Historic events may be viewed and evaluated from several perspectives. Multiple lines of inquiry help provide an objective view of the events leading the profession of social work to the threshold of a required curriculum in industrial social work. The timing of events and the experiences of social work, and allied social sciences professionals, will be discussed and evaluated as follows: - historically from the 1800's to the 1980's; the sponsoring auspices, i.e., management, unions, government; the university education and training focus; and the dilemmas and contradictions inherent in social work perspectives and concerns in relation to Industrial Social Work practice.

This chapter will review these dimensions under the following headings:

A. HISTORY 1800s - 1980'S

1. The welfare secretaries (1800-1926),
2. Social work professionalism in industrial settings 1920 - 1980's,
3. Social work training experience and its role in industry 1920-1986.

B. THE SPONSORING AUSPICES (UNION, MANAGEMENT AND GOVERNMENT)

4. Joint Labor-Management sponsored service programs,
5. Rise of social work program under union auspices,
6. Management focus on alcoholism,
7. Emergence of broad brush social work programs,
8. Community based service resources.

C. THE UNIVERSITY, THE SOCIAL WORK PROFESSION AND THE ALLIED SOCIAL SCIENCE PROVIDERS

9. Allied social science stake in EAP's,
10. The role of industrial sociology,
11. The role of social psychologists,
12. The university focus of Industrial Social Work, and
13. Dilemmas and contradictions in Industrial Social Work practice.

1) The Welfare Secretary (1800-1926)

In the United States the first industrial social workers were hired in the late 1800's as "welfare

secretaries". They were part of the welfare capitalism prevalent in late 19th century and early 20th century America. Capitalism's purpose was to socialize, control and retain a large immigrant pool of relatively unskilled labor for rapid industrialization. This welfare movement in industry may have been rationalized as "humanitarian" but its goal seemed to be to encourage obedient workers whose values and behaviors meshed with those of management: "drink little, play wholesomely, work hard and be thrifty, efficient and diligent"¹

However, the most salient underpinning to such welfare was not the paternalistic, autocratic manner in which it was administered, but rather its intent to suppress workers' attempts to unionize. Part of social work's painful legacy in industry is its participation as a tool of management and its identification with its goals. These initially untrained welfare secretaries offered services defined by management as necessary to respond to the consequences of industrial life. The services offered, according to Popple, included: food, shelter, company stores and apartments, training (to acculturate immigrants), aid to sick and injured workers, clinics with company doctors and nurses for home visits, recreational activities, and libraries.

Welfare secretaries, like the ladies bountiful that had preceded them, offered help to the poor and unemployed.

However, Popple further indicates, they withheld assistance to striking workers who were perceived as being "unwilling to help their families" and therefore unworthy. Such action on their part was to intensify the alienation much of the working class felt from the social service community. In fact, many of the welfare secretaries, like their lady bountiful predecessors, were the wives of middle and upper class industrialists. It is reported that by 1926, 80% of the 1500 largest companies in the United States had at least one type of welfare program and about half had a comprehensive program.²

2) Social Work Professionalism in industrial settings - (1920-86)

Welfare programs needed staff, and with a growing trend in industry toward functional specialization, the welfare secretary, usually educated as a teacher or nurse, was perceived as needing additional training. Following World War I there were two national organizations that had industrial social work as part of their goal: the National Civic Federation and the American Institute for Social Service. By 1920 most graduates of the New York School of Social Work were going into industry.³

However, in the period prior to formal training, many welfare secretaries observed activities at settlement houses and social clubs and, without much theoretical

guidance, introduced group work as a popular method for providing services. Their attempts at character building and socialization, while often quite directive, included a range of casework activity that as early as 1904 - Popple points out - mirrors much of present day social work functions such as "advocacy, brokerage, support". There was no guiding theory at this time since Mary Richmond did not write Social Diagnosis ⁴ until 1917.

By the early 1930's the growing distrust of the social work profession by workers led to a decline of the welfare secretary. Labor leaders and workers themselves viewed management sponsored services, as delivered by the welfare secretary, as paternalistic and anti-union. The secretaries role was to defuse worker unrest without bringing about any basic changes in the relationship between labor and capital. If the welfare secretary as such disappeared by 1935, her functions were often assumed by personnel managers who picked up additional tasks such as administering pension and welfare benefit plans, hiring, firing, job assignment and training, that had not been done by the welfare secretary.

It is reported that by the early 1920's the "industry" course sequences at the New York School and Bryn Mawr were more like business programs than social work and that courses included personnel administration, problems of production management, structure of modern industry,

psychology in industry.⁵

3) Social work training experience and its role in industry

The professional indentity concerns that social work students and practitioners struggle with today in industrial settings had surfaced as strong professional dilemmas by the 1920's with disparate factions already standing their ground. Tufts reports in 1923 that there was a tendency for social workers who took jobs in personnel management to disassociate themselves from their professional identification in order to advance their careers. They felt "welfare work" was a "staff" rather than "line" function. There was at the same time a concern among many social workers that perhaps business and industry should not be a part of their new profession at all.⁶

When comparing social work's participation in welfare capitalism in the early 20th Century with its present level of activity in industry, one can speculate that management sponsored services were used in both periods as a partial means for diffusing external government controls and increasing internal control of the workforce. In the earlier period business defended itself from child labor laws, anti-trust laws and collective bargaining.⁷ In 1986 - it appears that history is repeating itself with the American economy dictated by an anti-government big

business mentality that cuts universal social programs, endorses anti-union activity and encourages control at the individual entrepreneurial level. By 1935 industrial social workers and welfare secretaries had all but disappeared and did not surface again until World War II with the entrance into the labor force of a significant number of women and minorities. Their major employers were the airplane and munitions industries and unions that represented the shipping industry and merchant seaman.

Something very significant happened to social work during World War II. Bertha Reynolds in "Labor and Social Work" wrote that in the context of World War II, Social Work was recognized as an "essential industry."⁸ Social workers themselves, organized in their professional associations and trade unions, called for public support of their work as essential to war production and morale. Reynolds cites a report written by Mary Van Kleeck, then Director of the Department of Industrial Studies of the Russell Sage Foundation. Van Kleeck's comments cited yet another report worked out by a Committee on Standards of Living and Labor presented at a session of the National Conference of Charities and Correction in 1912. She reviewed what had been accomplished in the 31 years since that earlier report had been recognized and incorporated

into the platform of the Progressive Party in that year.

She said:

The report was notable in social work history. First it gave explicit recognition to standards of living and labor as the concerns of social workers and a subject on which they are called upon to speak out of their first-hand observations of social and living conditions as affected by industry.

The power to translate progressive ideas into action was largely lacking until 1933-37 when the government explicitly recognized labor's right to organize and bargain collectively. At that time industrial workers and social workers organized each into its own unions.

Social Work joined hands with labor in pushing for social welfare legislation and social action. Agencies either recognized the right of Social Workers to organize or they lost them to other war effort activities..

Labor had customarily looked at social work as an expression of charity, avoiding it and even viewing it as a union busting endeavor by employers. The fact that social work had unionized itself and linked with labor on community labor councils helped social agencies gain financial support from organized labor. An attitude of mutual respect emerged between labor and social work during the war. At the 1944 National Conference of Social Work, there were some 30 labor speakers whose help was sought in resolving war and post-war social problems ¹⁰ Labor seemed to want the same as the rest of the total community: better health, education, housing, richer

cultural life.

Although labor sensed it might make use of social agencies, Reynolds wrote in 1945, "Social casework has been for the most part an untried service." At this point Reynolds queried: "Is there a 'retooling' necessary for social workers, to convert their skills for use with these most consciously critical and articulate members of the community, the organized workers?" ¹¹ We seem to be re-affirming today that she was right.

Reynolds sought to answer her own questions by describing the then recent developments at the National Maritime Union where organized labor employed social workers. In 1941 the National Maritime Union voted to establish a Personal Service Department to offer attention to the needs of individuals and families in such a way as to "keep 'em sailing," to increase the effectiveness of its members in carrying out the war pledge. It was deemed an appropriate placement for field work training of social work students from the New York School of Social Work. Services at the National Maritime Union included short-contact interviewing service to seamen and their families often relating to emergency loans, but also to "every sort of personal problem."¹² The program was casework in the setting of a democratic group solving its own problems and included the use of referral, information, and multiple resources and linkages with the community.

Other labor and social work groups made comparable connections.

In 1942 a wartime program of union counseling was initiated by the Labor Division of the War Production Board and later taken over by the National CIO War Relief Committee in 1944. This national social work "oriented" program or union counselor effort, attempted to reach out to millions of workers in various trades and occupations and to link them to local community based social agencies.

Reynolds makes the following observations about the nature of the casework practice in these contexts and with these clients:

1. Social workers were successful if they were able to relate directly to people as human beings and not depend on agency prestige or professional protection.
2. Social workers need to have experience as active trade union members to understand the importance to a worker of the group life of his/her union.
3. The need to make work and the industry in which it functions an integral part of practice.
4. The need to legitimize the presenting request, to be willing to deal with whatever concrete problem using "all the known skills of casework in understanding and responding both to the person and the situation."¹³

With the winding down of the war efforts, the question emerged whether this (social work) concern with industry was merely an interest of war time or the opening of a new field of peacetime activity.

In 1944, Mary Van Kleeck wrote in The Compass "Social work meets industry today in a social frontier which is the relation of man to man in the process of production."¹⁴

The challenge for social work was to formulate a clear philosophy and program for industrial service because in an overwhelming majority, the clients of social work are wage earners and their families. The social caseworker needs to know as much as possible about industry, its processes, its conditions and the human relations prevailing in this area of human association in order to help clients to relate themselves to the job and its conditions.¹⁵ Saying this in 1944, Van Kleeck asked what kinds of training would be best for providing service within the industrial realm. She did feel then with certainty that

social work training is not sufficient (underlining added) or precisely adapted to the demands of work in industrial administration since management itself has a professional content related to technology and engineering. Also clear, however, is the inadequacy of engineering or technology alone as a preparation for the provision of services to personnel.¹⁶

Others writing about social work during the war identify additional historical roots to our present day awareness of an expanded professional role and function in relation to the work of our clients. Elizabeth Coyle

writing in The Compass, 1944 ¹⁷, described industrial counseling and the importance of "diagnostic" skills for practitioners. She cautioned then about identifying "symptoms" in individuals or groups of workers and prematurely locating causation solely within them. She called for a research approach in quest for causative factors that might lead to solutions and that involved examining the industry itself.

Coyle also identified the need for social work to interpret the counseling function to organized labor and to relate services to the aims, objectives and activities of labor organizations. In much of what Coyle suggests, one can tease out implications for the training and education of social workers as part of preparation for serving working individuals. This interdisciplinary collaborative approach included an additional cast of participants from the world of work.

4) Joint Labor/Management Social Service Programs

The prominent theoretician and social work practitioner, Bertha Reynolds, had a profound influence during World War II. She was hired to direct the joint labor/management program of the United Seamen's Service serving members of the National Maritime Union. Reynolds integrated Freud and Marx, unifying personal and political models. She has become a latter day heroine. However, this profoundly creative practitioner and pioneer was not always

appreciated by her fellow professionals during her lifetime particularly during the McCarthy era. Social workers she contended, were union members, both equals and advocates not therapists. Social work re-aligned itself with union organizing drives and established a new model of trust between labor and the profession. She provided a theoretic and practical basis for joint labor management Social Service programs.

Viewing post-war America in the 1950's one finds the United States undergoing a period of social and economic laissez-faire. Within the social work profession psychoanalytic thinking propelled the field on an inward journey that focused on intra personal change rather than external social or organizational change. The labor movement for its part was consolidating its own sense of power and competency to care for its members without the help of professional social workers.

By the 1960's social work was again making forays into the world of work. This time the point of entry was concern about alcoholism and mental health problems.^{18 19}

5) Rise of Social Work Programs Under Union Auspices

During that same period an important milestone was achieved at the Sidney Hillman Health Center of the Amalgamated Clothing Workers Union. Weiner, Akabas and Sommer, as part of a labor based mental health and rehabilitation program, demonstrated that workers would

take advantage of psychiatric services contrary to popular belief that blue collar workers were not amenable to psychiatric treatment and that one could keep people functioning and productive at work if one took care of their mental health problems.²⁰

The United Auto Workers also instituted mental health benefits and similarly had a high rate of utilization.²¹

6) Management Focus on Alcoholism & Drug Abuse

During the 1940's recovered/recovering alcoholics who had been employed previously by the same company in another capacity were reassigned to develop Employee Assistance Programs. These industrial based programs initially operated on an informal basis. The movement from employee alcoholism to employee assistance dates to the 1940's when corporations such as Dupont had alcoholic industrial physicians or addicted top executives, as recovering employees. Articles about these programs appeared in such journals as Journal of Occupational Medicine and Industrial Medicine and Surgery clearly identifying these programs with occupational medicine.²² By the 1960's industry became more aware of the cost to the company of sustaining an alcoholic employee.

In 1972 Trice and Roman²³ documented the problems of employee alcoholism and drug misuse. They conceptualized a prevention model for programs of intervention for work organizations. They outlined a role for supervisors in

"precipitating a crisis" with the use of "constructive confrontation" linking drinking patterns to poor job performance and the offer of professional assistance. They saw the "crisis" as increasing the cost of drinking for the employee by mobilizing the work organization in the attempt to change the behavior of individual employees. In the absence of change disciplinary steps were to be invoked. Trice and Roman focused on the role of supervisors and worksite relationships. They saw outside treatment as the last therapeutic resource.

By 1970 the federal government entered the field with the passage of the Hughes Act. It gave the Department of Health, Education and Welfare the responsibility for fostering programs and services in alcohol abuse, prevention, treatment and rehabilitation in industry.²⁴

The Hughes Act established the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with a priority to reach working people with drinking problems. NIAAA coined the term "occupational alcoholism" and allocated two occupational program consultants per state for a three year period with the aim of developing public and private sector programs. Included were two new elements: the concept of the "broad-brush" approach that encompassed other behavioral and medical problems as well as alcoholism, and alteration in the program label.²⁵

NIAAA suggested terms such as "Employee Counseling

Service" or "Employee Assistance Program". It selected the Division of Special Treatment and Rehabilitation Programs as the organizational base of the Occupational Program Branch, shifting the focus toward "treatment". The shift from the concern with workers having drinking problems to a wide range of employees with a wide range of personal problems, promoted by NIAAA, is criticized by Roman. He argues that occupational alcohol specialists who accepted this shift created a goal displacement in the field and that the primary goal of alcohol programs was diffused (Roman 1972). This argument to some degree continues today.

The EAP predominates today, rather than pure-occupational alcoholism programs. A 1979 survey of leading companies found 58% had programs for identification and assistance of employees with alcohol problems and 62% of the executives desired a broader program model.²⁶

Other Government agencies as well, aware of the changing needs and conditions in the workplace were lending support to develop effective service delivery models by education and training of professionals for worksite programs. This included social work education and thus became an opportunity for schools of social work to expand programs and curriculum in this area.

The National Institute of Mental Health, the Rehabilitation Services Administration, the Manpower

Administration of the U.S. Department of Labor and Philanthropic Foundations such as the Lois and Samuel Silberman Fund and the Johnson Foundation lent their interest and support for developing practice models in this expanding field of practice.²⁷

The National Association of Social Workers underwrote a two year grant project with the Council on Social Work Education "to promote the preparation of professional social workers for industrial social work practice" ⁸

In the quest for different models, multiple sites for service delivery were enlisted. There were not-for-profit family agencies and community mental health centers that offered services on a contractual basis to industries in the community. Companies such as Polaroid and Kennecott Copper developed and staffed in-house programs, while Xerox contracted for services from family agencies. The program at Polaroid is noted as the first professional on-site industrial social work program in the United States.²⁹

What became clear in all of these emerging programs was that having knowledge, expertise and available resources in alcoholism was necessary but not sufficient. Employees and their families had a far broader range of social service needs requiring intervention. As a result of the range of concerns employees presented it became clear that all models needed to make use of community resources to aid with interventions. One observer noted that "referral was

a main mode of operations for most Employee Assistance Programs." ³⁰ Social work's tradition of negotiating multiple social agencies and systems further encouraged its utilization as the profession of choice for such programs.

7) EMERGENCE OF THE BROAD BRUSH PROGRAM

There was a growing movement for broad brush programs. The program for employees of the Department of Health and Human Services was labeled an "employee counseling service" and was run as a model for federal agencies.³¹

Union based programs many of which were initially funded by NIAAA or state divisions of alcoholism developed similar broad brush programs called "Members Assistance Programs". Such programs, with a broad human service orientation, served to encourage further the pre-existing union commitment to quality of life concerns beyond the contract. This approach was evident in the union counseling programs sponsored by Community Services of the AFL-CIOs. These labor programs were initiated during and after WWII and preceded the role of NIAAA in stimulating such efforts.

Leo Perlis, the initiator and director of counseling programs for the CIO, and later the AFL-CIO, was aware that the program was inadequate for at least three reasons:

1. It was unilateral. To be effective such a program in the workplace requires joint labor-management sponsorship.

2. It was lay only. "No such social service program can be effective unless it is guided on a day to day and shift to shift basis by professionals with special expertise in industrial social work."
3. It was not understood and recognized. "No program can be effective in the workplace unless both labor and management understand and recognize the importance of the program to the company employee/union member, and its contribution to the "bottom line" in terms of "human happiness" and its relationship to stability and productivity. The best way to establish and confirm such an understanding and recognition is through reaching an agreement on principles, policies, programs and procedures, all incorporated in a "human contract."³²

Perlis, having served as the Director of Community Services for the AFL-CIO for over thirty years concluded by the late 1970's that there were concerns beyond the union contract that were in the best interest of both labor and management to attend: a. familial (marital, child-parent relationship, in-law problems); b. consumer (landlord-tenant, debt counseling, money management, merchant-consumer problems); c. Health (alcoholism, drug abuse, hypertension; d. legal (accidents, contracts, buying, selling; e. financial (supplementary assistance)

Perlis relates these worker concerns to workplace concerns of absenteeism, turnover, in-plant disruptions, poor morale and low productivity. Historically, to deal with such workplace problems, management relied on disciplinary procedures. The union had the grievance procedure or perhaps a union counselor. During the 1950's and 1960's unions and social service agencies found a

somewhat more formal and strategic way for relating to each other and sharing their resources. Labor representatives found their way onto the boards of directors of many social agencies. However, even such sharing of resources was inadequate. Perlis campaigned for a more productive jointly agreed upon approach that required developing staff with appropriate expertise. He identified this approach as the "human contract" in industry.

With this proliferation of programs there were, variations in the motives for developing such programs. It is not always clear who are the beneficiaries of programs. Among the many motives were the following: to identify job performance problems, to symbolize employer concern, to enhance morale, to reduce requests for other benefits, to establish a basis for discharge in this era of diminished court acceptance of the doctrine of employment at will. Such programs may take on other uses after they are in place. It is possible that some are used to divert workers from other stresses on the job, or to aid in resisting union organizing campaigns. Some simply lend legitimacy to the firing of personnel that companies are seeking to separate from employment.

8) Community Based Service Resources

When all types of workers and work organizations started developing programs a need for a variety of internal and external resources arose for referral,

diagnosis/assessment, and treatment. Beyond these concerns were those outlined by NIAAA:³³

In adherence to the demonstrably successful "broad-brush" program approach, facilities will be encouraged to include resources to meet not just alcoholism or alcohol related problems, but the full gamut of problems such as credit counseling, legal aid, drug problems or marital or familial problems that are encountered by workers and their families.

Thus as programs expanded so did their use of outside community based resources. The utilization of "treatment" as a mode of intervention was significantly influenced by the availability of third party payments for "treatment and counseling" services. In New York State legislation has been put in place that mandates workers be insured for in-patient rehabilitation and out patient treatment (up to 60 visits per year) for alcoholism.³⁴ Agencies were and are marketing services eager for increased caseloads and revenue.

There is concern over the role third party payments has in shaping the kind of interventions mobilized at the workplace. The vested interests of agencies may propel social work practitioners in EAP's disproportionately to rely more than necessary on "treatment" rather than maximizing the potential for natural support from co-workers. During the initial periods when agencies, program consultants and alcoholism specialists were selling programs and "packages" to work organizations, it became increasingly clear that the "products" being offered

reflected deficits in training on the part of the specialists. Those who offered themselves as alcoholism specialists often had knowledge of health care systems and social service systems but had minimal knowledge or contact with work organizations. Roman focuses on this lack of expertise about organizational behavior because he believes this led to a withdrawal from utilizing critical workplace personnel in the helping process.³⁵ Thus supervisors, foreman, stewards, and co-workers could, if called upon, assist workers especially with problems where denial is a prominent feature associated with deteriorating job performance.

If Roman calls our attention to the need for workplace practitioners to expand the knowledge base to include organizational behavior it is important to note that other disciplines were paying attention to the world of work as well.

9) ALLIED SOCIAL SCIENCES ACTIVITY IN THE WORLD OF WORK

There have been other allied social sciences which have investigated human behavior in industrial settings. They include industrial psychology, industrial sociology and social psychology. They extended, in conjunction with social work, knowledge about behavior in the world of work.

This field of activity and inquiry began in the early 1900's. Much of the early inquiry focused on the "technology of personnel selection and placement, test

construction, job analysis and criterion development" and still does.³⁶ By the early 1930's industrial psychology had become a significant field of inquiry within psychology.

Psychologists from many different perspectives engaging in multiple methods utilized their expertise to do research in the industrial sphere. The experimentalists examined human factors in machine and system design. The clinicians applied diagnostic and therapeutic skills while the social psychologists studied forms of social influence in formal organizations. This led to a cross fertilization of concepts and methods among the sub-disciplines of psychology. The processes of social influence in large scale formal organizations became the focus of attention. Researchers examined the determinants of behavior in complex environments in order to develop knowledge about how to organize human activity to achieve particular objectives. By 1954, according to Vroom, there were hundreds of books and articles along with a good deal of empirical data. However, there was not as yet a clear theory to organize the data and experience. Social work supported by this growing body of knowledge has a broader basis for curriculum development in social work education for industrial practice.

10) THE ROLE OF INDUSTRIAL SOCIOLOGY (1900)

In reviewing the history of industrial sociology one finds that from the onset of the 1900's industrial

sociology was the main concern of sociologists ³⁷. The impact of the industrial revolution had rendered the industrial arena a rich target for empiric research and one that, prior to World War I, reflected an attitude hostile to the existing social order and eager for reform. However, if an eye towards social change characterized the pre-World War I period, a crucial development within the discipline of sociology occurred between the pre-war years and the late 1920's. The earlier notion of "political activism" was viewed in the latter period as somehow "unprofessional". Today one still hears talk of "value-free" research in sociology.

Industrial sociologists often took macro-socio-economic and cultural variables and studied their impact on the workplace while integrating the individual and organizational concepts emerging from social psychology. One finds such topics for research as the cultural factors influencing patterns of managerial policies on industrial relations at the workplace, or "women, men and machines" a study attempting to see whether there are sex related differences in the attitudes men and women have towards technology.³⁸

11) SOCIAL PSYCHOLOGISTS

Social psychologists focused on three broad areas of concern according to Vroom: ³⁹

1. The behavior of individual organization members.

2. The internal processes which take place in the small face to face work groups in organizations.
3. The structure and functioning of large scale formal organizations.

Examples of the first type (individual behavior) includes attitudes towards organizational roles, inducements, contributions, and rewards and the effectiveness of role performance. It is the concept of "attitude" of organizational participants that is noted as having a central place in the history of social psychology.

Attention to work groups assisted in viewing the organization not just as a collection of individuals, but rather as small work groups with supervisors and immediate subordinates. Interest in small groups had been stimulated by Mayo's environmental impact study of the Hawthorne Plant of the Western Electric Company ⁴⁰. A correlation was found between grouping and social support of employees in their personal and job problems. The social interaction enhanced morale and productivity more than did the physical environment. Kurt Lewin⁴¹ also researched group dynamics inquiring about group decision making and democratic leadership.

The third broad area of concern for social psychology was the organization as a system. Until 1966 social psychology had always focused on individuals and small

group interactions, but in 1966 the publication of The Social Psychology of Organizations by Katz and Kahn⁴² marked a new trend and a turning point. This work reflected a growing interest in the large complex formal organization. Numerous articles characterizing the variables of interaction from the factory and between workers and supervisors, with such titles as "Human Relations on the Shop Floor" or "Absenteeism, turnover and the morale in a metals fabrications factory", appeared.⁴³ Industrial psychology linked the notion of feedback with organizational performance, and saw the use of knowledge of results in promoting learning and enhancing performance.

Social psychologists were called upon to use their knowledge to improve the effectiveness of the on-going organization and in essence were used as agents of change within organizations. Their foci for change were technology, structure (e.g. division of labor, authority, communication) and people (e.g. increasing interpersonal skills of managers) These were only the starting points for change. Social psychologists were also used as trainers and consultants to the organization. Sensitivity training groups were instituted in many organizations to enhance interpersonal skills. What the impact was on participant's behavior in the rest of the organization after the T group training experience became an area of

research undertaken by Bennis.⁴⁴

The impact of some of the organizational change that resulted from techniques introduced by social psychologists is evidenced in part by the introduction of individual counseling and training of workers with substandard job performance. It led to the termination of workers with low productivity and high absenteeism, the training for supervisors in interpersonal relations and the introduction of "group problem-solving meetings" between supervisors and other workers. During the late 1960's and 1970's, articles stemming from this workplace focus discussed the concepts of work incentive, motivation and the relationship of the worker to the task, i.e. control over the task.

In summary, the experience of the industrial psychologists, sociologists and the social psychologists has extended the insights for industrial social work programs. More importantly they have provided a basis for curriculum development, by identifying the multiple stakes and scope of needs of workers not usually taught in the core social work curriculum.

12) THE UNIVERSITY FOCUS ON INDUSTRIAL SOCIAL WORK

An additional milestone that marked an organized attempt on behalf of the professional social work community and social work educators to acknowledge the profession's link with the world of work was the establishment in 1969 of the Industrial Social Welfare Center at Columbia

University School of Social Work that is today the Center for Social Policy and Practice in the Workplace.

Other Schools of Social work also responded to the historic social changes in the world of work. The curriculum needs were apparent.

This center at Columbia and the efforts of other schools were in part in response to the need for expertise within labor and management to address the issues of profit, productivity, and quality of life concerns.

This quest for expertise was responded to by the social work profession. Graduate schools of social work adopted a leadership role in conceptualizing practice for industry. Columbia had established its Industrial Social Welfare Center in 1969 and by 1974 Boston College, Hunter and the University of Utah were developing field placements and curriculum.

In 1978 Columbia University and Hunter (CUNY) Schools of Social Work along with the Council on Social Work Education co-sponsored the First National Conference on Social Work Practice in Labor and Industrial Settings. In 1978⁴⁵ approximately 100 social workers practicing in workplace settings could be indentified nationally to participate in the conference. Today that population is estimated in the thousands although there is no accurate count as yet.

From 1978 through to the present we find the social

work educational community developing models for teaching and practice, negotiating sites for student placements many of which lead to employment, and evolving a literature to support practice that is not merely descriptive but conceptual. In the early 1980's there was a proliferation of articles in newspapers and journals, while doctoral studies began to pursue research in this area. Before proceeding with more detailed descriptions about present day practice or education for practice, how might we summarize the central professional concerns our own checkered history in industry has taught us? How can we develop conceptual models that will not fade away yet once again?

13) DILEMMAS AND CONTRADICTIONS IN INDUSTRIAL SOCIAL WORK PRACTICE

History has taught us that we must be mindful of our motives. If social work joins, all too eagerly, with the privatization of services either for greater personal and financial reward, or because its the best "game in town", what are the implications for the profession's historic commitments to the poor, the public, not for profit and voluntary sector?

Welfare secretaries were agents of management. Whose agent will the modern industrial social worker be? Will practitioners serve individuals, management, or both? Will they be agents of social control, used to rid the workplace

of troublesome or troubled employees? Will they once again be used to diffuse a mass organization of workers? Social change and personal change have been emblematic of social work's dual commitments, but how will the profession's future in industry accomodate such a tension filled marriage? The reality of such dual commitments has long been a source of tension for the profession. One can juxtapose private troubles versus public issues, residual versus institutional issues as an approach to defining the social work role and see that this dialectic tension has been our greatest asset and greatest liability professionally.

The forces that have driven a wedge between the professional social work community and the mass of working people remain. As referred to above there was the less than noble way the profession allowed itself to be co-opted to resist unionization; there was the development of lay union counselors who were union members trained to be referral agents; there was a belief that management should stay out of the personal lives of employees, and there was social work's "love affair" with the psychoanalytic model which led it to fall naively in love with "love" but not with "work" - Freud's acknowledgements of work's importance notwithstanding. These forces have fostered the separation from workers.

So what is different today for social work in

industry? To begin with social work as a profession in 1987 is a strong and far more organized profession than it was during its prior interactions. Its approach to its work in industry is far less naive. There is an awareness of controversy and a commitment to monitor and evaluate with contextual specificity the nature of its' activity. There is also an appreciation of the necessity to offer professional support to professionals who often enter individual work sites one or two at a time seemingly isolated even with their knowledge, values and skills. There is an appreciation one hopes for the belief that the provision of social services is not a substitute for the broader activities and services of labor or workers' organizations. There are, indeed, turf battles in 1987 often with other professionals whose training stems from business administration or personnel management. In the relatively recent past of both labor or management programs, both relied on lay, "recovered" or self-help models of assistance. In 1987 it need not be professional versus self-help models in industry although there are those who would engage in the debate at polar extremes.

The legacy of the self-help movement of the 1960's has propelled social work to face its own ideologic inconsistencies and to develop techniques for sharing power and expertise with consumers. The very same profession that set up groups for "mutual aid" in settlement houses

was initially stunned when the consumers set up their own in the 1960's. Finding a path for constructive interdependence for the profession as a whole with consumers is now mirrored in the industrial arena as well. Long before social work discovered "mutual aid", workers in the Medieval Guilds understood that there was a natural link between the collective action of workers and their social welfare concerns. Medieval Guilds had funds to provide for the economic hardships of fellow members struggling with accidents, old age, illness or loans, as do Unions today.

The relationship of professional "helpers" to natural helpers is a major issue confronting many helping professions today. However, the prominence today of professional interest in natural support systems and their relationship to mental health highlights the necessity for social workers to grasp conceptually and practically the realities of work and its related organizations as a natural support system. Employees and social workers are the new collaborators - but who does what, when, where and why is part of the on-going attempt to delineate this expanding field of social work practice. While other professions are marketing their wares to industry the time is ripe for social work to demonstrate its unique expertise by clearly articulating the knowledge, values and skills it can bring to bear in response to the multiple

bio-psycho-social needs of a rapidly changing workforce. With an appreciation for sharing expertise, for empowering and for building on a prior legacy of, at times, quite creative programming of services for workers, social work has yet another opportunity to claim its professional legitimacy within the workplace context and to do so with greater clarity of vision, expertise and boundaries.

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CHAPTER III

CONTEMPORARY SOCIAL WORK SERVICE ISSUES

The current practice models of industrial social work reflect the dilemmas emerging from the profession's historic perspectives. The major dilemma is expressed by the question "whose agent are we?" It is important to recognize that sponsoring auspices and organizational arrangements shaping and defining services in the 1980's have caused great diversity in programs. Accordingly this chapter will examine the wide spectrum of service delivery issues and their impact on social work practice behaviors. This examination is in part the basis for the design of this research.

The subject areas include the following:

1. Modes of Service
2. Sources of referral
3. Supervision
4. Professional turf and credentials for EAP's
5. Role of external and internal resources
6. Core technology for EAP supported by employers
7. Cost effectiveness
8. Changing attitudes of labor and management
9. The social work service ethic

1) MODES OF SERVICE DELIVERY

The models for delivering services at the workplace in

the United States at present include:

1. Independent union or management run in-house program of services.
2. Joint Labor/Management sponsored where policies and programs are agreed to by both parties. With opportunities for mutual monitoring, one party may physically house the service.
3. Contract - Either independently or jointly-labor and management may purchase a program of services from a community facility, social agency or profit making corporation on a contractual basis. Such a contract would outline policies, procedures and range of services.
4. Consortium - Consists of several employing organizations pooling their resources for the purchase of social services.

Some trade unions and management auspices have in-house programs. When collective bargaining allows for third party coverage for mental health services or the size of the company does not warrant permanent staff, contractual or consultative models may be preferred. When programs hire their own staff services may more readily be developed to meet the unique and specific needs of employees/members.

In all of these models the content and design of the program of services is shaped to meet the needs and resources of the parties involved. Some organizations

purchase and sponsor "broad brush" service programs while others focus almost exclusively on "chemical dependence." While the debate continues about the overall effectiveness of any one approach it is important to note that industrial social work is an increasing function of both union and private sector employment practices. The federal government along with increasing state government agencies are now also generating occupationally based programs in the United States.

2) SOURCES OF REFERRAL

An important question for practitioners is what they need to know about organizational behavior, and how they can maximize the use of other workplace actors in linking employees to the service community. One must also ask the structural question of how employees make entry into most EAP's or MAP's. Workers establish contact with EAP/MAPs through (1) supervisory referrals (2) other staff referrals (3) self-referral and (4) peer referral.

There appears to be some debate in the field as to which of these sources of referral is preferable. This study will discuss "source of referral" later when reviewing the design and results. This study will conclude that this is a rich area for continued debate and research. It is essential to compare the following: 1) hierarchical referrals versus peer referrals; and 2) the

role of natural helping networks in membership organizations such as unions versus the role of natural helpers in other work settings.

Many companies today prefer self-referrals. Some will only accept self-referrals believing it reflects an image that the program is an ally of the employee and not out "to get him." It is in response to this that researchers such as Roman¹ state that over reliance on self-referrals results in a loss of services to populations where "denial" is a significant factor - such as in alcoholism.

It is the hope of some EAP specialists that the offering of the EAP as a legitimate, destigmatized service for a range of problems may reduce denial and that early intervention (pre-supervisory recognition) will occur.

Somewhat related to "who" gets referred and "how" that happens is the impact of joint labor-management policies and programs that govern the unionized workplace but where management administers the EAP. There has been concern expressed by researchers in occupational alcoholism that if only those workers in the collective bargaining unit are targets for services, workers at other organizational levels will be neglected. This may reinforce the notion that lower level organizational participants are the only ones with certain problems such as chemical dependence.²

Some of the sting of controversy that has surrounded the debate over the narrow work-based alcoholism approach

versus the broad brush has lessened. In 1975 this was publicly debated at a meeting of the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA).³ At that time there were clearly more advocates for EAP's. However, both the EAP directors and (ALMACA) leadership sought an end to the divisiveness. Without arriving at a resolution, there was a consensus that each organization would have to derive the appropriate form, content and label for its program.

3) WHO SUPERVISES EAP'S?

A review of models and staffing patterns of EAPs indicate that there are evolutionary precedents. Having recognized the need for organizational as well as administration skills on the part of EAP staff, many settings, by the 1970's, had placed the EAP's within Personnel or Industrial Relations or at least developed strong links with these department.

There is a significant link in the historic chain from the function of the personnel departments to the function of the EAP's. The linking mechanisms between them arose from the human relations school of management. This precept was promoted in the 1930's and 40's as an antidote to the cold mechanical approach of Taylorism⁴ that measured people primarily as performers in relation to time and motion.

The human relations school⁵ saw interpersonal relationships in the work place as having a powerful effect on employees' productivity and morale. Employees' feelings and perceptions were viewed as key to their work performance. Where the worker's personal problems end and the systemic or organizational problems begin -- or vice versa -- were problematic. Identifying these problems are tasks today for occupational social workers. The human relations school opened the door once again for human services at the workplace. The school also introduced a more participatory approach to engaging employees in problem solving and decision making. However, as has been noted, the human relations movement can be charged "with possessing the same exploitive and paternalistic motivation as that of welfare capitalism."⁶ Nevertheless, its legacy is strong and palpable in most personnel departments today where there is a dual attempt to identify and meet certain needs of workers while shaping a loyal socialized mass of employees able to accept certain organizational norms of behavior.

A more recent derivative of the human relations movement is the concept of organizational development. Here the focus is not on individual employees but rather on the relationship between the organizational environment and employee productivity and morale. Most EAPS are not part of Organizational Development but can be viewed as

ideologically compatible.

The human relations school has been further refined by "Theory Z" based upon studies of Japanese firms.⁷ Theory Z proposes a model of participative management where reciprocal trust is built over time via a holistic approach to worker participation that eliminates more traditional barriers between workers and management.

At present, in the business community EAP practitioners often are linked to personnel practices, affirmative action programs and corporate social responsibility. Today EAP activity often includes education/training, stress management, wellness and health promotion. In addition occupational social work is simultaneously trying to market itself while it defines its range of roles, functions and programs. While it promotes the transcendent validity of its social vision and practical expertise it, nevertheless, is struggling to define the parameters of what it needs to know and to evolve a typology of practice behaviors.

4. PROFESSIONAL TURF AND CREDENTIALS FOR EAP

The knowledge and skills of social work professionalism is a concern in the 1980's in the wake of a recent movement to create new independent EAP credential's not bound to any specific professional discipline. This mad rush to proclaim professional turf on the part of many camps, schools of thought and disciplines emerges at a time when

there is little consensus on the definition of the core technology of employee assistance programs⁸

One might polarize the literature and perhaps the field in broad terms by juxtaposing the core technology of employee assistance programs with the core technology of occupational social work. The names alone suggest the differences in scope. For the purposes of further discussion occupational social work will be defined in the following ways:

It is a "field of practice in which social workers attend to the human and social needs of employees in the work milieu designing and executing appropriate interventions to ensure healthier individuals and environments"⁹

In essence it is a domain that includes the population of workers and their auspices such as trade unions and employing organizations. Two prominent leaders in the field, Akabas and Kurzman¹⁰, have defined this area of practice. They state: "in essence it constitutes the social welfare agenda of society as it intersects with the interest, needs and responsibilities of work institutions and clients in the role of worker". This definition sees social work practice as transactional serving clients within systemic processes. It focuses on individual or institutional issues and needs that surface in the work milieu yet have a bearing on the larger social environment

as well.

Alcoholism, or chemical dependence, for example, have been focal points for the growth of EAP's. These addictions may be sub-set foci of practice requiring expertise but they are not the prime raison d'etre for social work's presence in the work place. Work is a normative social context replete with possibilities for intervention from prevention to rehabilitation. It is, therefore, suggested here that the "core technology" as outlined below by Roman and Blum¹¹ requires not only expansion but further debate from the professional social work community. Roman and Blum write from a perspective of occupational alcoholism. They identify six core components at the heart of EAP performance. They are important to consider in the quest for clarification regarding practice expertise.

5) CORE TECHNOLOGY FOR EAP SUPPORTED BY EMPLOYERS

The core technology cited by Roman and Blum below reflects a service delivery model based on programs principally supported by the employer and includes the following six components:

1. Identification of employees behavioral problems based on job performance issues (role for supervisors, stewards)
2. Provision of expert consultation to supervisors, managers and union stewards on how to take the appropriate steps in utilizing EAP policy and procedures. "Gatekeeper" function for EAP

specialist who determines the appropriateness of the referral.

3. Availability and appropriate use of constructive confrontation targeting the "denial" underlying work based problems.
4. Micro-linkages (case level) with counseling, treatment and other community resources. This may include external referrals and case management.
5. Creation and maintenance of macro-linkages between the work organization and other community resources (counseling, treatment facilities) linking the workplace and service providers in a reciprocal relationship that has clear expectations with quality controls calling for adjustment to structures and processes.
6. The centrality of employees' alcohol problems as program focus with the most significant promise for producing recovery and genuine cost savings for the organization in terms of future performance and reduced benefit usage.

The researcher disagrees with Roman and Blum's conviction about the centrality of alcoholism. However there is a strong agreement with their contention that training for EAP practice that only focuses on clinical knowledge is insufficient. It is here contended that knowledge of the workplace itself is crucial. Roman and Blum are supportive of social work educational programs that are experientially grounded: "There may be considerable promise in industrial social work programs which provide realistic internship experience, genuine didactic and experiential information about the workplace and organizational and clinical management of alcoholism."

6) ROLE OF EXTERNAL & INTERNAL RESOURCES

Of particular interest to the researcher is the question raised by Roman and Blum regarding the roles and relationships between internal organizational personnel and external providers of services. Just what is the appropriate "mix of internal and external expertise"? The typology of practitioner behaviors developed by the researcher examines the use of internal and external interventions in relationship to presenting problem. This will be discussed later in Chapter (7).

One wonders, given Roman's genuine concern for the workplace as an organizational system, whether had he studied more union sponsored programs he might have incorporated natural helping networks or peer models as appropriate targets for EAP specialists.

The attempt to derive a "core technology" or specialist knowledge and skills needs to be viewed within the historical context of the development of the knowledge and skills specific for occupational social work.

7) Cost Effectiveness

From management's perspective, benefits are more often viewed within a profit margin framework that examines the costs of benefits, production and job performance. In reviewing cost-effectiveness research of services at the work-place Donovan in 1984¹² cites figures¹³ that reflect the mutual concern labor and management have

regarding the rising cost of employee benefits that were 32% of wages costing 390 billion in 1979. Weaver in 1979¹⁴ suggests that 11.5% of employees are troubled. How does one measure the costs of benefits not just to industry -- but to individuals, families or society of either helping or not helping the troubled employee?

A study done by the Research Triangle Institute in 1983¹⁵ for the Alcohol Drug Abuse and Mental Health Administration (ADAMHA) found the following costs to industry as a function of reduced productivity from alcohol abuse (65 billion 580 million dollars), drug abuse (33 billion 346 million), and mental illness (4 billion 48 million). The research also noted the costs to industry for treatment and support: alcoholism (14 billion 865 million), drug abuse (2 billion 49 million) and mental illness (33 billion 445 million). It was estimated that the combined cost to industry of reduced productivity and lost employment was approximately 100 billion.

As Donovan points out in her review of cost-effectiveness research, most estimates of savings are testimonial research, except for Winslow in 1966¹⁶ and Foote in 1978¹⁷. EAPs are perceived by many as an investment in human productivity. According to Leo Miller¹⁸ at Polaroid there is a 10% productivity gain for program participants. For every \$1. invested in the EAP there is a \$5. return based in increased productivity. At

General Motors for every dollar invested in the EAP, there is a three dollar return in reduced costs of hospitalization, sickness and accident benefits.¹⁹

Donovan informs us that most research has focused on cost savings, benefits and job performance but has not estimated the benefits accrued to individuals, families or society (e.g. morale, life satisfaction, less public expenditure, unemployment benefits). Donovan cautions overinterpreting initial results largely due to what she perceives as the limitations of the research designs. She rightly points out the lack of precision in the measurement models for variables under study and the need for control groups similar in composition to the experimental group. Donovan suggests that there is a "need for a measurement of job performance that has a conceptual base". She cites the work of Weiner, Akabas and Sommer in 1973²⁰ who have a multi-dimensional view of work performance which is helpful in building a measurement model. Such a model would include:

1. Task=the performance of work itself
2. Interpersonal=relationships with others in the workplace, co-workers, supervisors, subordinates.
3. Routine=basic requirements of working - arriving on time, regular attendance.

In summary, not only do we need more precise instruments to measure work performance but we have yet to develop means for measuring the private and social costs of job loss (i.e. suicide, abuse, crime, mental illness).

The consequences of job loss are clearly both personal and societal. Brenner in 1976 ²¹ demonstrates that for society as a whole, the negative consequences of unemployment are greater than the negative stressful consequences of work. He relates increases in unemployment rates to proportionally higher increases in indicators of social pathology such as crime.

In a more recent study by Gordus and McAlinden²² during a period of major plant closings in the United States they too found a parallel process of increases in unemployment mirrored by increases in suicide rates, mental health admissions and incarcerations.

As a society we tend to underestimate that which we prevent. To the degree that we view EAPs as preventive mechanisms such an underestimation of their value may inhere as well.

8) CHANGING ATTITUDES OF LABOR AND MANAGEMENT

There is an increased awareness and expectation regarding rights and benefits from the worker's perspective, today, despite the government's retreat in the area of services and benefits. Workers are better educated today and they have become accustomed to the benefits that have resulted from collective bargaining, whether they are unionized or not.

In addition to the demographic, legislative and

technological shifts in the world there have been attitudinal changes towards work itself on the part of labor and to some extent management.

The AFL-CIO (1985) report on "The Changing Situation of Workers and Their Unions"²³ cites that the work ethic among union members remains strong. However, increasingly, workers see work not only as an economic means for survival, but as a means for personal expression as well. As a result "job satisfaction" has become a focus of attention.

From management's perspective there is a movement away from the vestiges of "scientific management" in which workers are viewed as "interchangeable homogeneous parts" towards an understanding that the "self-actualization of human resources" yields a more productive worker. Akabas²⁴ enumerates numerous reasons for greater receptivity on the part of the business community to the growth of Employee Assistance Programs and to increased efforts to humanize the workplace. There is an assumption on management's part now that attending to workers' broader bio-psycho-social concerns will control costs, reduce absenteeism and turnover and increase productivity. Particularly in response to the latest zeal with which some of the business world has embraced "wellness and fitness programs," Akabas rightly cautions that "the connection among health, well-being and worker productivity is not as

simple as proposed."²⁵ There is, indeed, a fear that because some of these programs have been oversold, management may be expecting far too much. In response to less than desired results they may disregard in the future the broader range of health related programs now so prevalent.

Beyond the expectation of increased productivity as a motivating force for developing EAP's, management today is aware of its public image; there is a greater need to express the paternalistic drive to "do good." One cannot also underestimate the outside pressures from union, and legislation itself. EAP's and wellness programs in many quarters are viewed as competitive benefits by companies seeking to attract and retain employees.

9) THE SOCIAL WORK SERVICE ETHIC

If one had to compare in broad strokes the fields of industrial sociology, industrial psychology and that of industrial social work it would appear that social work's initial forays into the world of work were characterized by a certain service ethic and a pragmatism that responded to the identified needs of workers albeit with an interest in research as well. The other disciplines were more clearly invested in research, knowledge building and an attempt to add rigor and professionalism to their own emerging disciplines. Social work in the industrial realm is now at

the stage where conceptual clarity and knowledge building are major areas of concern. There is a unique professional value base to social work that commits the professional social worker to clients/employees bio/psycho-social concerns in ways that transcend the immediacy of the sponsoring institution.

There may at times be a conflict for the social worker between the organization's needs and the individual client's needs. However, resolving such conflicts, ever mindful of such notions as "trust" and "confidentiality", is an integral part of the social work identity. Such can not be said for the other disciplines whose concepts and theories have richly fueled the flames of social work thinking and practice. The need for empirical research in social work abounds in all spheres of social work functioning. Therefore, the appropriateness of social work research in the industrial arena is all the more compelling for us as we market our professional wares. Social workers must be conceptually clear when proclaiming the knowledge, value and skills of social work that render it the legitimate and preferable profession for the domain of work.

The theme of humanizing the workplace within the context of profit and productivity somehow binds all the above social sciences in industry. However, there are those in the social work profession, this researcher

included, who would like to define with far greater specificity what unique humanizing contribution the social work profession has and may offer in the future. Having utilized the words "humanizing" "profit" and "productivity" in the same sentence to describe a cluster of variables shaping social work activity in industry one becomes mindful of the interdependent tensions inherent in juggling these variables. There is also the necessity for social work to realize it is functioning in an industrial arena where the "bottom line," not "doing good", is center stage. The spectre of dollars and cents, if one reviews the current literature focusing on services at the workplace looms large. Cost and "cost-effectiveness" are the "buzz" words that abound.

SUMMARY

The review of contemporary service issues in this chapter and the historical overview of social work and allied social science professions in Chapter II describe the inherent need and commitment to provide human services for workers. The review also places the social work profession at the "eye of the storm," suggesting it is at the cutting edge which effectively responds to the needs of workers and management. Social work provides the preventive mental and behavioral programs as well as the wide spectrum of interventive techniques which are uniquely

in the tradition of social workers' professional education, training and research. Supported further by the statement of need for the development of a curriculum, chapter four will present the theoretical basis for the use of the critical incident methodology in this study. Chapter five will present the research design and method for studying the incidents in the field of practice to develop a curriculum for social work practice in the workplace.

CHAPTER III NOTES

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CHAPTER IV

THE THEORETIC BASIS FOR THE RESEARCH DESIGN

The design of this research project is predicated on the use of the "Critical Incident" technique to identify the currently existing data about the field of industrial or occupational social work. These data when collated and organized will be used to develop a curriculum for industrial social work practice. Accordingly this chapter will discuss the following items of pertinent reference.

1. The theoretic basis for the critical incident technique.
2. The use of the critical incident technique in social work.
3. The statistical basis for identifying the reliable number of incidents.
4. The sorting, organizing and categorizing of the incidents.
5. The typology of the incidents.
6. The concepts for data analysis.

It has been suggested by Kahn¹ that this critical incident technique which is used to formulate a functional description of an activity may be "a particularly valuable exploratory-formulative method, especially helpful in the conceptualization of practice wisdom." This research tool assumes that facts about actual behavior are more useful

than general impressions and conjectures. It builds on the capacity of people to make observations about their own and other's behavior. The technique consists basically of a set of procedures for collecting reports made by qualified observers about overt incidents which have special significance and meet defined criteria. There is no assumption that the data collected in this way provide a representative sample of the behavior under study.

Flanagan² describes the five major steps in the critical incident technique as it is most commonly used as follows:

A) Determination of the general aim of the activity.

This general aim should be a brief statement obtained from the authorities in the field which expresses in most simple terms those objectives to which most people would agree.

B) Development of plans and specifications for collecting factual incidents regarding the activity. The instructions to the persons who are to report their observations need to be as specific as possible with respect to the standards to be used in evaluating and classifying the behavior observed.

C) Collection of Data. The incident may be reported in an interview or written up by the observer

himself. In either case it is essential that the reporting be objective and include all relevant details.

- D) Analysis of the Data. The purpose of this analysis is to summarize and describe the data in an efficient manner so that it can be effectively used for various practical purposes. It is not usually possible to obtain as much objectivity in this step as in the preceding one.
- E) Interpretation and reporting of the statement of the requirements of the activity.

The critical incident technique as standardized by Flanagan is an outgrowth of studies done in the Aviation Psychology Department of the United States Army Air Force during WW II to develop procedures for selecting, classifying and training aircrews. After WW II some of the psychologists who had participated in this research established the American Research Institute. In 1947 during the research studies similar to those undertaken earlier by the Air Force the procedure was formalized and labeled "critical incident technique." Since then the procedure has been successfully used to define the critical requirements of behavior in a wide range of situations. Flanagan³ reviews studies using the technique in the

following areas: typical performance; proficiency; training; selection and classification; job design and purification; operating and procedures; equipment design; motivation and leadership; and counseling and psychotherapy.

The critical incident is any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical an incident must occur in a situation where the purpose or the intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects.

Data gathered by the critical incident technique yield a large variety that require both order and categorization. In developing a typology the incidents are reviewed in light of the analysis objective to form categories by induction that might be useful for curriculum content.

THE CRITICAL INCIDENT TECHNIQUE IN SOCIAL WORK RESEARCH

The first successful use of the technique in social service related research was reported by Goodrich and Boomer in 1958⁴. In a residential treatment facility they examined the interaction that all staff had with 6 children under study over a 3 month period in order to classify therapeutic interventions. They identified 31

separate principles of therapeutic intervention which they classified under four major headings: promoting personality change; promoting ego growth; supporting existing ego controls; and staff member's management of himself. While aware that their classifications of therapeutic interventions were not complete the researchers firmly believed their study provided a careful description of certain aspects of residential treatment and illustrated "the usefulness of the critical incident method for clinical research."

The critical incident technique was also used in a research project conducted as part of the curriculum study of the Council of Social Work Education by Weissman and Baker in 1979⁵. This study was done in order to determine job requirements of the four key social work positions in public assistance and child welfare agencies. The researchers asked respondents to report 6 incidents (3 effective and 3 ineffective) in which a person occupying a position (same, above, below) did something especially effective or ineffective in accomplishing this job aim. They collected over 7,000 incidents in 9 state departments of public welfare. These reports were then used to identify specific job characteristics of 4 major public social work positions and to make inferences about the educational objectives these imply.

The critical incident technique was also used successfully in three doctoral dissertations completed by

students at Columbia University School of Social Work. In 1959-60 McGuire⁶ used this approach with nine group work field instructors to collect 276 incidents describing effective and ineffective teaching. In 1962-63 Holtzman⁷ used this technique to study teaching methods used by five casework field instructors. In addition, Morgan⁸ used this approach to examine the intervention techniques used by 13 social group workers over a 2 year period. In each of these studies the researcher was able to use the data collected in this manner then analyze, classify and conceptualize in a meaningful way the behavior under study.

There are study limitations inherent in using the critical incident technique. The procedure does not provide for random sampling and relies primarily on subjective judgments of respondents. In addition, the analysis of data (conceptualization and classification of incidents) is quite subjective as well in that it is based entirely on the judgments of the researcher.

However, McGowan⁹ states that what has clearly emerged from previous studies is, "The procedure provides sufficient empirical data in a relatively unknown field to begin the process of systematic analysis." It has been pointed out by previous researchers that once participants are instructed on what and how to record incidents there is no way to check on the accuracy of the recall and one assumes a sense of integrity on their part.

STATISTICAL BASIS FOR SELECTION OF NUMBER OF INCIDENTS

With regard to the number of incidents to be collected Flanagan suggests they be collected to a point of diminishing returns, i.e. until 50-100 new cases identify only 2-3 new behaviors. In the previous social work studies cited a total of 200-300 cases appeared sufficient for this purpose.

The researcher in the study under review collected a total of 133 cases and while this is not as many as hoped or recommended it should be noted that after observing 100 cases the following 33 incidents yielded only 2-3 new behaviors in keeping with the general profile recommended by Flanagan. The researcher would have welcomed a larger sample but given the time constraints and availability of respondents this was not feasible.

It should be noted that there was some of the anticipated resistance by the respondents to the actual chore of the case report. The researcher was not always on site and most often other organizational or role responsibilities of respondents took precedence. While students were interested in the research endeavor there was not any material or in-kind reward for them other than the awareness that they were part of a pioneering effort in their chosen field of practice. There was an absence of a strong incentive on the students' part and the researcher lacked organizational sanctions over respondents.

Students' supervisors encouraged their participation but did not make it a requirement.

Most respondents mailed their case material to the researcher. However, the several who delivered their materials in-person discussed with the researcher their utilization of the instrument, the case itself or their suggestions about educational content perceived by them that may have enhanced their practice as reflected in the cases they were submitting for analysis. The researcher did not modify the data collection instrument even though Flanagan suggests that it may have to be revised as one proceeds if it is perceived that contextual complexities (based on the researcher's judgment) are being omitted. To support this approach Flanagan can be cited:¹⁰

It should be emphasized that the critical incident technique does not consist of a single rigid set of rules governing . . . data collection. Rather it should be thought of as a flexible set of principles which must be modified and adapted to meet specific situations at hand.

The guide questionnaire used in this study was not modified because the instrument was sufficiently open ended to provide freedom of expression and inquiry.

THE SORTING AND CATEGORIZING OF CRITICAL INCIDENTS

The procedures following data collection involved sorting into categories. Types of incidents were labelled

and became categories. Similar incidents were placed under this same label while dissimilar incidents generated a new category label.

According to Glaser and Strauss in 1961¹¹ in their discussion of Grounded Theory as applied to this process, labels are subject to change when a new critical incident adds another dimension to the concept that is being developed for a given category. This above procedure was repeated by the researcher until all critical incidents were read and placed in what were perceived to be mutually exclusive categories.

TYPOLGY

To create, as in this formative study, a universally acceptable typology to effectively develop a curriculum the accrued data was systematically evaluated. As a preliminary step the researcher read through the 133 collected cases for the study and proliferated a list of presenting problems and practice behaviors as described by respondents.

A review of already existing typologies previously published and/or utilized in service delivery was completed. While clearly useful, most were utilized for organizational and programmatic purposes by industrial programs in a variety of settings. What was central in this study in the process of reducing - for example - 20

"presenting problems" to 12 was the question, - How does this translate into curriculum content? Accordingly home health, nursing care, etc., were reduced to "health related problems." The separation and grouping of categories has been guided by this educational objective.

As a somewhat maiden voyage in explaining industrial social work practice in this manner there is no doubt that future researchers shall and should work towards further refinement of a functional typology. However, it is the conviction of the researcher that given the present state of our art, the typology derived in this study can constructively inform the educational content that shapes both present and future practitioners in world of work settings.

If the reader compares the typology (appendices IV, V) derived by the researcher as a result of content analysis with the initial guiding questionnaire on page 131 that was given to respondents, one will note how the typology and the accompanying tables are analyzed. They are organized as "presenting problems" and practitioner behaviors as they relate to "internal organizational" (the sponsoring auspice) and "external" interventions (see Definitions of Terms on page 110). The last two questions of the questionnaire "describe any problems encountered in the delivery of the service" and the open ended "additional comments regarding knowledge, values and skills" while offering valuable commentary - did not lend themselves in

significant numbers to be identified as a category in the typology. All respondents who did, indeed, answer the "additional comments" or "problems encountered" questions had their replies coded. Forty-four (44) out of one hundred thirty-three (133) responses listed some problems encountered. Forty-five percent (45%) of the respondents had something to say about additional training/education in areas they believed would enhance their functioning in the industrial field placement or setting. Because the numbers in many of the items mentioned were small, the researcher has chosen to discuss what she perceives to be items most frequently cited and those that stand out due to their unique presence in the industrial context. The researcher's comments regarding responses to "problems encountered" and "additional comments" are guided by the intent of the study - to derive additional curriculum content that best serves the needs of practitioners in industrial settings. Several respondents under "problems encountered" listed the absence of appropriate insurance benefits for chemical dependence, or for psychiatric services. Others commented that limited community resources inhibited delivery of services. These latter therefore should be included in curriculum content, for both knowledge and advocacy.

CONCEPTUAL BASIS FOR DATA ANALYSIS

In more traditional qualitative analysis, data is coded and then analyzed. A secondary method in which the goal is the development of new theoretical ideas coding is perceived as perhaps unnecessary and inhibiting.

Therefore, researchers examine their data for new properties of theoretical categories making notes on such properties but not locking in categories.

Glaser and Strauss¹² describe a third approach referred to as the "constant comparative method" which quite accurately reflects the process engaged in by the researcher in collecting and analyzing data for this study. This method "of joint coding and analysis while not guaranteeing that two independent researchers working with the same data will achieve the same results" is designed, nevertheless, to allow, with discipline for some of "the vagueness and flexibility that aid the creative generation of theory." The constant comparative method allows for the rethinking and reformulation of categories as data is collected. Glaser and Strauss outline four stages in the method:¹³

1. Comparing incidents applicable to each category.
2. Integrating categories and their properties.
3. Delimiting the theory.
4. Writing the theory.

This process allows for constant examination of "critical incident" reports, and evaluation of the various presenting problems and professional behaviors described in each case in the study. With time, reflection, and the accrual of new data, the researcher was able to either collapse or expand certain categories. For example having started with simply labelling a large number of "health related" presenting problems (home care, nursing home, medical specialist, equipment, etc.) this particular cluster became Health-Resources. It was ever present in the researchers thinking that the conceptualization of categories whenever possible was to be guided by the objective of deriving curriculum content. Teaching the types of medical services becomes less important than the larger practice concern of realizing the importance of knowing how 1) to mobilize a vast array of health related resources; and 2) how to effectively link a working constituency from a work auspice to such services.

In contrast, while the numbers were fewer for either "disability" or "death and dying" as presenting problems - they were, nevertheless, present in sufficient numbers with rich and intense case material that clearly suggested a body of knowledge and skill that might lend itself to appropriate curriculum content. (see appendix IV-6)

It is obvious that this researcher's method of open ended questions to the respondents gave them freedom to document all their client's expressed needs. Thus in

accordance with the "constant comparison method," requiring both discipline and freedom of investigation it was possible to creatively integrate diverse properties of critical incidents. There was, as Glaser and Strauss¹⁴ describe, a delimiting process in which there was a reduction of theoretical material and categories and their properties were formulated "with a smaller set of higher level concepts." During this phase there was a "reduction of terminology" and therefore, more generalizing occurred. According to them, the domain calls for practitioners to be extremely well grounded in organizational and systems theory.

The presence of the derived category systems changes with its small sample reflects the respondents' attempts to effect organizational change. It is suggestive that further data collection with a somewhat differently structured report form from respondents would yield a richness of response that might validate this hypothesis. The door is clearly open for further research in this area. This inductive method proceeding developmentally, as indicated above, allowed the researcher "to bring out underlying uniformities and diversities, and to use more abstract concepts to account for differences in data."¹⁵ This reductionary process leads to two crucial requirements of theory: 1) parsimony of variables and formulation and 2) scope in the applicability of the theory to a wide range of situations.¹⁶

The process of moving towards a reduced list of categories for coding was shaped by the notion that the categories will become "theoretically saturated." Saturation is reached according to Glaser and Strauss when the researcher having coded numerous incidents for the same category can quickly see whether the next incident belongs or leads to a new one.

This particular method of qualitative analysis calls for the researcher to "write memos" regarding properties of categories that may not fit perfectly and yet neither fully represent new categories. This allows the delimiting process to proceed yet keeps the researcher mindful that at a subsequent point one may want to collect even more data to test out properties noted in such "memos".

For example, the typology derived for internal interventions includes a category called "systems changes". While there were only four such occurrences each one was quite remarkable in organizational terms (change in policy, special meetings called, articles written), and could be conceptually integrated as a system outcome or change. This study from the outset was delimited by a direct service focus. However, it is the firm belief of this researcher who is also an occupational social work practitioner, that the domain calls for practitioners to be extremely well grounded in organizational and systems theory.

SUMMARY

The foregoing conceptual basis for the study expedited the process of preparing the open-ended questionnaire guide, the selection and training of the respondents and the cooperation of the auspice administrators. In addition it provided the opportunity for accrual, recording, and validating the data. Finally after organization, the data was coded, statistically evaluated and analyzed by a computer program.

CHAPTER IV NOTES

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CHAPTER V

THE RESEARCH DESIGN & METHODOLOGY

The design of this study includes the selection of social work practitioners and social work students providing services to employees (clients) in work site auspices. The social workers (respondents) were required to answer an open ended questionnaire (guide) detailing the types of problems the clients presented and the interventions employed. They were also asked to note and assess any relevant observations and comments about the clients, their needs and their service outcomes. The respondents noted the relevance of their education and training to the work experience in these settings. Finally they made recommendations about curriculum changes or innovations in occupational social work.

The critical incident method as described in Chapter Four was employed in the study. The number of social work respondents, the employee clients and auspices were observed in interaction in an open ended methodology, until the number of critical incidents began to replicate themselves and no new categories were generated. The required number of incidents were reached after 133 client cases were identified and evaluated. The data was coded and prepared for computer analysis.

The following information describes the selection of the auspices, the respondents, the questionnaire (the measurement instrument) and the computerized data.

1. Definition of Terms
 - Presenting Problems
 - Interventions
 - General Terms
2. The Participating Auspices
 - Union Sponsored
 - Management Sponsored
3. The Respondents
 - Recruitment
 - Background
 - Instructions
4. Sources of Data
5. Rationale for Data Accrual From Direct Practice
6. Sources of Referral and Confidentiality Issue
7. Reliability of Study
8. Validity of Study
9. Study Limitations
10. The Instrument Guide
11. Alternate Source of Data Not Tabulated
12. Summary

1. DEFINITION OF TERMS

PRESENTING PROBLEMS

FAMILY - Covers range of individuals who either biologically or by choice share either common household or common nurturing:

Parent/Child: concerns regarding the relationships between parent and child/stepchild

Spouse/Significant Other: concerns regarding the relationship between marital partners or significant others

Incest: concerns regarding sexual activity between kin wherein marriage is prohibited by law

Domestic Violence: concerns relating to physical abuse among individuals living as family or sharing common household

Other Interpersonal: concerns relating to patterns of communication between members of the nuclear or extended family: e.g. mother-in-law, grandmother.

FINANCIAL - concerns related to finances or the management therein i.e. debt and credit, wage garnishment, loans.

GOVERNMENT BENEFITS - concerns regarding public entitlement programs such as Welfare, SSI, Food Stamps, Medicaid but excluding housing.

HEALTH - covers a range including:

Personal: concern regarding physical well being

Resources: request for information about services in relationship to health service needs for self or significant other(s).

Death or dying: concern regarding the impending death of self or significant other(s).

Disability: concern regarding disabling physical or mental illness, injury or other incapacitating condition and benefits and services that might accrue and/or might be required as a result of this condition.

HOUSING - Concerns relating to obtaining or maintaining shelter for self and/or family, includes entitlement concerns, landlord/tenant.

JOB PERFORMANCE - concerns relating to the ability to carry out expected tasks that are a function of employment.

JOB RELATED - concerns related to functioning as a labor force participant, but not specifically related to the job task itself (i.e. child care, shift work, wages).

LEGAL - concerns regarding matters that may require the services of a lawyer.

MENTAL HEALTH: covers a range including:

General: non-specific concerns regarding emotional well-being, but have absence of clearly defined or articulated symptoms that impair functioning: e.g. "feeling blue."

Intrapsychic: expressions of conflict that reside within the person or personality of the individual.

Interpersonal: concerns relating to or involving personal and social relationships.

RETIREMENT - concerns related to the status of retirees (i.e. benefits, activities).

SUBSTANCE ABUSE - concerns regarding any form of chemical dependency.

Worker: employed person and/or union member

Family: relative of employed person and/or union member.

UNEMPLOYMENT - concerns related to the lack of employment

INTERVENTIONS

ADVOCACY - The action involved in pleading the cause of an individual(s) as it relates to obtaining rights or services. If internal, this action is within the sponsoring auspice; if external, this action is outside the auspice.

CASE MANAGEMENT - A focused attempt on behalf of the social worker to maintain an overview perspective on the multiple systems and variables that inform a given client situation. Attention is given to securing needed resources and the sequencing of services.

COUNSELING* - Professional activity provided internally and designed to guide an individual(s) to a better understanding of his/her situation along with uncovering potentials for resolution. This may include various interpersonal techniques:

Informational: conveying information e.g. offering and discussing descriptive materials or content.

Supportive: The provision of assurance, permission to change or act, protection and encouragement that bolster existing capacities to cope, usually focused on the here and now of consciously expressed concerns.

Family: counseling where the family is the unit of attention.

Long-term: an open-ended counseling relationship that is guided by the length of time observed to be necessary to reach shared goals of practitioner and client. Efforts at insight and awareness of unconscious processes are often a part of the process.

Crisis: Decisive interventions in concert with a client(s) who is experiencing a failure of emergency coping mechanisms. It is characterized by interventions over a brief period of time.

Motivational: Stimulating an active interest on the part of the individual receiving service in pursuing appropriate actions.

Marital/Couple: Counseling in which the unit of attention is two (2) individuals who are bound by emotional, social, economic and sexual ties of an intimate nature.

Group: The use of various processes to assist groups of participants in achieving individual goals.

*Counseling: For definition see Janet Mourund, the Process of Counseling and Therapy, c 1985 Prentice-Hall, Inc. Englewood Cliffs, New Jersey.

COLLABORATION - The act or process of working jointly with one or a limited number of others on an issue of mutual concern around a client's interests or needs.

If internal, collaboration is done in concert with:

Specialists - In-house professionals (e.g. social worker, lawyer, doctor, nurse)

Staff Personnel - other than professional staff: i.e. claims workers, benefit department heads.

"Official" Peer - a co-worker of the employee/member who has a designated or elected

role as "helper" with assigned tasks vis a vis assisting co-workers i.e. shop steward.

"Unofficial" Peer - a co-worker/fellow employee or fellow union member with no official or designated role as "helper"

If external, collaboration is done in concert with:

Supervisors: one who oversees the work performance of others. The work supervisors of clients/members in need of services.

Employer: a person who engages the services of other for pay.

Specialists: individuals external to the sponsoring auspice with occupational or professional expertise related to the service needs of clients/members.

ESCORT - The accompaniment of the client by either the practitioner or other personnel to appropriately identified resources.

FOLLOW-UP - Activity subsequent to initial contact with a client/member regarding an identified need or concern. This may involve contact with both the client system and/or internal or external resources.

LINKAGE - Behavior that locates appropriate resources and develops relations that provide access and connections for client systems.

MISCELLANEOUS/OTHERS - Varied practitioner behaviors that occurred only once.

OUTREACH - The initiation of contact by the practitioner directed toward the client.

REFERRAL - the process of directing or redirecting a client to an appropriate resource, department or individual in response to identified or expressed need. If internal the referral takes place within the sponsoring auspice. If external the referral is made to an outside auspice.

SYSTEMS CHANGE - Activity, event or response within the sponsoring auspice that grows out of a direct service request on behalf of an individual, family or group but aims at a broader change level.

DEFINITION OF TERMS - GENERAL

ASSESSMENT - This refers to a process in which the social worker examines and evaluates differentially the various bio/psychosocial variables to specify given need or request for service. This process usually precedes intervention and often continues during the intervention phase. (It is also a product of its own process, but will not be dealt with here in those terms.)

OCCUPATIONAL SOCIAL WORK PROGRAMS - Programs utilizing social workers in which service is targeted at labor force participants and/or other dependents and the sponsoring auspices are organized labor or management.

SOCIAL WORK EDUCATION - Refers to those programs accredited by CSWE, including the Masters Degree Programs and those baccalaureate ones whose objective is the preparation for practice.

2. PARTICIPATING AUSPICES

There were 13 institutional auspices divided into 5 groups as follows:

I. Six union sponsored in-house auspices.

1. District Council 37 American Federation of State, County, Municipal Employees, Personal Service Unit
2. District Council 37 American Federation of State, County, Municipal Employees, Legal Services
3. District 65 United Auto Workers Retirees Reach Out Program
4. District 65 United Auto Workers Members Assistance Program
5. United Store Workers Union Personal Services
6. International Ladies Garment Workers Union - Retiree Services Department

II. Three Hospital Employees Assistance Management Sponsored Auspices representing 7 hospitals.

7. Columbia Presbyterian Hospital Employee Assistance Program - New York

8. Mt. Sinai Hospital Employee Assistance Program - New York
 9. A consortium of five New York Hospital and Medical Centers - Cornell Medical Center, Payne Whitney Hospital, New York Hospital, Hospital for Special Surgery - Rockefeller University.
- III. Two Management Sponsored Auspices - On Site Employee Assistance Programs.
10. Hoffman-La Roche Employee Assistance Program
 11. United Airline Employee Assistance Program
- IV. One Public Non-Profit Employee Assistance Program-Auspice - Management
12. New York City Department of Sanitation Employees Assistance Program
- V. Subcontractor for-Profit Management Sponsored Employee Assistance Program (Off Site)
13. Human Resources Group, Inc. Employee Assistance Program.

These five groups of thirteen auspices provide a representative mix of workers (clients) to represent the major employers of the Metropolitan Greater New York area. The above data indicates that six auspices are union based in-house (internal) programs and that six are management sponsored profit making auspices which include external service programs. One program is a non profit public governmental management based auspice. The data from these auspices provided 100 cases from the union auspices and 33 cases from the management sponsored auspices. The significance of this difference will be discussed in the next chapter.

3.

RESPONDENTS

The study included 38 respondents with 28 graduate students in social work and 10 professionally educated MSW's with experience. All respondents were either in graduate fieldwork internships or in gainful employment in labor or management sponsored industrial social service programs.

Student respondents were second year graduate interns enrolled in one of several New York Graduate Schools of Social Work (primarily Columbia and Hunter). Twenty two (22) students were in union settings while six (6) students were under management auspice. This seeming overrepresentation of students in union settings is a function of a far greater abundance of fieldwork placements with unions in the New York area.

RECRUITMENT

In order to recruit respondents, the researcher spoke with faculty of the respective schools of social work seeking the appropriate personnel to contact in industrial settings with graduate students. In addition, the researcher, an industrial practitioner herself, used prior professional associations in labor and/or management

programs to gain access to possible student/staff respondents.

There were 38 respondents with the following descriptors:

1. Gender

Males	8
Females	<u>30</u>
Total	38

2. Age Distribution

20-29	19 (17 students + 2 workers)
30-39	13 (17 students + 6 workers)
40-over	6 (4 students + 2 workers)

3. Auspice

	<u>Union</u>	<u>Management</u>	
<u>Student</u>	22	6	= 28
<u>Worker</u>	<u>5</u>	<u>5</u>	= 10
Total			N = 38

4. Ratios of Cases Per Respondents

<u>Cases</u>	<u>Respondents</u>
1	(6)
2-4	(16)
5 or more	<u>(14)</u>
	36 + 2 (logs, diaries)

5. Cases

Union Sponsored	100
Management Sponsored	33

BACKGROUND OF RESPONDENTS

As a result of a brief background informational form, (appendix I) completed by respondents, it is known that 22 have been exposed to some introductory course material regarding industrial social work as defined by some authority. Thirteen respondents have additionally had some formal training or education in the area of Alcohol/Substance Abuse (appendix II).

When asked what influence in their personal backgrounds had thus far enhanced their ability to relate to the industrial auspice, the following factors were cited:

1. They had prior work in corporate/business sector/blue collar jobs.
2. They had prior union membership, and/or participation of family in union activity.
3. They had resided in cities where awareness of workers and class issues and concerns were prevalent.
4. They had prior exposure to alcoholism with either work and or family interaction.
5. They had education and training or experience in Systems and/or Organizational Theory and Government Benefit Programs.

INSTRUCTION TO RESPONDENTS

In order to get uniform response from respondents, the researcher held group orientation meetings with potential

staff/students in cooperating sites. At this time the purpose of the study and the nature of the objectives were explained. Individuals were encouraged but not required to participate. This was stated by both the researcher and supervisors. Emphasis was placed on their participation in a pioneering effort in their chosen field of practice. No financial or other concrete rewards were offered.

A letter (appendix III) was offered explaining the form and intent of the study along with background information and study questionnaires to be filled out by participants. It was stated that their cooperation was being sought in an attempt to study in a detailed and systematic way the range of practice engaged in by social work practitioners in industrial settings. They were told that data would be sought from both labor and management sponsored programs and that a content analysis would be done in order to classify the diversity and range of practice. The intent of the study to derive curriculum guidelines for graduate social work education in industrial social work via this close examination of the nature of practice was highlighted.

The questionnaire was gone over in detail wherein respondents are asked to describe in brief narrative form aspects of their contact with members/clients and others in the process of delivering services. The researcher was significantly aware of the broad array of programmatic and

administrative responsibilities that are part of the industrial practitioners world of work. Accordingly, for the purposes of uniformity, all respondents were instructed how social work "Practice" was to be defined for this study. They were advised that the parameters of practice were the consequence of a direct request (or offering) of the practitioner/student for service either by or on behalf of an individual/family/or group. Accordingly "practice" included the work that flowed from that request (offering) in relationship to the individual/family group, the sponsoring organization and its actors, as well as external systems be they familial or institutional.

4.

SOURCES OF DATA

This study, which is the first attempt to derive an industrial social work curriculum through a close examination of practice, has drawn its data from two broad categories: i.e., 1) the respondents themselves either students or professionals; 2) the organizational sponsor or auspice, i.e. labor, management, public or private, located either on-site or agency based off-site. These reflect the several acknowledged models of service delivery as indicated previously.

By design the core of respondents are 2nd year social work students. It was assumed that while the research

questionnaire was an additional burden, it was, nevertheless, in keeping with the more general educational requirement of students in fieldwork that they write-up case material or describe in writing the nature of their practice experience. The original expectation that each student would offer 10 cases was unrealistic given the extensive demands all students have with both field and class work. Data collection occurred over a six month period commencing the first week of March 1984. Several students remained in their field placements for summer employment and thus continued to provide case material for the study even though their formal field placement status as "student intern" had ended.

Fourth semester graduate students were the respondents of choice for several reasons. Most graduate schools offer/require areas of specialization in the second year assuming the first year is geared toward more generic grounding in professional theory and practice. In addition, it was further assumed that due to greater familiarity with the setting and greater confidence in their ability to function that fourth semester students would be in a position to offer greater knowledge and experience to their reporting and observations.

Additional material was collected from experienced practitioners for several reasons. Many EAPs in the New York area that might richly reflect the range of auspice

and sponsorship do not utilize graduate interns as part of their program. The use of these practitioners from these settings not only expands our contextual grasp of the domain, but the use of professionals in general, from both labor and management sponsored programs enhances the intent of this study which is an in-depth view of practice. The experience of professionals can only serve to fortify the mission.

5. RATIONALE FOR DATA COLLECTION FROM DIRECT PRACTICE

In reviewing the literature and program descriptions of both labor and management sponsored EAP/MAPs it is clear that there are several models of social work practice in industrial settings including social planning and community development. However, as Kurzman and Akabas¹ in 1981 point out the "majority of programs focus on direct services to workers and their families". They actually caution practitioners "when first entering the industrial auspice to focus on the more person-oriented goals of the profession-helping individuals enlarge their competence, increase their problem-solving ability and obtain needed resources." Given the organizational pressures and tensions that may dilute a professional's effectiveness they suggest that such an initial direct service focus serves to clarify professional concerns regarding turf-role

and function.

Since new programs tend to develop from a direct service approach and because so many practitioners are and will be engaged in direct services as a significant part of their practice in industry, the researcher chose to focus the collection of research data on practitioner behavior in relationship to the delivery of direct services. In addition, since it is the intent of this study to empirically derive curricula for a specialization in industrial social work, the instrument, utilized for data collection from research respondents, has a series of questions (as noted) to guide the respondents in writing up their case material. Respondents were asked to describe the nature of both their interaction and interventions with the sponsoring auspice or institution, with the defined problem, with the client system and with external community resources.

These general areas of inquiry correspond to identified concerns and criteria outlined by the NASW/CSWE (National Association of Social Workers) Task Force on Specialization 1979:²

to guide professional judgments these criteria require a critical knowledge mass about an institutional area, a range of needs and problems and a large range of intervention possibilities which may be common to several areas (underlining for emphasis by researcher)

Therefore, the guiding questions for respondents in writing up their case material is in keeping with the general criteria for specialization by NASW/CSWE.

6. SOURCE OF REFERRAL AND THE CONFIDENTIALITY ISSUE

It is not only the sponsoring auspice or organizational context that defines the nature of helping relationships, rather it is the type of service that may set the tone for the dynamic interplay between a service provider and a service consumer or recipient. By type of service Gitterman and Germain³ refer to "mandated," "proffered" or "sought."

In industrial social work as with other fields of practice the question of confidentiality (or its abuse) as a central ethical concern of the profession shapes the dynamic of the helping relationship most resoundingly. It may be, as Erfurt and Footè⁴ found in their study of 212 Detroit area employee assistance programs, that in fact maintaining confidentiality was not a problem. However, what their survey did find was that confidentiality was "perceived" as a problem in relationship to job security and career advancement. Such perceptions and feelings may become a reality that conditions the utilization of the industrial social work program.

It is with the above concerns of confidentiality, the "types" of service along with a concern over other organizational "actors" who may link workers to service that the "source of referral" was identified as a survey

question. Indeed there are some programs that eschew "mandated" job jeopardy referrals and others whose focus is such. Some programs will only accept "self referrals" others are extremely flexible. Examining the variable of "referral source" in relationship to presenting problems and subsequent practitioner behaviors was deemed to be relevant for teasing out potential areas for the development of knowledge and skill inherent in industrial based practice.

7. RELIABILITY OF STUDY

The pursuit of knowledge via any research effort, as described by Epstein and Tripodi,⁵ is to be evaluated by the "degree of accuracy, reliability and validity of the measures it employs." After the researcher read 133 cases, she developed a typology of access, presenting problems and interventions. In order to establish measurement accuracy and freedom from bias - an experienced practitioner was invited to examine, code and validate a significant sample of the case reports. The validator had four years of industrial social work experience including student and staff supervision. She was a graduate of a New York based graduate school of Social Work, majored in "Industrial Social Work" as a field of practice, had direct service and administrative experience and skills to review and code 15

cases. The cases were randomly selected from each auspice proportionally.

According to Epstein and Tribodi⁶, "interobserver" reliability refers to the extent to which different caseworkers will give the same record the same success score." Furthermore, according to them these measures of interobserver reliability are revealed in "correlational terms" or in "terms of percentage agreement." When percentage agreement is used "70% agreement or more indicates a reasonably high degree of interobserver reliability."

The researcher instructed the experienced practitioner to read the 15 cases and then apply the coded typology developed by the researcher for identifying "access," "presenting problems," "internal and external interventions." The practitioner was also invited to comment in writing on the experience of using the code, i.e. the ease or difficulty in these cases.

Utilizing percentage agreement in all areas under comparison between the researcher's findings and those of the practitioner, agreement exceeded the 70% noted as being evidence of a high degree of interobserver reliability. There was 100% agreement over "access" to services and 95% relating to "Presenting Problems." With "internal" interventions there was a 77% agreement and with "external interventions an 80% agreement.

Where there were discrepancies in coding they were almost all a function of confusion over the definition of a variable or term used in the coding. For example with "internal interventions," 7 out of the 10 discrepancies had to do with the interpretation regarding "follow-up" and "case management." There appeared to be a confusion or blurring of these activities.

With "external interventions" 5 out of the 7 occurrences of disagreement related to the practitioners perceptions that "advocacy" as a behavior was present. The researcher in re-reading the cases sees perhaps the "intent to advocate but not the presence of described advocacy behavior. In one case "getting needed resources" was coded as advocacy. This can be but is not necessarily. The two (2) other instances of disagreement in coding "external interventions" related to "collaboration." The practitioner perceived collaboration where the researcher had simply coded "linked to specialist in the Community."

It is important to note that the researcher did not give the practitioner a "definition of terms and variables" when handing her the cases for review. The practitioner relied on her experience and general knowledge of how the terms and behaviors are most commonly used in practice.

Not having given the practitioner a "definition of terms" it is interesting to observe that her areas of "confusion" or interobserver disagreement - related to

issues surrounding "collaboration" and "advocacy." These are two major areas of concern identified by the research respondents as well. They also had concern when filling out the open-ended section of the questionnaire that asked for "additional comments or observations regarding curriculum content that might have clarified or facilitated their work." These concerns were exemplified by the case they were using for study questionnaire. It would appear that both students and practitioners are identifying two possible areas requiring more knowledge and skill, i.e., collaboration and advocacy as part of the educational content for occupationally based social work practice.

8. VALIDITY

This first attempt to empirically derive curriculum for the field of industrial social work cannot claim with any certainty that the data collection instrument or question guide for writing up cases given to research respondents measures what it is supposed to i.e. an accurate picture of practice in world of work settings. Such content validity cannot be claimed. However, in light of the fact that much of the data gathered falls into highly recognizable categories used by most seasoned practitioners in occupational programs there is strong suggestion that the use of the instrument and the

subsequent findings may represent starting points for further more refined practice based research in the future where there may be greater opportunities for empirical generality.

"Empirical generality" according to Epstein and Tripodi⁷ "refers to whether the finding of a study can be generalized to other comparable situations and to other populations of clients and practitioners." The presence of random sampling techniques in terms of agency sites and respondents would have increased the likelihood that the research findings could be generalized. However, this was not possible given the time, cost and location factors of performing this study in the New York area and the large number of graduate students over-represented in labor unions in comparison to management sponsored sites.

9. STUDY LIMITATIONS

It is clear to the researcher in hindsight that there is limited demographic information on the clients served in the study which would have immeasurably enriched this research effort. In one site of data collection, a union-based retirees program, the only uniformity to be cited is that cases offered from that setting are clearly retired persons usually of pensionable age and most over the age of 65. There were 26 cases from that program in the study sample.

This was an exploratory study with categories developed subsequent to reporting. These categories may or may not be appropriate. A further limitation to be noted is that there was no uniform stimulus to the respondents that would assure that each one considered all the possibilities in each practice situation. Therefore, one can only categorize what was reported. Given these limitations, it is, nevertheless, believed that with the strength of some of the figures in the data analysis - despite sampling limitations and the absence of a rigorous measure of validity - some generalizations may be possible even if only to develop a focus for further research.

10. THE RESEARCH INSTRUMENT (GUIDE)

The instrument was a guide for the respondents to generate the data about the incidents expressed in the interaction between the worker/client and the respondent/social worker. The following question guidelines were submitted to the respondents.

1. Describe briefly an intervention on behalf of an individual/family/group which you engaged in this week.
 - What was the presenting problem?
 - How did it come to your attention?

2. What did you actually do? (What specific steps did you take?)

Try to address if appropriate - how you engaged the internal organizational system (sponsor of your program) as well as the external systems in the course of delivering the service, e.g. family, SSI, Welfare, Hospital, etc.

3. What problems, if any, did you encounter while delivering the above service?

4. Additional Comments

All comments regarding your experience in industrial social work are welcome. Indicate, if relevant, educational concerns regarding knowledge, values, or skills which you believe might enhance your ability to function in your present work situation, either in relation to this case or in general.

Respondents were encouraged to be brief while capturing their diversity of activity. In selecting which cases to write about each week they were told to be guided by that which calls upon a diversity of knowledge and skill on their part. They could use the same case in subsequent encounters if they perceived it as bringing up different practice content. Respondents were cautioned, however, that should all or a majority of their cases be similar or

repetitive in content that it was of importance. They were advised to feel free to report cases with the same presenting problems.

It was stressed during orientation that the researcher was equally concerned with interventions that were viewed as successful as well as "unsuccessful". It was further stressed that the researcher was not evaluating competency but seeking to explicate the domain of practice, and to identify content for appropriate education and training. There may have been a bias toward successful reporting but this does not seem to have been the case. There were numerous cases with unsuccessful outcomes not measured for this study.

Concerns regarding confidentiality were discussed and respondents were reassured that coding of questionnaires would be confidential. They were directed to use fictional names or initials when referring to specific individuals.

11. ALTERNATE SOURCE OF DATA - NOT TABULATED

As stated the focus of data collection for this study was direct practice. As also noted, however, the range of professional activity called for by the industrial practitioner moves beyond the narrow purview of clinical practice.

Despite the constraints of the research design the researcher invites the reader to observe the results of some additional accrual of data that were not part of the research protocol. Due to the generous cooperation of the director of a hospital employee assistance program in New York City, the researcher obtained a copy of her daily activity log for a one month period 2/27/84-3/23/84. This program was staffed by the director, herself an MSW, and two graduate social work interns that she supervised. Utilizing a somewhat similar procedure the researcher did a content analysis of the "daily log" and attempted to categorize the nature and relative frequency of the practitioner's behavior. The following broad categories were derived that reflected a month of professional activity for this EAP director:

1. Direct Practice
2. Collaboration (internal)
3. Training
4. Administration
5. Student supervision
6. Related Professional Committee Participation
(external)
7. Networking with other EAP directors

Direct Practice

By far the primary activity engaged in by this EAP director was direct practice. It would appear that her

level of involvement in direct practice is not atypical of management sponsored in-house employee assistance programs that are staffed with only one or two people. Her range of direct practice activity was extremely consistent with that found in data collected from other sources in the study. While her daily log did not discuss case activity in full it did list the primary presenting problem and focus of work: i.e. housing, marital, retirement, health, job jeopardy, career counseling, domestic violence, job related concerns, insurance, family.

In this particular program the director herself had a few "long term counseling" cases along with several instances of linking the employee with a specialist in the community.

Collaboration

Collaborative activity consisted of numerous meetings with individual supervisors from various hospital departments in a consultative capacity. The log listed the reasons for the meetings such as "irrational worker, or staff don't get along." Other collaborative actors included personnel, doctors, labor relations staff and union delegates.

Supervisory Training

Third in the order of practice activity of this hospital EAP director was either preparation for or actual supervisory training of hospital staff. The topics included "stress management," "supervisory referrals" and "family life."

Administration/Supervision

The range of administrative activity cited included "paperwork," attendance at hospital staff meetings, and conducting unit staff meetings. Supervision included regular supervisory sessions with graduate interns.

Related Professional Committee Participation-External

This EAP director participated on a monthly basis in a World of Work Domestic Violence Committee whose participants are practitioners in New York City based labor or management social service programs. Her "daily log" also listed "preparation for conference presentation."

Networking

Listed on several occasions in the "daily log" was the term "networking." This activity was listed as either a formal or informal (luncheon) meeting most often with other employee assistance directors.

Researcher's Comments about the "Daily Log"

There are a few observations the researcher would like to make regarding practice as well as curriculum for practice in industrial settings that were stimulated by this log.

Range of Activity

The first observation related to the range of professional activity that includes a vast array of direct practice concerns, collaboration, training and administration. It would appear that an appropriate curriculum orientation for industrial social work is a generalist model. The researcher familiar with a sizable network of EAP/MAP directors in the New York area believes irrespective of the size of their staff - that each director would concur that administrative knowledge and skill was necessary to perform their jobs but

insufficient. They would reaffirm the importance of being grounded in the knowledge, values and skills that inform direct social work practice. This log as a sample would seem to support such an observation.

Conceptual and Communication Skills

From another vantage point one might observe that "direct practice" skills are necessary but not sufficient. The EAP director who serves clients, trains supervisors, conducts staff meetings and collaborates with a host of organizational actors who may or may not be other professionals requires communication skills that reflect a differential use of self. Both training and staff development require an ability to engage in the transfer of knowledge at a conceptual as well as practical level. The ability to publicly convey a program, or the capacity to engage other organizational actors can mean the difference between survival or extinction of an EAP program. Hiding in one's office, albeit, as a quintessential clinician may not carry the day.

It appears to the researcher that curriculum content should reflect the knowledge and skills that inform training and the act of publicly articulating a social program that has goals and objectives that are clear to the target population. Such course content on training should

engage practitioners within the classroom setting in training activity itself. The researcher has used such assignments with students of industrial social work where training was viewed as having three domains: knowledge, attitudes and behaviors (skills). Students were asked to pick a substantive clinical concern that surfaces at the workplace and while addressing these three domains - design and implement a training session with the rest of the class. While such comments are anecdotal students who participated valued the assignment and acknowledged it demanded a range of behaviors they had either "avoided" or never been called upon to demonstrate. Some students placed in industrial settings were being asked to do "supervisory" training while others noted that their supervisors were engaged in such activity.

Outside Professional Activity and Networking

Outside professional activity such as committee participation, presentations at professional conferences or networking are hardly unique to industrial social work. Their presence, however, in the daily log of a program director whose department consists of herself and two students serves as a reminder that industrial practitioners' quest for professional connections external to their immediate work environment is often intensified by

their relative professional isolation in their host settings. There is a quest for validation, affirmation and expansion of the professional self by practitioners who may be viewed as peripheral pioneers by their institutional hosts. As a result the pursuit of a collegial network often induces practitioners to formulate papers and presentations for delivery at conferences at a seemingly earlier stage in their careers.

There would appear to be a confluence of variables encouraging practitioners at an early stage in their careers to engage in program evaluation and small scale practice based research: (1) the desire to share and gain knowledge in a new and expanding field; (2) the desire to mitigate professional isolation; (3) lack of funds to hire specially trained research staff either in-house or as a consultant on a permanent basis; (4) the demand of host settings to demonstrate effectiveness and/or efficiency.

While the preceding and following statement may be somewhat anecdotal on the researcher's part, there, nevertheless, seems to be evidence that industrial practitioners are best equipped when, upon entering the workplace, they are knowledgeable about the basic tools for program development and program evaluation.

The researcher recalls that the first major tasks she undertook when asked to set up a labor-based program for union retirees was to design a needs assessment instrument and plan for implementation. Without prior training, the

researcher learned from experience and from consultation with others. Indeed, experience is a great teacher. However, what is recalled was the immediacy of the need to engage in this "new activity" upon starting a new job in a then "new" field of practice. There is no reason why future practitioners who will be products of schools of social work with curriculum content in this field should not enter the workplace with some basic knowledge and skills in these areas.

It is, therefore, the researcher's "biased" opinion that whenever possible education for practice in industry should encompass a generalist framework that encourages the development of clinical as well as basic program planning and evaluation skills.

SUMMARY

This chapter has described the research method, personnel and sites used to generate the data as presented. Additional discussion included the statistical design, the validation of the data identification and coding. Finally another source of data was derived for comparison from a log book written by an administrator of a hospital employee assistance program. The analysis of this log subsequently corroborated and augmented the general findings in this study. This latter data was not included in the tabulation of this study's findings.

CHAPTER V NOTES

- 1 Paul Kurzman and Sheila Akabas, "Industrial Social Work as an Arena for Practice," Social Work, Vol. 26, No. 1 (Jan. 1981), p. 59.
- 2 National Association of Social Workers - Council on Social Work Education Task Force on Specialization, "Specialization in the Social Work Profession," NASW NEWS, 24 (April 1979), p. 20.
- 3 Carel Germain and Alex Gitterman, The Life Model of Social Work Practice. New York: Columbia University Press, 1980.
- 4 A. Foote, "Occupational Employee Assistance Programs for Substance Abuse and Mental Health Problems," Ann Arbor: Institute of Labor and Industrial Relations, 1977, p. 45.
- 5 Irwin Epstein and Tony Tripodi, Research Techniques for Program Planning, Monitoring and Evaluation. Columbia University Press, 1977, pp. 31-26.
- 6 Irwin Epstein and Tony Tripodi, Ibid., p. 33.
- 7 Irwin Epstein and Tony Tripodi, Ibid., p. 35.

CHAPTER VI
THE RESEARCH DATA ANALYSIS

The data presented in Chapter V were generated from the respondents narrative replies to the questionnaire guide. (Appendix IV) They were carefully read and analyzed according to a code suitable for a computer program storage, statistical analyses and retrieval. (Appendices V, VI) The content of the respondents reply and the coding were validated by another experienced social worker . The items coded were the product after collapsing them to the recorded categories.

The findings in this study and its implications for curriculum development and future research will be presented in the following format.

1. Format for coding and organization of the data.
2. Client Cases
3. Respondents
4. Auspices
5. Access to Services
6. Presenting Problems
7. Internal Interventions
8. External Interventions
9. Internal Interventions relating to job performance
10. Interventions with substance abuse
11. Problems encountered by practitioners

12. Comments by respondents to open-ended questions

Entitlements

Assessment Skills - substance abuse

Outreach Strategies

Retirement and age related issues

Health, dying and death

Collaboration

Advocacy

Counseling

Substance abuse - a clinical, organizational
and ethical concern

13. Drug testing in the workplace

14. Implications for future research

15. Summary

1. THE FORMAT FOR CODING AND ORGANIZING THE DATA

The data was prepared for the computer analysis in following coding system:

1. Client cases: There were 133 clients, 100 from union and 33 from management auspices. They were identified by a three digit number 001 to 133.
2. Respondents: There were 2 types of respondents, coded #1 from the union auspice and #2 from the management auspice, a one digit code was used.
3. Auspices: There were 2 auspices, #1, from the

union and #2 from the management auspice. A one digit code was used.

4. Access: There were 7 sources of referral to the assistance programs. A one digit code numbered 1-7 was used.
5. Presenting problems: There were 75 individual items of reference which were reduced to 23 items.. They were coded from 01-0072 with a 2 to 4 digit number.
6. Internal Interventions: There were 56 items which were collapsed to 18 items for coding. They were coded with a three letter digit 001-100.
7. External Interventions: There were 42 items of intervention reduced to 13 coded items. A two to four digit number 01-0072 was coded.
8. Practitioner Problems: There were 17 items reduced to five categories for discussion. They were not coded for computer analysis.
9. Comments: There were four categories identified. They were grouped together for discussion in four categories, i.e., knowledge, values, skills, or other. They were also not included in the computer analysis.

These above items of reference (1-9) and their respective codes are listed in the appendices #4 and #5 respectively.

2. CLIENTS

The presentation of the data reflects the order imposed by the researcher as a result of deriving a typology subsequent to the content analysis done in the one hundred thirty three (133) cases. The tables in general reflect the type of guiding questions respondents were asked in writing up their cases. In addition there are cross tabulations of variables which will be discussed.

The total number of cases under review for this study was one hundred thirty three (133). When the material was originally coded there was a highly specific breakdown of cases emerging from management sponsored programs i.e. public sector management, private sector management, hospital (single) in-house, hospital (consortium), and management (off-site). There were thirty three (33) cases from management sponsored programs and one hundred (100) cases from union programs. Because the number of cases in the respective management sites were low they have been collapsed to management from the tables detailed in appendix VI. Included as well in the appendix is the exact breakdown of number of cases from each type of management program. Hereafter further discussion will refer to "management" programs in general as comparisons are drawn between union and management data.

The following demographic data was extrapolated from the narrative generated by the respondents in the questionnaire guide form.

TABLE I
Client Demographics

Sex:	Females	74	
	Males	59	
	TOTAL		133
Age:	20-29	18	
	30-39	53	
	40-49	24	
	50-65	10	
	Retirees	26	
	Undesignated	2	
	TOTAL		133
Type of Employment:			
	Unemployed	4	
	Blue Collar	87	
	White Collar	40	
	Undesignated	2	
	TOTAL		133

TABLE I continued

Ethnicity:

Black	48	
Hispanic	17	
White	53	
Undesignated	5	
TOTAL		133

Marital Status:

Married	33	
Separated	14	
Divorced	11	
Single	63	
Undesignated	12	
TOTAL		133

3. RESPONDENTS

The several types of respondents' characteristics were organized in accordance with the data below after their resume descriptions were analyzed from Appendix (II).

TABLE 2

RESPONDENTS

Gender N = 38 respondents

Males = 8

Females = 30

Age Range

20-29 19 (17 students + 2 workers)

30-39 13 (7 students + 6 workers)

40-over 6 (4 students + 2 workers)

Auspice

Union

Management

Student

22

6 = 28

Worker

5

5 = 10

N= 38

Range of Cases Per-Respondent

1 (6)

2-4 (16)

5 or more (14)

36 + 2 (logs, diaries)

In summary, the data reveal that the range of the ages of the respondents was from 23 to 47 years of age. The average age of the 28 graduate students was 29.0 years and of the 10 practitioners was 34.5 years. The average age of all of the respondents was 30.5 years. Twenty-six (26) of the twenty-eight (28) graduate students were in the 2nd year of their field placement work. The remaining two (2) graduate students were 1st year interns in field placement. In summary 93% of the graduate students had from 6 months to one year of field placement experience in an occupational social work site. The variation of 6 months to one year of experience was inherent in the use of both 3rd and 4th semester students between the calendar period of this study which extended from January 1984 to December 1985. Hence, students who started in the 3rd semester had a full academic year or more to participate in responding and students who entered in the 4th semester had approximately six months to participate as respondents. The 10 practicing social workers had at least 2 years of experience in industrial work sites as administrators or case workers.

PERSONAL BACKGROUND OF RESPONDENTS

As a result of a brief background informational form completed by respondents it is known that twenty-eight (28) have been exposed to some introductory course material

regarding industrial social work. Thirteen (13) respondents have additionally had some formal training or education in the area of Alcohol/Substance Abuse. When asked what influences in their personal backgrounds had thus far enhanced their ability to relate to the industrial auspice, the following factors were cited:

Eight (8) respondents cited prior work in corporate/business sector in either white or blue or pink collar jobs.

Fifteen (15) respondents cited prior union membership and/or participation of their families in union activity.

Five (5) respondents were either shop stewards or union delegates.

Two (2) of the thirteen (13) respondents who had training in alcoholism had intimate family experience with alcoholism - one was a recovering alcoholic and the other had an alcoholic parent.

Twelve (12) students cited prior clinical experience in social work settings such as mental health facilities, vocational and rehabilitation settings, aging and family and children services.

Two (2) respondents cited prior experience in community and political action as a means for developing advocacy skills.

Two (2) respondents cited their bilingual and bicultural (Spanish) backgrounds as significant in their

social work function.

Two (2) respondents cited prior knowledge of government benefits (entitlements) and skills in negotiating concrete services for clients.

Two (2) respondents cited their place of birth and early growth and development in industrial communities where class related and labor/management concerns were prominent (Detroit, Michigan and Manchester, England).

4. AUSPICES:

There were thirteen (13) individual separate sites which were reduced to two (2) broad auspice categories, union or management sponsorship. The following are the list of participating auspices.

TABLE 3
LIST OF PARTICIPANT AUSPICES

1. Columbia Presbyterian Hospital - Employees Assistance Program
2. District Council 37-AFSCME (American Federation of State, County, Municipal Employees) - Personal Services Unit
3. District Council 37-AFSCME - Municipal Employees Legal Services
4. District 65-UAW (United Auto Workers) - Retirees Reach-Out Program
5. District 65-United Auto Workers - Members Assistance Program
6. Hoffman La Roche Pharmaceutical Company
7. Human Resources Group, Inc.
8. International Ladies Garment Workers Union - Retiree Services Department
9. Mt. Sinai Hospital - Employee Assistance Program
10. New York City Department of Sanitation - Employees' Assistance Program
11. The Employees Assistance Program Consortium (5 Hospitals in New York City)
12. United Airlines - Employee Assistance Program
13. United Storeworkers Union - Personal Services

The auspice administrations were all helpful and allowed their employee respondents to be willing participants. No remuneration or reimbursement was offered or requested. The responsible administrators and respondents, understanding the objectives of the study, especially to define a curriculum in social work, responded with a 100% reply rate after accepting the responsibility. However, they did not all return the ten cases requested. The mean number of cases per respondent was 4 cases with a range of 1-5 cases per respondent.

5. ACCESS

In the guiding questionnaire for respondents the issue of access or how the client/member became linked for service with the EAP or MAP was posed by the researcher in hopes of identifying organizational, structural or staffing patterns that were either different or similar in labor and management settings with an eye towards curriculum implications. The one hundred thirty three (133) cases revealed seven (7) different modes of access which have been left in the typology.

The typology for access includes the following:

1. Self Referral: inner motivated, word of mouth from fellow employee or significant other.
2. Self Referral: Specific effort identified, e.g. went to a meeting, heard a speech by EAP staff.

3. Self Referral: Specific publication identified, e.g., articles, flyers, brochures.
4. Program initiated contact - outreach effort, e.g. telephone, letter, home visit.
5. Staff Suggested - informal recommendation.
6. Staff Referred - by supervisor by formal communication.
7. Peer Referred - worker, member, steward, union local officer.

Comparative results between labor and management regarding access reveal the following: In labor based programs the most prevalent means of access to service in order of frequency are (1) Self-Referral (2) Staff Referral (3) Outreach and (4) Peer Referrals. In management programs the sample under study revealed the most prevalent means of access to be in order of frequency (1) Staff Referrals and (2) Self-Referrals. Both labor and management programs rely on self and staff referrals only in reverse order with management tending to a greater reliance on a hierarchical staff referral approach. (See Tables 4,5,6.)

Cases emerging from union settings utilized outreach and peer referral strategies suggesting both programmatic and training implications. While we might find in a larger sample a greater evidence of outreach and peer referral strategies in management programs, it seems appropriate to speculate about the possible explanation for the present

differences. A labor union is by its very nature a mutual aid system that constantly utilizes "organizing" or "outreach" efforts in order to survive and/or grow organizationally. Therefore for a social work practitioner to "reach-out" to members or to facilitate "peer assistance" or self help is to engage in behavior syntonetic with the behavioral norms of the organization.

Historically management sponsored programs have focused on job performance and the relationship between troubled employees, productivity, profit and performance. It is not therefore surprising that 33% or 11 of the 33 management cases in the study had "job performance" as the presenting

TABLE 4
THE DISTRIBUTION OF CASES DEMONSTRATING
THE FREQUENCY OF CASES IN EACH OF THE SIX AUSPICES

<u>ACCESS</u>									
<u>AUSPICE</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>TOTAL</u>
1	63	2	2	7	0	19	6	1	100
2	2	0	0	0	0	1	0	0	3
3	1	2	0	0	0	7	0	0	10
4	4	0	1	0	1	4	2	0	12
5	3	0	0	0	0	0	0	0	3
6	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>5</u>
	74	4	4	7	1	34	8	1	133

% of 133

cases	(55%)	(3%)	(3%)	(5%)	(1%)	(26%)	(6%)	(1%)	= (100%)

Percentages rounded to nearest integer

KEY - AUSPICE

1 = Union
2 = Public Sector Management
3 = Private - Management
4 = Hospital Management - Single
5 = Hospital Consortium - Management
6 = Management - Off-Site

KEY - ACCESS

1 = Self Referred - Word of Mouth
2 = Self Referred - Effort Identified
3 = Self Referred - Advertising
4 = Program Initiated
5 = Staff Suggested
6 = Staff Referred
7 = Peer/Member Referred
8 = Other

TABLE 5

PERCENTAGE DISTRIBUTION OF 133 CASES BY AUSPICE

AUSPICE	AUSPICE							<u>TOTAL</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	
# of Cases	100	3	10	12	3	5	0	133
% of Total	<u>75.2</u>	<u>2.3</u>	<u>7.5</u>	<u>9.0</u>	<u>2.5</u>	<u>3.8</u>	<u>0.0</u>	100%

CODE

- 1 = Union
- 2 = Pub. Sector Management
- 3 = Priv. Sector Management
- 4 = Hospital - Management - Single
- 5 = Hospital Consortium - Management
- 6 = Management - Off-Site
- 7 = Other

TABLE 6

NUMBER OF PRESENTING PROBLEMS PER AUSPICE

<u>NUMBER OF PRESENTING PROBLEMS</u>						
AUSPICE	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>TOTAL</u>
1	23%	34%	29%	7%	7%	100
2	66%	33%	0	0	0	3
3	40%	40%	20%	0	0	10
4	16%	32%	32%	16%	0	12
5	33%	33%	33%	0	0	3
6	40%	40%	0	20%	0	5
Other	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	34	46	36	10	7	133

CODE

1 = Union
 2 = Public Sector Management
 3 = Private - Management
 4 = Hospital - Management (Single)
 5 = Hospital Management Consortium
 6 = Management - Off-Site - Sub-Contract
 7 = Other

problem and that the primary means for access to service was staff referral. There is a more traditional reliance on hierarchical, authoritarian role relationships bounded by a system of rewards and costs for behavior within the formal organizational system.

The union also has a formal bureaucratic structure but its' ethos is that of multiple groupings of informal mutual aid groups such as the "shop" or the "basic crew". For such groupings to be the focus of social work activity is in harmony with other organizational norms.

6. PRESENTING PROBLEMS (SEE APPENDIX VI)

In the one hundred thirty three (133) cases there was an average of 2.3 presenting problems per case. In 25.6% of the cases (thirty four [34]) there was one (1) presenting problem. In 34.6% or forty six (46) cases there were two (2) problems. In 27.1% or thirty six (36) cases there were three (3) problems. In 7.5% or 10 cases there were four (4) and in 5.3% or 7 of the cases there were five (5) presenting problems. (TABLES 7,8)

As stated 27.1% of all cases had three (3) presenting problems. What is of interest is that 4 of every 5 cases with 3 presenting problems came from union sponsored programs. If one examines comparatively the totals for the average number of presenting problems for union cases with management the figures are again consistent. There were 2.40 presenting problems per case in unions and 1.88 in management cases.

TABLE 7
FREQUENCY DISTRIBUTION OF NUMBER OF
PRESENTING PROBLEMS

		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>TOTAL</u>
# of cases	f	34	46	36	10	7	0	0	0	133
% of Total Cases	%	<u>25.6</u>	<u>34.6</u>	<u>27.1</u>	<u>7.5</u>	<u>5.3</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	100%

TABLE 8
PERCENTAGE DISTRIBUTION OF
PRESENTING PROBLEMS PER AUSPICE

		<u>NUMBER OF PRESENTING PROBLEMS</u>					<u>TOTAL</u>
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
A	Union	17.3	25.6	21.8	5.3	5.3	75.2
U	PSmgmt	1.5	0.8	0.0	0.0	0.0	2.3
S	PrSmg	3.0	3.0	1.5	0.0	0.0	7.5
P	Hos.i	1.5	3.0	3.0	1.5	0.0	9.0
I	Hos.c	0.8	0.8	0.0	0.0	0.0	2.3
	Mgt.-Off.	1.5	1.5	0.0	0.8	0.0	3.8
E	Other	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
	Total	25.6	34.6	27.1	7.5	5.3	100%

Key:

Union
Public Sector - Management
Private Sector -
Hospital-In-House-Mgt.
Hospital-Consortium
Management-Off-Site

One might speculate as to possible reasons for this documentation of greater "need" or greater "request" for service in the union auspice. It is moot whether it is a function of class related overall economic concerns of the clients or an expression of the objectives of the sponsoring auspice in creating the Employee Assistance Program or Members Assistance Program. Broad-based quality of life concerns outside the workplace have a longstanding tradition in the labor movement, whereas management's motives arose out of concerns over job performance, productivity, profit and cost-containment. It is with this observation in mind that the reader's attention is drawn to the table of presenting problems. (Appendix VI-1) In union cases there were twenty three (23) cases with housing concerns, seventeen (17) with financial, ten (10) with unemployment and fourteen (14) cases with government benefits or entitlement concerns. While obviously the study sample is small it is nevertheless interesting that there are no presenting problems regarding either housing, government benefits, financial or unemployment in any of the management cases under study.

The sample of cases under study suggests possible differences between labor and management programs in their attention to certain concrete benefits and concerns as cited. However, it seems equally important to cite areas

of striking similarity as reflected in common presenting problems to which both settings were prepared to respond. In the areas of health, mental health, family matters, substance abuse, job performance and job related concerns the data suggests that under both auspices, working people are being identified as having needs in these areas. It suggests further that a professional response is being offered.

While there were very few direct requests for services regarding retirement itself the needs of the elderly are implicit in the sample due to the fact that 26 union cases reflected presenting problems of pensioners 62 and older. The researcher believes this to be significant for curriculum development inasmuch as it suggests the necessity and ability of work organizations to meet the service delivery needs of older people.

7. INTERNAL INTERVENTIONS

Appendix VI-2 reflects the typology of practitioner behaviors as they relate to internal interventions i.e. within the sponsoring auspice. In the 100 union cases there were 197 observations or occurrences of internal interventions and with the 33 management cases there were 38 such occurrences. In union cases there were approximately 2 internal interventions per case (1.97) in

comparison to approximately 1 internal intervention per management case (1.15).

One might speculate regarding possible explanations for this difference. Several of the unions participating in the study housed their social service program within their self-insured health and welfare funds. Therefore, questions regarding health insurance, pension and other union benefits were often channeled to social work practitioners thereby involving a higher degree of internal collaboration. In addition many of the union programs even prior to the presence of professional social work had a history of utilizing organizational resources on behalf of members to obtain necessary social services. There is thus, inherent in the union's function an ethos of advocacy and service. Such an ethos may be far less developed in most management settings where the concept of service may tend to be quite specific, narrower in focus and therefore less pervasive organizationally.

The categories derived for internal interventions include the following: referral, collaboration, advocacy, counseling, follow-up, case management, systems change, and other. Several of these have sub-categories as noted in Appendix VI-2. The numbers and sub-categories under collaboration warrant discussion. Both labor and management social workers collaborated internally with "other professionals" and "staff personnel". Therefore,

physicians, dentists, nurses, lawyers, claims processors, supervisors, etc. were part of a large cast of internal organizational actors with whom social work practitioners interacted during the course of delivering services to an employee/member.

There is, nevertheless, an interesting difference between labor and management in the study sample in their respective involvement of "official" (stewards, local officers) and "unofficial" (co-worker, member) peers. There were 11 such instances in the union sample and none from management cases. As indicated earlier the union is perceived as a "mutual aid" or "natural helping network" by leadership as well as by its constituency. The social work profession having familiarized itself with the technologies and concepts inherent in the "self-help" movement begun in the 1960's is at least ideologically at home with the idea of mobilizing natural helpers in the workplace.

Despite the harmony implied in both social work and labor's approach to group supports or natural helpers the numbers suggest the possibility of far greater involvement of "official and "unofficial" peers. In other words social work has still only tentatively aligned itself with the natural helpers. It is the belief of the researcher that the education and training of workplace social work practitioners should reflect significant content on the role of natural helpers within an organizational context.

Consequently future studies might reveal an increase in the frequency with which natural helpers were part of the collaborative team of workplace service providers and not necessarily only in labor based programs. In management sponsored programs, practitioners need to appreciate organizational openness or resistance to worker participation as part of the contextual dynamics surrounding their potential involvement with "natural helpers".

In the study sample internal "referral" and "advocacy" were present in 9 and 8 labor based cases respectively. There was only 1 instance of internal advocacy from management. One possible explanation for this may be that social workers in labor based programs operating within the context of the union's health and welfare fund are already a part of a setting with an organizational identity advocating for members or securing their entitlements. It is suggestive that social workers in management programs try to foster and develop a spirit of advocacy in an organization where enhancing the quality of life of employees is not the primary goal. In the union setting internal advocacy often involved facilitating access for a member to an existing benefit, applying for an appeal or exceptional case situation or mobilizing dormant but available resources within the institution.

Various types of counseling were observed in the study

as part of internal intervention in union and management programs. The union's informational and supportive counseling were pronounced with 53 and 35 case examples respectively. This was followed by 8 cases of the counseling of family members or significant others. The remaining 14 observations were distributed among other counseling categories. In management cases there is a more even distribution among the types of counseling offered with 7 of 23 observations relating to supportive counseling. However, the seven cases of supportive counseling is more than twice the number of any other type offered internally by management. (Appendix VI-2)

Why such a high concentration in the offer of information in union settings? The union is a membership organization committed to enhancing the quality of life from "the cradle to the grave." It embraces the individual and his/her family with a life cycle approach knowing that its constituency will expect "information" about benefits and services. Many unions with education and training departments inform members and empower them as an organizationally sanctioned function. The union projects an image that it will be "there for the member". It, therefore, creates an aura of expectation and entitlement. Asking for assistance or information is not a presumptuous action.

The demographic data on the clients served is limited

in the study and therefore, the researcher can only speculate on the role of socio-economic status and class in relation to how consumers of service define need or seek a solution to a problem. There is a tendency among poor and working class individuals to focus on the practical, concrete details of coping and survival. Bread and butter issues have always been acknowledged and legitimized by the labor movement. Social workers in union settings are not propelled to turn a request for information into a "counseling case" although they may be clinically attuned to respond to the possibility of such a need.

The breadth of information requested in a union setting is probably much broader than in a management setting given the differing mandates of the organization. However, despite the extremely low number of informational counseling in management cases in this study, there is a general awareness today that management sponsored employee assistance programs are expanding, not narrowing, the range of services or "information" offered to employees. In reality, many management EAP's like the ones in this study today are staffed by a single practitioner whose primary responsibility is to provide assessment, information and referral. The nature of that information and referral is more likely to be in relation to health, mental health, family, or substance abuse concerns than it is to be about government entitlements or landlord tenant concerns.

Supportive counseling ranks second in the study as the type of counseling offered by both labor and management settings internally. This perhaps serves to reinforce not only the necessity for practitioners to have competence in this area but that the workplace is a normative context in which coping capacities can be bolstered. The evidence is clear that working people will and can avail themselves of such services.

The reader will note that the identified category labeled systems change has only 4 cases (3-union, 1-management). In each of the cases reported, respondents described an event or organizational consequence that arose from their intervention on behalf of the individual case. In one case a crisis intervention was initiated by the social worker in the union's hiring hall when a psychotic member demanded his right to be dispatched for a job. The intervention was followed by a meeting with the president of the union to review policies and procedures in the hiring hall. In another case, internal organizational collaboration about a substance abuse case led to an interview of the union member by the editor of the union paper. This interview was followed by a poignant article in the paper highlighting the extent of substance abuse problems. The article also informed the membership about the availability of help within the union through its Members Assistance Program. In the one management case an

employee health review panel was convened in response to a single case situation to review a departments capacity or policy about the continued employment of employees with an overt degree of impairment.

These few examples highlight the capacity of social work practitioners to move from case to cause while pursuing a human service endeavor within an organizational context. This content should be conceptualized and its key elements organized for inclusion in the curriculum. Moving from case to cause is related to the question of who is the client, the member/employee, the sponsoring organization or both. Skills for understanding and intervening with the organization are as important as the skills for understanding how to assess and intervene with an individual client or member. The ability to conceptualize a class phenomenon is important in all settings. However, practitioners also benefit from appreciating the contextual specificity surrounding service delivery concerns to which they respond on an organizational level.

8. EXTERNAL INTERVENTIONS (APPENDIX VI-3)

Examination of the data relating to external intervention reveals patterns of great similarity as well as divergence. In the combined union and management auspices the average number of interventions per case was 1.33. The two settings engaged in a considerable degree of

linkage and referral activity. This important activity was evident in 67% of management and 46% of union cases. It is suggestive that programs and practitioners need to be aware of multiple human service resources. They also need to know how to engage such resources responsive to the specific needs of the constituency of the sponsoring auspice. The development and management of information and resource systems, an implied function, was frequently commented upon by student respondents in the study. Under the open-ended "additional comments" question, the students cited the need to learn how to collate and use resources more efficiently. This knowledge and skill, they suggest, is especially significant because, often, there is only a brief time in which to respond to the client and his multiple presenting problems.

Case management and follow-up activity were present in both union and management auspices. The numbers are relatively low and while they are probably not the most salient of activities they would appear to be under-represented. One possible explanation is the time frame in which respondents wrote up the case. Respondents wrote about a case they had seen in a given week and all the service they had provided. Not all cases were written up at the time of case closing although many were. Therefore some practitioners may have not reported follow-up activity. They may have engaged in follow-up

activity included home visits, shop visits, telephone calls, and letters. The one cited example of telephone outreach from management may be an under-representation of its out-reach efforts. However, one can only hypothesize about the seeming divergence of practice efforts between auspices.

The union case material reflects outreach efforts targeted at generalized cohorts within a normative context. These targets include "retirees", and other potentially problem oriented cohorts such as the sick, disabled, unemployed, or those simply "in need of help."

Such personalized efforts to assess need or deliver service also serve organizational functions. The size and loyalty of a union constituency, its rank and file, are key variables for organizational maintenance and survival. Finding out where a constituency is, and what its needs are have implications for intervention. Involving members in the solution to problems and seeking their collective in-put are typical activities that speak to essential knowledge and skills required of labor based practitioners.

The knowledge base and skills that inform needs assessment, outreach strategies, task-group formation and leadership development appear most relevant in this setting. These social work interventions create an organic relationship between an institution, its environment and its constituents opening up the possibilities for change

regarding intervention options. The fact that there appears to be a somewhat higher rate of external collaboration from union settings may be correlated with the presence of external advocacy in union settings under study. (Appendix VI-3) Student social workers in some union settings visited job sites. They were thus known to some employers and supervisors increasing the likelihood of external collaboration. In management sponsored programs where the employer or supervisor is geographically located somewhere else such collaboration while possible was less likely.

The presence of escort activity on the part of practitioners in union settings may also be linked to the advocacy posture of the institution. This activity may not be an everyday occurrence but there is an expectation that a member in need will be aided in battling external bureaucracies. In the 4 cases cited in the study practitioners escorted the members to court, or hospital emergency rooms. In other situations requiring the ability to lend emotional support they negotiated with a rather complex institution on a member's behalf.

The presence of outreach activity in labor based programs reflects a valuable practice strategy with implications for service delivery. It also has implications for program development and the education and training of workplace practitioners. Such outreach

activity included home visits, shop visits, telephone calls, and letters. The one cited example of telephone outreach from management may be an under-representation of its out-reach efforts. However, one can only hypothesize about the seeming divergence of practice efforts between auspices.

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and growth. Such an open system unfortunately can overwhelm an organization with demands for unavailable resources. It can also, however, revitalize linkages that had lost their intensity or purpose. Clearly the labor movement has not receded to its present low of 18% solely because of its isolation from its constituency. However, at a time when membership is dwindling and wages are being stabilized or cut-"bread and butter" issues can no longer be the *raison d'etre* of the union movement in America. There appears to be an attempt on the part of organized labor to reassert itself into the fabric of the lives of the rank and file. It is no longer just dollars and cents - but once again broader quality of life concerns are being discussed.

It is interesting to note that the largest constituency base for the most prominent grass roots organization of Senior Citizens in the United States - the National Council of Senior Citizens - is organized labor and its pensioners. Therefore outreach efforts that sustain contact, that provide services may also reaffirm a sense of collectivity, a sense of affiliation, a sense of shared social vision. This is suggested by the outreach efforts in labor based programs under study. Underneath the why is the how of home visiting, shop visiting or telephone assessments. Structure and context shape behavior and therefore such worker/client/member encounters require attention to the knowledge and skill required.

Management programs may not do a great deal of generalized outreach on the telephone - but in many management settings intakes are done over the phone and referrals are often made long-distance. In some of the study cases, telephone work was of a crisis, hot-line nature related to health or psychiatric emergencies. In other union cases there was a counseling relationship sustained over the phone with either a homebound retiree or disabled young adult.

9. INTERNAL INTERVENTIONS RELATIVE TO JOB PERFORMANCE PROBLEMS

The development of occupationally - based social services has utilized job performance problems as a vehicle for identifying employees in need of services. It is particularly used in management sponsored programs as an initial focus of program development. Accordingly the researcher cross-tabulated internal (Appendix VI-4) and external (Appendix VI-5) interventions with the presence of job performance problems to see if there were any significant patterns relating them. Job performance problems were also cross-tabulated with other presenting problems. (Appendix VI-8) In both types of settings in response to job performance problems, practitioners engage in somewhat similar activities within the sponsoring auspice. Social workers collaborate with other "staff personnel", and provide informational and supportive

counseling. The union cases reflect collaborative contacts as well with "unofficial" and "official" peers.

In this study there were 20 cases involving job performance problems, with 11 from management and 9 from unions. The average number of interventions per job performance problem was 2.40. However, it is interesting to compare the average number of interventions per job performance in the union setting 3.56 with that in management settings, 1.45. There would appear to be a larger internal network of resources to be marshalled by the practitioner in a union setting. There is also the fact that the union as an institution professes to assist its membership in securing and protecting a member's job. The threat of a lost job or of a lost member - is an institutional trigger. It is a call to action invoking an organizational response for which the union is accountable if it does not respond. Fighting to protect the job of a troubled worker is not necessarily an objective of management. In addition workers in non-unionized work places do not "expect" management to help them if their performance waivers.

The primary pattern of intervention in management cases with job performance problems included referral, linkage to resources in the community and some follow-up. Union cases as well had a high rate of linkage to community resources. These include outreach efforts and a somewhat

greater use of collaboration with supervisors and employers. The average number of external interventions per case where job performance problems were identified was 1.65 with the average in union cases 2.11 and in management 1.27.

The most frequent other problems present with job performance were substance abuse, mental health, health or family related problems. In 24% or one quarter of all cases from either auspice substance abuse was a presenting problem. However, when cross tabulating job performance with substance abuse the overall percent rose to 45%. Substance abuse is clearly a significant arena of practitioner activity in the workplace. When substance abuse is an identified problem internal collaboration is particularly high in union settings. There were significant interactions by the social worker with staff personnel, other professionals, official and unofficial peers. In addition, informational and supportive counseling was also prevalent.

In management settings modest internal activity included informational and supportive counseling and some collaboration with other staff personnel and client peers. However in both settings substance abuse problems lead to strong external interventions that required "linkage" to community services.

10. INTERVENTIONS WITH SUBSTANCE ABUSE PROBLEMS

EXTERNAL INTERVENTIONS: Union social work staff in the study exhibited a broader range of activity than management sponsored social workers in response to the thirty (30) substance abuse cases. There were 2.00 external interventions per union case compared to 1.50 per case for management. Twenty-four (24) cases came from union and six (6) from management auspices. The union programs provided escort services for four (4) cases, outreach services for three (3) cases and external advocacy to six (6) cases. The data from management demonstrated no activity in these categories. In addition the union auspice provided more collaboration with supervisors, employers and outside specialists. There were nine (9) observations of external collaboration in the union auspice and only one (1) in the management auspice. (Appendix VI-7)

INTERNAL INTERVENTION: Upon examining internal intervention used with substance abuse as a presenting problem there is again evidence from the sample under study of a broader range of internal organizational activity on the part of the union based practitioner. In union programs there was an average of 2.15 internal interventions per case with an average of 1.5 per management case. Both labor and management engage in collaborative activity with staff personnel, co-workers and

a broad range of counseling activity. However, the degree of collaborative activity is greater in labor programs. In 50% or 12 labor cases there was collaboration with the staff internally and in management cases there was collaborative activity with staff in 2 or 33% of the cases where substance abuse was present. Union programs involved "official peers" (stewards, local officers) in collaborative activity in 21% or 5 cases. There was no contact by management programs with "official peers."

(Appendix VI-8)

Labor and management both share common concerns about cost-containment of health care, especially the problems inherent in substance abuse. However, though both desire to insure a healthier constituency or workforce, the organizational goals and internal driving forces are perhaps different. One must be cognizant of management's interest in a cost efficient profit driven motive that shapes the context in which some workplace practitioners must operate. Management cannot quite promote its program in the same way a "workers' organization" such as a union can. The employees' concern about the issues of confidentiality, trust, privacy, and non-intrusiveness may also partially explain the lower rate of internal organizational activity on the part of management practitioners. There is often an assumption by employees that management may not act in their (employees') best

interest. However, in this study no matter what the presenting problem there was an absence of identified advocacy behavior in management settings and a strong presence of it in union settings. Historically labor relations between union and management have been adversarial, modified over time by collaborative strategies but, nevertheless, polemical.

A social work student and practitioner in a labor setting may don the mantle of advocacy as part of his/her professional identity. The role of advocacy is usually assumed on entering the program or within a short time. Either way a predilection towards such professional activity usually occurs during the course of his/her tenure in the organization. It is suggestive that not all unions welcome or expect the same degree of advocacy. There are many "business unions," today run similar to companies where cost-containment and efficiency are the guiding operative concepts. There are, however, some unions that have maintained a flavor of rank and file participation. These unions promote the use of professionals, not as separate powerful specialists, but as organizational resources available to serve the rank and file as individuals and the union as an institution.

Today it appears students of occupational social work vary in their interest and attitudes towards unions. They are bound more by an interest in the workplace and working

people than they are by strong ideological commitments to either labor or management. It is not evident to this researcher to what degree present students or practitioners in occupational settings would be equally willing to work in either labor or management settings or to what degree they would define advocacy as central to their professional repertoire of activity. Under the "additional comments" part of the questionnaire respondents discussed educational or training needs that surfaced for them in the process of handling the case they were reporting. Several reflected on a desire for greater course content on case advocacy skills. These comments all arose from union sponsored cases in the study.

11. PROBLEMS ENCOUNTERED BY PRACTITIONERS

One of the questions on the report form guide asked respondents to comment on any "problems encountered" while delivering the service reported. The researcher has not included this category of the "problems encountered" in the study design for statistical analysis by the computer. The data revealed that 44 cases were identified with observations of problems encountered by the respondent. There was an interesting range of specific concerns recorded that may have implications for curriculum development as well as for program development and future research.

The diverse problems identified by the respondents were broadly categorized by the researcher into the following areas:

1. the lack of specific knowledge and skills about appropriate interventions;
2. the constraints of the sponsoring auspice or organization;
3. the interorganizational/systems dilemmas;
4. the range of professional and ethical dilemmas which they encountered;
5. the lack of needed resources and services within the community;

Examples from each of these broad categories included the following:

1. Knowledge and skill - Some students expressed concern about the pressures and demands of case management in a work setting, and their ability to prioritize the use of elaborate resource file systems for a single case presenting with domestic violence, substance abuse, and housing problems. Other students felt they "lacked the skills" for dealing with shop stewards, union organizers, employers or "how to approach a troubled worker."
2. Organizational constraints - The problems encountered when the organization or sponsoring auspice was the source of the problem inhibiting service included the following:

The lack of a needed benefit i.e. type of coverage,

out-patient alcoholism, psychiatry;

The lack of guidelines for turf and department boundary issues;

The lack of clear policy guidelines for alcoholism, mental illness, and "unemployable" workers;

The lack of access to employees needing service because of limited time availability as for example, with single working mothers.

3. Interorganizational constraints: Conflicts impeding service delivery included cases where employees or union members were caught between conflicting and competing "decision making structures". The rules and regulations of the company or union and those of human service bureaucracies such as hospitals were frequent examples of difficulty. Obtaining access to the credit union (hours, regulations) prior to hospital admissions (availability, timing, regulations) was a glaring example of frustration for the social worker and the client.

In other instances, students engaged in the advocacy process for an employee/member had difficulty getting access to needed information from other agencies. Often the information was central to the advocacy process. Other examples of systems dilemmas often arose out of attempts to respond to alcoholic employees. Structurally at odds were the management EAP, the union, the medical director (management) and the family of the employee.

4. Professional and ethical dilemmas: Other issues encountered centered around professional identity or ethical concerns. They included the following question: Who is the client, the employee/member or the organization? Which is more important, the rights and needs of the employee/member or the needs of the organization?

Confidentiality, sharing of case information, privacy and open space interviewing were often at odds in both auspices. Unrealistic expectations were often imposed on social workers by sponsoring organizations to "make his behavior change." Other problems arose from unrealistic attitudes towards "professionals" in non-professional host settings of labor (rank and file orientation) or management that demanded certainty of outcome in counseling services. "If you can't work miracles what makes you worth the money you get?" is often a prototypical comment from management or labor auspice directors reflecting ambivalence towards professionals.

5. Limited community resources: When problems were a result of limited community resources the issues cited included: "long waiting lists", "lack of appropriate services (for addictions)", "services not geared to working people" or "inaccessible hours for working people."

It is worth noting how pervasive is the underlying implied need for knowledge of organizational theory and

practice in relation to industrial social work. If the cornerstone of our profession's view of client coping and adaptation rests with the "person-in-environment fit," the internal and external organizational contexts are crucial issues in service delivery. It is thus mandatory for practitioners to be well grounded in organizational phenomena relative to the ecologic model for delivery of services. Therefore, it is the researchers conviction that course content related to industrial social work should address organizational concerns, such as structure, formal and informal systems, key actors, decision makers, and communication in both union and management settings.

12. COMMENTS BY RESPONDENTS TO OPEN-ENDED QUESTION

The final question on the report form guide for respondents was an open-ended question that invited them to comment on the nature of their experiences in industrial social work. They were encouraged to address and suggest additional educational content they would have welcomed in terms of knowledge, values or skills which they believe might have enhanced their ability to function in their present work situations. The following sections will summarize the comments the researcher elicited from the written narrative responses, and from in person discussions she had with 26 (68%) respondents. Twenty (20) graduate student respondents and six (6) practitioner respondents

participated in the oral interaction. The investigator integrated these data with her own observation and value judgements.

13. ENTITLEMENTS

The range of presenting problems reflected in this study suggests the necessity for practitioners to be able to assess complex human problems across a vast spectrum of needs from intrapsychic to intra-organizational. Such industrially based practitioners must be equally fleet of foot from engaging entitlements to delivering a diagnosis. Some students in the study placed in labor settings expressed strong interest in some form of entitlement workshop or lab to be sponsored by the school. The researcher believes such a workshop is not only necessary for students in industrial social work but for all future practitioners. Labor based students in the study many of whom were serving the working poor perhaps serve as a mirror for the profession. They reflect attitudes not only about the uniqueness of industrial social work but also about the generic skills we all must master if we are to adequately respond to the "person-in-environment" contract.

14. ASSESSMENT SKILLS - SUBSTANCE ABUSE

Students struggling with clinical case assessment in the workplace shared their struggle in assessing "substance

abuse" cases. Several commented that they experienced a conflict initially in some settings where the message was "go after the alcoholism" while the message of the school was "stay where the client is at". This only further highlights the necessity for significant course content on substance abuse, its etiology, treatment and workplace interventions. One student in the study whose primary method concentration was administration revealed how "ill at ease" she felt responding to a client's request for direct service. Her "additional comment" called for all students to be grounded in the clinical base of practice conceptually and experientially "regardless of concentration."

15. OUTREACH STRATEGIES

The numerous "outreach" behaviors, such as telephoning, home visiting, shop visiting, letter writing, were observed in 26 cases. They were noted in 2% of all cases and in 15% of all observed interventions. The researcher has previously offered some explanation for the strong presence of such outreach efforts in labor settings and the relative absence from management programs in this study. This investigator believes the knowledge, values and skills that affect outreach behaviors require focused attention within the social work curriculum for industrially based practice. There are issues of form and

content in relationship to outreach efforts. Brief case examples from the study serve to underscore these dimensions.

In one labor based program the practitioner posted routinely in the union's hiring hall "works the unemployment line" by distributing informational flyers, along with supportive banter. She also offers routine informational workshops in the hiring hall (e.g. entitlements, available services, educational opportunities). This consistent "outreach" to a defined at risk population (the unemployed) resulted in an unemployed female union member approaching the social worker in the hiring hall to ask for advice about her daughter, a teen mother. The union member wanted resources for her daughter and emotional support for herself. The practitioner, making herself available within the union hiring hall, reached out to unemployed union members. Her behavior suggests that the "what" and the "how" and the "where" of the practice deserves appropriate attention from the educational arena.

There is another case example that speaks to the impact of the nature of the activity and the location where the service delivery encounter transpires. An unemployed union member having met a labor-based social worker doing voter registration in the union's hiring hall recalled their "life space encounter" and chat about the "menial"

job he had just taken. He identified a "need to talk to someone" due to what was described as "self-esteem issues" related to having taken a lower level job making him, therefore, "a menial worker." The initial normative context in which the practitioner met the member who was already struggling with feeling stigmatized about his perceived lowered status may have facilitated the member in his ability to engage in help seeking behavior. It was the member that approached the practitioner next time he saw her in the hiring hall and asked for an appointment "to talk."

In yet another case example, the outreach activity occurred on the shop floor where a Polish speaking union member needed to be "confronted" about his job performance problems and his apparent alcoholism. The social worker identified a shop mate who spoke both Polish and English. The practitioner briefly "educated" the shop mate about alcoholism. Then along with the shop steward present intervened to get the member to agree to go for help.

Home Visitations

In one union's retiree outreach program, practitioners did home visiting to retirees accompanied by another union retiree. This troika of participants each has a unique role and function in a home visit. The dynamics of being on the members turf and in - their home, needs to be understood, by social workers. What is the division of

labor in such a visit between the retired volunteer and the social worker? What kind of facilitation does the practitioner engage in to mobilize a constructive interaction for all concerned?

Telephone Communication

The use of the telephone to reach out as described in the case material suggests several issues relating to practice behaviors. Several students in their "additional comments" noted they became aware of the complex problems encountered during telephone assessments of elderly retirees. They discussed detailed, often confidential issues, such as abuse and neglect, revealed in the anonymity and absence of face-to-face contact. Learning what to ask, when to ask it, and how to word it are clearly part of the interviewing process. All of this takes on a somewhat new dimension in the absence of visual cues and observable client behavior.

One of the more unique features of many industrially sponsored programs is the national and for some international scope of the service. In this instance the "out of town" referral and assessment often involves telephone work. Such work may include outreach to individual employees/members identified as in need of service, outreach to mobilize individual service providers, or outreach to assess various institutional providers of service. In one case a union social worker dealt long

distance by phone with a union member's shop steward, employer, family and institutional provider to facilitate an appropriate referral for alcoholism treatment. The practitioner noted that the case highlighted for her not only the necessity for having an extensive and organized out of state resource file but the necessity for developing a procedure, routine or system that would guide her behavior when handling such complex out-of-town cases over the telephone.

16. RETIREMENT AND AGE RELATED CONTENT

There were only a few direct requests for service in this study that specifically identified retirement as the concern. However, the retirees presented needs described in the other presenting problems of the study. The nature of the problems, the quality of the assessment and the interventive strategies employed by respondents in the study strongly suggest that practitioners in the industrial auspice need to be knowledgeable and skillful in dealing not only with an aging workforce but with the aging parents and relatives of the young and middle aged workforce. Ultimately the Social worker must cope with older adults or those that care for them. The author is aware that many companies and unions today are beginning to sponsor informational workshops on such topics as "You and Your Aging Parents" with the awareness that stress and job

performance problems are often associated with the pressures of caring for an aged relative.

In addition there are union programs today simultaneously offering services to young workers for their parents while offering services to the young/old (65) for their old/old parents (85 years) as well. There would appear to be implications at the case level of intervention, at the programming level and at the education for practice level as it relates to intergenerational concerns. This might suggest the possibility of interdisciplinary course content, team teaching or joint research at the graduate level by faculty from the fields of industrial social work and aging. As noted the industrial auspice has the potential for a life span approach to services within a preventive framework. Several union programs have offered models for sustained contact and access to services to the aged, a population whose need for services, often health related, can be assumed to increase along with the aging process.

There were other case examples in the study where the industrial auspice responded to the needs of a client/member who had fallen between the proverbial social service cracks in the system. There was an unusual case worth reporting here for its seeming implications about supports for the elderly that can be maintained by the industrial auspice. Case #115 in the study describes a 68

year old union retiree who tearfully recounted beating his bedridden wife. After 45 years of marriage, he revealed a situationally induced crisis of domestic violence. His complex problems had been ignored by geriatric programs and by the police to whom he had gone for help. The retiree, not eligible for medicaid was the sole caretaker for his wife who, had had a stroke. He did the cleaning, cooking and bathing for her by himself. He had also tried to place her in a nursing home but her symptoms were deemed inappropriate for nursing home care. After much case advocacy and investigation by a union based social worker, protective services for adults became involved and visiting nurse and home care services were eventually provided.

What does such a case suggest about curriculum content? There are multiple interconnected variables of aging, health, linkage, resources, case management, domestic violence, secondary prevention, advocacy and access to services specific to the organizational context or structure. This case as with several others in the study called upon the practitioner to engage in advocacy. In this example as in others, social workers pleaded the member's case while requesting benefits, entitlements or services initially denied by other service providing institutions.

While union based programs, as noted by Reynolds¹ have been characterized by their important legitimization

of the presenting request the availability for more extensive intervention, if agreed to by the member, is equally important. For example, an unemployed member seeking financial assistance, in interaction with the practitioner assisting in medicaid and food stamp applications reveals prior work history and reasons for unemployment. The member describing health problems (cirrhosis), says he quit his job after disability insurance terminated. During the process of assessment for his presenting problems the practitioner finds a long history of untreated alcoholism. During this process of interaction the client became receptive to acknowledging his alcoholism and suggestions for further counseling.

17. HEALTH, DYING AND DEATH

Health as it relates to the general physical well-being of working people, retirees and their relatives or significant others is of major importance to social workers in the work place. Sixty of the cases under study reflected one of several health related concerns as part of their presenting problems. Both labor and management sharing a common preoccupation with cost-containment of health care have increasingly focused on health education, wellness, pre-surgical second opinion programs and stress management utilizing the knowledge and skills of social work practitioners. The location and structure of Employee

Assistance Programs, often propel intervention for health related concerns. Examples where this occurs are management programs housed within their medical department or Members Assistance Programs housed within and funded by a Unions's Health and Welfare Fund. In some unions MAPS, housed within the same complex as dental, optical and pharmacy programs, referrals to social services are facilitated.

Several unions have developed coordinated outreach efforts by linking the tasks of the disability claims divisions with the Members' Assistance Program. Such outreach efforts attempt to identify members who not only may need services but, who with assistance, may be enabled to re-enter the job market rather than prematurely withdraw. They may require a broad spectrum of services such as job retraining, job transfer, or simply homemaker services.

The workplace somehow quietly contains a world of disabled workers who are suffering from a variety of chronic conditions, such as: diabetes, heart problems, asthma, arthritis and pulmonary disease. In addition the client may be the caretaker for a significant other with similar health problems. It would appear that practitioners need to be instructed about the prevalence of chronic health problems of clients. Practitioners need to know the impact of the workplace on the client, what

accommodations may be necessary within the workplace, the family or the community, and how to assist workers in mediating these health issues.

The researcher wishes to comment on the presence of death and dying as a health related concern in the study. The topic warrants attention with possible implications for practitioner education. The death or impending death of children, lovers or spouses is most often a personal crisis disrupting the equilibrium of even the healthiest of workers. The availability of support, counseling and appropriate resources at such a time would appear to be a preventive intervention of value to the worker at risk as well as to work institutions eager to sustain a client's employment or his/her involvement in the organization.

One of the cases in the study from an off-site sub-contracted management program involved the request for counseling on the part of a gay man whose lover was dying of cancer. The complexity of the grief work in a case, where the couples relationship was not publicly known, had intensified the employee's need for support and assistance. There were accompanying legal questions as well. The student respondent in the case commented that the experience highlighted for her the necessity for practitioners to be sensitive to alternate lifestyles such as those in the homosexual community. The client had originally asked questions rather circumspectly about

cancer stating that someone he knew and cared about was dying from it.

This above case did not involve AIDS. However, the now very public concern about AIDS has had some reverberating effects for the homosexual community and others in the workplace. Social service staff are being called upon to provide education and training for all workers as well as services to those identified as having AIDS. Social work practitioners are also being sought for advice and counseling by gay and lesbian employees struggling with the issue of "coming out" at the workplace. Issues of public and private personas and the consequences of self-revelation at the workplace are clinical issues facing world of work practitioners. Their education needs to address these concerns from a policy as well as clinical perspective.

Collaboration

Labor and management program case material reflected the prevalence and importance of collaboration in the process of delivering services under workplace auspices. Several respondents noted in their "additional comments" section the desire to examine more closely the knowledge and skills related to workplace collaboration. The cases themselves address the issues of identifying critical actors and appreciating their function within an

organizational context. What appears is that the social work practitioner must assess each case or service delivery need in relation to the cast of present or potential organizational participants, e.g. co-workers, stewards, supervisors, personnel officers. Once the needs are assessed, the practitioner is required to intervene differentially based upon the unique role and function of the collaborative actors.

In one in-house management program a "troubled manager" was the client, having been referred by personnel due to "inconsistent" and "punitive" behavior. The case required the social work practitioner to interact with both personnel and "upper level" management. Sustaining organizational support was difficult in the case because upper management reneged in its attention to the absenteeism of the manager. The leverage for intervention was thus greatly hampered for the practitioner.

In a union-based case a practitioner working with a Polish speaking member in job-jeopardy called upon the member's co-worker not only for translation but for constructive confrontation about the client's alcohol abuse. The social worker initially involved the member's co-worker in an educational process so that he might more effectively intervene with the client. This collaborative endeavor was particularly important in light of the language and ethnic differences between client and

practitioner and the fact that there were no immediately available Polish speaking professionals. This case speaks not only to collaboration but to the availability of natural helping networks at the workplace that can be mobilized with effective professional interventions.

In another union based job jeopardy case referred from the union's claims division the practitioner was faced with delicate advocacy and collaboration both within the union and with the community-at-large. The case involved poly-substance abuse as well as serious psychological problems. The client was referred to a community treatment facility based in a hospital. It required vigilance by the practitioner to insure that the hospital provided services for all these multiple concerns. In summary, the social worker was required to contact the family, other therapists in the hospital and union personnel.

The collaborative process may also include lawyers. For example, in one case a union member with severe psychiatric problems was suspended from employment. Her reemployment request was submitted to formal arbitration. The social worker was required to deal with the member, psychiatric clinic staff, shop stewards, the union organizer and the lawyer. The member was an extremely able worker who when she most needed her psychiatric medication ceased to use them. She became symptomatic, and in turn frightened her co-workers. This case highlights what was

noted by a few other respondents that workplace practitioners need to be informed about redress procedures for workers/employees. In the case cited above the practitioner was asked to give testimony at an arbitration. She expressed the wish to have been more informed about what information to gather in preparation as well as what to present at the arbitration hearings. Accordingly, educational content about arbitration and grievance procedures should be included in curriculum.

Advocacy

The respondents in the section on additional comments raised the need to receive more training in the skills of advocacy. The appearance of advocacy as a substantive issue was not only a frequent comment, but was stated with language of great intensity, expressing an urgency to be better equipped to provide this service.

At various stages in the course of graduate education the role of advocate is identified. It varies in degree as to the depth of inquiry undertaken or assigned by faculty in teaching such content. In addition to the general knowledge and skills associated with advocacy is the contextual specificity of examining it within a field of practice framework of industrial social work that is suggested here. When advocacy is internal to the sponsoring industrial auspice the practitioner needs to

know how to differentially intervene with a unique set of organizational actors.

In one hospital based program a nurse came to the employee assistance program because she was overwhelmed when she tried to negotiate her own mother's treatment/surgery within the same hospital. The nurse needed help in "negotiating" with her own work institution. She needed someone to explain pre-surgical steps as well as deal with her need and right for a family conference to be convened by the doctor. She was feeling responsible for all her mother's medical decisions and, therefore, subject to blame by her siblings. It was the employee assistance program practitioner that helped her sort out the structural aspects of her own work environment in addition to intervening in the personal and emotional factors of the case. Establishing the client's need and right for the family conference led to advocating for the event to take place. Social workers in work settings often initiate advocacy activity by helping employees to understand the inner processes of their own work institutions.

Practitioners' advocacy behavior within an organizational context calls for education in persuasion, negotiation, mediation and a range of formal and informal communication skills that are the result of careful assessment. The assessment, framed by a systemic awareness

of the person-in-environment fit, appreciates the strengths and strains in both the person and the environment. Once again we touch upon the crucial aspect of assessment. To win back a job a client can no longer perform is a pyrrhic victory. Therefore, the knowledge and skills for assessing the critical variables that define the concept of job-fit are crucial conceptual tools, especially for a social worker in the workplace. Work as a conceptual tool for assessment, according to Vigilante,² would seem to be a necessary focus for curriculum content aimed at educating industrial practitioners.

20. COUNSELING

As noted previously, several forms of counseling were evident in both management and labor sponsored programs. Informational and supportive counseling were most prominent in labor based settings. Crisis intervention appeared in the study in 5% of all the cases with a total of 7 in the study, 4 from labor programs and 3 from management. Two of these seven cases involved the suicide of an employee. The impact these deaths had on the workplace was prominent in the respondent's reports. One case came from a labor program and the other from management. In both instances a "contagion phenomenon" was noted where co-workers exhibited fear, depression, anger and guilt following the death of the co-worker. In the management case, the suicide

occurred following the lay off of a worker for whom work was clearly the core and sole source of esteem. In the union case the suicide occurred following the firing of five teenagers suspected of stealing from the employer.

In the management case, the practitioner offered individual counseling to the co-workers of the deceased and some availed themselves of this opportunity. A group meeting was not encouraged by management nor supported by the co-workers. In the union, however, a group meeting was held along with an offer of individual counseling to co-workers. The loss of a co-worker clearly alters the workplace equilibrium and requires an immediate response. When that loss is precipitated by activity generated by the workplace itself (i.e. layoffs, firings) the necessity for workplace intervention is often urgent and intense.

21. SUBSTANCE ABUSE - A CLINICAL, ORGANIZATIONAL AND ETHICAL CONCERN

Clearly this study supports prior findings that workplace social service delivery programs are significantly engaged in identifying, educating, counseling and referring for treatment workforce participants and their families struggling with various forms of chemical dependence. The social worker's knowledge and skill as always must be viewed within a value based framework. Chemical dependency, more specifically, dependence on

non-prescribed drugs has raised several serious professional dilemmas today for practitioners employed by the industrial auspice. While none of the cases in the study reflected these dilemmas the researcher believes it relevant to raise the issues. It highlights the responsibility of education for practice in industrial settings to reveal past, present and potential ethical dilemmas inherent about chemical dependence while offering a framework within which to evaluate them.

22. DRUG TESTING IN THE WORKPLACE

In 1987 the workplace is not only making news due to the variety of demographic and legislative changes cited, but the phenomenon of substance abuse, particularly drug abuse in the workplace, has been appropriated as a political issue at the Federal, State and County levels. The private sector business community, the public sector politicians, the public and private sector workplace with or without unions are now being confronted by a range of complex legal issues. In relation to the philosophical, personnel, technical and policy issues surrounding drug testing in the work place social work in industry is in the eye of the storm.

New York City governance officials at present are seeking a uniform drug-test policy for its employees. Most city agencies have no department wide policy and there is great variability in the agencies that do have a policy.

The key issues in city, state, federal or private sectors revolve around who is to be tested, and how they are to be tested. No less significant is what the response or intervention should be if the employee tests positive and/or how the issue of confidentiality will be administered. Urine tests for drugs cost from \$15 or \$250 depending on the accuracy demanded. The nationwide number of public and private employees is \$120 million. It could cost from \$1.6 billion to \$27 billion for one round of testing, according to Tobey Cohen,³ project director of New York State Assembly's Medical Practice Task Force. There are other harsh realities. Sixty percent of all employees have no insurance coverage for drug abuse treatment.

In the U.S. there are some 5 million regular cocaine users, 20 million marijuana users and 1/2 million heroin users. Will the government treat them and at whose expense? Will the government recommend dismissing them and create a vast pool of unemployed people without funds or medical insurance? Trying to find treatment in facilities that will not take them or have no room would create a health hazard of crisis dimensions. Will such people need welfare or other forms of public assistance which the present administration is so eager to constrain?

The civil liberties point of view highlights the significant public concern over the right to privacy and

the legal mechanisms to protect this privacy. No one wants chemically dependent airline pilots, policemen, surgeons, machinists, etc., with impaired performance in a position at the workplace to do harm. However, tests are often inaccurate and even if positive are not measures of job performance.

Opportunities abound for prevention, education and intervention via the workplace. However, who will do this, why they will do it and how they will do it are of profound importance to social work today. Drug usage and drug treatment rekindles memories of concerns over corruption, underground economies and social control during the period of prohibition of alcohol consumption. Drug and alcohol treatment is becoming "big business" and social workers may unwittingly become the "middle man". Companies are now eager to develop EAP's to "snuff" out the chemically addicted. The critics of broad brush programs may be happy with this turn of events. However, this narrowing of focus may seriously constrict the broader social vision social work has been able to bring to the workplace. This vision has influenced a wide array of policies, programs, and benefits for working, unemployed, disabled and retired employees and their families. In the pursuit of the "illegal" substances many able but physically "disabled" people will have private illnesses made public. Drugs, indeed, will be revealed in their urine. The employer

becomes a "policeman," and invades privacy. It is dressed up and called prevention.

Drugs in the workplace is at a crisis proportion and in a sense social work's presence represents its own professional "crisis". Social Work participation implies the professional opportunities and dangers inherent in crisis theory. Industrial social work confronts many ethical dilemmas. The dilemmas are highlighted by this most recent flurry of activity with drugs in the workplace. However, since social work has historically perceived values and ethics as central to its mode of functioning the profession's presence in the workplace is crucial at this period in history when rights and needs of so many working people are at stake. Struggling with ambiguities has been a hallmark of our profession. However, our ability to engage the present dilemmas at the workplace with some conceptual clarity is of utmost importance. Practitioners in both labor and management settings must understand the issues relevant to substance abuse, so that they may be articulate in presenting their professional point of view. In some instances they may need to stand their ground with respect to how they will or will not be directed by their industrial sponsor.

14. IMPLICATIONS FOR FUTURE RESEARCH

The data collated, organized and analyzed in this chapter indicate that a curriculum formulated at the current stage of knowledge and skills in industrial social work reveals many areas requiring further research. It is evident that further curriculum development will come with experience in teaching and studying the field of practice in the world of work. This process of work experience, education and research is a never ending continuum. It is this very work experience which was the focus of this study to formulate a curriculum. It is the same work experience, hopefully enriched by a curriculum, which will engender new avenues for research in industrial social work practice. The new research will continue both in descriptive and in experimental studies to enrich the knowledge and skills in the industrial field of practice.

Bertha Reynolds⁴ commitment to life-long learning reinforces this continuum. Her concepts about ongoing learning suggest industrial social workers must be constantly vigilant in their attention to the continuously changing nature of work and work institutions. In addition, they must attend to their role and function in responding programmatically to these changes. In pursuit of her counsel this study is a preliminary attempt to identify the knowledge, values and skills required of industrial practitioners within certain work structures in

a large urban area. Further data collection especially from more rural sectors of the environment are crucial for continued delineation of a truly descriptive typology of practice behaviors. While by design this study focused on direct practice as a common point of entry for data collection the findings suggest that education for work-centered practice should embrace a continuum of knowledge and skill often associated with generalist practice. Knowledge in the clinical, organizational, planning, policy and training arenas seem to be required as suggested by this study.

Further research may focus on any one of these with a requisite level of specificity appropriate to abstract behaviors suggestive of curriculum content: Are social workers involved in humanizing the workplace? Do they engage in organizational change and if so under what circumstances? What kinds of policies do and can they influence? What kind of professional knowledge and skill provides the underpinning for such action? Is there a set of risk taking behaviors required of industrial practitioners that significantly influences case outcomes or program development?

The normative context of the work arena embracing a life span perspective provides options for a host of studies. Normative contexts suggest prevention research. They invite social work to design models for such study.

Many unions proclaiming "cradle to the grave" coverage have an unusually long period of time with access to a consumer group for which social work should be able "to prevent" many problems. "Where it should focus its energies?" and "How it would measure effectiveness?" are questions still being pondered.

Social work's capacity to identify, mobilize and collaborate with the natural helping networks of working people is or appears to be related to prevention research and warrants further study. Which natural networks within the work auspice and/or the community are able to sustain newly hired, potentially at risk employees in the work force? What is the role for social work with preventive services for newly retired people? The nexus of social interaction between work and family life will be an ever present area of inquiry in which social work must lend its expertise. The profession, shaped by a vision focused on the necessity for people and systems to change in response to the demands of their environment, can provide services for a wide spectrum of workers and their families socio-economic needs.

These new directions for research will be in part generated by the expanding experience of the field of practice in the world of work. Just as significantly the scholarship and research engendered by the energy of the faculty and the future generations of students will find new avenues and issues for research

SUMMARY

The analysis of the data from this study of practice behaviors in industrial social work provides an empirically generated model for curriculum in this field of practice. There are clearly delineated presenting problems and intervention processes specific to the "world of work" as discussed in this Chapter. The interventive responses can be conceptualized within internal organizational or external environmental structures. The items of reference generated in the study will be included within the context of a recommended curriculum model presented in the next chapter. The curriculum recommendations are generally limited to the scope of findings within this study, which was guided by a direct practice focus. However the curriculum recommendation includes its own impetus for change as new field experience is generated and as new scholarship incentives direct the field of practice to explore many of the unresolved questions this study has identified.

CHAPTER VI NOTES

- 1 Bertha C. Reynolds, Social Work and Social Living (New York: Citadel Press, 1951).
- 2 Florence Wexler Vigilante, "Use of Work in the Assessment and Intervention Process," Social Casework (May 1982).
- 3 New York State Assembly, Medical Practice Task Force 1985.
- 4 Bertha C. Reynolds, Ibid.

CHAPTER VII

THE CURRICULUM MODEL

The patterns for organizing a curriculum in industrial social work can logically adhere to the sacred trinity of curriculum design, i.e., continuity, integration and sequence.¹ This study suggests that industrial social work can be taught as a field of practice within this triad of curriculum design standing alongside mental health, family and children's services and aging. It can have its own specialized field placement sites, its own didactic study program. It may be a course of study designed to accommodate the national educational university scene offering BSW, MSW and DSW degrees.

The review of the educational literature describing existing curricula, and the history of field work activity of social workers in industrial social work reveal an already existing experience and body of knowledge and skills appropriate to a curriculum. When coupled to the data of this research, the amalgam of these three elements provide a reality basis for a generically evolved curriculum guide for industrial social work to be a specialized area of practice.

This chapter will discuss the following:

1. The contemporary educational experience
2. Field placements

3. Additional comments about curriculum
4. An ecologic curriculum model

The educational process for professional degrees is shaped by standards of accreditation. It includes a university setting, a training site for services where theory and technique can be applied and a body of knowledge, values and skills specific to the professional objectives. It is already a given that social work education currently must be based in an accredited institution of higher education. However, the issue of resource availability for training speaks not only of service providers but of compatible educational institutions capable of training practitioners responsive to these defined needs of clients. In many parts of the country it will be the BSW program rather than the MSW program that will provide the requisite training for a limited pool of positions. It is with this in mind that the researcher suggests that much of the course content recommended for inclusion in an MSW field of practice concentration in industrial social work be included in some BSW programs to more equitably enrich the educational facilities and training resources available.

The researcher would also recommend as has been noted by the Council on Social Work Education that the Master's curriculum in general, even in the absence of a specialization in industrial social work, should infuse the

core curriculum with content related to work, workers and work institutions. Statistics² indicate as of November 1, 1985 that 192 Masters Degree students were registered in industrial social work as their primary field of practice. As of the same date 259 students identified by field placement or field instruction were practicing in world of work settings. This difference between 192 and 259 suggests that there are more field instructional opportunities for graduate students in industrial social work than there are schools offering industrial curriculum. Since students major traditionally in family and children services, mental health or aging, the question remains to what degree such existing course work accommodates appropriate "world of work" related content into the required curriculum. It is hoped that on the basis of this study that curriculum content reflecting world of work concerns be presented in a wide spectrum of educational options. These range from required course content in 1) the background courses such as sociology, human growth and development, in 2) the fields of practice traditionally taught in schools of social work, and in 3) the elective options in course work, e.g., family treatment, social work with women, social work with minorities.

This chapter will discuss the institutional matrix of universities and field placement sites within which

education for industrial social work can be offered. The curriculum can be provided in BSW, MSW specialization, continuing education and/or the advanced doctoral programs.

EDUCATION FOR PRACTICE - SPECIALIZATION

Despite the absence of a coherent framework there is currently within the social work profession a strong trend towards specialization.

Specializations are defined in the following ways:³
(1) by the population served, (2) by the nature of the focal problem, (3) by the practice setting or institution, or (4) by some combination of one or all of the above .
Industrial social work or occupational social work as it is sometimes called has become an emerging specialization.

In 1977 there were only 26 graduate schools of social work with at least one industrial field placement and only four had an industrial concentration or specialization. By 1983 fifty schools had such placements, seventeen had formal specializations in industrial social work and twenty-two other graduate schools were planning to develop an industrial concentration in the near future. These data are confirmed by the Council on Social Work Education in 1984⁴ and a study by Gould on Industrial Social Work in 1982.⁵

Paul Kurzman⁶ describes the typical dynamics of

developing university based industrial social work education programs. He states that as a rule most graduate schools have moved slowly in their initial attempts to develop either placements or course work in industrial social work. Often one or two placements will be developed with an accompanying elective course. Once the school decides to support a specialization a faculty member is hired to provide leadership in developing both field placements as well as curriculum.

Educational preparation for industrial social work has been limited almost exclusively to graduate schools. As a specialization this is in keeping with the Report of NASW/CSWE Task Force on Specialization (1979)⁷ that stipulated that specialization is a graduate level educational responsibility. Many graduate schools are also offering continuing education courses for experienced practitioners to assist in coping with the unique practice concerns of this developing field of practice.

A review of the findings and recommendations of the 1979 NASW/CSWE Task Force on Specialization as a possible framework within which to evaluate the emergence of industrial social work is offered. It is important to note before dealing with the Task Force Report that the social work profession and education for the profession has for many years been wrestling with several large unresolved concerns. These issues shape the landscape in which any of

the social work specializations must try to survive and grow. As late as 1977, Scott Briar⁸ in summarizing the central questions debated at the Madison Conference-1976 stated: "at this time in the history of social work there is not a widespread consensus about the profession's mission and purpose." The three large questions reviewed in the September 1977 issue of Social Work Special Issue on Conceptual Frameworks revolved around (1) the definition of the mission or purpose of social work, (2) the relative emphasis on social or personal change, and (3) generalists versus specialists.

Numerous authors cited in this issue of Social Work reflected and reaffirmed Reid's comment⁹: "What is unique about social work is its diversity." There are generalist advocates such as Pincus and Minahan¹⁰ who search for function and method that cut across setting and problem area. They fear the "fragmentation" implied in "specialities" and therefore, they fear specialization in the profession. Their concern is not only for the integration of services but that specialization may reduce commitments to the larger objectives and mission of the profession. Hartman¹¹ has additionally expressed such concern over specialization - "specialized practitioners tend to prescribe the interventions they do well so that it is not uncommon in the complex situations faced by social workers that an inappropriate intervention is performed skillfully."

While there are also conflicting adherents of various theories about what shapes human behavior (social, psychological theory) there is, nevertheless, strong acknowledgement by many that in an age of knowledge explosion there is need in the profession for specialized knowledge. However, according to Brooks¹², this quest for specialized knowledge needs to be placed within the framework of the three central learning principles that guide curriculum development; continuity, sequence and integration. Curriculum development within the domain of specialization needs to be mindful of the "educational continuum that includes undergraduate through doctoral level."

The concern over the lack of continuum from BSW to MSW levels was outlined in a study by Miriam Dinerman¹³. In some instances she reports there is a repetition of course material and a lack of clear standards for students and faculty. Her study also highlighted the need for clarification of the common core of social work knowledge and skills. There is, therefore, concern among many that these above issues need to be clarified prior to decisions regarding specialization or specialized education. Indeed, the task force report itself identified as an area for further work the refinement of the professions "core" before it can "agree on usable schema for specialization".

Having established some of the background concerns

preceding the Task Force Report it seems relevant to review the actual charge of the Task Force and its findings. The charge of the Task Force was "to begin to develop a conceptual base and organizing principles for a specialization model, together with criteria by which specialization can be defined."

The historical references that propelled the profession's thinking and offered historical perspective included the following:¹⁴

1. The Milford Conference (1929)
2. The Work of the NASW Commission on Social Work Practice
3. Conferences, sub-committees throughout the 1960's
4. NASW publication of Harriet Bartlett's Common Base of Social Work Practice
5. CSWE's Report of the Task Force on the Structure and Quality of Education
6. The specialization proposals for NASW's Cabinet on Practice and Knowledge.

The conceptual framework and principles for organizing specializations identified two key approaches to social work practice. The first was the interface of people and their environments: "The fundamental zone of social work is where people and their environments are in exchange with each other."¹⁵

The second approach called for sectoring the environment by looking at the institutions that respond to meet common human needs as physical/mental well being;

justice; economic security; self-realization, intimacy and relationships; the need to know. These rights have generated services to which social work is connected as a function of social mandates. Social work exists at the interface between human needs and the institutions created to meet them (legal, health, education, family, economic, religious). It was observed that such an organizing rubric for specialization would allow for the use of all social work methods within any specialization and would provide a broader context than a methodologically based specialization.

The criteria for specializations as put forth in the Report included the following:

1. Within an environment a population with a common condition to be altered must be identified in some critical number.
2. It must be identified that there are skills and competencies within social work that can effectively address or alter these conditions unique to this environment and population.
3. The conditions which characterize this population and the competencies required of social work specialists to deal with them must be sufficiently complex to require the guidance of a substantial body of knowledge. Such knowledge must be clearly related to the areas of transaction between people and their environments and must be translatable into effective interventions.

Evidence that these criteria are met must be based on observable data and research. It is further noted in the report that "to guide professional judgments these criteria require a critical knowledge base about an institutional

area, a range of needs and problems and a range of intervention possibilities which may be common to several areas." It was assumed in the report that the "need - institutional" rubric would be more broadly defined for students so that they would not for example identify with a hospital or nursing home but the health care system, not a specific union or industry but with the world of work.

Despite concern over not developing curricula that will fragment students' view of people there was a strong consensus that education for specialization should occur at the graduate or post graduate level and should include both the academic as well as field practicum. There is an assumption that as new needs and conditions are recognized that this model would allow for the creation of yet new specializations.

What was not addressed by the Task Force but were identified as areas for further work were the following:

- 1) the substance and quality of the knowledge requirements; 2) a refinement of the list of institutional areas for education; 3) consideration of the "advanced generalist" as a specialist; 4) the need for certification of competency of specialists guided by an agreed upon specialization model; and 5) new continuing education programs which may have bearing on civil service requirements.

In general for any of these changes to be effective in the world of practice the Task Force agreed that the profession must find a way of "translating the system it adopts into terminology the public - users, vendors, employees, will understand."

What is clear not only in the debate over specialization but in social work's long standing concerns over purpose and identity is that research regarding the nature of practice is needed. Scott Briar¹⁶ in 1977 in reviewing the historical dilemmas reflected in the Milford Conference in 1929 and in the Madison Conference in 1976 writes that at these meetings and, no doubt at many others, the proposal to conduct a major study of social work practice was made. The hope has consistently been that if you "study what social workers are actually doing you might reveal what the profession is about." Briar¹⁷ further allows that even while such studies might be limited by the conceptual frameworks guiding data collection "descriptive studies of practice continue to be an important need."

While the scope of this researcher's study is narrower in its attempt to delineate some of the parameters of industrial social work it, nevertheless, is guided by the overall sense within the profession, that there is a need to study with greater contextual specificity the nature of professional practice.

It is suggestive based on skill and knowledge required for competent practice in industrial social work that the curriculum be organized for specialization in the MSW program. It most logically should be taught in the second year after a student has been familiarized with the basic principles of direct practice and social policy. In some

schools students in the second year develop a method concentration such as clinical practice, planning, and/or administration, and are encouraged to take courses in a secondary method. Such a combination of direct practice and administrative or planning course work supported by appropriate fieldwork opportunities in the second year appears to be a more ideal curriculum plan. Schools such as Columbia University and Hunter College School of Social Work generally encourage such placements in the second year. However, some schools do place first year students in world of work settings. This may mean that the student is not necessarily receiving any focused or required course work on industrial social work. Schools (Hunter) where there is a modular design to placement and course work do, however, offer first year students accompanying industrial social work content in the classroom. In some programs the student is sensitized to industrial social work via field work but may be lost to the area due to lack of supportive didactic curriculum. In other programs, where course study and field work are coordinated, the field of industrial social work and the student are strengthened by the integration of knowledge and experience.

In the New York area several students who are specializing in the field of aging are also placed in union based retiree programs. Some students (Columbia and Fordham) placed in industrial settings have taken course

work in aging as an elective often stimulated by contact with older workers and retirees in this industrial context. The reverse is also true that students specializing in aging have been stimulated as a result of their industrial placement to take course work in industrial social work.

The fieldwork experience for industrial social work as with other fields of practice remains central to the educational process for it is the practicum that reveals the content.

Field Placements In Industrial Social Work

What kinds of field placements are utilized at present? The answer to this question varies geographically in relationship to the availability of labor and industrial auspices. They also vary in relationship to the availability of faculty with interest, expertise and time to teach, to supervise and to develop field sites in the surrounding community. In the New York City area with its significant labor representation a large number of graduate interns are placed in union based members assistance programs working with a population that includes working, unemployed, disabled and retired members and their families. Union programs, such as at District 65-UAW and District Council 37-AFSCME (both reflected in this study) , tend to be receptive to multiple placement of students.

They often utilize a sizable student unit of 6-8 in a single placement and are therefore better able to respond to a broad based constituency and its needs. The potential for creative development of assignments and organized field teaching beyond the individual supervisory model is apparent. In most labor based programs students are placed in service delivery programs funded by the health, welfare and pension funds of the organization. District Council 37 also has a pre-paid legal service program that has a unit of graduate students as well. Several smaller unions just beginning their program have been accepting one or two students.

Hospitals are work sites in the New York area and around the United States that are increasingly developing employee assistance programs. These institutions embrace social work student interns in their program staffing pattern. Such hospital programs usually are staffed initially by one or two social work practitioners (MSW). The presence of students increases staff, mitigates the practitioner's isolation and aligns the hospital with an academic institution, often a most welcome addition. There is a mutual exchange of present and potential resources between the school and the hospital. Hospital EAP's like that of Mount Sinai, Columbia Presbyterian Hospital or Cornell all in New York City are management sponsored programs that tend to take from 1-3 students. New hospital

EAP's and other new management programs often start with small numbers as they are carving out appropriate turf, role and function with personnel departments.

Family agencies such as the Jewish Board of Family and Children's Services in New York (JBFCF), has an EAP program based upon a sub-contract model of relationship with local industries. They accept one second year student whose practice experiences are rich in their diversity.

Sometimes in the EAP programs based upon this model there are constraints in terms of clinical assignments to MSW students because sub-contract language may stipulate that employees of a given company are to be seen and evaluated only by an already accredited graduate practitioner.

However, in the New York area after the first year or so of a successfully implemented contract, companies ease up on this restriction and students have found the training experience extremely valuable.

The researcher, who has served as the faculty field advisor for second year graduate interns in a family agency sponsored EAP, observed that the students' field learning consisted of more than clinical assessment and counseling of individuals. They engaged in supervisory training, were exposed to marketing meetings with potential clients, and attended board meetings where the program was reviewed. Such educational experiences span the continuum of direct and indirect practice, of clinical and organizational

content that education for practice in industry requires.

Independent sub-contracted EAP consulting firms (e.g. Human Resources Inc.) is but another service delivery arrangement that may also be open to graduate interns. One of the student respondents in this study was placed in such a setting in the New York City area. The staff consisted of a group of social workers and psychologist who had several contracts with large national companies. Assessment and referral was the primary activity of the firm which developed a vast network of mental health specialists across the country wherever client groups had employees. Assessment was the central activity performed by the student sometimes in-person and quite frequently by telephone. When the intake was local there was some opportunity for short-term motivational counseling prior to referral.

Management in-house programs in the start up phase usually have only one perhaps two MSW practitioners to staff the programs. They are receptive usually to second year students after the program has been operational for a while. Opportunities and assignments vary with the focus, intent and scope of the program. Some are primarily assessment and referral by phone or in-person, while others engage employees in long-term counseling where needed. In some management programs students are doing training regarding supervisory referrals as well as providing a

broad range of group services, i.e. parenting, dealing with aging parents, and/or stress management. Some students have significant organizational exposure and others are quite removed from the dynamic processes of the sponsoring auspice itself.

One cannot always effectively control, just as in other fields, the degree of organizational interaction or the range of assignments in industrial field sites. However, one thing that prevails in all settings is that students are providing services to people who are in some way linked with a work institution. Students in the above field sites can be trained and sensitized to both initiate and respond to the needs of working people. Their direct practice and organizational experiences offers a magnifying lens through which to view the multiple dimensions and reverberating consequences of work or its absence.

An additional field site while not included for data collection in this study is the Community Mental Health Center. Professor Sheila Akabas, the Director of The Center for Social Policy and Practice in the Workplace, Columbia University School of Social Work, was a significant pioneer in forging connections between community mental health centers and the workplace. Some of her work, partially funded by the National Institute of Mental Health, was targeted to linking mental health to the world or work. This was achieved by training a core of

mental health practitioners from multiple centers across the country. Training consisted of both clinical and organizational dimensions of workplace behavior and their consequences for individuals, families and organizations. Strategies for outreach to labor and management were also highlighted. Such industrially trained mental health practitioners are often a part of the consultation and education department of the community mental health center. Federal subsidy of workplace research has abated under the present administration. However, there is still interest in workplace programs that develop effective preventive models of intervention. Community Mental Health Centers with appropriate social work school supports may be receptive to student involvement in such endeavors.

To waive the banner of industrial social work one must see it in the context of resource availability or scarcity as the case may be. In many parts of the country the community mental health center is the only service provider within a radius of 50-100 miles. Rural working people have long avoided contact with mental health professionals.¹⁸ However, the major crises of unemployment in one plant towns or the loss of land and work among farmers has propelled a "work" focused practice on the part of mental health professionals often outposted from centrally located mental health centers. The rural social worker may not define him or herself as an industrial or occupational

social worker - but rather as a social worker who is or is becoming finely tuned to the practical and psychological dimensions of work in people's lives.

Continuing Education

The concept of continuum almost seems a must in all areas of professional education today. Keeping pace with new knowledge, refining existing knowledge, responding to changes in technology, demography, social policy and requests for services on behalf of newly defined consumer groups, all suggest that the fixed curriculum should prepare the student for continuing education. Education leading to a degree in a chosen professional occupation can and should not suffice when thinking about education for an on-going "spectrum of professionalizing activities that occur throughout a practitioner's career."¹⁹ Conflicting trends in continuing education can be viewed against a backdrop of funding crises and decreased enrollment. This has led some schools to focus their resources on core curriculum of degree programs while others have been propelled to view continuing education as a vehicle for raising revenue.

Approximately 100 graduate and undergraduate programs in social work offered by 1980 some form of organized continuing education overseen by a regularly assigned faculty member. Such programs today are expected to be

largely self-sustaining financially. However, it was during the 1970's that there was a period of rapid expansion in continuing education with course content "on the cutting edge of social significance, preceding degree programs in offering content on minorities, women, homosexuals, poverty, energy-related issues and rural service delivery."²⁰ Such content has found its way into degree programs today. Continuing education clearly represented a variable in the complex intraorganizational dynamic of curriculum development. This may prove to be true for industrial social work as well in some instances.

The researcher introduces the issue of continuing education cognizant of the lack of agreement or commitment within the profession to uphold an integrated sequential and progressive approach to continuing education as exists in degree education. In 1980 NASW and the Council on Social Work Education failed in their joint efforts to see guidelines for continuing education written into accreditation standards²¹. However, it is of interest that Bertha Reynolds, a pioneer both in social work education and industrial social work, viewed formal education as but a stimulus that would engage professionals in a lifelong commitment to learning. Her conceptualization foreshadowed the idea of an educational continuum²².

In-service training provided by social agencies is

another arena in which the continuity of professional education occurs. While agencies tend to sponsor programs more closely aligned with their existing goals and objectives, many develop programs that address issues of more general personal and professional growth for the staff. Some agencies may use in-service training as a stimulus for program development. Given the uneven distribution of professional resources across the country in-service training may be an appropriate vehicle for agencies and their staffs to re-tool or enhance the way in which services are delivered to working people and their families. While new program components may not ensue one might speculate as well as hope that the nature of intake, assessment and clinical intervention may reflect a greater appreciation and/or emphasis on the bio-psycho-social ecology of work as a result of appropriate in-service training.

ADDITIONAL COMMENTS ABOUT CURRICULUM

The data derived from this study can provide a guide for content in industrial social work curriculum. A review of the presenting problems reveals great diversity of concerns. The variation is evident in both labor and management settings, where clients present with financial, legal, family, mental health, substance abuse, health, job

performance and government benefit concerns. The capacity to engage a client system, identify unmet need, evaluate multiple variables that shape the need, and the ability to mobilize appropriate resources are skills required in industrial settings just as these skills are essential in other fields of social work practice.

The following presenting situations were recorded by respondents in this study:

- A working couple having landlord/tenant problems who do not know their rights or what to do.
- A single mother struggling with absenteeism due to child care problems.
- A middle manager facing job jeopardy due to drinking.
- A post operative female cancer victim seeking work, unable to perform her old job due to surgery.
- A union retiree despairingly admitting to physically abusing his severely disabled wife, overwhelmed at caring for her and a house by himself.
- A low wage worker struggling to feed his family and wondering if there is help available.

These presenting problems are generic to most fields of practice and the assessment of the problem can be done by most social workers. However to enhance the effectiveness of the assessment and intervention process

requires knowledge and skills about the workplace and its institutions. This knowledge and skill about the world of work is not generally taught in the core curriculum with much specificity.

The curriculum policy statement of CSWE 1982²³ reiterates that the focus of all professional social work practice is the "transaction between people and their environments that affect their ability to accomplish life tasks, alleviate distress, and realize individual and collective aspirations." The above situations exemplify such transactions and for resolutions require of the practitioner certain unique skills that evolve from understanding how to negotiate the respective sponsoring industrial auspices.

One of the most basic concepts and requisite skills for a practitioner in any setting is that of assessment. This refers to both a process and product in which the social worker examines and evaluates differentially the various bio/psycho-social variables that define a given need or request for service. This process usually precedes intervention and often continues during the intervention phase. Assessment is, indeed, a generic practice phenomenon. In all the cases reviewed by the researcher for this study when describing "what they did" as practitioners on behalf of a client system, respondents uniformly stated or implied in more descriptive language

the process of "assessment". The researcher asks that the reader understand and accept that assessment is a given practitioner behavior in 100% of the cases reported earlier in Chapter V.

The reality of the pressures of the workplace in many instances only serves to intensify the need for good assessment skills on behalf of the practitioner. The counselor in the workplace is often the first port of call in an appreciably normative social context for a vast array of concerns.

In light of the above what are the specific implications for assessment within the world of work? As social work attempts the art of knowledge building by critiquing and synthesizing its own practice behaviors in this domain of work today it, nevertheless, draws significantly on knowledge that arises from established sociological, psychological and organizational theory.

At the practice level this means that practitioners attention should be drawn to concern with the following variables as part of any differential assessment and intervention:

1. organizational structure of the work setting (e.g. position of worker within the system, opportunity for advancement, rights and resources).
2. physical environment of work, (e.g. occupational safety and health)

3. psychological dimension of work (e.g. the meaning derived from one's work, autonomy, control, feedback, task completion, variety, work and identity, the impact of social class, race, gender, issues of self-esteem, self-blame, and powerlessness as they relate to work)
4. social environment of work (e.g. social interactions as they relate to the health and adjustment of the worker within the workplace)

Social interactions may include attention to social supports, worker participation in decision making, the level of job stress as viewed through a discrepancy between role demands/expectations and workers' abilities or such phenomena as role ambiguity or role conflict. These latter variables of role conflict and role ambiguity have been identified by Fisher and Gitelson (1983) as having an impact on both health and mental health.²⁴

Clearly each of the above four dimensions, i.e. organizational, physical, psychological and sociological, can be significantly elaborated upon with great specificity for teaching, utilizing multiple matrices that compare and contrast schools of thought (e.g. psychoanalytic, ego psychological) while examining work as a life cycle developmental phenomenon. Another method for structuring course content is to examine substantive service delivery issues that tend to predominate as presenting concerns

(e.g. substance abuse, financial matters, legal matters, work/family conflict, etc.) Yet another approach is to focus on conditions, status or transitions that surface as a function of workforce participation such as unemployment, disability, retirement. No matter how you organize the curriculum content due to matters of time and sequencing in the overall curriculum of any given school the subject of confidentiality and the workplace must be addressed from a theoretical as well as practice based perspective.

The richness of the human experience and its diversity is, indeed, in the workplace and developing a curriculum focus always necessitates choice of what to include or exclude. Many schools of social work pay attention to the family, women and minorities via elective courses or in small units of study in a variety of core or required practice courses. Curriculum for world of work practice may also benefit from units of study that examine the work/family continuum, as well as the unique concerns of women and minorities in the workplace today. These concerns may be of a clinical (intrapersonal and/or interpersonal), organizational (supervision, promotion, harassment) or policy nature (hiring, benefits, parental leave, daycare).

One of the more salient features of the world of work is the legitimacy of the presenting problem. As a pioneer in this field, Bertha Reynolds²⁵ in Social Work and

Social Living championed the cause of client-centered practice that not only honors the client's presentation of need but that shapes the practitioners' interventive responses in a way that does not exceed the client's perception of the problem. Stated another way, the social worker utilizing a breath of knowledge and skill may broadly assess client needs from a bio/psycho-social perspective but stay with the client's perhaps limited definition of the problem. A request for day care services by a single working mother is a request for day care not an invitation necessarily for "counseling" regarding the stresses of single parenting.

While the practitioner may be sensitive to such possibilities and even offer the opportunity for either individual or group support regarding "parenting" the degree of service contracted for resides with the client and is dealt with respectfully and legitimately. There would appear to be far less of a skew in some industrial settings towards redefining need in terms of the practitioner expertise (e.g. mental health). Mayer and Timms²⁶ in The Client Speaks have outlined among the reasons the working class avoids most social agencies is the degree to which its perceptions of legitimate concerns are reshaped in terms of the mandate of the agency or the expertise and interests of the practitioners.

Instruction in assessment and intervention techniques

must be viewed within an organizational context.

Accordingly, curriculum in the industrial social work field of practice must also pay attention to the motives of sponsoring auspices for generating services and how they present preventive programming.

The motives for social services may be for profit, morale and efficiency of operations from management's point of view; loyalty and a commitment to quality of life concerns from the union point of view. However, the reality is that though the motives may differ in part between the many auspices, the industrial setting propels practitioners to focus within the bounds of sound clinical judgement to mobilize the functional capacities of the client systems with which they interact. To further support this observation it is significant to note in the findings of this study that the largest percentage figure documenting internal interventions of the practitioner - emerges from "Informational Counseling". There were 53 occurrences of this behavior out of 100 cases from union settings. The requests for information appeared to empower and fortify the clients to cope. The social worker/client counseling relationship was more prevalent when the primary activity was the "sharing of information" than when the treatment for a disorder was suggested. To "learn" something, even to see oneself as a "student" or "learner" is normative - to be "treated" for a diagnosable ailment -

or to be "sick," or "deviant," is to have something personally "wrong" or lacking. Certain institutional providers of service require a "relabeling" process in order to get access to such service.

The grieving overwhelmed spouse who doesn't know how to arrange for the burial of his wife who died a few hours ago gets needed concrete "information" and supportive counseling immediately at his union's Members Assistance Program. This is done without having to first redefine his problem as emotional, seek out a clinical/mental health facility and in the process unnecessarily re-label himself as "sick". He may have received the same services from the non-industrial auspice but with different psycho-social side effects. While the rendering of "information" may seem a fairly routine basic skill it is the belief of the researcher that the offer of information on an individual or aggregate basis is replete with preventive possibilities that are not stigmatized. The distribution of informational/educational materials is a practice behaviour essential in industrial social work. Course work for the industrial auspice should embrace content regarding prevention.

The work site and workers' organizations are normative social contexts and people freely choose to participate in these institutions for fairly long stretches in the life cycle. There are thus implications for prevention in

relation to health, mental health, family life, retirement, birth, death and a vast range of life transitional events. There are also opportunities for primary and secondary prevention. The scope and range of presenting problems in this study capture such a life cycle perspective.

The foregoing review of the 1) state of the art in education on the college and university level for industrial social work practice; 2) the availability of diverse field placement sites that meet educational criteria; and 3) the specific and relevant problems which clients present, offer the opportunities to formulate an ecologic model for curriculum. However, before moving to discussion of a model there is a critical variable that must be noted. This is the rapid increase in the frequency of ethnicity as a factor influencing service delivery in the work place.

ETHNICITY: Only brief demographic data on clients served are included in this study. While extended documentation is not available it is eminently clear to the researcher and the sponsoring auspices that supplied the case material that a diverse ethnic mixture was part of the sample under study. It is with this factor in mind that the researcher wishes to say a few speculative words about ethnicity as a possible variable for world of work curriculum content.

In 1984 the Council on Social Work Education Curriculum Policy Statement expanded on its already stated

position of 1973 that mandated instruction regarding lifestyles of diverse ethnic groups. It is with this in mind that the researcher wishes to comment on ethnicity and the workplace.

The concept of ethnic sensitive practice has centered on the notion of the "dual perspective"²⁷ that simultaneously compares the impact on the individual of the values, attitudes and behaviors of the larger social system with those of the individuals more immediate family or community. One is viewed as the dominant or sustaining system which is the source of power and economic resources. The other is the nurturing system of the family and communal ties.²⁸ Such systems may clash and one of the crossroads in which one might encounter this is the workplace. Awareness of attitudes about work, seeking help, relationships to authority, decision making, styles of interpersonal communication, delegation of responsibility, world view and explanation of events are key factors in the assessment and intervention processes. The workplace practitioner may find these variables so often rooted in cultural and ethnic norms regarded by supervisors in the work site as maladaptive or deviant behaviors. This may be encountered as a result of spiritual or religious beliefs as well. The mediation of such a clash of perspectives may fall to the workplace practitioner.

Recent reports in the media indicate the presence of numerous refugees and undocumented aliens in the workplace. They bring with them previous political, psycho-social and economic problems requiring exquisite cultural sensitivity on the part of practitioners for mediating these concerns.

The Ecological Model For Curriculum

A major consideration for the development of a curriculum is the choice of a model for instruction. If the world of work were to be viewed through the ecologic model of transactional equilibrium and adjustment of its elements, a curriculum could be developed in a psycho-social-biologic format. One could hypothesize that the social problems, personal concerns and dysfunctions of employees could be managed by social workers with preventive, amelioratory and/or rehabilitative interventions. These interventions would assist the clients to cope and adapt with their various life circumstances relating to the workplace. Within this context, adjustment may include assisting the client in mobilizing his/her and other resources to alter or resist stressful situations in relation to the work place. These interventions relate to the full spectrum of employee status and their related constituents - the unemployed, the disabled, the retired and their families. In addition, the social worker can be strategically available in preventive

or assistive roles as clients move in transition within the ecology of the world of work, from adjusted to dysfunctional states.

Inherent in this ecologic model is the requirement for the social worker to be educated and trained in the essential elements of the world of work. These elements are:

1. The structure and organization of the work place: i.e. how industry, finance, and management are designed organizationally; how unions, worker groups and individual workers are organized and have representation to serve their rights, privileges and opportunities; how public policies, government agencies and functionaries are organized, available and accessible. An historical overview of the labor movement should be included as well.

Examples of organizational content areas to be covered should include information on organizational structure both formal and informal. These structures in both union and management settings should be discussed with a level of specificity which captures the essential elements of structure, such as, power and authority, the role of key actors, the magnitude of capital accrual and auditing. The demographics of the work force in this structure, such as the distribution of women, minorities and ethnic groups are essential components. The nature of the work output product and/or service must be clearly defined. In

addition, the rules, regulations and authority of legislation, including entitlements, rights and privileges inherent in government bureaucracy must be clearly delineated.

These structural/organizational elements may be viewed as the "anatomy" of this psycho-social-biologic ecologic model.

2. The mechanisms, processes and interactions between management, labor unions, workers, government regulations and public officials: These processes and interactions within this constellation of ecologic events surrounding the worker, may be considered the dynamic processes of the world of work. This process oriented approach would include the prevention of social dislocation and disabilities resulting from events disrupting the transactional equilibrium between the clients and their environment.

The processes of the ecologic system demonstrating the interaction between the structural elements of the workplace are essential subjects for course content. These include modes of communication, styles of decision making, and the role and function of key actors, such as shop stewards, union organizers, supervisors, foremen, employers, officers and stockholders.

It is in this context of understanding workplace internal processes that social work practitioners can learn

institutional mechanisms of case advocacy unique to the workplace such as grievance procedures and arbitrations. There is a vast array of institutional actors that are players in the collaborative process in the workplace and how to effectively engage them on behalf of working people needs to be examined in terms of appropriate knowledge and skill that shapes effective practice.

The skills of advocacy are key within the profession for social work practitioners. However, as shaped by the unique organizational structures, activities and physical and emotional consequences of workforce participation social workers need to examine advocacy within this institutional or field of practice perspective.

3. The dysfunctions and social disequilibrium in the world of work occurring as social, environmental, interpersonal stress or life transitional events, may be considered the psycho-social disorders in the ecologic system. They are loss of employment, drug and alcohol addiction, mental disorders, loss of housing, child care, domestic violence, malnutrition, pregnancy, education, job retraining, retirement, and a host of other forms of social disequilibrium.

These three organizational elements described above relate directly or indirectly to the work place. Accordingly, while social workers learn of these phenomena as generic content areas, the practitioners require

specific knowledge about how the presenting problems relate to the structure and processes of the work place and its institutions. Social workers are more than "practitioners" providing services within certain agency or institutional constraints. They are workers themselves. As such at some point in their educational experience curriculum content should reflect such a "worker consciousness" about the rights, benefits and bio, psycho-social consequences of their own workforce participation. There are crucial issues such as union membership and participation in strikes. These are important for all professionals but surface as field of practice concerns with an additional intensity for workplace practitioners. The researcher recommends inclusion of such content specifically in industrial social work curricula even though its generic application is more than apparent.

The centrality of work due to its presence or absence in the lives of social service consumers is no different in the lives of the social work practitioners who would offer them. This leveling, binding, humanizing thread of work suggests a fabric of mutual concern for providers and consumers which if carefully woven honors the unique contribution of all concerned while yielding a sense of empowerment, resources and direction to all in their role as workers. It is the considered opinion of this investigator that the most effective interventions of the

social worker in the world of work depends on exposure to a curriculum of education and training in industrial social work. This conviction prompted the initiation and execution of this research project.

CONCLUSION

The objectives of this study to identify the practice activity of social workers in the world of work has been achieved. The data recorded by the respondents has provided presenting problems and interventions specific to the workplace to justify the formulation of a curriculum model in industrial social work practice. This curriculum model can be offered to a wide spectrum of social work students and practitioners ranging through BSW programs, MSW, post-masters, continuing education and doctoral programs.

This formative descriptive study has demonstrated that there is a sufficiently critical mass of knowledge and skill to provide the base line for educational content specific to a field of practice in Social Work.

The study has also revealed a critical interdisciplinary interface between industrial and other fields of practice to warrant further research, especially with aging, mental health and family and children services. In addition, this study suggests the need for more research in industrial social work's own internal processes.

Finally the growing concerns of industry, government and unions in regulating benefits and entitlements requires additional scholarship and research. These latter studies

are inherent in defining industrial social work as a field of practice with its own curriculum.

The study has had its own personal rewards in illuminating the role and impact of work on the personal and professional life of this investigator. Professional self-scrutiny regarding one's own work experiences may be a necessary step on the road to professional clarity about this complex variable of work in relation to clients as employees.

There is a tension filled dynamic that is played out in the family, the workplace and in the community-at-large, which can be "creatively managed." The workplace practitioner can be an effective "facilitator," in mediating this tension. However, a crucial prerequisite may be that social work professionals must first confront themselves as "workers" subject to the same role strains as the people they would serve. This involves an analysis of their own work-related behaviors (tasks, routines, relationships) as either congruent or incongruent, with the rest of their lives. They must have insight about their own sense of self and what mechanisms or vehicles they use for coping and adaptation in the workplace. There are a variety of rewards and costs to being a professional social worker within an organizational context. Understanding the parameters of these phenomena from an emotional, conceptual and practical point of view may be a crucial link in social

work's attempt to engage itself effectively with the needs of working people. Our professional self-awareness from an organizational perspective may become a vital tool for empowering the working people we serve. We can, indeed, share our knowledge and lend a vision. We can also learn from the nature of workers' struggles, be they blue or white collar to join collectively with them in mobilizing for institutional and social change.

The researcher cannot resist the brief observation that as social workers are discovering work-centered practice or seeking employment via the industrial auspice, a significant number of social workers and social work students are seeking to minimize their work roles within organizational structures by pursuing private practice. The option of employment in the world of work is clearly an important issue for social workers as they evaluate the contexts in which they will perform their professional activity.

It is the hope of the researcher that this study may in some modest way stimulate further acknowledgement, thought, discussion, teaching and research about social work's relationship to service delivery sponsored by work institutions. It is also hoped that research will be pursued that propels social workers to examine themselves as workers thus leading them to understand and appreciate the structure, processes and bio-psycho-social consequences

inherent in work itself. Whether this knowledge will stem the tide or increase the flow of social workers away from organizationally or agency based practice remains to be seen.

This study was a preliminary attempt to delineate with a degree of specificity the nature of practice behaviors called for by union and management sponsored social service programs in a large urban area. For a variety of reasons previously discussed the sample was heavily weighted with data from labor sponsored programs. Future researchers may wish to expand on this present study with larger samples from a variety of management sponsored programs in other than the large eastern urban environment.

As the workplace continues to change in terms of its size, its technology and its location, it will be of interest to monitor the nature of social work practice in response to these changes. While not a particular focus in this study, the nature of the work/family interaction will be an important arena for social work evaluation and intervention.

Telecommunication and the growth of cottage industries may generate future discussions about the home as a workplace. It may be of interest to study the trade-offs of fusing the contexts of work and family behaviors, i.e. easing the burden of work/family responsibilities, versus, isolation, fewer concrete benefits, etc.

As noted by the researcher there has been a pattern historically in which the rise of occupationally based social services has coincided with either the absence or retrenchment of public sector commitment to social services. It will be of interest not only to monitor the consistency of this pattern but its implications for social work practitioners in industry who maintain strong commitments to public sector sponsorship of services.

In previous discussions of labor or management's respective motivation for delivering social services under their auspice some mention was made of ideology as a potential driving force. It would seem that a more focused examination of the role of ideology in determining service delivery at the workplace warrants future research: What are the behavioral expressions of ideology in transaction between social work, labor and industry that either inhibit or enhance the creative potential for delivering adequate equitable and efficient services via the workplace?

Both Freud²⁹ and Marx³⁰ seized the variable of work from disparate ideological and conceptual vantage points. However, within their respective analyses each articulated ambivalent attitudes about the positive and negative aspects of this complex phenomenon of work.

Freud believed that man basically had a natural aversion to work resulting in the necessity for a coercive society. Sublimation and self-deprivation were the price

to be paid for culture. He also proclaimed that the capacity to love and to work were emblematic of a healthy person.

Marx outlined man's alienation as a worker from the product of his labors under certain economic and political arrangements. He also believed that work was a natural part of the human condition and that it was through productive labor not idleness that man experienced the fullest freedom.³¹

In the play, Death of a Salesman,³² by Arthur Miller, Willy Loman's wife, Linda, imploringly cries out that "attention must be paid." Her depth of feeling echoes a complex world in which her husband's loss of self is tied to an elusive measure of worth ascribed by a working world that no longer valued him. Indeed, attention must be paid to work. Hopefully, social work will hear the call and respond not only with an informed sensibility but with knowledge, values and skills that propel effective action.

In conclusion, this study affirms that work and the workplace generate a dialectic whose opposing tensions are replete with practice possibilities and dilemmas. The crossroad where workers, their work institutions and the larger human community interact, is and shall continue to be an arena for social work activity and research.

CHAPTER VII NOTES

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APPENDIX 1

LETTER TO RESPONDENTS ABOUT RESEARCH PROTOCOL

MEMO TO: ALL STUDY RESPONDENTS in
INDUSTRIAL SOCIAL WORK PROGRAMS

MEMO FROM: BETH SILVERMAN

Your cooperation is being sought in an attempt to study in a detailed and systematic way the range of practice engaged in by social work practitioners in industrial settings. Data will be gathered from both labor and management sponsored programs. A content analysis will be done in order to classify the diversity and range of practice. It is the intent of the study to derive curriculum guidelines for graduate social work education in industrial social work via this close examination of the nature of practice.

You will be asked to describe in narrative form aspects of your contact with members/clients and others--in the process of delivering services.

Confidentiality will be strictly observed and the use of fictitious names or initials is appropriate. All data will be coded confidentially.

Two brief narrative report forms are to be handed in per week. These may be given to your supervisor at the agency or mailed directly to me.

In answering the outlined questions try to be brief while capturing the diversity of activity. In selecting which cases to write about each week be guided by that which calls upon a diversity of knowledge and skill on your part. You may use the same case if you feel in subsequent encounters it brings up different practice content. However, should all your cases be similar and repetitive in content that is of importance so feel free to report cases with the same presenting problems.

Should you have any questions about filling out the form please contact me by telephone. I strongly encourage you to do so.

Telephone # work: 673-5120, Ext. 330

home: 831-5195

APPENDIX 1

LETTER TO RESPONDENTS ABOUT RESEARCH PROTOCOL
(CONT'D)

I shall also be available to meet with you at your agency at your convenience.

Your cooperation in this study is greatly appreciated and I thank you.

For Mailing Purposes: Beth Silverman,
Director of Human Services
District 65/U.A.W
13 Astor Place
New York, N.Y. 10003

APPENDIX II

RESPONDENTS FORM - BACKGROUND INFORMATION

NAME: _____

AGENCY: _____

TELEPHONE-work: _____

home: _____

AGE: _____

TRAINING AND EXPERIENCE

- Education (e.g. B.A. Psych. - M.S.W. - Grad. student)

- Specialized training or education in industrial social work. If appropriate indicate course on industrial social work, alcoholism.

Is there anything in your personal background or experience which has been especially helpful to you working in an industrial setting?

YES _____

NO _____

If yes, please describe

APPENDIX III

TABLE OF RESPONDENTS BACKGROUND

RESPONDENTS NAME	SEX	AGE	AUSPICE UNION/ MANAGEMENT	STATUS STUDENT/ WORKER	# OF CASES	BACKGROUND INFLUENCES	INDUSTRIAL COURSE WORK YES/NO	ALCOHOL TRAINING YES/NO
#	INITIALS							
1 Elizabeth Danto	F	31	Union	2nd yr. S	2	- grew up in labor area - Detroit	Yes	
2 Steven Brody	M	41	Union	2nd yr. S	2		Yes	
3 Elizabeth Henry	F	23	Union	2nd yr. S	2	- observations of family's/self-work history - training - family life styles - Hispanic - cultural influences	Yes	
4 Douglass Roy	F	40	Management	2nd yr. S	5	- Alcoholism Training - Prior work in corporations - Awareness of corporate power structures atmosphere		Yes
5 Mary Ip	F	25	Union	2nd yr. S	4		Yes	
6 Winston George	M	40	Union	2nd yr. S	3	- Alcoholism Training - Contact w/industrial referrals in prior alcoholism job	Yes	Yes
7 Ronnie Jaffe	M	38	Management	W	DIARY	- Student placements - EAP union - Social union delegate - Staff of Farm Workers Union	Yes	
8 Reggie Burke	F	28	Management	2nd yr. S	7			Yes

RESPONDENT'S NAME	SEX	AGE	AUSPICE UNION/ MANAGEMENT	STATUS STUDENT/ WORKER	# OF CASES	BACKGROUND INFLUENCES	INDUSTRIAL COURSE WORK YES/NO	ALCOHOL TRAINING YES/NO
#	INITIALS							
9 Amy Hoffman	F	23	Management	2nd yr. S	2	- Prior work in corporations/ business - Knowledge of systems theory	Yes	
10 Jacqueline Wagman	F	33	Management	W	1	- Alcoholism Training - Training in systems theory & organizational theory	Yes	Yes
11 Letty DeWitt	F	31	Union	2nd yr. S	4	- Alcohol/Sub-abuse Training - History as union member - History as union representative		Yes
12 Donna Buehler	F	28	Union	2nd yr. S	9	- Work in Psych. Hosp. - Participated in union org. effort - Member - union/manag. negotiating committee	Yes	Yes
13 Ruby Hoffman	F	23	Management	2nd yr. S	3	- Personal experience - family alcoholism	Yes	Yes
14 William Scarso	M	38	Union	2nd yr. S	10	- Prior work in industry - 14 yrs. - Shop steward - Exp. w/employee/employer regulations	Yes	
15 Barbara Schwebel	F	25	Union	2nd yr. S	2	- 3 yrs. in vocational rehab. - Worker - blue/pink collar positions - work w/gov't systems - work w/disabled pop.	Yes	

RESPONDENTS NAME	SEX	AGE	AUSPICE UNION/ MANAGEMENT	STATUS STUDENT/ WORKER	# OF CASES	BACKGROUND INFLUENCES	INDUSTRIAL COURSE WORK YES/NO	ALCOHOL TRAINING YES/NO
#								
INITIALS								
16 Jeanne Marie Smith	F	26	Union	2nd yr. S	9	- Knowledge of Spanish - Variety of jobs - various levels of skill & responsibility (waitress, child care, tutor) - Work in restricted org. settings	Yes	
17 Vivian Kinsey	F	40	Union	2nd yr. S	3	- Work w/pops. in need of concrete services - Knowledge of gov't programs - work w/working & non-working poor	Yes	
18 Valli Daniels	F	25	Union	2nd yr. S	10	- Work w/foster grand parents prog. sensitized to aging in workplace	Yes	
19 Ray Rodriguez	M	34	Management	2nd yr. S	1	- Work in Alcohol/Drug Clinic		Yes
20 Andrea Vogel	F	23	Union	2nd yr. S	8		Yes	Yes
21 Jennie D'Amato	F	24	Union	2nd yr. S	6	- Growing up in England - interest in blue collar workers	Yes	
22 Susan Lisker	F	25	Union	2nd yr. S	3	- Prior work doing prog. planning, training, education, for youth org.	Yes	
23 Philomena Pereira	F	24	Union	2nd yr. S	2	- Strong family history in unions - Awareness of union policies and objectives	Yes	

RESPONDENTS NAME	SEX	AGE	AUSPICE UNION/ MANAGEMENT	STATUS STUDENT/ WORKER	# OF CASES	BACKGROUND INFLUENCES	INDUSTRIAL COURSE WORK YES/NO	ALCOHOL TRAINING YES/NO
#								
24 Myrta Da Silva	F	33	Union	1st yr. S	2	- Knowledge of Spanish - fluent - Personal - comes from low income working class family - aware of health care, econ. language barrier issues - Prior work w/the elderly - Hosp.	Yes	
25 Carol Davidson	F	33	Union	2nd yr. S	6	- Prior community action work - Somewhat liberal family background	Yes	Yes
26 Colleen Klein	F	29	Union	2nd yr. S	6	- Work in several industries - Work in a union shop - Prior clinical work		
27 Joanna Harrington	F	47	Management	W	5	- Alcoholism Training & experience - strong - Marketing and training experience		Yes
28 Annette Firestein	F	32	Union	W	1	- Staff - 2 yr. in union auspice		
29 Marjorie Salzberg	F	30	Management	W	5	- Staff - 2 yr. hospital EAP		
30 Robin McCarty	M	37	Management	1st yr. S	1	- Internship in union auspice	Yes	
31 Mel Sandler	M	42	Management	W	5	- Prior staff in union auspice Coordinator on management EAP	Yes	
32 Margarita Reynes	F	27	Union	W	5	- Political work - Cultural background - Speaks Spanish - Alcoholism training	Yes	Yes

RESPONDENTS NAME	SEX	AGE	AUSPICE UNION/ MANAGEMENT	STATUS STUDENT/ WORKER	# OF CASES	BACKGROUND INFLUENCES	INDUSTRIAL COURSE WORK YES/NO	ALCOHOL TRAINING YES/NO
#								
INITIALS								
33 Roxanna Melendez	F	31	Union	W	5	- Outreach work w/migrant workers	Yes	
34 Lawrence Mukaka	M	27	Union	2nd yr. S	3	- Internship	Yes	
35 Miriam Pedrayes	F	27	Union	2nd yr. S	1	- Internship	Yes	
36 Donna Trotter	F	26	Union	2nd yr. S	5	- Internship	Yes	
37 Franklin Valasquez	M	29	Union	W	1	- Internship	Yes	
38 Joyce Moses	F	33	Union	W	11	- Experience & education in in alcoholism - 4 years		Yes
TOTALS		38					29	13

APPENDIX IV-1

ITEMS OF REFERENCE FROM RESPONDENTS CASE NARRATIVES PRIOR TO COLLAPSE

ACCESS

1. Outreach - use of questionnaire - follow up phone call to member - home visit
2. Self referral
3. Staff Attorney Municipal Employees Legal Services
4. Community Group Advocate - Union Retiree trained by SW staff - lives in community
5. Attended workshop on Tenants Rights run by MAP
6. Referred by medical resident (Hosp EAP)
7. Referred by coworker or friend at workplace
8. Significant other person
9. Referred by Union Worker Compensation Specialist
10. Response to EAP Literature
11. Personnel Director by telephone
12. Employee Relations - Director of Personnel
13. Referred by management
14. Hiring Hall reference
15. Brought in by other union staff

APPENDIX IV-2

ITEMS OF REFERENCE

PRESENTING PROBLEMS

ITEM

1. Housing
2. Housing - no heat
3. Housing - Section 8
4. Housing - Need to relocate
5. Housing - Rent Problems
6. Housing - Landlord/Tenant conflict
7. Health Problems
8. Marital
9. Parental Child
10. Mental - Emotional Suicidal
11. Family - Sibling/Parent -
disturbances
12. Family-Homosexuality
13. Psychiatric - Geriatric
14. Alcohol Abuse
15. Drug Abuse
16. Poly Substance Abuse
17. Job Loss/Jeopardy
18. Financial
19. Conflict with employer/co-worker
20. Psychiatric
21. Debt and Credit Problems
22. Domestic Violence Wife/Child Abuse

- 23. Mental Health of Adult Child
- 24. Disability Retirement
- 25. Severance Pay Not Received
- 26. Government Benefit: Medicaid -
Threatened Loss
- 27. Inability to Concentrate on Work
- 28. Government Benefit - Social
Security Home Visit
- 29. Unemployment
- 30. Crime Victim - Homicide -Son Murdered
- 31. Crime Victim - Robbery
- 32. Mental Health Family Member
- 33. Member Children - Custody,
Guardianship
- 34. Job Performance
- 35. Job Related - Anxiety
- 36. " " - Family Conflict
- 37. " " - Day Care
- 38. " " - Mental Health-Guilt
- 39. " " - Self Esteem
- 40. Multiple Addiction - Drug, Alcohol,
Gambling
- 41. Marital Counseling
- 42. Sexual Dysfunction
- 43. Death - Pending of Significant Other
- 44. Loss of Homosexual Partner
- 45. Hospitalization - Psychiatric

46. Absenteeism
47. Alcoholism - Teenage Daughter
48. Marital Separation
49. Depression
50. Request for "Good Attorneys"
51. Coping with Death & Dying
52. Concerns with Retirement
53. Concerns - Over Health Benefits
54. Compulsive Gambling
55. Drug Addiction Family Member
56. Mental Health
57. Legal Service - Job Related (Firing)
58. Legal Service - Family Problem
59. Nursing Home Placement
60. Death of Child
61. Death of Spouse
62. Parent and Adult Child Conflict
63. Home Attendant - Financial Problems
64. Suicide of Co-Worker
65. Job Related Concern - Rotating Shift
66. Adult Education
67. Disability Benefits
68. Family Child Custody
69. Family - Interpersonal
70. Government Benefits - Advocacy
71. Alcohol Abuse - Child or Employee
72. Drug Abuse - Child of Employee

- 73. Family Problem - Incest
- 74. Suicidal Threat
- 75. Death & Burial

APPENDIX IV-3

ITEMS OF REFERENCE

INTERVENTIONS - INTERNAL ORGANIZATION

1. Supportive Counseling
2. Development/Members own Assertiveness & Advocacy Skills in Negotiating Systems
3. Preparation for counseling referral
4. Took to Unions Credit Union to discuss possible loan
5. Contact Workplace - Confirm Job Status
6. Completed Standard Budget Form
7. Referred Member for Psychiatric Evaluation to Union Psychiatrist
8. Contact Union Representative - (organizer)
9. Fill Out Disability Forms
10. Contact Union Pension Dept - Retirement Benefits
11. Contact Shop Steward
12. Explanation of Retirement Benefit & Procedure for Severance Pay from Employer
13. Clarification of Role of SW in Hospital Discharge Planning
14. Encouragement in use of community resources
15. Assertiveness training vis a vis Members Contact w/Other Community Resources
16. Support "Right to Know" of Member - reasons for denial of benefit - Section 8
17. Need to focus/the interview to assess - for community referral for counseling

18. Phone outreach to Member - support
19. Urged contact w/psychiatrist - had stopped talking
needed medicine
20. Suggested Medical Resident get employee to Psychiatric
Emergency for Meds. Eval. and/or hospitalization
21. Offered followed up services to referral service
[resident] and employee after the crisis period
22. Counseling & Education - re: Nature of Mental Illness
[schizophrenia] of family member - 2x per week during
crisis period - 6 wks

Plan course of action re: children at risk
23. Counseling - focus on Work/Family Conflicts of Mother
- Review multiple roles - Mother, Employee, Family
Member; relationships w/Men & Women
24. Counseling re: options for Retirement

Health Benefits & Entitlements
25. Counseling of couple and wife alone re: Multiple
Addictions of Spouse
26. Counseling - Domestic Violence
27. Education of Member - re: need to report and file
injury on job that day:
 - 1) get union & medical documentation
 - 2) verify documentation of hours worked
28. Arrangement for Workers' Comp Specialist to Present to
MAP/SW Staff
29. Phone contact w/employee while in hospital
30. Obtain release of information from employee

31. Contact w/Personnel Director
32. Gather Data - Prior Hospitalization
33. Arrange for specific co-workers to call employee - at employees request
34. Contract w/employee for 6 sessions in-house counseling
35. Assess possible addiction - valium
36. Educate employee as to how to interview an attorney you might engage as counsel
37. Counsel other employees [co-workers of suicide victim]
38. Convene interdisciplinary Medical Restriction Committee (includes Management, Employee Relations, EEO, Employee Health Services)
39. Arrange for trial job in same organization-different department
40. Institute proceedings for long-term disability
41. Met w/Dept. Head & Employee Relations
42. Urged supervisor to stay actively involved - alcohol case
43. Referred for Career Counseling - testing [for possible other jobs, occupations]
44. Referred to Personnel for possible job transfer
45. Internal Advocacy w/Medical Division - re: reimbursement
46. Referred to in-house Alcoholism Staff (union)
47. Wrote advocacy letter on member's behalf
48. Contact w/other in-House Hospital Staff - Adolescent Clinic

49. Internal Advocacy w/Disability Dept.. over non-receipt of member checks
50. Met w/Hiring Hall Staff re: How to approach member with psychiatric problems
51. Meeting w/member & staff in Hiring Hall re: going on job interviews - assess members reality testing
52. Suggested need for policy in Hiring Hall re: handling of mentally ill/alcoholic members
53. Developed procedure to call supervisor in future crisis situations or SW who knows the member
54. Death of Spouse - Grief Work - dealing w/feelings re: deceased
55. Encouraged member to file a grievance & present to Union Rep
56. Attempt to empower member - that options may exist and can move away from "Hopeless" stance

APPENDIX IV-4

ITEMS OF REFERENCE

INTERVENTIONS - EXTERNAL

1. Difficulty in prioritizing vast array of resources that best relate to presenting problem - Information System and its use needs to be refined
2. Referral to private practitioner in community
3. Escorted to psychiatric hospital for evaluation - emergency suicidal
4. Arranged for physician to do home visit for retiree in need of evaluation - refusing to go out
5. Referred for detox. and in-patient rehab.
6. Arrange doctors appt. to get medical leave from work
7. Called job site to check time-off available
8. Contact Special Services for Children - possible abuse
9. Contacted many agencies for Domestic Violence assistance - Victims Services, AWAIC
10. Arranged for emergency shelter
11. Home Visit w/Rank & File Retiree - Community Group Advocate
12. Negotiation w/Special Services for Children
13. Arrange for counseling of children at risk
14. Contact mental health facility of sick relative
15. Contact private physician of employee re: Health Status & Work
16. Referral of wife to Alanon
17. Referral - Victims Services - Group for Battered Women

18. Arranged Legal Services for Family Member
19. Letter to Family Court [Laid off worker] verify inability to meet alimony payments
20. Letter to Food Stamps - Verifying financial situation
21. Referral to Catholic Priest running groups for "life problems"
22. Referral to Private Psychotherapist - expertise in homosexuality
23. Referral to therapist - Specialization Sexual Dysfunction [an M.D. to rule out physical disorder]
24. made self available over weekend to friends of Hospitalized employee
25. Contact w/Dr. in charge of case - Psychiatric Hospital
26. Arrange low cost aftercare that can monitor medication
27. Monitor attendance at aftercare
28. Refer to Self-Help group for recently separated member - See family members
29. Bring in Division of Vocational Rehab. for on site job analysis [stroke victim]
30. Contract w/Private Rehab Agency and act as Case Manager
31. Link to Private Psychologist
32. Refer to Stroke Club
33. Refer to out pt. substance abuse - stipulated urine, blood screening - 1 yr.
34. visited alcohol treatment prog. w/Supervisor

35. Stayed on case 1 yr. and kept supervisor informed of progress - alcoholism situation
36. Referred to Adult Children of Alcoholics Group
37. Monitored Case via external Psychologist and maintained communication re: attendance/job status
38. Referral to Vocational Counselor in local High School for babysitter after school for working parent
39. Sent letter to advocate for Veterans Benefits
40. Contact w/Special Services for Children - Incest
41. Contact other EAP directors to check resources used - poly-substance abuse
42. Quest for free out pt. Psychiatric services w/evening hrs. for working people

APPENDIX IV-5

ITEMS OF REFERENCE

PROBLEMS ENCOUNTERED BY PRACTITIONER

1. Difficulty in prioritizing appropriate use of information & resources as relates to presenting problems - need for Sophisticated information resource data so as not to overwhelm member or practitioner
2. Different priorities and internal organizational constraints of other systems e.g. credit union to which member gets referred: time period - waiting - loan judgment - Psych. Hosp. - didn't admit; Decision Making Structures & regulations of outside agencies or even other union departments
3. Lack of appropriate benefit - psychiatric - outpatient
4. Sensing that organizer, steward & employer could benefit from knowing how to "approach" the disturbed worker.
5. Pressure of dealing with so many different agencies at once - domestic violence - alcohol/drug abuse.
6. Difficulty in getting access to needed info from other agency control to advisory process
7. Members intervening health problems - slowing down advocacy process
8. In-House treatment of Employee & Significant other - separately the employee by the Director of the EAP - the significant other by graduate student - Whose best interests are to be served - ? Confidentiality vis a vis sharing of case

9. Waiting List (1 month) in referral for Battered Women's Group for Mental Health
10. Turf Battles - EAP/In-House Psychiatric Consultation vs. Medical Director, Union, Family
11. Enmeshing of Family disputes within the work site - e.g. family calling work site - leading to job change, restrictions etc.
12. Lack of Privacy - open office environment of union - confidentiality - concern of SW
13. Delay in referral from Workers Compensation [union] to MAP/EAP-need for clear referral guidelines.
14. Steep fees - for out pt. Mental Health
15. Reluctance to descend on work group uninvited or outreach if not contacted [following suicide of worker]
16. Concern over "Contagion Factor" after suicide of coworker
17. Inaccessibility of single mother who commutes - needs help re: child care, etc.
Difficult before and after work to make appointments w/EAP
18. Coping w/inefficiency and lack of training of other Depts. (internally) e.g. Claims Division
19. Lack of leverage in dealing w/Alcoholism when Member Self-refers around other issue
20. Lack of response from large Gvt. Bureaucracy [Veterans Administration)

21. Employee's right to self determination about psychiatric medication for depression, etc.
22. Insurance limitations - length of stay, no rehabilitation, type of coverage HIP/HMO, some places don't accept
23. Limited resources e.g. cross addictions
24. Not being able to get the appropriate treatment - settling for less than adequate based on "coverage"
25. Lack of written policy about "unemployable" members - alcoholism/mentally ill
26. Unrealistic expectations of social workers by other staff - to change members inappropriate behavior immediately
27. Awareness of being caught between the members needs and rights vs. the organization's - to keep and protect jobs as union jobs (Should you send out mentally ill workers - grossly impaired?)
- it encourages HFO [hiring from the outside by employers]
28. Dealing w/hostility towards "Professional" in a Rank & File Setting re: if you can't work miracles what makes you worth your money?
29. Lack of Mental Health - out-patient insurance coverage
30. Difficulty finding out patient clinics [Psych.]
w/evening hours for working people

APPENDIX IV-6

ITEMS OF REFERENCE

ADDITIONAL COMMENTS: RE KNOWLEDGE/VALUES

1. Strong clinical knowledge
2. Request for course at the Law school to increase accuracy of advocacy skills
3. Need to understand the dynamics of workplace behavior
4. Need to understand what values and norms of workplace promote and sustain substance abuse.
5. Lack of first hand experience/observation of Alanon meeting
6. Lack of knowledge about Domestic Violence -
What to ask?
How to evaluate?
7. Facility w/foreign languages recommended esp. French & Sp. in urban areas.
8. Need to know impact of religion & ethnicity on lives of workers
9. Knowledge of legal Rights of Workers
10. Legal Rights of Hospitalized Patients
11. Knowledge about addictions - e.g. valium
12. Need for "business sense"
13. Awareness that some service requests by key actors in org. are forms of testing effectiveness of the EAP
14. Knowledge of crisis intervention
15. Sensitivity to aspects of suicide [re: survivors]

Additional Comments Re: Values

1. Creativity and freedom to seize the life space context of union setting in which member initiates dialogue
2. Need to be sensitive to unspoken, stigmatized lifestyles - crucial for assessment and referral
3. Values/Norms - workplace

APPENDIX IV-7

ITEMS OF REFERENCE

ADDITIONAL COMMENTS RE: SKILLS

1. Need for Counseling Skills
2. Negotiating concrete services
3. Skills for influencing the work site - vis a vis -
sub-cultural norms relating to substance abuse
4. Need to know how to interact w/other helping
professionals.
5. When working in a program that does intakes over the
phone need to develop skills for dealing w/painful,
complex or confidential matters in absence of face to
face contact e.g. Retirees Outreach Programs

APPENDIX IV-8

ITEMS OF REFERENCE

ADDITIONAL COMMENTS - OTHER

1. Job site access was finally able to get through denial system of a mother refusing to get involved in treatment where incest in family existed. Previously other family members seen alone without effect.
2. Individual case in Hiring Hall highlighted a tension between Members Rights & needs vs. the organization's needs (to protect and preserve jobs as union jobs)
3. "Surprised & gratified that in a state of acute grief a member [43 years] would come to his union seeking solace"
[wife had died a few hours at home before member came to union]
4. Location - member seen when unemployed in Hiring Hall came to "chat" w/same SW in Hiring Hall right after getting new job - to talk about self as worker.
[SW met him while doing Voter Registration of the Unemployed in the hiring hall.]
5. Need for Info and Referral Systems
6. Use of Systems Perspective to evaluate member problems
7. Awareness of "trust" issue in membership organization
- turn to union for help despite sense of "shame" e.g. 30 yr member, etc. (Retirees)

8. Need to teach retirees how to negotiate health care systems
9. Need for psychiatric out pt. benefit
10. Educational Workshops - seen as excellent outreach service and strategy for early intervention - preventive thrust to service
11. Need to pay attention to co-workers as providers of support and for identification of problems
12. The importance of being able to reinforce [at work site] methods used by treatment prog. to counteract denial and other treatment snags
13. In treating alcoholism - need for close communication & structure w/all parties involved
14. The role of advocacy performed by the union and its staff - is very important to union members who otherwise feel alone in confronting complex small service systems - does offer some relief - just being there for members

APPENDIX V

COMPUTER CODE FOR DATA ANALYSIS AFTER COLLAPSE OF ITEMS OF REFERENCE

1) Client Case 133	Each client assigned a number 1, 2, 3, etc. - 133
2) Respondents	1. Student Social work trainee 2. Graduate Social worker MSW
3) Auspice	1. Union 2. Management - Public Sector 3. Management - Private Sector - In-House 4. Management - Hospital - In-House 5. Management - Hospital Consortium 6. Management - Off-Site 7. Other
4) Access	1. SELF REFERRAL - word of mouth, by employee or significant other. 2. SELF REFERRAL - specific effort identified, e.g., went to meeting, heard a speech. 3. SELF REFERRAL - specific material identified - article, flyer, brochure. 4. Program Initiated contact. 5. STAFF SUGGESTED 6. STAFF REFERRED - supervisor, manager - union representative. 7. PEER REFERRAL - worker/member, steward, local union officer. 8. Other.
5) Presenting Problems	01 Housing 02 Health 0021 Personal for self or others 0022 Resources for self or others 0023 Death and Dying - Self or others 0024 Disability-Self - or others 03 Government Benefits 04 Legal Assistance 05 Substance Abuse

- 06 Mental Health - Subjective
Emotional Distress
 - 0061 Intra-psychic - Identifiable
Symptoms
 - 0062 Intrapersonal - Specific
- 07 FAMILY - GENERAL RELATIONSHIPS
 - 0071 PARENT/CHILD
 - 0072 MARITAL
 - 0073 INCEST
 - 0074 DOMESTIC VIOLENCE
 - 0075 SUBSTANCE ABUSE
- 08 FINANCIAL MANAGEMENT OR
ASSISTANCE
- 09 JOB PERFORMANCE/JOB JEOPARDY
- 10 JOB RELATED CONCERNS
 - 0101 DAY CARE/CHILDCARE
 - 0102 WORK FAMILY CONFLICT
 - 0103 SHIFT WORK
 - 0104 SELF ESTEEM VIS A VIS WORK
 - 0105 MONEY - BACK PAY, ETC.
- 11 UNEMPLOYMENT
- 12 RETIREMENT
- 13 OTHER

6) INTERVENTIONS -
INTERNAL

- 1. REFERRAL
- 2. COLLABORATION
 - 021 OTHER PROFESSIONALS - e.g.,
SOCIAL WORKERS, LAWYERS,
PHYSICIANS, DENTISTS, NURSES
 - 022 OTHER STAFF
 - 023 OFFICIAL PEER - DESIGNATED
HELPER
 - 024 UNOFFICIAL PEER - e.g., NO
DESIGNATED ROLE AS HELPER
- 3. ADVOCACY - WHERE SOCIAL WORKER
PERCEIVED THIS AS BEYOND
COLLABORATION
- 4. COUNSELING
 - 041 INFORMATIONAL - OTHER THAN
MISCELLANEOUS CONCRETE
OFFERS OF FACTUAL INFORMATION
 - 042 MOTIVATIONAL
 - 043 SUPPORTIVE INDIVIDUAL
 - 044 MARITAL
 - 045 RETIREMENT
 - 046 FINANCIAL
 - 047 CRISIS
 - 048 GRIEF AMELIORATION
 - 049 FAMILY AND SIGNIFICANT OTHERS
AS A GROUP

- 5. FOLLOW UP
- 6. CASE MANAGEMENT
- 7. OTHER
- 8. SYSTEMS OUTCOMES EMERGING FROM
SERVICING A CLIENT
 - 081 ARRANGE IN-SERVICE TRAINING
RE: SUBJECT OF THE PRESENTING
PROBLEM
 - 082 MOBILIZE MUTUAL AID OF CO-
WORKERS
 - 083 SET IN MOTION OTHER ORGANIZA-
TIONAL MEETINGS - INTER-
DISCIPLINARY MEDICAL
COMMITTEE
 - 084 POLICY RECOMMENDATIONS
 - 085 DEVELOPMENT OF NEW PROCEDURES
e.g., HANDLING CRISIS
SITUATIONS ON HIRING HALL
- 9. OTHER

7) INTERVENTIONS -
EXTERNAL

- 01 REFERRAL TO COMMUNITY RESOURCES
- 02 LINKAGE
 - 0021 WITH COMMUNITY RESOURCES
 - 0022 PRIVATE PRACTITIONERS
 - 0023 AGENCIES - SOCIAL SERVICES
 - 0024 HOSPITALS, REHABILITATION
CENTERS
- 03 ESCORT - COURT, EMERGENCY ROOM
- 04 OUTREACH
 - 0041 HOME VISIT
 - 0042 TELEPHONE
- 05 CASE MANAGEMENT
- 06 ADVOCACY
- 07 COLLABORATION
 - 0071 EMPLOYERS/SUPERVISORS
 - 0072 AGENCIES
 - 0073 OUTSIDE SPECIALISTS
- 08 FOLLOW UP
 - 0081 AT WORK
 - 0082 AFTER-CARE
- 09 VISIT/EVALUATE COMMUNITY RESOURCE
FACILITIES
- 10 EDUCATE COMMUNITY RESOURCE
FACILITIES
- 11 COUNSELING/ASSESSMENT OF
SIGNIFICANT OTHERS
- 12 OTHER

8) PRACTITIONER
PROBLEMS
ENCOUNTERED

- 01 PRIORITY USE OF INFORMATION AND
RESOURCES RELATING TO PRESENTING
PROBLEMS - NEED FOR SOPHISTICATED
INFORMATION AND REFERRAL SYSTEM.
- 02 ORGANIZATIONAL CONSTRAINTS IN
SYSTEMS REFERRED TO, e.g.,
IN-HOUSE, LOAN & CREDIT UNIONS,
PSYCHIATRIC ADMITTING PROCEDURES,
i.e. DECISION MAKING STRUCTURES
REGULATION - HOURS OF ACCESS
LACK OF SKILL/TRAINING OF STAFF,
i.e., clericals, aides.
- 03 LACK OF APPROPRIATE BENEFITS
i.e., TYPE OF COVERAGE LIMITING
MENTAL HEALTH, ALCOHOLISM.
- 04 LACK OF SKILL IN STEWARDS
ORGANIZER, EMPLOYERS, e.g., HOW
TO APPROACH TROUBLED WORKER
- 05 PRESSURES OF CASE MANAGEMENT,
e.g. DOMESTIC VIOLENCE,
ALCOHOLISM, DRUG ABUSE
- 06 OBTAINING ACCESS TO NEEDED
INFORMATION FROM OTHER AGENCIES
CENTRAL TO ADVOCACY PROCESS, e.g.
UNAVAILABILITY OF EMPLOYER HEALTH
AND COURT RECORDS.
- 07 CONFIDENTIALITY - RE: STAFF OF
EAP TO EMPLOYEE, STUDENT SOCIAL
WORKER TO SIGNIFICANT OTHERS,
SHARING OF CLIENT CASE
INFORMATION. PRIVACY, RELEASE OF
INFORMATION, SPACE FOR INTERVIEW.
- 08 ORGANIZATIONAL CONCERNS
- 09 CONCERNS OVER TURF
- 10 IDENTIFYING WORKER GROUP IN NEED
OF HELP
- 11 DELAYS IN REFERRAL PROCESS, LACK
OF GUIDELINES
- 12 INACCESSABILITY OF EMPLOYEE - FOR
SERVICES, TIME FACTOR, e.g.,
SINGLE MOTHER WORKER NEEDS CHILD
CARE
- 13 LIMITED COMMUNITY RESOURCES,
e.g., WAITING LISTS FOR DRUG
ADDICTION
- 14 LACK OF CLEAR POLICY GUIDELINES,
e.g., ALCOHOLISM, MENTAL ILLNESS,
SO-CALLED UNEMPLOYABLE WORKERS

- 15 UNREALISTIC EXPECTATIONS OF
SOCIAL WORKER BY STAFF, e.g.,
"MAKE HIS BEHAVIOR CHANGE."
- 16 ATTITUDES IN AUSPICE TOWARDS
"PROFESSIONALS" IN A
NON-PROFESSIONAL SETTING, e.g.,
"IF YOU CAN'T WORK MIRACLES WHAT
MAKES YOU WORTH THE MONEY YOU
GET?"
- 17 WHO IS THE CLIENT? - THE
EMPLOYEE/MEMBER OR THE
ORGANIZATION, e.g., RIGHTS AND
NEEDS OF WORKER VS. NEEDS OF
ORGANIZATION - the auspice.

APPENDIX VI-1

THE COMPUTER DATA ANALYSIS

Occurrences of Presenting Problems**

Columns Presenting Problems	1	2	3	1	2	3	1	2	3
	#	Union % C.	% O.	#	Management % C.	% O.	#	Total % C.	% O.
Housing	23	23%	10%				23	17%	8%
Health									
Personal	21	21%	9%	5	15%	8%	26	20%	9%
Resources	16	16%	7%	3	9%	5%	19	14%	6%
Death & dying	4	4%	2%	1	3%	2%	5	4%	2%
Disability	8	8%	3%				8	6%	3%
Other	2	2%	1%				2	2%	1%
Gov't benefits	14	14%	6%				14%	11%	5%
Legal	16	16%	7%	2	6%	3%	18	14%	6%
Substance abuse									
Worker	20	20%	8%	1	3%	2%	21	16%	7%
Family	6	6%	3%	5	15%	8%	11	8%	4%
Mental health									
General	11	11%	5%	4	12%	6%	15	11%	5%
Intrapsychic	15	15%	6%	5	15%	8%	20	15%	7%
Interpersonal	5	5%	2%	2	6%	3%	7	5%	2%
Family									
Parent/Child	10	10%	4%	3	9%	5%	13	10%	4%
Spouse/Sig. other	5	5%	2%	5	15%	8%	10	8%	3%
Incest	2	2%	1%	3	9%	5%	5	4%	2%
Domestic violence	3	3%	1%	1	3%	2%	4	3%	1%
Other interpersonal	11	11%	5%	3	9%	5%	14	11%	5%
Financial	17	17%	7%				17	13%	6%
Job performance	9	9%	4%	11	33%	18%	20	15%	7%
Job related	10	10%	4%	7	21%	11%	17	13%	6%
Unemployment	10	10%	4%				10	8%	3%
Retirement & Other	2	1%	1%	1	3%	2%	3	2%	1%

Average # of problems 240 1.88 2.27

Number of cases 100 (union) 33 (management) 133 (total)

Number of observations 240 62 302

**The following notes are relevant to Appendices VI-1 to VI-8.

Column 1 = # of observations

Column 2 = # of observations as % of all cases

Column 3 = # of observations as % of all observations

Note - %'s are rounded to nearest whole number

APPENDIX VI-2

Occurrences of Internal Interventions

Internal intervention	Union			Management			Total		
	#	% C.	% O.	#	% C.	% O.	#	% C.	% O.
Referral	9	9%	5%				9	7%	4%
Collaboration									
Other professionals	18	18%	9%	5	15%	13%	23	17%	10%
Staff personnel	30	30%	15%	8	24%	21%	38	29%	16%
"Official" Peer	8	8%	4%				8	6%	3%
Unofficial Peer	3	3%	2%				3	2%	1%
Advocacy	8	8%	4%	1	3%	3%	9	7%	4%
Counseling									
Information	53	53%	27%	1	3%	3%	54	41%	23%
Motivational	3	3%	2%	2	6%	5%	5	4%	2%
Crisis	4	4%	2%	3	9%	8%	7	5%	3%
Supportive	35	35%	18%	7	21%	18%	42	32%	18%
Longterm	5	5%	3%	3	9%	8%	8	6%	3%
Marital	2	2%	1%	1	3%	3%	3	2%	1%
Family, Sig. other	8	8%	4%	3	9%	8%	11	8%	5%
Group	1	1%	1%				1	1%	
Follow-up	4	4%	2%	3	9%	8%	7	5%	3%
Case management	1	1%	1%				1	1%	
Systems change	3	3%	2%	1	3%	3%	4	3%	2%
Other	2	2%	1%				2	2%	1%
Average # of interventions	1.97			1.15			1.77		
Number of cases	100			33			133		
Number of observations	197			38			235		

APPENDIX VI-3

Occurrences of External Interventions

External intervention	Union			Management			Total		
	#	% C.	% O.	#	% C.	% O.	#	% C.	% O.
Referral	4	4%	3%	4	12%	9%	8	6%	5%
Link to resource	46	46%	35%	22	67%	50%	68	51%	38%
Escort i.e. court, B.R.	4	4%	3%				4	3%	2%
Outreach									
Home visit	3	3%	2%				3	2%	2%
Telephone	17	17%	13%	1	3%	2%	18	14%	10%
Other	5	5%	4%				5	4%	3%
Case management	9	9%	7%	4	12%	9%	13	10%	7%
Advocacy	13	13%	10%				13	10%	7%
Collaboration									
Employers	6	6%	5%	3	9%	7%	9	7%	5%
Supervisors	18	18%	14%	3	9%	7%	21	16%	12%
Outside spe- cialists	5	5%	4%	1	3%	2%	6	5%	3%
Follow-up	2	2%	2%	5	15%	11%	7	5%	4%
Misc. (Eval/Visit/ Agency/Other)	1	1%	1%	1	3%	2%	2	2%	1%
Average # of interventions	1.33			1.33			1.33		
Number of cases	100			33			133		
Number of observations	133			44			177		

APPENDIX VI-4

Internal Interventions used with Job Performance Problems

Internal intervention	Union			Management			Total		
	#	% C.	% O.	#	% C.	% O.	#	% C.	% O.
Referral									
Collaboration									
Other professionals	1	11%	3%				1	5%	2%
Staff personnel	6	67%	19%	5	45%	31%	11	55%	23%
"Official" Peer	3	33%	9%				3	15%	6%
Unofficial Peer	2	22%	6%				2	10%	4%
Advocacy	2	22%	6%	1	9%	6%	3	15%	6%
Counseling									
Informational	3	33%	9%	3	27%	19%	6	30%	13%
Motivational	2	22%	6%	1	9%	6%	3	15%	6%
Crisis									
Supportive	6	67%	19%	1	9%	6%	7	35%	15%
Longterm	2	22%	6%				2	10%	4%
Marital									
Family, Sig. other	1	11%	3%				1	5%	2%
Group	1	11%	3%				1	5%	2%
Follow-up				3	27%	19%	3	15%	6%
Case management	1	11%	3%	1	9%	6%	2	10%	4%
Systems outcomes	1	11%	3%	1	9%	6%	2	10%	4%
Other	1	11%	3%				1	5%	2%
Average # of interventions	3.56			1.45			2.40		
Number of cases	9			11			20		
Number of observations	32			16			48		

APPENDIX VI-5

External interventions used with Job Performance Problems

Intervention	Union			Management			Total		
	#	% C.	% O.	#	% C.	% O.	#	% C.	% O.
Referral				1	9%	7%	1	5%	3%
Link to resource	5	56%	26%	9	82%	64%	14	70%	44%
Escort i.e. court, E.R.									
Outreach									
Home Visit							1	5%	3%
Telephone	1	11%	5%				1	5%	3%
Other	1	11%	5%						
Case management	2	22%	11%				2	10%	6%
Advocacy	3	33%	16%				3	15%	9%
Collaboration									
Employers	3	33%	16%	1	9%	7%	4	20%	13%
Supervisors, agencies	1	11%	5%				1	5%	3%
Outside specialists	2	22%	11%				2	10%	6%
Follow-up	1	11%	5%	2	18%	14%	3	15%	9%
Misc. (Eval/Visit/ Agency/Other)				1	9%	7%	1	5%	3%
Average # of interventions	2.11			1.27			1.65		
Number of Cases	9			11			20		
Number of Observations	19			14			33		

APPENDIX VI-6

Internal Interventions used with Substance Abuse Problems

Internal intervention	Union			Management			Total		
	#	% C.	% O.	#	% C.	% O.	#	% C.	% O.
Referral	1	4%	2%				1	5%	2%
Collaboration									
Other professionals	4	17%	8%				4	20%	7%
Staff personnel	12	50%	24%	2	33%	22%	14	70%	23%
"Official" Peer	5	21%	10%				5	25%	8%
Unofficial Peer	1	4%	2%	1	17%	11%	2	10%	3%
Advocacy	1	4%	2%				1	5%	2%
Counseling									
Informational	10	42%	20%				10	50%	17%
Motivational	2	8%	4%	1	17%	11%	3	15%	5%
Crisis									
Supportive	7	29%	14%	1	17%	11%	8	40%	13%
Longterm	2	8%	4%				2	10%	3%
Marital				2	33%	22%	2	10%	3%
Family, Sig. other	1	4%	2%	2	33%	22%	3	15%	5%
Group									
Follow-up	1	4%	2%				1	5%	2%
Case management	2	8%	4%				2	10%	3%
Systems outcomes	1	4%	2%				1	5%	2%
Other	1	4%	2%				1	5%	2%
Average # of interventions	2.13			1.50			2.00		
Number of cases	24			6			30		
Number of observations	51			9			60		

APPENDIX VI-7

External Interventions used with Substance Abuse Problems

External intervention	Union			Management			Total		
	#	% C.	% O.	#	% C.	% O.	#	% C.	% O.
Referral	2	8%	4%	2	33%	22%	4	13%	7%
Link to resource	14	58%	29%	5	83%	56%	19	63%	33%
Escort i.e. court, E.R.	4	17%	8%				4	13%	7%
Outreach									
Home Visit									
Telephone	1	4%	2%				1	3%	2%
Other	2	8%	4%				2	7%	4%
Case management	2	8%	4%				2	7%	4%
Advocacy	6	25%	13%				6	20%	11%
Collaboration									
Employers	5	21%	10%	1	17%	11%	6	20%	11%
Supervisors, agencies	1	4%	2%				1	3%	2%
Outside specialists	3	13%	6%				3	10%	5%
Follow-up	2	8%	4%				2	7%	4%
Misc. (Eval/Visit/ Agency/Other)	6	25%	13%	1	17%	11%	7	23%	12%
Average # of interventions	2.00			1.50			1.90		
Number of cases	24			6			30		
Number of observations	48			9			57		

APPENDIX VI-8

Other Presenting Problems found with Job Performance Problems

Presenting problem	#	% C.	% O.
Housing	1	5%	3%
Health			
Personal	3	15%	9%
Resources	1	5%	3%
Death & dying			
Disability	1	5%	3%
Other			
Gov't benefits			
Legal			
Substance abuse			
Worker	7	35%	21%
Family	2	10%	6%
Mental health			
General	2	10%	6%
Intrapsychic	4	20%	12%
Interpersonal			
Family			
Parent/child			
Spouse/Sig. other	2	10%	6%
Incest	1	5%	3%
Domestic violence			
Other interpersonal	6	30%	18%
Financial	1	5%	3%
Job related	2	10%	6%
Unemployment			
Retirement & Other	1	5%	3%
Average number of additional problems		1.70	
Number of cases	20		
Number of observations	34		

APPENDIX VII

of Cases per Type of Auspice Before/Collapse

A) By Numbers of Occurrences

		Auspice							
R e s p o n d e n t		<u>Union</u>	<u>Publi</u>	<u>Priva</u>	<u>*In-Ho</u>	<u>*ConHo</u>	<u>*OffHg</u>	<u>Other</u>	Total
	Student	86	2	0	7	3	5	0	103
	Worker	<u>14</u>	<u>1</u>	<u>10</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>	30
	Total	100	3	10	12	3	5	0	133

*In-House Hospital Management
*Consortium Hospital Management

*Off-Site Management
*Public-Management
*Private-Management

B) By Percentage of Occurrence

R e s p o n d e n t	Auspice								
		<u>Union</u>	<u>Publi</u>	<u>Priva</u>	<u>In-Ho</u>	<u>ConHo</u>	<u>OffHg</u>	<u>Other</u>	Total
	Student	64.7	1.5	0.0	5.3	2.3	3.8	0.0	77.4%
	Worker	<u>10.5</u>	<u>0.8</u>	<u>7.5</u>	<u>3.8</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	22.6%
	Total	75.2	2.3	7.5	9.1	2.3	3.8	0.0	

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