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"You are in a better position to protect people when you feel like you're protected yourself" : to what extent does union membership and ethical clinical social work practice align? : an exploratory study

Robyn K. Douglass
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ABSTRACT

The purpose of this study was to examine the question: "to what extent does union membership and ethical clinical social work practice align?" by interviewing Licensed Clinical Social Workers (LCSW) working within unionized environments. The study focused on the experience of these clinicians within their current working environment and how being a union member allowed them to be able to provide ethical clinical social work practice to their clients/patients. The most compelling findings from this research were that the clinicians felt that union membership did align with providing ethical clinical social work practice to their populations within their agencies or organizations. There were limitations and concerns when it came to union participation in the form of a strike. Participants had mixed responses regarding the ethical considerations that come about as a result of a strike and how it could potentially impact their clients/patients negatively. Implications for social practice and policy highlight the need for further research in how the values of both labor unions and the field of clinical social work are closely aligned and in turn how can that help clinicians provide the most ethical care possible.

"You are in a Better Position to Protect People When You Feel Like You're Protected Yourself": To What Extent Does Union Membership and Ethical Clinical Social Work Practice Align?: An Exploratory Study

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Robyn Kay Douglass

Smith College School for Social Work
Northampton, Massachusetts 01063

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To labor workers, activists, whistleblowers, social justice advocates, and those willing to put themselves on the line for a cause, In solidarity!

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CHAPTER I

Introduction

The purpose of the present research study is to explore to what extent union membership and ethical clinical social work practice align. The research focused on understanding the experiences and opinions of licensed clinical workers working in a unionized environment, their views on is there are any overlapping values amongst the role of a labor union and the role of a licensed clinical social workers, and if working in a unionized environment and being a member of a union has any impact on their clinical work. This qualitative study will be carried out with a semi-structured questionnaire, interviewing 10 licensed clinical social workers, with at least two years of experience in the field, working in a unionized environment. The subjects will be members of the National Union of Healthcare Workers (NUHW), clinicians working in a university setting, clinicians working in hospital settings, and clinicians working for the city and/or state.

The experience of being a member of a labor union and a licensed clinical social worker presents a complex situation. On one hand, many social workers see themselves as professionals and want the opportunity to move into management or have more autonomy over their career. On the other hand, a majority of social workers are working for agencies, organizations, or institutions that have a union built into the structure. The fact is, "…many social workers are employed in the public sector, where workers are unionized at a rate more than four times that of a private-sector employee." (Rosenberg & Rosenberg, 2006, p. 295) However this is complicated by the fact that Healy & Meagher (2004), contend that

> …classical pathways to professionalization have emphasized recognition of the
>
> distinctive expertise of social service workers, while by contrast, classical unionism

approaches have tended to focus on experiential knowledge, which is knowledge gained

in specific workplaces or through lived experience…Classical unionism is not well able

to take account of the interests of different subgroups of social service workers, and so

tends to reinforce rather than overcome problems of non-recognition of professional

activity in the field. (pp. 250-253)

This research is important because of its focus on the subjective experience of the

clinicians working within a unionized environment. Understanding the roles and their values, the

benefits, and limitations/challenges, and the impact membership has on clinical work can provide

important information for social workers new to the field and to the field of social work in

general.

Chapter II, the Literature Review, discusses the literature related to this research,

including a brief history of the labor movement in the United States, professionalism in social

work (white collar versus blue collar), a history of social service workers organizing and

unionizing, ethical practice: code of ethics as defined by the national association of social

workers (NASW), and the alignment of social work code of ethics and labor union

practices/framework.

Chapter III presents the methodology behind this research study. This study was a

qualitative, exploratory study, which utilized open-ended questions to solicit the unique and

complex experience of licensed clinical social worker working within a unionized environment.

Chapter IV of this study presents the findings, major issues, and possible benefits and

limitations of union membership from the ten qualitative interviews. Many participants discussed

how they benefit from the protection of the union and how advocacy on behalf on their clients, as

well as themselves as workers, is a benefit to belonging to a labor union. Additionally,

participants discussed their level of participation and their personal experience of working within a union. Lastly, participants discussed how union membership could potentially have an impact on their clinical work.

The Discussion chapter discusses the results, and implications of this study and makes recommendation for further study and questions to be researched. Additionally, the strengths and limitations of this study are explored.

CHAPTER II
Literature Review

This thesis asks the question, "To what extent does union membership and ethical clinical social work practice align?" In order to adequately address this question it is important to examine the purpose and history of labor unions and explore what ethical clinical social work practice means. Literature concerning the history and values of the labor movement, as well as the history and values of clinical social work practice is explored.

The main purpose of a labor union is to provide protection to its workers and give them an opportunity to have a collective voice represented in their working conditions. Labor unions also provide a myriad of other benefits to members such as a sense of unity, a collective voice with a common purpose, and opportunities for different leadership roles and skill development. Licensed Clinical Social Workers (LSCW) work closely and collaboratively with individuals, groups, and communities in an attempt to provide them the resources, tools, and hope to be able to live their life to the fullest potential. As an LCSW, you are not required to join the National Association of Social Workers (NASW) and therefore not held to the NASW's Code of Ethics. However, the Code of Ethics does provide some core principles of ethical conduct for the profession, it's just that they can only be enforced with dues paying members. It is also true that numerous schools of social work, such as Smith College School for Social Work, assigns the NASW Code of Ethics as reading for first year students. According to the National Association of Social Workers Code of Ethics (2008), the core values of a social worker are: service, social justice, dignity and worth of a person, importance of human relationships, integrity, and competence. (National Association of Social Workers, 2008, Preamble). These core values are then broken down into the "ethical principle" of each one, which is used to expand on the importance and power the role social workers have when working with the general population.

The Code of Ethics exists to help hold the role of social workers accountable to these precepts by, for example, prohibiting taking advantage of or exploiting their clients. However, if Licensed Clinical Social Workers are being exploited and forced to work in unethical, potentially dangerous working conditions, how are they to perform their job in an ethical manner as described in the Code of Ethics? The question then becomes, to what extent does union membership align with ethical clinical social work practice? If labor unions and licensed clinical social workers have similar goals that include advocacy, social justice, and quality of life and work, then it makes logical sense for them to align and provide ethical care to employees as well as clients. In addition, this chapter will review empirical research by contemporary social workers, labor scholars, and sociologists and interpret the work they have done to enhance an understanding of the extent to which there is alignment between the social work code of ethics and labor union practices/frameworks.

A Brief History of the Labor Movement in the United States

The development of the labor movement came at a time in United States history when the country was in a transitional period moving from agricultural labor to industrial/craft labor. This shift primarily occurred in the late 1800s and the early 1900s, though craft unions emerged as early as the 1830's – among weavers, printers, and other skilled workers in the early stages of American industrialization. In 1876, the Knights of Labor formed initially as a secret society, with the function of organizing workers around the country under the radar of management.

> The quintessential expression of the labor movement in the Gilded Age was the Noble and Holy Order of the Knights of Labor, the first mass organization of the American working class. Launched as one of several secret societies among Philadelphia artisans in the late 1860s, the Knights grew in spurts by the accretion of miners (1874-79) and

skilled urban tradesmen (1879-85). While the movement formally concentrated on moral and political education, cooperative enterprise, and land settlement, members found it a convenient vehicle for trade union action, particularly in the auspicious economic climate following the depression of the 1870s. (Fink, 1985, xii)

This organization allowed workers to band together under a similar set of values and with the need for protection from those managing them and their trade.

The American Federation of Labor (AFL), founded by Samuel Gompers in 1881, developed to help numerous craft labor workers to collaborate through the use of collective bargaining for shorter working hours and higher wages. Collective bargaining is a process of negotiation between employers and employees, which involves discussion of working conditions, wages, and overall worker protection. In his work prior to the founding of the AFL, Gompers aligned more with a socialist view of the economy and highlighted the function and impact of class conflict on working Americans. In the process of becoming a well-known labor leader and involved with important political figures, Gompers eventually shifted toward a less radical, more diplomatic approach to collective bargaining with his workers. He also was an outspoken supporter of WWI, with the goal of attempting to avoid strikes while continuing to fight for fair wages.

The state of organized labor in 1910 not only provided a durable template for membership growth over the next half century, it also represented the fruition of the young trade movement. Founded in 1886 following the collapse of the visionary Knights of Labor, the AFL adopted a more pragmatic stance, accepting the permanence of the capitalist system and seeking to carve out a more secure place within it by targeting skilled workers who had sufficient market

leverage to pressure employers and high enough earnings to fund their ongoing battles.

(Kimeldorf, 2013, p. 1035)

The labor movement strengthened after WWI, as men were returning from war and realizing that they needed protection from large employers as they returned to the labor force. According to Ashenberg Straussnerr & Phillips (2015) as cited in (Brandes, 1976, p.111),

The increase in demand for products used in defense during the First World War and the decrease in the labor supply, placed workers in a new position of power. Not only did union membership grow, but the labor movement became increasingly militant. Fearful of the demands of workers for a share of the wealth, businessmen who accumulated enormous profits during the War, responded by offering expanded welfare programs".

The cost and standard of living, recession, and wartime industries were the major catalyst for the labor movement. (Foner, 1988; Goldstein, 2010; Kimeldorf, 2004) Gregg (1919) writing for the *Harvard Law Review,* describes the purpose of the National War Labor Board in 1918,

as a platform to improve relations between employers and employees during the period of the war…the Council of National Defense suggested to the Secretary of Labor that they summon a conference board of employers, labor leaders, and representatives of the public to examine the fundamental principles and policies to govern relations between capital and labor during the war. (p. 39)

Another major theme that led to the development of labor unions was repression in a variety of forms. Goldstein (2010) points out that

The role of repression in American labor history: role of police, national guard, military, private police, armies and detectives, company towns or any other aspects that make

American labor extremely bloody and violent, such as mining, textile, and lumber

communities. (p. 273)

Repression led to the AFL aligning with a more capitalistic orientation to stay politically "safe" during uncertain war times. The AFL's stance in the midst of this time period leads many to believe that repression is the key explanation of the failure of numerous major strikes in key industries. (Goldstein, 2010; Foner, 1988) The Great Depression, which spanned from 1929-1939, is described as one of the most impactful and longest-lasting economic collapse in the United States. The impact on the American people, especially working class Americans, was significant and led to union membership decline. Goldstein (2010) goes on to explain that only with the enactment of legislation during the New Deal were unions able to survive. The New Deal legislation outlawed labor injunctions and guaranteed workers' right to freely organize, which in turn, allowed strikes and membership numbers to increase and become a major force of influence in the country. (p. 285)

Ashenberg Straussnerr & Phillips (2015) explain that,

Significant shifts affecting labor unions also occurred during the 1930s, which has been described as "the most significant decade in the history of the American labor movement" (Hardber, 1966, p.105). A shift in attitude from tolerance and even hostility towards the labor movement to one of encouragement was seen in Federal legislation in the Wagner Act and the establishment of the National Labor Relations Board. (p. 113)

In 1935, the Congress of Industrial Organizations (CIO) is founded with a much more radical structure, posing a challenge to the AFL.

Union presidents, including John L. Lewis of the United Mine Workers, founded the Committee for Industrial Organization in November 1935. Fed up with the refusal of the

American Federation of Labor (AFL) to organize unskilled and semiskilled factory

workers, Lewis and his allies provided the money and organizational framework for their

mobilization and unionization. (The Electronic Encyclopedia of Chicago, 2005, para. 1)

The Wagner Act and Roosevelt signing into law the National Labor Relations Act (NLRB)

safeguarded union organizing efforts and authorized the NLRB to assure fairness in union

elections and during collective bargaining with employers. The new law tilted the playing field

significantly in labor's favor, prompting a huge unionization drive throughout the late 1930s.

The Taft-Hartley bill, legislation that rolled back many of the advantages labor gained in 1935

with the Wagner Act, was enacted in context of the post-World War II anti-red political climate.

As cited by Reisch & Andrews (2001) in the book, The Road Not Taken: A History of

Radical Social Work in the United States,

Within a few years, however, the repressive climate of McCarthyism decimated left-

leaning unions, including social work unions in the public and private sectors, and

resulted in mainstream social service organizations blacklisting and marginalizing social

workers and clients who supported social justice causes. In some states, suspected

communists or "Reds" who were unemployed were even declared ineligible for public

relief payments (Lush, 1950). As a result, activism among social workers declined and

was replaced by an inward-looking drive for enhanced professional status (Wenocur &

Reisch, 1989). As organized labor purged its left-leaning members and radical unions, the

overall power of unions declined. At the same time, the demographic composition of

low-wage workers began to change and social workers refocused their attention away

from the alleviation of structural inequalities toward the enhancement of individual or

family life. The political environment shifted so rapidly that by 1951 the profession had

to be persuaded that its middle class interests were compatible with those of organized labor (Wolfson, 1951). By the mid-1950s, the "retreat" of social work from an emphasis on services to low-income people became an issue of pressing concern to the minority of advocates and activists within the profession (Specht & Courtenay, 1994). (p. 60)

This shift in the political climate led to the merging of AFL-CIO in 1955. The merger is described as, "…unity within organized labor, big labor gradually becomes a complacent interest group rather than a social movement." (Shmoop Editorial Team, 2008) Goldstein (2010) asserts that the two organizations merged largely due to the weakening of the CIO as a result of the anti-Communist purge, which was significantly shaped by a long history of repression which repeatedly focused with especially terrifying ferocity on perceived radical labor groups. (p. 286) While McCarthyism certainly impacted numerous individuals and groups negatively; it did ultimately force a sense of unity within in the labor movement. The 1960s presented unique challenges to the labor movement due to significant radical cultural shifts in ideology. The Civil Rights Movement and the War on Poverty provided more progressive ideas and actions.

A History of Social Service Workers Organizing and Unionizing

The 1930s-1940s, along with the creation and implementation of the New Deal, greatly influenced the labor movement in multiple ways. President Franklin D. Roosevelt implemented new domestic programs to assist with and create job opportunities for those most impacted by the financial crisis. As a result of these programs, the AFL had steadily increased membership among key labor sectors in the country. At the same time, the CIO was comprised of industrial unions, some of which espoused an ideology that stood in contrast to the goals of the AFL (Goldstein, 2010). "The economic and social upheaval of the Great Depression, accompanied by shifts in societal attitudes towards workers and unions as reflected in the federal legislation of the

New Deal, resulted in a new complementarity of interests and objectives of social work and labor unions." (Ashenberg Straussner & Phillips, 2015, p. 112).

While the field of social work had begun in the early 1880s with The Charity Organization societies and then to the Settlement Houses of the 1900s. The prevailing "charity model" ideology began to shift throughout the 1930s. Moving from the ideology of a charity model to a more radical, social justice oriented ideology challenged the field and influenced many social workers to align with the labor movement through the Rank and File Caucus. According to William De Maria (1992) cited by authors, Reisch & Andrews (2001) in *The Road Not Taken: A History of Radical Social Work in the United States,*

> The social work radical is someone who has a philosophy leaning towards the importance of discovering first causes of oppression (or injustice or disadvantage). That, however, is only half of the story and many social workers who are called radical end there. The next stage is to transform the insights gleaned from the foundation material into immediate social action…with the sobering awareness that the latter is far more difficult to achieve than the former. (p. 5)

At this time, organizing borne out of the experience of the depression was occurring in New York State among a group of Jewish social workers from numerous private agencies. This group of social workers would form the Social Work Discussion Club (SWDC), described as "an open forum for the analysis of basic problems and their relation to social work". (Haynes, 1978, p. 78) At this point in time, some social workers were beginning to look to the external forces as the causes of poverty and unemployment, and became more politically involved. This was true not only for the people they served, but for themselves as workers who had become impacted by the shifting ideology of the time. Haynes (1975) goes on to explain that,

Initially the SWDC's activities were educational and political, but soon the club became

concerned with specific social worker issues such as wages and caseload. And these

concerns reflected increasing ferment inside the social worker ranks. Active discontent

surfaced firs in New York's many Jewish agencies in late 1931. (p. 79)

When the SWDC's concerns were rejected, the group transformed into the Association of

Federation Social Workers, which was the first social workers' union in America. Eventually,

these individuals decided to change their name to the Association of Federation Workers (AFW)

and included all employees, such as clerical staff and professional caseworkers. Karger (1988)

stated that the 1930s and 1940s were a time when social workers were one of the most prominent

professions in the burgeoning union movement. (p. 95)

The AFW had begun to spread the message of a social worker "protective organization"

and what came to be called "Rank and File" ideology inside the social work profession,

shortly after its creation. In cooperation with SWDC the AFW created the Committee to

Protect Standards of Workers in Social Agencies. This body aimed at creating social

worker unions on the model of the AFEW in all New York private agencies, Jewish and

non-Jewish. The only workers who proved receptive, however, were the social workers in

Brooklyn Jewish agencies who formed the Association of Brooklyn Federation Workers

in November, 1933. Attempts to spread social worker unionism to other areas resulted in

some organizations, but none achieved either substantial membership or noteworthy

success. (Haynes, 1975, p. 80)

The Rank and File Movement thus arose primarily from the heightened consciousness

among social workers of the contradictions between their daily work and the imperatives of the

capitalist system. Factors that shaped this new consciousness included impossible working

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conditions, excessive caseloads, recognition of the inadequacy of the relief system, and personal anguish over their inability to address the plight of increasing numbers of clients. (Reisch & Andrews, 2001, p. 65)

A leading voice in the effort to shift of social work to a more progressive stance came from Mary van Kleeck, a respected social worker who spoke on behalf of the Rank and Filers at the 1934 NCSW conference,

Speaking before an overflow crowd at the NCSW conference, van Kleeck charged the New Deal with preserving the property rights and profits of the corporate elite under the guise of improving the living standards of the common people. The unparalleled increase in federal programs and funding, she claimed, had distracted social workers from the real issue at hand. This, she argued. "is not whether [the profession] is changing its base from private to government sources, but whether this reliance on government commits social workers to the preservation of the status quo and separates them from their clients" (van Kleeck, 1934b, p. 474). In place of the status quo oriented programs of the New Deal, van Kleeck proposed comprehensive social insurance policies and the development of a full-blown welfare state. She criticized the Roosevelt administration for its support of corporate interests and its failure to back unions' demands for collective bargaining. To a standing ovation, van Kleeck declared that only a more planned economy and greater emphasis on economic redistribution would eradicate prevailing social ills and produce a new economic order." (Reisch & Andrews, 2001, p. 63)

Professionalism in Social Work (white collar vs. blue collar work)

The shift to viewing the role of a social worker as a professional versus simply a worker began to emerge after the 1960s. For a group of social workers it felt important for the field and

their job to be viewed with a level of respect and legitimacy by other professionals. The way to attain these things was through the process of professionalization. Professionalism for social workers can be defined as the ability to step into a management role, open private practices and serve specific populations, develop more of a distant persona from the client, as well as numerous other distinctions. With professionalization, the social worker can be seen more as an expert and clinician, and less as someone who is in the trenches with the people.

'Profession' is a descriptive term comprising a list of identifying characteristics that distinguish 'professions' from 'occupations' (Hall, 1994; Hugman, 1996; Popple, 1985). Thus, this approach operationalizes the term by identifying critical attributes or core traits. Ernest Greenwood (1957), the most prominent proponent of this approach (Abbott, 1995; Hall, 1994), pointed out five critical attributes: (i) a systematic body of knowledge; (ii) professional authority recognized by its clientele; (iii) community sanction; (iv) a regulatory code of ethics; and (v) a professional culture sustained by formal professional associations. Over the years scholars have added traits, among them a distinguishing set of esoteric specialist skills, a long period of training and socialization within higher education, control over entrance into the training process, commitment to service, autonomy of action, prestige and remuneration, and fiduciary relations with clients (Abbott, 1995; Hugman, 1996; Wenocur & Reisch, 1983). (Weiss-Gal & Welbourne, 2008, p. 282)

The catalyst for the shift to professionalization can be somewhat attributed to the formation of National Association of Social Workers in 1955. The National Association of Social Workers (NASW) developed through the consolidation of the following seven professional organizations: American Association of Social Workers (AASW), American

Association of Psychiatric Social Workers (AAPSW), American Association of Group Workers (AAGW), Association for the Study of Community Organizing (ASCO), American Association of Medical Social Workers (AAMSW), National Association of School Social Workers (NASSW), and the Social Work Research Group (SWRG). (NASW, 2008, The History of NASW) The main purpose for the consolidation into one main association was to share information about each organizations' objectives, member requirements, finances, and among other important issues to work toward creating one unified professional social work organization to enter into the private sector. (Hansen, 2016; Weiss-Gal, 2008). The benefit of creating a unified professional social work organization is to gain credibility, legitimacy, and potentially higher pay than before. Krager (1989) argues that,

> …the NASW position on social work unionization can best be described as neutral. By explicitly stating in the Code of Ethics that social workers' primary responsibility is to clients, NASW has inadvertently indicated that the service norm must take precedence over all bureaucratic processes and goals. Precisely how NASW's emphasis on a service norm plays out in relation to a strike situation is a question that remains unanswered. (p. 11)

The limitations of the professional affiliation were that it led to a division between social workers and the identity of the occupation. Haynes (1975) demonstrates this limitation through his discussion of the problems of "professionalism",

> The problems of organizing private social workers were great. The most difficult problem was the "professionalism" of most social workers; which caused them to look down upon association with the labor movement. The very structure of private social work hindered unions. The boards of each agency were responsible only to themselves

and did not suffer any pecuniary loss from such traditional labor weapons as the strike.

Only when the union could touch public opinion or reach the donors who supported the

agencies could pressure be put on an intransigent board. The small staff and the frequent

intimacy between the staff and the executive worked against unionism based on conflict

between employee and employer. The existence of so many small agencies scattered

potential membership and forced the union to deal with separate boards and executives at

every turn. Labor laws exempted social welfare agencies from coverage; thus unwilling

executives could not easily be forced to bargain. And most executives were unwilling.

Again and again in the history of social worker unionism executives of welfare agencies

displayed intense hostility to collective bargaining by workers acting through

representatives of their own choosing: welfare agency executives proved no more

friendly than did factory executives in the 1930s. The perplexing problem is not why

private social worker unions failed in most places, but why they succeeded anywhere. (p.

86)

Scanlon & Harding (2005) quoting Walkowitz (1999) assert that,

While the Depression-era social workers viewed themselves as workers, subsequent

practitioners cultivated a middle-class, professional identity. Rather than pursuing

unionization strategies, social workers sought advanced clinical training, the development

of professional journals, the establishment of private practices, social work licensure…

(p. 12)

Haynes (1975) then goes on to conclude,

The identification of the social worker as a worker was a direct attack on the traditional

emphasis on professionalism. Rank and Filers pointed out that at a time when social work

was at the height of demand and that professionalism, by traditional assumption, should be fully recognized, in fact social workers faced salary reductions, payless vacations, overtime, and layoffs. The problems faced were the same as those facing the blue-collar worker. The fact that such reductions were forced upon supposed professionals proved that the true relationship of social worker to the agency executive was not that of professional colleagues but that of employer and employee. Therefore, the traditional arguments for unionism should be accepted. (p. 90)

Five years after the founding of the National Association of Social Workers, NASW, adopted its first Code of Ethics in 1960. The NASW Code of Ethics led to a shift in the field of social work based on a set of professional guidelines. Reamer (1998) explains that, "Social work entered a new phase in the early 80s, influenced by the invention of the 70s of a new field known as applied and professional ethics, based on medical ethics (bioethics), attempt to apply principles, concepts, theories of moral philosophy to real-life challenges faced by professionals." (p. 491)

The 1970s to present day highlight the growing shift towards a managed care, in terms of health care and mental health services. The term managed care refers to the importance that prepaid health plans assign to health promotion and prevention of illness, along with an attempt to restrain the growth of healthcare costs. (National Council on Disability, n.d.) During the late 1980s and early 1990s, managed care plans were credited with curtailing the runaway growth in health care costs. They achieved these efficiencies mainly by eliminating unnecessary hospitalizations and forcing participating physicians and other health care providers to offer their services at discounted rates. This shift impacts the delivery of mental health services, especially in medical/hospital settings. Riffe & Kondrat (1997) highlight the fact that, "…increasing

pressures have come to bear on the individual practitioner to treat mental health issues in a more cost effective manner." (p. 42)

Ethical Practice: Code of Ethics as defined by National Association of Social Workers (NASW)

A guiding set of standards for the field of social work is the Code of Ethics created by the National Association of Social Workers. While the Code of Ethics is created and updated by a professional organization, it is used as the standard to which social workers around the country look to for how to practice in an ethical manner. While the Code of Ethics highlights important issues for social workers to both be aware of and not enact with clients, patients, or in a work setting, it is still a document created by a select group of individuals whose experiences may diverge greatly from those of front-line workers. This creates a dilemma in terms of ethics, as in who gets to define ethical behavior for a group as diverse as social workers, which work in a variety of capacities and settings. Reamer (1998) explains that,

> By the late 1940s and early 1950s, social workers' concern about the moral dimensions of the profession shifted. Instead of the earlier preoccupation with clients' morality, social workers began to focus much more on morality, values, and ethics of the profession and its practitioners. (p. 489)

This would explain why NASW adopted the Code in 1960, in advance of the dynamics of the 1970's and 1980's as Reamer (1998) noted above. Reamer (1998) outlines that in 1947, the Delegate Conference of American Association of Social Workers adopted a code of ethics, and, as noted earlier, in 1960 NASW adopted its first formal Code of Ethics. This document went through numerous revisions throughout the following years and in the 1960s-early 1970s, social work directed considerable attention toward matters of social justice, social reform, and civil rights. This period is also marked by a numerous important publications on ethical considerations

and values in the field of social work. (pp. 489-490) As the NASW grew in terms of members and recognition, discussion of the code of ethics continued. It wasn't until 1996 that NASW published a draft in an issue of their newsletter with an invitation for all NASW members to submit comments to be considered as the committee prepared the final draft. In turn, this means that only dues paying members could contribute their ideas to the new Code of Ethics. (Reamer, 1998, p. 494)

A tension exists between a professional organization creating the Code of Ethics for the field of Social Work and those individuals who by choice do not want to belong to NASW, due to the fact that the set of standards for the field are set by a group of people with "professionalism" as their guiding value. While the Code of Ethics only applies to NASW, it is intended and taught to set a standard for the whole field.

Karger (1989) argues,

> Despite any ambivalence, the NASW is caught in a philosophical bind. Because NASW
> aggressively endorses the rights of clients to self-determination, how can it allow that
> right to be denied social workers? Moreover, social work values such as advocacy,
> empowerment, and self-determination cannot be endorsed for clients while at the same
> time abridged for those who serve them. Such philosophical arguments require that
> NASW tolerate-if not actively support -social work unionization. In short, while the
> NASW reaffirms the right of social workers to join unions, it does not actively
> endorse unionization. (p. 11)

This could be connected to the reality that almost all of NASW's elected leadership is more likely to be managers than front-line workers due to multiple variables. These variables include

managers having more flexible work schedules and perhaps, not carrying a caseload of clients/patients.

Alignment of Social Work Code of Ethics and Labor Union Practices/Framework:
An Example from the state of California, The National Union of Healthcare Workers
(NUHW)

Beginning in 2014, the Affordable Care Act (ACA) not only allowed millions of Americans access to healthcare, it also expanded mental health and substance use disorder coverage. The expansion of these services is the largest in a generation. The ACA also expands on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA, or federal parity law), which states that health insurance companies and organizations are to provide mental health and substance use disorder benefits equal to that of general medical and surgical benefits (Beronio, Po, Skopec, & Glied, 2013). In California, the ACA, or what is referred to as Covered California, provided healthcare benefits to 3.4 million previously uninsured adults (DiJulio, Firth, Levitt, Claxton, Garfield, & Brodie, 2014). According to Nicol (2014),

> Currently, states have the primary authority to enforce mental health parity laws, but if the federal government determines that the state is not enforcing the law, then it can step in and enforce it. Federal parity laws, recently amended with the Affordable Care Act, are decidedly stronger than state laws. In California, laws such as California's Mental Health Parity Act, the Knox-Keene Health Care Services Act, and Timely Access laws provide protection for mental health patients.

Not only are these laws provided for protection, but professional organizations that represent Social Workers, Marriage and Family Therapists, and Psychologists also hold their clinicians to a code of ethics. According to Gough & Spencer (2014),

> Ethics in practice is not a spectator activity but one that involves engaged practitioners who are faced with either giving good ethical information or making good ethical decisions and actions. Either way, ethics is not a dispassionate distraction but an activity that has important outcomes, serious and significant practical consequences (p. 24)

An example of this is Kaiser Permanente, California's largest Health Maintenance Organization and the second largest provider of mental health services in the state, second to the State of California itself. Kaiser offers members inpatient, outpatient, and emergency mental health services provided by several thousand mental health professionals (National Union of Healthcare Workers, 2011). The NUHW, "Care Delayed, Care Denied" Report goes on to explain,

> For decades, California lawmakers and advocacy organizations have sought to ensure timely access to appropriate treatment for patients enrolled in HMOs. Building on principles first introduced by California's landmark Knox-Keene Health Care Service Plan Act of 1975, California legislators approved Assembly bill 2179 in 2002 and directed the California Department of Managed Health Care (DMHC) to establish clear, enforceable standards to ensure that HMOs provide patients with timely access to care. (NUHW 2011; Cohn, 2002).

However, even with federal and state laws mandating timely access to services, a group of patients, state regulators, and clinicians are vocalizing their concerns about delays in Kaiser's mental health services and violations of the law (Nicol, 2014). Nicol goes on to report that,

> In June 2013, the California Department of Managed Health Care fined Kaiser $4 million-the second-largest penalty in the agency's history-for providing inadequate mental healthcare, and issued a cease-and-desist order against the healthcare giant for mental health violations. The large fine and criticism of Kaiser also come at a time when the nonprofit is being held up as a national model for healthcare (2014, para. 11)

Even though this issue is only recently being reported in the media, many of these issues were brought up dating back to 2004. Holstein (2004) explains that clinicians reported being encouraged to intake ten new clients per week, clinical hours of psychotherapy were limited to 16-24 hours a week, and the emphasis on seeing new patients, on-going and long term care was made extremely difficult.

> According to Nicol (2014),

> Kaiser clinicians are, in fact, the most vocal critics of Kaiser's mental health services. The NUHW, which represents 2,500 mental health clinicians in California, has led a campaign to raise awareness of Kaiser's alleged mental health deficiencies. The union Kaiser's underlying problem. In 2011, the union released a report that detailed the inadequate mental health services found by their clinicians. Many suspect the report triggered the state's investigation and subsequent fine. (para. 32)

The organization of the members and stewards within the NUHW are the primary reason these violations of the law were escalated to the Department of Managed Health Care.

NUHW developed in 2009 out of a contentious labor battle between Service Employees International Union (SEIU) and the United Healthcare Workers (UHW) at Kaiser (Early, 2011). The goal of NUHW from the beginning was to be member-run and organized from the bottom up as opposed to SEIU's mission to govern from the top down. Lichtenstein & Fletcher (2009) believed that,

> …the ideas contained in the NUHW insurgency are contagious…and the attempt by NUHW members to create a structure of democratic participation is not just a moral imperative, but an organizational weapon that sustains struggle and ensures that the union remains part of a larger movement for social justice. (p. 2)

Cal Winslow (2010) agrees, "The NUHW Kaiser campaign, the heart of the new union's strategy, set out to build (rebuild) the union in workplaces, first by denying SEIU the right to represent Kaiser workers". (p. 67) The fact that NUHW went up against SEIU, which is the nation's second largest union and one of the richest, it reportedly contributed nearly $85 million to the 2008 Obama campaign, shows how committed these workers are to the struggle for labor rights (Winslow, 2010).

> As some observers of the campaign noted, SEIU's fear mongering was profoundly disempowering. It sought to lower rather than raise worker hopes and expectations by stoking insecurity. In areas of union weakness at Kaiser, it simply reinforced existing (partnership-assisting) tendencies toward workplace passivity and acceptance of management initiatives. (Early, 2011, p. 324)

In January 2015, the NUHW organized the largest-ever strike by mental health care workers, approximately 2,600 employees across California walked off the job for a week. (Resnikoff, 2015) Early (2011) emphasizes the creativity, tenacity, and courage of NUHW is pointing the way toward a better model of worker organization. He goes on to state, "Until there is a broader rank-and-file militancy, the NUHW struggle will remain an inspiring example of and necessary experiment in independent unionism, in a situation where the road to internal union reform was hopelessly blocked". (Early, 2011, p. 338) Currently, labor and the idea of unions is under attack in states such as Wisconsin, where Republican Governor Scott Walker, continues to pass "right-to-work" laws that are stripping workers of their hard won labor rights (Gerard, 2015).

> American workers are already suffering the worst income inequality since the Great Depression. Right-to-work-for less laws worsen that. These statutes forbid employers and labor organizations from negotiating collective bargaining agreements requiring all workers to pay either fair share fees or union dues…Right-to-work-for-less laws are intended to bankrupt unions. And they do. (Gerard, 2015, para. 7)

The path chosen by NUHW is not an easy one, but a necessary one to strengthen nation's labor movement (Winslow, 2010, p. 74).

Synopsis

The current literature presents an overview how labor unions and clinical social work practice intersect on multiple levels. The tension between ethical treatment of both workers and the people they serve is a common theme throughout the literature. Labor unions, by their definition, are concerned with the treatment and welfare of the workers as a whole. Social

workers are first and foremost concerned with the treatment and welfare of their clients/patients, and eventually began including their own experience as workers as a source of concern as well. The present study attempted to answer some of the gaps in the literature, providing an exploratory examination among unionized clinical social workers, to gain a broader perspective of the extent to which union membership and ethical clinical social work practice align.

CHAPTER III

Methodology

This qualitative study was an exploration of the following question: *To what extent does union membership and ethical clinical social work practice align?* The purpose of the study are to explore if there is a connection between being a licensed clinical social worker working within a unionized environment and the ability to provide more ethical care to patients/clients due to possibly overlapping values between the field of social work and the values of a labor union. This question is relevant currently due to the recent implementation of the Affordable Care Act, which allows a large number of individuals access to not only medical care, but also mental health services.

> The Affordable Care Act will provide one of the largest expansions of mental health and substance use disorder coverage in a generation. Beginning in 2014 under the law, all new small group and individual market plans will be required to cover ten Essential Health Benefit categories, including mental health and substance use disorder services, and will be required to cover them at parity with medical and surgical benefits." (ASPE Office of Health Policy, 2013, para. 1)

This expansion will require mental health providers, specifically clinical social workers, for the purposes of this study, to take action to provide ethical, adequate, and accessible services to their clients. Therefore, this question is important to explore. As a social worker in a unionized position, is one able to provide this large number of newly eligible individuals ethical clinical care and treatment within specific organizational settings?

Qualitative methods, using semi-structured interviews, were selected as the basis for the study's design for several reasons. "Qualitative studies seek to represent the complex worlds of

respondents in a holistic, on-the-ground manner. They emphasize subjective meanings and question the existence of a single objective reality. Furthermore, they assume a dynamic reality, a state of flux that can only be captured via intensive engagement." (Padgett, 2008, p. 2) Esterberg (2002) expands on this idea by highlighting the fact that the goal of semi-structured or in-depth interviews is to jointly construct meaning on some topic. The semi-structured interview allows the researcher to explore a topic more openly and allows the interviewees to express their opinions and ideas in their own words. (pp. 87-88)

Sample

The sample population for this study is made up of Licensed Clinical Social Workers with a minimum of two years experience in the field, currently working within a unionized environment. Given the small scope of my project and the small sample size, other mental health professionals were eliminated from the sample. Participants practiced in one of the following unionized settings: hospitals, outpatient clinics, college counseling centers, mobile crisis teams, or non-profit organizations. Convenience sampling and then snowballing techniques were utilized to obtain the participants for this study. Individuals were excluded from participation in the study at the time of data collection if they 1) were not or did not have at least two years working experience as a Licensed Clinical Social Worker, 2) did not currently work in a unionized environment, 3) were practicing outside of the United States or Canada.

Recruitment

Prior to recruitment of participants for this research, approval for the study and all safeguards to ensure ethical standards were obtained from the Smith College School for Social Work Human Subjects Review (HSR) Committee (Appendix A). Recruitment began through the staff at the National Union of Healthcare Workers (NUHW), located in Emeryville, California.

Members of NUHW, limited to licensed clinical social workers received the recruitment letter (Appendix B) by both email and an announcement at a monthly steward council meeting. The e-mail and announcement by the NUHW staff member were disseminated simultaneously. After the initial outreach for participants through NUHW, the researcher then used networking and snowball sampling to access additional participants. The researcher utilized the participants she interviewed and asked them, or they offered, to reach out to their own network and pass on the study information. To obtain the remaining five out of ten participants, the researcher created a flyer (Appendix C) and posted it on the social media website, Facebook. The flyer was posted on my personal Facebook page as well as numerous groups: Smith Social Work Class of A16, NUHW Solidarity, Radical Social Work Group, Ethical Social Workers, Smith School for Social Work Alums, and Bay Area Mutual Aid: Radical Social Workers. Each potential participant received information relating to the research topic, inclusion criteria, and the nature of participation in one of three ways: through e-mail, announcement at the steward council meeting, or on the Facebook flyer. Due to the study time constraints and the volunteer nature of participation, if I did not hear back from participants it was assumed that they were not interested in participating and no further attempts were made to recruit them.

Once a participant was determined to be a fit for the study based on the inclusion criteria, we booked a day and time for a recorded phone interview. I sent the consent form (Appendix D) and a preview list of the interview questions (Appendix E) to those who qualified for participation in an email. Interview questions were sent ahead of time to give participants time to reflect on their responses. I explained that I needed a signed consent form before I conducted the interview and that they could either send it through email or the mail. The first few minutes of

the interview included a review of the informed consent in order to ensure that the participants understood the document and it also gave them a chance to ask any clarifying questions.

Ethics and Safeguards

  Protection of confidentiality. Participation in this study was not anonymous because of the nature of conducting personal interviews. Every attempt was made to keep information about each participant and their responses to my research questions confidential. The following steps were taken to maintain confidentiality to the best of my ability. Interviews were conducted in a setting that allowed for privacy. I designed a system for assigning code numbers to each participant. Once interviews had taken place, each audio recording was assigned the corresponding code, as were the transcribed interviews. Interview transcribers were required to sign a confidentiality agreement (Appendix F). Illustrative quotes have been carefully disguised and any possible identifying information has been removed, in order that material from the study may be used for future presentation and publication.

  Risks and benefits of participation. The consent form outlined the purpose of the interviews to potential participants, who were also provided with a preview of the interview questions so that they would have a sense of the content. Because the questions were provided beforehand and the questions were designed only to explore the participant's professional experience, and not to inquire about personal information or experience, risks of participation were considered minimal. The study also posed a low risk to participants because they were professionals (Licensed Clinical Social Workers).

  It is possible that participation in the study may give a voice to clinicians who work within unionized environments. Participants responses to the interview contributed to a deeper understanding of how working in a unionized environment related to the ability to provide

ethical clinical care. Clinicians who participated in the study expressed a need for more conversations around this topic.

Data Collection

According to Esterberg (2002), the purpose of in-depth interviewing is to explore the research participant's reality. She goes on to explain that, the questions the researcher asks should open up discussion, rather than closing it down. (p. 98) For the purposes of this study, I used a semi-structured interview guide as my qualitative measurement instrument (Appendix E).

The interviews took between 25-45 minutes and were conducted as follows. First, I attempted to build rapport with participants by engaging in a few minutes of small talk, explained what would happen in the interview process, and asked for a signature on the informed consent forms (one for my records and one for the clinician I was interviewing). Given the small sample size in this specialized study, diversity of sample was not anticipated. No eligible participant was excluded due to race, ethnicity, or gender.

I generally allocated 45 minutes to an hour for the initial conversation and the full interview. I then explained to participants that I would be asking a set of open-ended questions and would actively listen while they responded. I also let them know that I would attempt to ask the questions one after another as a demonstration of respect for the their time, however I might ask a question in a more direct manner or use a follow up question to gain clarity on their answer.

In order to make sure my interview questions were clear and minimize the risk of interpretation, the interview guide was subjected to expert review and I incorporated the feedback. I pre-tested my interview questions with one volunteer who is a classmate in the Smith College School for Social Work program. Following the pretest, I reworded one of the open-

ended questions and resubmitted the interview guide to the Human Subjects Review committee

for final approval. The pretests also gave me a sense of whether I could conduct the full

interview in the time allotted, and allowed me to test my recording equipment.

I used an app called "TapeACall", which allowed me to conduct and record interviews

through a three-way call function. This app allows one to access the recordings once the call

ends. According to the app website, "Once your recording appears in the app, you will have a

link to access your recordings privately on the web…from there you can download your

recording to your computer or upload your recordings to a secure network on the internet, such

as Dropbox or Google Drive." (TapeACall Website, n.d)

Data Analysis

In qualitative research, data analysis is a process of making meaning and finding the core

themes represented in the interviews. (Esterberg, 2008) As someone with limited experience

researching qualitative data, I searched for a straightforward and non-technical approach for

analyzing my data. I utilized my interview questions as an outline and copy and pasted the

corresponding answers from each participant under the corresponding question. Once I had all of

the participants answers listed under each question, I went through and highlighted both

recurring themes and illustrative quotes that I felt captured the essence of the data related to my

original thesis question. Once recurring themes began to emerge, I went through the answers and

found quotes to illustrate contrasting or divergent responses as well. Authors Engel & Schutt

(2013) echo this method, "…qualitative analysis tends to be inductive-the analyst identifies

important categories in the data, as well as patterns and relationships, through a process of

discovery." (p. 745) Once these patterns and relationships of and between the data were

identified, I was able to compile the relevant findings into an organized, straightforward

presentation of the material provided by the participants.

CHAPTER IV

Findings

This chapter documents the findings from ten semi-structured interviews with licensed clinical social workers, which have at least two years experience in the field and are working within a unionized environment. The findings have been collected from recorded phone interviews. Each participant discussed their experience working within a unionized environment and the impact it has had on them personally and professionally. These interviews were fully transcribed and then coded using thematic analysis. Demographic and general career overview information was collected initially and the next portion of the interview focused on the extent to which participants feel union membership is a meaningful affiliation as a licensed clinical social worker. Participants were then asked if they were a member of the National Association of Social Workers, and if so, to describe any similarities or differences they viewed between the two affiliations. The next set of questions asked participants to give their opinion on some of the overlapping values amongst the role of a licensed clinical social worker and the role of a labor union, share how they participate or have the option to participate in their union, and to define their overall experience working as a union member. The last set of questions focused on what the participant believed the benefits and limitations are to being a union member as a licensed clinical social worker and if union membership impacts their clinical work in any way. The final question simply asked, "Is there anything else you would like to share about this topic?" The findings in this chapter will be presented in the same order in which the interview was conducted.

Demographic Data

  Personal Characteristics: Demographic data was collected using a participant information sheet; which asked participants their race, ethnicity, age, sexual identity, gender identity, years as a Licensed Clinical Social Worker, and years of union membership as a Licensed Clinical Social Worker. The mean age of participants was 42.5 and a range of 33 through 59 years of age. Five participants identified as cisgender female and five participants identified as cisgender male. Seven participants identified their sexual identity as heterosexual, one participant identified as bisexual, one participant identified as a lesbian, and one participant did not disclose their identity. Nine out of ten clinicians identified their race as white, one identified as Mexican. Four out of ten clinicians identified their ethnicity as either Caucasian or European. One participant identified as Armenian, one identified as Mexican, one identified as Irish, one identified as Italian, one identified as English, German, and Native American, and one identified as Ashkenazi. The lack of participants who are people of color is a major limitation of this study and it also means that the results from this study cannot be generalized for the larger LCSW population within the United States.

  Work Characteristics: Seven participants practiced in a hospital-based setting. Two participants practiced within a university setting. One participant worked for the city as part of a mobile crisis team. The mean number of years these participants have been practicing as licensed clinical social workers is 18 years, with a range of 3.5 to 34 years. The mean number of years of union membership as a licensed clinical social worker is 9 years, with a range of 3.5 to 18 years. Seven participants currently reside in the state of California. Two participants currently reside in New York State and one participant resides in Massachusetts.

When participants were asked about their areas of interest, the populations with which they are most qualified to work, and if they have a preferred theoretical orientation, a rich and diverse sets of responses were provided. A majority of respondents utilized an eclectic mix of numerous theoretical orientations when working with specific populations, the orientations included: both short and long term therapy, Cognitive Behavioral Therapy (CBT), Psychodynamic and Relational theories, crisis intervention, Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), Eye Movement Desensitization Reprocessing (EMDR) therapy, strengths-based empowerment approach, and mindfulness and meditation. Participants areas of interests included being a field instructor for social work interns or supervising unlicensed social workers, working within Employee Assistance Programs for workers at whichever institution the participant was employed, public mental health, 12 step model and recovery, Stroke and Brain injury treatment, group facilitation for depression, outpatient psychiatric services for child and adolescents from ages 5 to 18 years old, and the use of psychoeducation. All participants were assigned a "participant number", which are used throughout this paper in order to protect confidentiality.

Job Titles and Primary Responsibilities

After providing demographic data and an overview of their areas of interest, populations most qualified to work with, and their preferred theoretical orientation, study participants were asked to explain their job title and the primary responsibilities under this title. Three out of ten respondents were classified as Social Workers, Licensed Clinical Social Workers, or Generalist Licensed Social Worker. Two participants were Psychiatric Social Workers. One participant was classified as a Clinical Social Worker II and another participant was a Clinical Social Worker III. One participant's title was Social Worker under Mobile Crisis Unit and another was listed as a

Medical Social Worker. One participant's job official job title was Psychologist IV, however he chose to put "Social Worker" on his business card, so his clients would not get confused.

The primary responsibilities under these titles included: conducting assessments, crisis intervention, providing referrals either in house or outside of the organization, providing individual, group, couples, and/or family therapy, and providing workshops to faculty and staff of the university settings around mental health issues, work stress, mindfulness, and resilience building. This participant that provides workshops to faculty and staff at the university, also providing workshops and consultation to managers on managing things such as helping people navigate through transitions such as lay-offs, difficulties with certain employees and challenging personalities, or trying to manage through a big life transition like the death of a co-worker or significant loss. Multiple participants reported working with a multidisciplinary team of professionals to treat clients/patients. Those that identified as field instructors or supervisors (N=2) reported providing education to their students, providing clinical supervision, and program development. The one participant who identified as a Medical Social Worker worked on-call and could be needed to provide everything from advice over the phone, going into the hospital to respond to a bad accident that is coming into the Emergency Room and being there to provide support and resources to the family, assisting medical personnel when they have a patient that has been found on the street and they don't know who they are or who to contact, when a patient is in the Intensive Care Unit on life support and the next of kin needs to be notified, or fetal demise, such as a stillborn, miscarriage, or a mother and baby testing positive for drugs.

Union Membership as a Meaningful Affiliation

Participants were then asked to share their opinion on to what extent they believe union membership is a meaningful affiliation for them as a licensed clinical social worker. All ten

participants confirmed that union membership was a meaningful affiliation as a licensed clinical social worker. Responses included: "really important", "tremendously important", "…extremely grateful for our union", "It's huge", "it is crucial", "very meaningful", and "pretty powerful". Examples of participant's responses are as follows:

Participant 4 expressed:

If you can advocate well for yourself better position to advocate for your clients.

Participant 5 added:

I'm extremely grateful for our union because we have great pay and the benefits exist because of the overall organization in general but our pay scale is better than it would be if we didn't have a union.

Participant 7 emphasized:

To me it means very concrete things, to me it means that my son, who is 2 years old, doesn't have to worry so much about the next paycheck coming. As a state employee in a union, my salary jumped, I'd say $15,000 from leaving the non-profit sector. I get guaranteed raises every year up until a certain point.

And finally Participant 8 demonstrated:

I think it is crucial. I think it is crucial because of a whole host of things. Primarily I think that as social workers, regardless of your orientation as a social worker, we think micro, mezzo, and macro and we spent our days, nights, or long hours, caring for others individually and within the context of their families and communities and spend a lot of time doing reparative work and healing and holding. We spend a lot of time fostering community and that sense of support systems for our patients so all the more so, we must do that for ourselves and I kind of feel like we have a really important voice because

without our voices and being unified in getting a livable wage and getting appropriate

benefits and being treated with parity. I kind of think that sometimes social workers in

particular are seen as you do the work because you are passionate about it, like that

should substitute for respect and inadequacies in salary or benefits or job security, and I

don't think that they should be seen as mutually exclusive things. I am very passionate

about my work, I do care about my clients or patients and their families and the

community however in order to take good care of others I also need to do that for myself

and I think that it is important that we model that.

National Association of Social Workers (NASW) Membership

While it is not a requirement for LCSWs to be members of the NASW to practice clinical

work, the NASW is a nationally recognized professional organization that puts forth the

profession's "Code of Ethics". This question in the interview asked not only is the participant

was currently a member of the NASW, but if they were, for them to describe any similarities or

differences they viewed between the two affiliations. Seven out of ten participants reported that

they are not currently members of NASW and had numerous reasons for not belonging to this

professional organization. Of these participants, a few stated that they had been members in the

past for access to discounted rates on insurance for private practice. Responses included:

Participant 4 voiced that they:

> …felt betrayed in a Midwestern state while fighting for our licensure. Not impressed with
>
> educational offerings, not as strong clinically or serve a strong purpose for social work.

Participant 6 shared:

I am not. Ohh yes, I was until about 5 years ago, I stopped membership. I actually left

more recently than that, when I no longer had to be a member to get insurance for my

private practice I discontinued my membership.

Participant 9 expressed:

I am not, I was for a very long time, but they, about 3 or 4 years ago, there was a big dust

up about the insurance. I sort of resented having being told I had to be a member of

NASW to get this malpractice insurance. I go to meetings but not a member.

The three out of ten participants that are currently members of NASW reported the

following experiences:

Participant 3 stated:

I think that I am officially. I think that's where I get my liability insurance through for my

practice. But I'm not super involved. I think I get newsletters from them and stuff but I'm

not super involved.

Participant 8 reported:

I think it is important in terms of professional identity and networking and your public

relations face however, if I am to be truly honest, on a regular basis I don't feel like much

of a connection to NASW… and I don't necessarily know how they are representing me

or my co-workers or the communities I work with are in. But that hasn't stopped me from

being a member. I'm still a member and plan on continuing to be a member.

In terms of similarities and differences in affiliations to both NASW and being a member

of a labor union as a social worker, answers varied and were expressed as:

Participant 1 summed up their thoughts with this explanation:

I just found it a pretty top-down organization. I felt a bit disenfranchised from the aims of the agency and to some extent at that time it was really more about, more self-serving. It was more about getting a break on the malpractice insurance…it just stopped being very meaningful for me and I stopped doing private practice as an alternative career path and so I just kind of let my membership go and I really haven't looked back. NASW seeks to use the power of the group, and the power of all people who are social workers to drive political agendas and fund interests and agendas that are important to social workers. In that way, I suppose there is a similarity to what our union is attempting to do, which is to use the resources of their members to drive specific agendas. But…NASW is a mammoth organization and again I come back to the fact that it's a little too diffuse and diversified to be meaningful, to, I think, individual social workers who may have they very narrow universe of their own agency, their own work group, their own population, their own mission and role. I think it sort of harkens back to the grassroots movement or the locally grown and locally sourced. I'm becoming much more of a convert to smaller is better because people have more sense of engagement, more commitment, more energy and more agency in what it is that they're doing. It's like they can, it's like rather than seeing the mountain, you can see the step. And I think that that really creates more hope and more motivation to get people engaged in social action. So I think the union is a little bit more intimate. And yet, because of the size of their, because of their scope, and certainly not with all unions. Some unions are massive. But the union that I belong to is just big enough so that they can affect meaningful change but still the members feel like they're dealing with real people and not nameless, faceless people at the national organization.

Participant 3 voiced a major difference:

> But in terms of them (NASW) being able to specifically help us as social workers in this
> specific agency battle some of the mandates coming down that limited our clinical work,
> I don't think they could have been as effective.

Overlapping Values Amongst the Role of a Labor Union and the role of a LCSW

This question sought to gain an understanding from the perspective of the participants of
their view of any overlapping values they believe or experience amongst the role of both a labor
union and a social worker. Common themes that emerged from the ten participants included:
advocacy, fairness, justice, promoting health and well-being of all people and communities,
empowerment, equality, fair practices, and putting the welfare of the client first ahead of profits
and institutional constraints. Statements on the overlapping values amongst these two roles are as
follows:

Participant 2 voiced:

> That's advocacy, 100%. Yeah, that's the name of the game. Yeah, I think it's across the
> board advocacy. It's about lending support. It's about having a back up. It kind of
> elevates the person who might not necessarily feel confident in saying anything. I think
> both really give a platform for voice.

Participant 3 explained:

> I felt like through the union I had a way to speak up for my patients who, there's no way
> they could have advocated for themselves. I mean I'm working with people who are
> schizophrenic and have psychotic disorders and are bipolar and are just sort of barely
> hanging on. And they're coming to us for support and help and so often we couldn't see
> them as much as they needed…A lot of them wouldn't have even known how to call

member services and complain that they needed better services. It felt like the clinicians

were able to use the union as a way to push back and get better services for patients. So

that really felt like a social justice issue and that felt really in line with why I'm a social

worker and not just a therapist.

Participant 4 shared:

You are in a better position to protect people when you feel like you're protected

yourself.

Participant 6 emphasized:

Definitely thinking about the distribution of power and the effective use of power,

standing up against injustices and promoting speaking, justice, and equality have been the

values of social work and of the union in which I am a member. And the promotion of

health and well being as well. Ethical behavior in terms of, the social work values about

providing ethical practice and then in the union it echoes that it's both about holding our

members to ethical accountability but also about holding our institution to ethical

accountability towards our members and towards clients. The general principles of the

code of ethics and values embedded in that are mirrored in our union.

Participant 8 noted:

Ethical responsibility to care for a person and a community of individuals and caring for

one and caring for all.

Participant 10 echoed the above sentiments:

Both LCSW and a labor union are trying to put the welfare of patients first, ahead of

profits, ahead of institutional constraints and that's it. The ethics are to put what is in

the patient's best interest first and both of us are doing that.

Union Participation

This question sought to find out how respondents participated or had to option to participate in their union. Five out of ten clinicians were highly involved in their union, holding positions such as Stewards, Contract Specialists, and President. The remaining five were involved through paying dues, being active in the past, and/or occasionally going to meetings. Participants listed the following ways one could participate in their unions: attending union meetings, attending bargaining sessions between management and workers, being a part of a joint labor commission or committee, collaborating in work groups on a department level, becoming a Steward, an Officer, or a member of the Executive Board, communicating with members formally or informally (social media), and going on strike if necessary.

Participant 1 reported:

> We have opportunities for people to participate in stuff as small as work groups and committees on a department level up to participating in work actions to leverage the employer up to becoming a leader as a steward up to becoming an officer up to becoming a member of the executive board. So there's really lots and lots of opportunities. I'm on the executive board and a chapter officer. And have done that for some time now. But there's really, you know how it is in unions, there's always more work to be done than there are people to do it. Plenty of opportunities.

Participant 3 expressed:

> I've been at my organization for ten years and I've always been pretty involved with the union and gone to union meetings, and then about, I think four years ago I became a steward, partly because I was sort of one of the people that was always being mouthy in meetings and I figured I should just have an official role doing that so I became a

steward. So I was very involved in steward. We had a couple strikes so I helped organize those. And then as a contract specialist, that really meant having a more, almost kind of like a legal advocacy role helping enforce the contract on behalf of coworkers.

Participant 6 offered:

So I participated since pre-union, so in the development of the union and in doing so we engaged all of the members of the social work department at least with the opportunity to be involved. Since that time I've been co-president twice and now I serve as a consultant to the union and I participate in certain joint labor commissions and committees where we have management and social work joining together to do problem solving…We have meetings that we generally have a good turn out to, even though they are on a Saturday morning. And we have an email distribution list, so people are kept up to date, people know who their leadership is, we used to have representatives so that ever cluster of about 10 social workers had a rep that they could communicate with, that's changed, we don't have that so much anymore, but that is because there are more natural connections when people are hired and come onto become members of the union, they spend one on one time with an existing member and they get taken out to lunch or they have someone to answer their questions.

A few respondents stated that the only way they participated in their union was through paying dues or they had a different take on union involvement.

Participant 4 responded:

Official member based on payment.

Participant 9 expressed:

So the hospital has a union that seem to have things dialed in and they really are not very

active at this point. I have never really done anything with the union or with social

workers at the hospital except appreciate that they are there.

Participant 10 emphasized:

Everybody has to be in the union, which is an issue itself. I am not always sure that I

approve of that, that it is mandatory to be in the union, but the way I participate is that we

have union meetings regularly and I go to the meetings at work.

Experience Working as a Union Member

When sharing their experience working as union members, there was much more

diverging opinions on this topic. While five out of ten participants described their experience as,

"overall, really great", "in general it has been very positive working as a union member", "it's

been a wonderful way to get to know colleagues I would not have gotten to know otherwise",

and "I feel it is more structured, I feel protected, I feel like I get bargaining power", these five

participants as well as the remaining five participants also shared a more complex experience, as

reflected in the quotes below:

Participant 1 noted:

It routinely pushes my comfort zones. I mean, everything from writing to broad

audiences, to engaging in the media, to giving speeches, to testifying with the labor

board, to being a witness in lawsuits, to sitting down as a bargaining team member…It's

not something I would have ever predicted that I would be doing when I first got

involved in this field. But it really has added to my job satisfaction and career diversity in

a way that nothing else I think could have ever done. There is an unceasing quality to it,

however, and I would say that I'm getting more mindful of my own personal limits and

energy and when I started this, I just thought, just keep going and no end in sight but I have found that of late I'm tired a lot.

Participant 2 voiced:

Oh, disappointing. It's been very disappointing. Oh. First of all, we don't really have a base of union supporters but you get $5,000 raises and good increases and all of a sudden everybody's happy and smiling but when it comes to getting people out on the line or not undermining union staff, it's really hard.

Participant 3 added:

Overall, really great. I have tremendous respect for our union. I feel really proud of our union…and I kind of burnt out. I got really exhausted…I got really, really exhausted. And I think, being both a steward and a contract specialist allowed me to see some of the way that management operated that kind of made me lose my faith in humanity a little bit. It might be a little bit of an exaggeration but sitting in on meetings where managers would verbally promise one thing and then when it came time to put it in writing, they would pretend they had never said that. And so having those kind of interactions over and over and over again and feeling really powerless, felt really upsetting, I think. And then so to be in those kind of conflictual interactions with management and then have to go back to my clinic and work under people that I was having really intense conflict with was really hard.

Participant 7 offered:

My experience was, prior to working for the state, I was working for another union. I saw that is people aren't really active in it, it doesn't work. My current union is much stronger, however there is a lot of complacency. I sort of encourage people to be active,

to be aware of what is going on. I think there is this detachment from history that is what

is allowing unions to suffer a little bit too. People aren't fully aware of the sacrifices

made and they don't see the connection, which is unfortunate.

Participant 8 explained:

Theoretically, I am really enthusiastic about it and I have always worked union

jobs…however there have definitely been times, I pause and wonder what they have done

for me or others I personally know and it can feel very frustrating because the same

hierarchy and power dynamics which they are seeking to address by being in a union are

also so incredibly present in unions today. Because there are so few unions left and it

becomes huge major conglomerates with some very specific vested interests with

themselves.

Participant 10 recalled:

I felt bullied by the union…the rule and the law is that if there is not a contract you don't

have to pay union dues, nevertheless, the union stewards were bullying members to pay

the dues telling them it's the right thing to do…Now having said all of that, that doesn't

undercut what I have said about what that same union did to pressure our organization

into creating better access for patients.

Benefits to Being a Union Member as a LCSW

The most common benefits of being a union member that were reported were: protection,

having a collective voice, healthcare benefits, an opportunity for advancement in your career,

clarity in your role, structure, financial benefits, and the opportunity to negotiate for higher

salaries and better healthcare benefits.

Participant 1 captured this sentiment in the following quote:

If you're really feeling like what you've been trained to do is not something you can do and that what you're delivering is substandard, it really is corrosive to your sense of self as a clinician and I would say that being a part of this union and being a part of this campaign to change things really infuses a lot of energy and a lot of hope and a lot of good mission into the experience of being a clinician. That it's more than just simply delivering direct services to one person at a time. But in addition to that if you can say that you're really trying to improve the services to the general public and improve mental health treatment in the country as a whole….I think it just adds to career satisfaction…the vehicle of the union has really offered many clinicians the opportunity to feel like they're impactful in the field, not just in their immediate direct services to clients.

Participant 4 shared:

A lot of benefits. I wish my whole career I had union membership. I am older and I don't have retirement benefits…union shops fight for the individual, help them get fairly compensated, help them not get used up and thrown out. Union shops make sure there is a ladder of progress. The higher up you get, the clearer the rules are for how you get compensated.

Participant 5 mentioned:

I think that's a benefit, the clarity that comes with my role, which is very clear and because it is a union position they cannot change my role or responsibilities without changing the contract, which is different than not having a union. I feel security and confidence in my position. Feeling part of or knowing someone is advocating on my behalf and in some ways my lack of involvement in the union might be a sort of

testament to the degree to which I trust that they are taking care of things. So, I haven't had to be involved, the union is doing what they said they would do for me.

Participant 8 added:

In my current job, benefits, actual benefits. I have healthcare through my union and the union has an agreement with all city employees that all social workers, that all job lines are guaranteed healthcare starting day one. And as somebody with chronic health concerns, this is huge for me, like in other jobs, this has been a point of negotiation. When I have been offered a job in the past, they typically offered healthcare benefits three or six months in.

Limitations or Challenges to Being a Union Member as a LCSW

Respondents to this question identified more challenges than limitations. The challenges reported included: going up against a large corporation or non-profit, lack of stamina for the unpaid hours necessary to run a functioning union, how a possible strike would impact patient care, rigidity in roles and possible lack of creativity or risk taking to meet the client where they are at, and not having the right to decide to join the union or pay the dues.

Participant 1 remarked:

This employer has lots and lots of money and can have its agents in places that are designated to be the watchdogs of the service. These are real challenges both in politics and really pushing a social agenda for improvements to the public. When the fix is in, that's really demoralizing. We have challenges when it comes to fighting a behemoth and everything that that implies when you're asking individuals to put the heft of their shoulder, their individual single shoulder into a fight with a gargantuan. And so we have some challenges with people feeling like they're, like anything they do is going to be

meaningful. So, that is manifest in member apathy, that is, manifest in the degree to

which people have to work these days to earn a living wage and how much energy they

have to volunteer, essentially. We have real challenges when it comes to that. That

becomes impactful in terms of organizing. It becomes challenging in terms of having our

members at the table or in the hallways of justice, right, to make a fuss when justice isn't

being delivered equitably.

Participant 4 emphasized:

Big worry if there is a strike and you have severely mentally ill clients. You wonder,

could it damage the clients? Management has a responsibility to make sure those

individuals are taken care of…from a psychodynamic perspective, relationships are

important. You do care for your clients, when they can be hurt in the process, makes you

think numerous times before you strike.

Participant 6 stated:

This is very specific to the agency where I work, one thing that is not a limitation but I

fear would be is around professional development and advancement even into managerial

positions outside the union, despite the fact that I have been in union leadership and

several other people have been in union leadership, have been promoted into leadership

jobs and that's not then perceived as a problem…I'm not so sure I would so freely be so

deeply invested and involved in the union for so long if I had any thoughts about

potentially moving into a management role; if I were in another agency where there was a

more contentious relationship.

Participant 8 added an example:

> There are times when my supervisor has said you stayed an hour late because you were
> on the phone with CPS because of a major crisis and I would love to give you overtime or
> comp time and the union says you should get these things, however you need to go
> through a whole process of approval and no one will approve it.

Impact of Union Membership on Clinical Work

This question allowed participants to reflect on how their membership in a union could
potentially have an impact on their clinical work with clients or patients. Four out of ten
respondents mentioned the possibility of or actually going on strike as having an impact on their
clinical work. These participants also spoke to the ethical concerns of sharing this information
with their clients or patients. Other participants focused on how being in a union and by both
having a voice and being protected allowed them to practice without worrying about other issues.
Participant 1 reported:

> It's really forced me and many of colleagues to face that largely unspoken issue which is
> how does the political interface with the personal? So, about towards the end of this
> campaign we were talking about open-ended strike actions. We went out on strike several
> times and that affects patients. And so it really come down to each clinician's personal
> comfort level with engaging their clients, or at least informing them, about what's going
> on and why…There were ethical issues involved in how much do you include a person
> who is coming to see you because of their own compromised circumstances or
> experience. What are the ethics involved in even informing someone of what you're
> doing, let alone drafting them in some kind of action…It gave a sense that they weren't
> alone and as bad as their circumstances or their struggle was that they had allies. That

was kind of surprising. You'd think sometimes that people who are depressed or anxious, you give them news that, well, gee, we're going to go out on strike because the patient care sucks. Interestingly, it validated a lot of their own experiences…So it was actually very validating for a number of patients to realize that their experience was valid and to have a sense of hope and optimism that things would change and somebody was advocating for their interests. My personal experience was that the political became personal and ethical.

Participant 2 added:

Well, I mean, when we had the strike that wasn't necessarily a benefit to quality of care because we were out of the office for a week…For the most part, when, we tend to be very open with clients, especially when it comes to work stoppage and most of them really understand.

Participant 3 expressed:

The way it did come into the room clinically is that patients knew I was out of the office two days a week for union stuff because I let them know initially that I was going to be gone for a year those two days a week in the union role. And so they knew I was involved in the union. That's as much as I explained to them. But then as we were having strikes, they knew we were out on strike, they were reading articles in the paper about what we were doing. I was quoted in some of the articles so they knew I was involved in a certain kind of way. And so they would bring it into the room. And usually it was in this really supportive way, where I think they would share with me that they felt really appreciative for what the therapists were doing for them. Like when we would talk about we're going to be out on strike, or they would read something in the paper, there was three or four

patients that specifically would talk to me about it. And they would always initiate

talking about it. They would say I really, I had one that came in and high fives me and

was like thank you so much for going on strike and thank you for what you're doing. And

then when we had this last strike that got averted and we settled the contract, I had people

come in and say thank you for speaking up for us. So it came into the room in that way.

Participant 6 noted:

Yeah, if I'm feeling better and more respected then I am in a better place in my head

which affects my clinical work for sure. I also think that through union membership and

union involvement, I've become much more politically aware and active in ways that I

wasn't when I first entered into social work. I'm not sure if I would have found that path

anyway or not but in that...I have a different degree of understanding of political things

that otherwise some of the conditions that my clients have to deal with on a daily basis. I

think also I feel better about our institution and when things have been proposed that

challenge our mission as an institution around services for underprivileged or

disenfranchised people that I can, I feel good about having a voice about that as a union

member. It's another way I feel good about my job and my affiliation with the agency

in being in my day to day.

Participant 7 shared:

So I think if anything it makes me look at more macro level issues as well. Which I know

that my professors in grad school would say once you do individual level work at some

point you may just want to say this is pointless, I just want to do more macro level work,

and I kind of never believed it but I think it's very, very true. It's sort of made me a person

on the streets more, I do have a little one now, so I am limited in that and a little less

direct action and a little more supportive role in different things going on. But certainly, I think the bottom line is too, we need to have a collective voice to keep our jobs, our food on the table, no matter what. And if we don't, we are not going to provide good services to our patients or clients, we just aren't. Burned out social workers, I see it all the time, I do, there is a lot of pleasing, there are a lot of people that want to look like they are doing really well, working so hard.

Participant 8 added:

In a slightly more heady sort of way I think it does because it would be my hope or dream idealistically that unions would have capacity to unify and support workers including LCSWs and maybe at some juncture in the future have the capacity to put limits on caseloads or other restrictions of that nature. Those things have a major impact on burnout and morale and job function as well as retention versus turn over and all those things contribute to the cost of training or retraining, and all those things contribute to if you can actually get your work done in the time allotted and that you are getting paid for it.

Participant 10 offered:

It doesn't, except that we went on strike three times since I have been working there and when we go on strike, I can't see my patients and I can't meet the needs of my patients and as I had already stated, our patients already have poor access to our clinic anyway so they be seen every 3-5 weeks in individual therapy anyway. So when we went on strike three times, that patient's access was limited in that sense, was impacted in that sense, they couldn't see me at all, so in that way it impacted my clinical work. In other ways, no, not at all.

Additional Thoughts on the Topic of Labor Unions

The final question of the interview allowed the participants to share anything else they felt was relevant to this topic or their own personal experience of this topic. Particpant responses included the following:

Participant 2 expressed:

> Going back to the disappointment related to membership, it just saddens me that a lot of people don't understand the function of a union and why support of the union is so important. I grew up in a house and a home with Mexican immigrants. And my mom is immigrated. My grandfather, my grandparents immigrated, and coming into the United States, they came under the Bracero program. So they came into the job, my grandmother worked at Farmer John's for all of her life and it was unionized and I saw, firsthand, the benefit of my grandparents and then my parents are retired postal employees and they know that that entity is highly unionized as well. I saw the benefits again just going down the line and being able to count on the union. It saddens me that a lot of people, more so that are 15 years younger than I am who don't see the benefits and I think those are exact people that are sabotaging our efforts because they're not understanding: hey, you know what you're getting royally screwed on your benefits and your pensions… So it's just disappointing. It's very sad to see how people care not to educate themselves about what unions are actually doing for them.

Participant 3 shared:

> Actually, the only other thing that I feel like we didn't talk about was the fact of sort of relationships with co-workers around union issues, is that I think for the most part people

were pretty pro-union and understood why we had a union. But there were also staff members who were very anti-union. And so to be working with people and as a steward trying to organize people around collective action, who came in with a pretty anti-union view. That was really hard. And I think it causes tension between people and that's really hard to navigate.

Participant 5 noted:

I think it's a great thing for you to be looking at. I think chiefly because I think more social workers should be unionized and it's a population that lends itself well. Again I know it's a little confusing to be a "professional" in a union, a little more unusual but again I think really makes sense in terms of mobilizing as a group to protect people's interest and again as you're suggesting and research topic because it's very aligned with the values of social work. Again, like the thing I said about how it allows me to connect with clients, I think it is meaningful in many workplaces also. Like aligning ourselves as workers just like the people that we see are workers and to be advocating for our rights in that capacity just is humanizing experience but I think it's helpful.

Participant 7 added:

I think that we, unfortunately, exist in a system that is rigged for the powerful to maintain power, and the only way we can sort of keep ourselves sane and get whatever little power we have is through unions and collective bargaining. There are still a lot of people out there that can't quite make that connection of how important it is to be organized and I think there is a lot of stats and evidence out there that show that "right to work" states for example, just kill jobs and kill salaries. I think that the amount of money you make as a social worker tends to not necessarily reflect any market value, it reflects what the least

amount of money people are willing to take and I feel that way, they don't quite get it and they don't want to pay you for it…You just have to demand it and that is the only thing that will work, they are not just going to gloriously say, "Hey, you guys work hard, here is 3%, here's 5%" it's just really trenches that is the only thing that can work.

Participant 8 expressed curiosity about:

I feel like it might be totally off base, but I am totally fascinated in two other things related to unions and social work. One is the role of unions in terms of community organizing and how as clinicians we are organizing communities whether that's amongst ourselves as peers or colleagues as well as with our patients, even if the community we are organizing is just their family or family system, or maybe it's their actual community or maybe it's around an issue within their community, but I think that there are a lot of parallels there that are often unspoken. The other thing I am interested in is most unions spend a tremendous amount of money and employee power and time on political .

I do feel some sense of obligation to talk about what is going on in society and the world and politics with my patients and I think that it feels really relevant as a union member because most unions endorse and spend a lot of the money we are paying to them to endorse politicians and political campaigns and I don't feel like that is ever discussed, like we're paying union dues so essentially we are donating to political campaigns and how is that playing out, on a macro level and a micro level.

Summary

Major findings from ten interviews with licensed clinical social workers working within unionized environments have been presented in this chapter. Significant findings were predominately derived from all of the questions on the Interview Questions form (Appendix E),

which were sent to all participants prior to their interviews. Data was presented through

participant quotes, which expressed the major themes, experiences, and opinions of the

participants. Additionally, the strengths and limitations of this study will be addressed in the

Discussion chapter of this thesis. Finally, recommendations for further research and inquiry will

be presented in the following chapter.

CHAPTER V Discussion

and conclusion

The purpose of this qualitative study was to explore to what extent union membership and ethical clinical social work practice align. Specifically this study was designed to elicit participant's experiences working within unionized environments and if they felt the values of the two affiliations, that of being a licensed clinical social worker and a union member, aligned for them to provide ethical clinical care. This study allowed participants to share their positive and negative experiences either working within the union and/or providing ethical clinical social work care to their population. While some of the experiences participants shared were found in the literature, additional thoughts and profound personal experiences, were described throughout the interview process. This study examined the strengths and limitations to union membership as a licensed clinical social worker and how that affiliation intersected with the ability to provide ethical clinical care. Further, this study revealed that union membership, as a licensed clinical social worker, is a meaningful affiliation and in most cases allowed clinicians the ability to provide ethical clinical care. This study should broaden the understanding for licensed clinical social workers working within unionized environments and what it means to provide ethical clinical care to their clients/patients. This research sought to expand on current debates around ethical clinical practice, union membership and affiliation, NASW membership and affiliation, and the role of a licensed clinical social worker.

This chapter discusses the findings in the following order: 1) key findings, describing the relationship between the study results and previous literature; 2) strengths, limitations, and biases of this study; 3) implications for social policy and ethical social work practice; and 4)

recommendations for future research in the area of the alignment of union membership and ethical clinical social work practice.

Key Findings: Comparison with the Previous Literature

This section, exploring the results of the study in comparison to the previous literature, is divided into the following subsections: Union membership as a meaningful affiliation, National Association of Social Workers (NASW) Membership, Overlapping values amongst the role of a labor union and the role of a licensed clinical social worker (LCSW), Experience working as a union member, Benefits to being a union member as a LCSW, Limitations or challenges to being a union member as a LCSW, Impact of union membership on clinical work, and conclusion.

An important point to note within this chapter is the possibility that more studies exist that reflects the responses from the participants. A second search of the databases would be a logical next step. However, time constraints preclude a second search at this point. The previous literature and the findings of this study do not align, as the questions in the instrument guide, the interview questions, were not drawn directly from the literature review.

Union Membership as a Meaningful Affiliation. The results of this study showed that all participants (N=10) identify their affiliation as a union member as meaningful as well as indicating that they feel a direct and strong connection to their union membership. Study participants supported the major findings in the literature by Early (2011) & Winslow (2010) in which each author addressed how union membership adds meaning to work for a variety of jobs and trades. These findings seem to suggest that this study is both relevant and applicable to a population of workers.

National Association of Social Workers (NASW) Membership. NASW membership is written about as a meaningful affiliation between the years of the 1960s-1990s in the literature

by Reamer (1998), however this did not align with the findings of this study. Seven out of ten participants answered no to the question of NASW membership and a few even had critiques of the professional organization and their experience in it as a whole. The main reason participants either were currently a member or had been in the past had to do with discounted rates on private practice insurance. This benefit of membership is not mentioned in the researched literature for this study. This study only took into account the relationship between the NASW, the idea of professionalism, and the development of the Code of Ethics.

Overlapping Values Amongst the Role of a Labor Union and the role of a LCSW. The findings reinforce the research by Ashenberg Straussner & Phillips (2015) in which they highlight the fact that after the Great Depression and federal legislation of the New Deal, the interests and objectives of social work and labor unions became complementary. The interests and objectives included advocacy, protection, centering social justice, unity, and empowerment of either the worker, the individual, or the community. Goldstein (2010) explains that the merging of the AFL-CIO was significantly shaped by repressive forces and that forced workers to create a sense of unity and advocate on each others' behalf. This was especially true for workers in the service delivery sector, there main goals were to advocate both themselves and for their clients.

Experience Working as a Union Member. The literature addressing worker's experiences and findings from this study are varied and complex. A more thorough search of the relevant literature is needed to get an overall sense of the subjective experience of union members. There was not necessarily a main theme or common thread that ran through the participant responses. Early (2011) who researches and writes about labor and healthcare in California specifically, noted the creativity and courage of the NUHW membership and how this specific union leads by

example. However, depending on the union the participant belonged to and how involved they were or weren't in different aspects of union membership impacted the responses. Even participants who served as stewards had reported mixed feelings about being in that role. Participants commented on how it felt important to be involved and advocate but at the same time it was exhausting work and could lead to burn out.

Benefits to Being a Union Member as a LCSW. All participants reported similar themes regarding benefits to being a union member as an LCSW. The common themes were protection, healthcare benefits, and increase in wages. These themes align with the work of Reisch & Andrews (2001) looking specifically at the Rank and File Movement within social work and the emphasis on the contradictions between social workers daily work and the imperatives of the capitalist system. This research looked at poor working conditions, excessive caseloads, and inadequate pay to be able provide for oneself, let alone a population of vulnerable individuals.

Limitations or Challenges to Being a Union Member as a LCSW. According to participants the two main limitations were how having to make the decision to strike would impact their clients/patients and that there is no choice whether to pay union dues or not. According to Hayes (1975) limitations can be seen in not being affiliated as a "professional" but as a worker and what that could mean for the field in terms of the identity of the occupation. In his argument, Karger (1989), speaks to the concern about the possibility of a strike and the impact on both the worker and the client/patient. He is specifically looking at how the NASW endorses the rights of clients to self-determination; yet do not explicitly support the same for social workers themselves. Karger (1989) emphasizes the point that NASW stays neutral and tolerates union participation.

Impact of Union Membership on Clinical Work. Similar to the previous question, the main

impact union membership had on clinical work according to participants was the decision to

strike or not. Research by Fisher (1987) states, "The problem is that participation in a strike is a

nonprofessional activity." (p. 253) Although NASW asserts that "participation in a strike by a

member of NASW does not in itself constitute a violation of the Code of Ethics," the code

asserts that "professional values will guide the manner in which NASW members, whether as

union members or part of management, participate in collective bargaining. By this position,

membership in NASW can conflict with professional values. The Code of Ethics prohibits social

workers from abruptly withdrawing patient services." (NASW, 2008, 3.10 Labor-Management

Disputes) This confusion of ethical responsibilities between the Code of Ethics and union values

results in a parallel process of confusion between NASW (or "professionals") and workers.

Limitations, strengths, and biases

Major limitations of this study include recruitment and final number of participants

(N=10), lack of diversity in terms of race and ethnicity, region of the country, and the absence of

voices of clinicians who do not work in unionized environments in the sample size. I initially

thought I would be able to easily secure at least 12 interviews, especially a majority through the

NUHW, it turned out to not be the case. Many of these clinicians expressed interest in the study,

however due to their work schedules and outside lives, there were unable to participate. One

potential participant declined due to concern for her job safety due to recent tensions between

management and labor at her particular place of work. This study includes a majority of

individuals who identify their race as white or Caucasian (N=9) and (N=1) that identifies as

Mexican. In terms of ethnicity, there was a little bit more diversity, however not enough for this

to be an appropriate representative sample of licensed clinical social workers. Lastly, this study

could have been more informative and useful if there were time to compare and contrast the experiences of licensed clinical social workers not working in a unionized environment and what their experience providing ethical clinical care looks like on a daily basis.

Another major limitation of this study is the absence of a critique of the labor movement from an intersectional lens. The term and theory, intersectionality, coined and explored by Kimberle Crenshaw (1991), looks at identities such as sex, gender, race, class, ability, and how they intersect with one and other to sustain structural inequality and oppression. The literature review of this study did not take into account the negative, oppressive experiences of women and people of color within labor unions. This study would have been much more effective and impactful with a closer investigation of how labor unions and membership sustain and reinforce structural inequality.

The strengths of this study became apparent after each interview when I asked the last question about any additional thoughts on the topic of labor unions, and numerous participants were grateful that this topic was being researched, explored, and that they were able to lend their voice and experience to the study. The interview questions and topic also prompted more in-depth conversations related to policy and practice after the official interviews concluded. The study and process of speaking with the participants was not only inspiring to me as the researcher, but was also echoed by the participants in that they felt happy to share their story and to get the word out about why organizing and working both collectively and collaboratively is important for the field as a whole.

In terms of my biases as a researcher, there were a few issues that could have had an impact on this study. My motivations for studying this specific topic come from both personal and professional experiences. I was raised by a mother and stepfather who both have had long

careers in jobs within labor unions. I personally have experience working in a labor union as well. Second, my undergraduate degree is in Sociology, so when looking at this research question, I am approaching it and am informed by a sociological lens, in addition to a psychodynamically-informed lens. Lastly, I, along with another Smith School for Social Work student, worked collaboratively with the National Union of Healthcare Workers on our first year Community Practice Project. This project specifically focused on creating an advocacy guide for all mental health clinicians employed by Kaiser Permanente in California, and was disseminated throughout the organization.

Implications for Social Work Policy

In terms of policy implications, it is clear from the findings that the ability to provide ethical clinical social work practice to clients/patients requires structures, safeguards, and support. Whether these requirements come from being a member of a labor union or from organizations and agencies being held accountable by some outside board of ethics is open for debate. The main take away from the literature and findings of this study is that ethical clinical care cannot be provided if the clinician is treated unethically or is asked to perform aspects of their job in an unethical manner. Labor unions and union membership is one vehicle to achieve some of these requirements. If one of the roles of a licensed clinical social worker is to advocate on behalf of our clients/patients/populations, we need to be able to do the same for ourselves or we could be causing more harm than intended. If the clinician is experiencing burnout or vicarious trauma due to be treated either unethically or having to carry out unethical practices, it will impact the individuals we work with in harmful ways.

It would also be important to look at the professional organizations, such as the NASW, and consider how their Code of Ethics is unofficially the structure used and referred to within the

field of social work. It could be beneficial to look into a way to create a Code of Ethics for the field that is not tied to a professional organization. This may be challenging due to the fact that the field of social work is made up of a variety of positions including that of workers, clinical supervisors, managers of organizations, and other classifications that create complexity in defining an across the board way to approach ethical clinical social work practice.

Recommendations for Future Research

Time and a small sample size was a limiting factor in this study, and it is hoped that future research can be conducted with a larger, more diverse sample. Future research might be done in the area of looking at the fact that social workers are a population that lends itself well to the idea of organizing. Even though it's a little confusing to be a "professional" in a union, it really makes sense in terms of mobilizing as a group to protect people's interest because it's very aligned with the values of social work. It might be helpful to look at this issue from the angle that it allows social workers, according to one of the participants, to connect with clients through alignment as workers. It is important for clients/patients to see we are workers and need to be advocating for our rights in a similar capacity and how that is a humanizing experience and connection.

It would also be helpful to conduct more research on the impact of union membership on clinical work. Many participants spoke to the impact that either the potential to or actually going on strike led to feelings of confusion. Work stoppage and strikes are of real concern in places such as hospital settings, as well as other organizations or agencies. It would be important to look into this issue further and explore the impact on the worker, the client/patient, and the agency/organization as a whole when there is a strike and how that event intersects with ethical

considerations. To that end, exploration on the intersection of union membership and the impact on the clinical work and relationship is also an implication for further study.

Conclusion

The intention of this study was to explore to what extent that union membership and ethical clinical social work practice align, if at all. From both the literature and the findings of this study, the answer to this question is that both union membership and ethical clinical social work practice align on many levels. These levels include: advocacy, protection, security, collaboration, social justice, the right to self-determination, creating platforms to elevate voices of the oppressed or vulnerable populations. This study is important because of its focus on the subjective experience of the clinicians working within a unionized environment. Understanding the roles and their values, the benefits, and limitations/challenges, and the impact membership has on clinical work can provide important information for social workers new to the field and to the field of social work in general.

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Appendix A

HSR Approval Form

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950   F (413) 585-7994

December 29, 2015

Robyn Douglass

Dear Robyn,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Fred Newdom, Research Advisor

SMITH COLLEGE

**2015-2016
Consent to Participate in a Research Study
Smith College School for Social Work ● Northampton, MA**

....

Title of Study: To What Extent Does Union Membership and Ethical Clinical Social Work
Practice Align
Investigator(s):
Smith College School for Social Work and Robyn Douglass

....

Introduction

   You are being asked to be in a research study of the experience of unionized licensed clinical
social workers.
   You were selected as a possible participant because you are an adult who works as a licensed
clinical social worker in a unionized environment/organization and have been in practice for a
minimum of two years.
   We ask that you read this form and ask any questions that you may have before agreeing to be
in the study.

Purpose of Study

   The purpose of the study is to learn about the experience of being a unionized social worker.
   This study is being conducted as a research requirement for my master's in social work
 degree.
   Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

   If you agree to be in this study, you will be asked to be interviewed individually by the
researcher for between 45 minutes to an hour. The researcher may request a follow-up interview
if needed. The interview will be audio recorded.

Risks/Discomforts of Being in this Study

   The study has little foreseeable risk. Feel free to decline to answer any question, or even end
the interview early if the discussion causes you discomfort. I will provide you a list of follow-up
supports in the area.

Benefits of Being in the Study

The benefits of participation are having an opportunity to talk about your experience and possibly gaining insights into an important aspect of your experience of working as a social worker in an unionized environment.

The benefits to social work/society are: to better understand if labor union membership contributes to assisting social workers in providing ethical mental health care. It can also provide insight into the potential benefits and/or limitations of being in a labor union for workers and their clients/patients. This research hopefully will identify future areas for research.

Confidentiality

Your information will be kept confidential. The researcher and a transcriber will be the only people who will know about your participation. The interview will take place over the phone or at a conference room reserved at a public library in either Oakland or Berkeley, California. If you do not reside in California or the Bay Area, the interview will take place over the phone or over an internet video/phone service, such as Skype or Google Hangout. In addition, the records of this study will be kept strictly confidential. I will be the only one who will have access audio recording, with the exception of a potential transcriber, who will sign a confidentiality agreement. Recordings will be destroyed after the mandated three years. They will be permanently deleted from the recording device.

All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.

Payments/gift

You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time up to March 1, 2016 without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 1, 2016. After that date, your information will be part of the thesis and final report.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me at rdouglass@smith.edu. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study

....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

....

1. I agree to be audio taped for this interview:

(Please check options which apply) _____audio taped only

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

This study protocol has been reviewed and approved by the **Smith College School for Social Work Human Subjects Review Committee (HSRC).**

Appendix C:
Recruitment E-mail and Flyer

Hello National Union of Healthcare Workers (NUHW) Licensed Clinical Social Workers,

I am a master's student at Smith College School for Social Work and am conducting a study for my degree requirements. I am looking for participants. Even if you do not meet the criteria to participate, it would be very helpful if you know someone who might be eligible or know of other professionals who have access to this population.

Here is a short summary of my study:

I am planning to interview 12-15 unionized licensed clinical social workers. This study will focus on the experience of working in a unionized environment as a licensed clinical social worker. There has been some research done in this area, however after working with your union and the numerous mental health clinicians to create the "Professional Privileges and Ethical Responsibilities of Mental Health Clinicians Resource Guide", this is an opportunity to contribute more research to the field. This is an opportunity for people who had this experience to share their stories. This research could also help to highlight strengths and challenges in the experience of working as a licensed clinical social worker in a unionized environment. This study is limited to licensed clinical social workers due to time constraints and requirements of the thesis. I do appreciate and recognize all of the other mental health professionals that not only contributed to the previously mentioned guide, but also for your dedication to providing ethical mental health care.

Participants must be:

· Over the age of 18 years.

· You are a licensed clinical social worker who has been working in the field for a minimum of two years.

· Working within a unionized environment, this could include: healthcare settings, non-profit organizations, county positions, or other work settings.

Being in this study will only take no more than one hour of the person's time. Interviews will be recorded but kept private. Because I am a student with limited resources, no compensation is available.

If you are interested in participating, please contact me. If you know someone who may be interested in participating, or is a professional who may know where to locate participants, please have them call or email me. Or, with permission, I can contact the potential participant. I appreciate your time and assistance with this study.

Sincerely,

Robyn Douglass

Graduate student at Smith College School for Social Work

rdouglass@smith.edu

(xxx) xxx-xxxx

Are you:
A Licensed Clinical Social Worker **(LCSW)**, who has been working the field
a minimum of two years?
and
Working within a unionized environment, which could include healthcare
settings, non-profit organizations, county positions, or other work
settings?

If yes,
I would be honored to interview you for my master's thesis .

This study will focus on the experience of working in a unionized environment as a licensed clinical
social worker.

Specifically looking at the question:
"To what extent does union membership and ethical clinical social work practice align?"

Being a part of this study will take no more than an hour of the person's time. Interviews will be
recorded but kept private. Interviews can be over the phone or in person.

If you are interested in participating, please contact me. If you know someone who may be
interested in participating, or is a professional who may know where to locate participants, please
have them call or e-mail me. Or, with permission, I can contact the potential participant.

I appreciate your time and assistance with this study.

Robyn Douglass
Graduate Student at Smith College School for Social Work
rdouglass@smith.edu

This study protocol has been reviewed and approved by the Smith College School for Social
Work Human Subjects Review Committee (HSRC)

Appendix D:
Interview Questions

<u>To What Extent Does Union Membership and Ethical Clinical Social Work Practice Align</u>
By: Robyn Douglass
Research Advisor: Fred Newdom & Jean LaTerz

Individual Interview Questions

1. Tell me a little bit about yourself as a licensed clinical social worker. Specifically, what are your areas of interest? Are there populations with which you are most qualified to work? And do you have a preferred theoretical orientation (regardless of your agency's theoretical orientation)?

2. In your agency or organization, what is your job title, and what are your primary responsibilities under this title?

3. To what extent do you believe union membership is a meaningful affiliation for you as a licensed clinical social worker?

4. Are you also a member of the National Association of Social Workers?
   a. If so, can you describe any similarities or differences you view between the two affiliations?

5. In your opinion, what are some of the overlapping values amongst the role of a licensed clinical social worker and the role of a labor union?

6. How do you participate (or have the option to participate) in your union?

7. How would you define your experience working as a union member?

8. What do you believe are the benefits to being a union member as a licensed clinical social worker?

9. What do you believe are the limitations or challenges to being a union member as a licensed clinical social worker?

10. Does union membership impact your clinical work?
    a. If so, how does it impact your clinical work?

11. Is there anything else you would like to share about this topic?

This study protocol has been reviewed and approved by the **Smith College School for Social Work Human Subjects Review Committee (HSRC).**