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National Organization for Human Services

The National Organization for Human Services (NOHS) was founded in 1975 as an outgrowth of a perceived need by professional care providers and legislators for improved methods of human service delivery. With the support of the National Institute of Mental Health and the Southern Regional Education Board, NOHS focused its energies on developing and strengthening human service education programs at the associate, bachelor’s, master’s, and doctoral levels.

The current purposes of the organization are: (a) to provide a medium for cooperation and communication among human service organizations and individual practitioners, faculty, and students; (b) to foster excellence in teaching, research and curriculum development for improving the education of human service delivery personnel; (c) to encourage, support, and assist the development of local, state, and national organizations for human services; (d) to sponsor conferences, institutes, and symposia that foster creative approaches to meeting human service needs.

Members of NOHS are drawn from diverse educational and professional backgrounds that include corrections, mental health, child care, social services, human resource management, gerontology, developmental disabilities, addictions, recreation, and education. Membership is open to human service educators, students, fieldwork supervisors, direct care professionals, and administrators. Benefits of membership include subscriptions to Human Service Education and to the Link (the quarterly newsletter), access to exclusive online resources, and the availability of professional development workshops, professional development and research grants, and an annual conference.

Six regional organizations are affiliated with NOHS and provide additional benefits to their members. They are the New England Organization for Human Service, Mid-Atlantic Consortium for Human Services, Southern Organization for Human Services, Midwest Organization for Human Services, Northwest Human Services Association, and Western Region of Human Service Professionals.

NOHS is closely allied with the Council for Standards in Human Service Education (CSHSE). CSHSE, founded in 1979, has developed a highly respected set of standards for professional human service education programs and also provides technical assistance to programs seeking Council accreditation.

Membership information can be found on the organization’s website by clicking “Join Now” at: www.nationalhumanservices.org. Correspondence should be addressed to NOHS, 5341 Old Highway 5, Suite 206, #214, Woodstock, GA 30188 (770) 924-8899.
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An Introduction to the Special Section on Professional Standards in Human Services

Tammi F. Milliken and Edward S. Neukrug
Co-Editors, Journal of Human Services

We are excited to offer our readership a special section on standards in the profession of human services. Within specialty fields, standards are identified as a profession evolves. Thus, standards are a mark of the maturity of a profession and offer a benchmark of excellence to which individuals and programs should adhere. They suggest certain exclusivity, in that adherence to the standards implies that individuals or programs have achieved at high levels. This exclusivity helps to ensure that the public is protected and served well by members of the profession; it also lessens the likelihood of poor professional practice and malpractice suits.

In the helping fields of psychiatry, psychology, social work, counseling, and human services, three standards have predominated: accreditation, ethical codes, and credentialing. Accreditation is concerned with training efficacy and requires established standards be met to ensure program rigor. Ethical codes are concerned with clarifying the profession’s principles and consist of standards required for responsible professional behavior. Credentialing is concerned with a professional’s learned knowledge and experience and is based on state or national standards established by the profession or related bodies to the profession.

Psychiatry, psychology, social work, and counseling have had standards in each of the three areas for some time. The youngest of these professions, human services, now has standards in all three areas with its recent adoption of the Human Services—Board Certified Practitioner (HS—BCP) credential. The ongoing refinement of standards in human services speaks to the profession’s maturity and positions human services as an even more viable profession in the helping fields.

To contribute to our understanding of the development, current status, and projected direction of accreditation, ethical codes, and credentialing in human services, a number of experts in these standards were invited to contribute articles on each topic for this special section. Whereas most professionals see only the end product of these standards, we believe these articles illustrate the arduous and painstaking process that takes place in the development of these important standards. This information may assist in clarifying the value of standards as well as engendering action toward ensuring standards are met in human service programs, professional practice, and throughout the field.

We are extremely fortunate to have Dr. Susan Kincaid and Dr. Susan Andresen co-author the article on accreditation. Both Drs. Kincaid
and Andresen have served as executive officers of the Council for Standards in Human Service Education (CSHSE) for many years in several positions, and notably, both have served as Vice President of Program Accreditation. Their article, titled *Higher Education Accountability and the CSHSE Accreditation Process*, compares government-regulated standards for education to national standards set forth by self-regulatory accrediting boards such as the CSHSE. An overview of the accreditation process for human service programs through CSHSE is described, and benefits to CSHSE accreditation are illuminated. Finally, specific details about the steps required for human service programs to apply for accreditation are detailed.

For the article on NOHS’s ethical code, we are fortunate to have Dr. Linda Wark, current Chair of the Ethics Committee of NOHS, write an article entitled, *The Ethical Standards for Human Service Professionals: Past and Future*. This article presents the many purposes an ethical code serves as well as inherent difficulties in the development and implementation of an ethics code. It then provides us with background on the development of NOHS’s Ethical Standards for Human Service Professionals. The article lists the general categories addressed by NOHS’s code and suggests there are many areas that NOHS may want to consider in a future revision of its code. It contrasts an aspirational code, such as NOHS’s, with an enforcement code, such as that developed by the Center for Credentialing and Education (CCE). Finally, it suggests that it may be time to revise NOHS’s code and that such a revision should consider the code’s content as well as the process that takes place. NOHS’s current code is placed at the end of the journal for your convenience.

Finally, relative to the credentialing process, we are proud to have Dr. Shawn O’Brien, vice-president of the Center for Credentialing and Education (CCE), and Dr. Scott Hinkle, Director of Professional Development for CCE, write a piece called, *The Human Services-Board Certified Practitioner: An Overview of a New National Credential*. Drs. O’Brien and Hinkle first present us with a history of the development of the HS-BCP. Next they provide us with an understanding of the collaborative process that took place between the CCE, NOHS, and CSHSE in the development of the certification process. They also highlight the guiding principles that drove the development of the HS-BCP, and explain how an assessment tool was devised, how different levels of education and experience were decided, and why a separate code of ethics was needed. In addition, they describe the continuing education needed to maintain the credential.

We believe that this special section on standards in the profession will be enlightening, informative, and in some cases, eye-opening. As a human services professional, educator, and/or student, we encourage you to experience pride in your profession as you deepen your
understanding of the development of the field of human services and its evolution into a respectable, standards-based profession. Enjoy this special section and consider how you might be able to serve NOHS, CSHSE, and CCE in future revisions of these standards.
Higher Education Accountability and the CSHSE Accreditation Process

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Abstract
Assessment of student learning based on government regulations, generally tied to standardized exit examinations, may not be a sufficient gauge of program efficacy. Self-regulation through accrediting bodies is a system of accountability based on peer review. It requires (a) compliance with national standards, (b) assessment plans tied to learning outcomes, and (c) continuous program improvement. As a result of this rigor, accreditation is more likely to strengthen and support a diversity of programs and make recommendations tied to the unique mission of each institution. The accreditation policies and procedures of the CSHSE are congruent with the literature. The self-study accreditation process of the CSHSE is outlined and benefits to accreditation through CSHSE are highlighted.

Introduction
The Council for Standards in Human Service Education (CSHSE) is the accrediting body for human services degree programs. The CSHSE was formed in 1975 at about the same time as the National Organization for Human Services (NOHS), originally called the National Organization for Human Services Education. The founders of both organizations wanted a separation between the professional membership group and the accrediting body to avoid potential conflicts of interest.

In the United States, higher education participates in voluntary self-regulation through the accreditation process. There are regional bodies that accredit colleges and universities, both private and public. “In 2005, regional commissions accredited 3,000 institutions using 3,500 volunteers in a system overseen by 105 fulltime staff” (Brittingham, 2008, p. 33). In addition, there are accrediting bodies that accredit programs specific to various disciplines of study. Organizations exist that recognize accrediting bodies. An example is the Council for Higher Education Accreditation (CHEA). Some state legislatures require discipline accreditation if there is a CHEA-recognized accrediting body for that discipline. The CSHSE is currently in the final phase of the CHEA recognition process.
In this article, the authors will discuss accreditation, regulation and assessment, providing some historical and current context of the tensions surrounding accreditation. The discussion will be followed by an introduction to the CSHSE accreditation process, advantages of CSHSE accreditation, basic accreditation information, preparatory work, and a summary.

**Accreditation, Regulation, and Assessment**

Perhaps accreditation has never been more important or more hotly debated than it has been in the last decade. It began as an attempt to self-regulate the quality of higher education through national standards and a peer review process that was recognized by the government as a reliable quality control source beginning in the 1950s (Brittingham, 2006). In the 1980s there was a paradigm shift from teacher-centered to learner-centered instruction (Banta & Associates, 2002; Huba & Freed, 2000), spawning the Assessment Movement.

The Assessment Movement resulted in greater scrutiny and requirements by the government of educational institutions. This trend has continued to the present time. In the face of shrinking resources, a desire for public accountability, and greater transparency, the government moved toward increased control through the No Child Left Behind Act, enacted in 2002. In addition, the Higher Education Opportunity Act of 2008 reauthorized the Higher Education Act of 1965. It includes “approximately 100 new reporting and record keeping requirements for colleges and universities” (Brittingham, 2008, p. 36). Response to these governmental controls has been mixed regarding their outcomes as compared to those of self-regulatory accrediting boards.

Government control is based on standardized assessments, generally through standardized exit testing. In addition to the documented problems with standardized testing in general (Perley & Tanguay, 2008), some schools simply made their state exit exam an entrance exam in response to No Child Left Behind criteria (Murray, 2009). That is not to say that standardized tests such as the Collegiate Learning Assessment (CLA) do not have merit as a tool for continuous improvement. The CLA “presents students with engaging tasks that measure higher-order thinking and offers institutions the ability to compare how much their students have learned with the gains of students at other similar institutions” (Brittingham, 2008, p. 35).

Additionally, in a capitalist system with very few limits, the relationship between government and big business calls the role of government in education into close scrutiny. The increase in private colleges and universities and the decrease in public funding may be leading to the privatization of higher education, as we have seen with other services.
Perhaps the most significant and controversial development in American higher education in the past two decades has been the rise of the for-profit college and university. Approximately 10 percent of post-secondary students now attend a for-profit institution in what has become a $48 billion a year industry (Blumenstyk, 2005b). The U.S. Department of Education now lists over 800 for-profits that have received state, regional, or professional accreditation and many grant degrees from the associate to the doctoral level. Although the degree granting/accredited sector is still small, accounting for about 2.5 percent of the total college enrollments, its growth rate has been impressive -- approximately 8 percent a year compared to 2 percent for higher education as a whole (Blumenstyk, 2005a). In addition, they are beginning to provide competition for the traditional non-profit sector in certain student niches. The best known of the for-profits is the University of Phoenix, which claims to be the largest private university in the country with nearly 300,000 students enrolled. (Beaver, 2009, p. 53)

Lastly, government regulation through standardized tests works against institutional diversity. Currently there are private, public, liberal arts, technical, science, arts, and many other types of institutions. Students choose colleges and universities because of the unique traits of a program (Brittingham, 2008). The uniqueness of their education is carried with them into the workplace and larger society. Standardization through government regulation may limit the ability of an institution to vary from the norm.

Accreditation, on the other hand, is not intended to measure the learning of individual students (Murray, 2009). Rather, accreditation is intended to determine that (a) the validity of programs in the context of similar higher education programs, (b) national standards are met in the curriculum, and (c) policies and procedures exist to ensure continuity of curriculum delivery, consistency with other institutions of higher education, and continuous improvement. In other words, the program, not the individual student, is the unit of analysis (Murray, 2009). National standards exist as a minimum for the curriculum to which greater depth, breadth, and unique characteristics may be added. Additionally, accreditors are more likely to ask questions that allow a unique response from the institution/program, based on its distinctive mission and goals. This recursive process of question and response may actually promote and strengthen diversity as opposed to mandates for specific changes (Boyer, 1990; Prøitz, Stensaker, & Harvey, 2004; Stensaker, 2000). The remaining issue, of course, is the assessment of learning of individual students. In general, accreditors require assessment
plans tied to both learning outcomes and policies and procedures for continuous improvement.

It is within this context of competing government regulation, accreditation, and assessment that both the Council for Standards in Human Service Education and the diverse human services programs throughout the United States exist. The CSHSE has a longstanding tradition of coming alongside program faculty as colleagues in the profession, valuing the unique perspectives of an interdisciplinary faculty, and honoring the missions of programs and the institutions in which they are housed. Congruent with the literature, accreditation by the CSHSE strengthens and supports diversity of programs that exist to ultimately serve diverse populations, is faculty driven, and requires assessment and continuous improvement.

**Introduction to the CSHSE Accreditation Process**

Human services program accreditation is a process with specific and sequential stages. It begins with membership and an application to the CSHSE for initial program accreditation. Once permission to proceed is provided by the Vice President of Accreditation (VPA), a self-study must be written and submitted to a group of readers who independently read and evaluate it for compliance with the CSHSE National Standards for Human Services Education. Assuming an acceptable self-study, the next step is a site visit by two site visitors. Finally, the CSHSE Board of Directors takes action on a combined report of the readers and site visitors to accredit or not accredit the program, and the VPA informs the program of the Board’s decision.

Documentation is the bedrock of accreditation. The self-study includes narrative that describes adherence to the CSHSE National Standards, and the appendices provide evidence that support the narrative. A site visit is conducted to verify, clarify, and amplify the program’s compliance.

Three key resources are available to programs seeking CSHSE accreditation: a regional director, a member handbook, and the CSHSE website. A Regional Director in each of the eight regions is available for consultation throughout the accreditation process. The Member Handbook: Accreditation and Self-Study Guide (CSHSE, 2009) is downloadable from the website and provides detailed information on the complete process, including accreditation policies, guidelines for preparing for and writing self-studies, timelines and submittal deadline, and guidelines for the site visit. The CSHSE Website (http://www.cshse.org) includes contact information for Regional Directors and Executive Board Members, list of accredited and other members, application forms, curriculum matrix templates, and other documents.
Advantages of CSHSE Accreditation

There are distinct advantages associated with CSHSE program accreditation. The self-study process highlights strengths of the program and requires review by an academic officer within the institution, calling positive attention to the program. The self-study process itself provides an opportunity for programmatic benchmarking. The peer-review process verifies that the program meets national standards for human services education. Additionally, there are expected to be benefits for students in accredited programs when they apply for the Human Services Board Certified Practitioner (HS-BCP) credential. It has been tentatively agreed that students in CSHSE-accredited programs will be able to sit for the credentialing examination in the last semester or quarter of their program, and they will receive a discount on the application fee. Graduates of CSHSE-accredited programs will not need to complete the Verification of Experience Form that is usually required when applying for the HS-BCP credential (CCE, 2010, http://www.cce-global.org/credentials-offered/hsbcp).

Basic Accreditation Information: Application and Timeframes

Currently, CSHSE accreditation is voluntary. A human services education program can become a CSHSE member without applying for accreditation. Membership in the CSHSE is required if a program decides to seek and maintain accreditation. Member programs seeking accreditation must apply for accreditation and pay a fee (currently $400.00). Application forms are located on the CSHSE website.

There are three kinds of accreditation applications:
1. Initial Accreditation: Site visit is required
2. Interim Report and Review: Required at five years and every ten years thereafter for reaccreditation; no site visit
3. Reaccreditation: Site visit is required; occurs initially ten years after Initial Accreditation and every ten years thereafter (CSHSE Member Handbook, 2009, pp. 2-4)

For an Initial Accreditation, a program has two years from the date of the VPA approval to proceed to complete the self-study and site visit process. If not completed within two years, the program must reapply. If a program is applying for reaccreditation and there are extenuating circumstances that preclude it from meeting the deadlines indicated in the Member Handbook, a one-year extension may be granted (CSHSE Member Handbook, 2009, pp. 4, 9, 10).

Preparatory Work

The specific steps in the self-study process are found on pages 6-8 in the Member Handbook (CSHSE, 2009). Given the length of time
required to effect curriculum revisions within various institutions, it is strongly suggested that prior to applying for accreditation, a curriculum map of courses to standards be completed to identify any Standards or Specifications that have not been met (see Matrix on pp. 18-19 of CSHSE Member Handbook, 2009). What follows is a summary of some of the key steps.

**Consult with Regional Director**

Contacting the appropriate Regional Director and informing her or him that the program is either ready to apply or has applied for Initial Accreditation or Reaccreditation is an essential first step. The CSHSE provides outreach through Regional Directors who work in specific geographic regions. The name and contact information for each Regional Director is on the website. The Regional Director consults with the program throughout the process in two major ways: (a) responding to questions regarding the process, requirements for self-studies, and National Standards, and (b) reviewing written sections of the self-study and providing feedback. (CSHSE Member Handbook, 2009, p. 6)

**Prepare to Write the Self-Study**

The self-study with its narrative and appendices describes and documents compliance with the CSHSE National Standards for Human Services Education. The CSHSE accredits human services programs at three degree levels: associate, baccalaureate, and master’s. There are distinct Standards for each degree level, divided into two sections: (a) General Program Characteristics that address the administrative structure of the program, and (b) Curriculum that includes both the required content and the field experience component. Each of the Standards has Specifications that further define the content expectations.

When preparing to write a self-study, it is recommended that the program create a self-study committee with a commitment to meet on a consistent basis during the process. Its composition may include teaching faculty, advisory committee members, field placement supervisors, alumnae, and current students. Initially the work of the committee members is to familiarize themselves with the Standards and Specification in preparation for assessing the program’s current compliance and determining what actions are needed to achieve compliance. It helps immensely to prepare a folder for each Standard and place in it the documentation that verifies the Standard is met.

**Write the Self-Study**

Although detailed and specific guidelines for writing the self-study are provided in the Member Handbook (CSHSE, 2009), here are three essential ingredients for a successful self-study:
1. The **Matrix** (Curriculum Map of Courses to Standards) provides a visual of which required courses in the curriculum meet each of the Curriculum Standards and its respective Specifications.

2. The **Self-Study Narrative** describes program compliance with all the Standards. In particular, it describes *how*, through descriptions of specific assignments, class exercises, and activities, each of the required courses identified on the Matrix contributes to meeting the Curriculum Standards.

3. The **Self-Study Appendices**, including course syllabi, *provide evidence* of the compliance statements in the narrative.

**The Matrix.** The Matrix or Curriculum Map of Courses to Standards is explained in the *Member Handbook* (CSHSE, 2009, pp. 18-19), and the Matrix specific to each degree level can be downloaded from the CSHSE website. It is a graphic index that illustrates where in the curriculum and to what degree the Specifications for each Curriculum Standard are met. It is a particularly helpful tool for programs during the self-study process, and reflects any changes made to bring the curriculum into compliance. In its final form, it is a *required* component of the self-study.

**The Self-Study Narrative.** The narrative takes the readers on a well-defined and documented journey through the details of the program. It must be clear, concise, complete, and correct (*CSHSE Member Handbook*, 2009, p. 16). It must describe *how* Standards are met, explain and clarify appendices relevant to a Standard, and *persuade* the reader that each Standard and its Specifications have been met (p.16).

There are a number of common errors in self-studies that may result in requests for additional information and/or documentation from the program before a site visit can be scheduled or the Board can vote on program accreditation. A list is in the *Member Handbook* (CSHSE, 2009, p. 17). Some of the most frequent are:

1. Courses referenced in the narrative do not match courses identified on the Matrix or the syllabi in the appendices.
2. Specifications are not separately identified and addressed.
3. Required introductory information is not included.
4. Appendices are either not referenced in the narrative or they are used to *state* compliance rather than to *verify* compliance.
5. Compliance statements are insufficiently specific.

**The Appendices/Attachments.** The appendices are all those documents that *provide evidence* of compliance statements in the narrative. When a compliance statement is made in the narrative, the
appropriate appendix/ices verifying the statement must be referenced. Appendices need to be placed in a logical order and tabbed (or linked) so the reader can easily locate them (CSHSE Member Handbook, 2009, p. 16).

Submit the Self-Study

As the self-study is nearing completion, the program needs to contact the Vice President of Accreditation to request readers. Timelines relative to when the initial submission will take place are provided in the Member Handbook (CSHSE, 2009, pp. 9-10). Three options are available for submitting self-studies: (a) a full paper copy in two three-ring binders (one for the narrative and one for appendices); (b) a hybrid consisting of a paper copy of the narrative and an electronic copy of some or all of the appendices on a CD, DVD or flash drive; or (c) a full electronic copy in which the narrative and appendices are submitted on a CD, DVD or flash drive (CSHSE Policy, May 19, 2010).

Arrange a Site Visit

The Member Handbook (CSHSE, 2009) contains detailed instructions related to the site visit process, including how to budget costs of the accreditation process (pp. 12, 21-25). A site visit is required for Initial Accreditation and for Reaccreditation every ten years thereafter. In either case, before a site visit can be scheduled, a majority of the readers must agree that the self-study is sufficiently complete to warrant a site visit. If it is not, the Vice President of Accreditation, working with the appropriate Regional Director, will inform the program of what additional information and/or documentation is needed. Once a program is given permission to proceed with scheduling a site visit, communication will occur directly between the program and the two assigned site visitors to set dates and travel accommodations (pp. 10-11). Two full days are required onsite and up to two travel days, dependent on available transportation to the site. During the site visit, issues raised by the readers will be explored (p. 11). At the conclusion, site visitors will prepare a report that will be submitted to the CSHSE Board. Site visitors do not decide and are not allowed to communicate whether or not a program will be accredited. Accreditation is a Board action.

The CSHSE Board Takes Action

Currently the CSHSE Board meets three times a year to discuss and vote on program accreditation, interim review and report and reaccreditation. Action is taken based on reader reports, site visitor reports, and Board policies and procedures. There are four actions that can be taken by the Board (CSHSE Member Handbook, 2009, p. 8):
1. Approval of accreditation with no conditions,
2. Approval of accreditation with specific provisions required for the next reaccreditation,
3. Tabling action because the self-study is incomplete, and there is not sufficient information to make a decision, or
4. Non-approval of accreditation.

The Vice President of Accreditation informs the program of the Board’s decision and of any conditions related to the decision. An informal email telling the program of the Board’s decision is sent by the VPA within 10 days of the Board action, and a letter outlining in detail any requirements or recommendations that must be addressed for the next accreditation is sent within 30 days of the Board action (CSHSE Reader and Site Visitor Policy and Procedure, October 2006).

**Summary**

There is currently national tension between accrediting bodies and government regulation as an issue of assessment of student learning. Research demonstrates that accreditation requires (a) compliance with national standards, (b) assessment plans tied to learning outcomes, and (c) continuous program improvement. The accreditation policies and procedures of the Council for Standards in Human Services Education are congruent with the literature. The CSHSE self-study process strengthens and supports diversity of programs, is faculty driven, and requires assessment and continuous improvement.

**References**


The Ethical Standards for Human Service Professionals: Past and Future

Linda Wark  
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Abstract

This article examines the purpose of ethical codes, the development of the NOHS Ethical Standards for Human Service Professionals, the current status of the NOHS code and the new CCE code, and elements of a code revision process.

Introduction

For professional membership organizations, a code of ethics has many purposes for educators, practitioners and students. Ethical codes define acceptable behavior and responsibilities in practice and education (Burger, 2008). They promote the welfare of clients, providing assurance that established and widely accepted standards will be followed (Corey, Corey & Callanan, 2011; Vesper & Brock, 1991). They also moderate the influence of personal values in professional practice (Spano & Koenig, 2007), thus promoting the stability of professions (Remley & Herlihy, 2010). They represent the consensus of members in a profession (Scalise, 2000) and signify the maturity of a professional organization (Wilcoxon, Remley, Gladding & Huber, 2008). Finally, following a code of ethics protects practitioners in malpractice suits and provides professional organizations self-control instead of potential regulation by government (Corey, Corey & Callanan, 2011; Dolgoff, Loewenberg & Harrington, 2009).

Despite their usefulness, difficulties are inherent in ethical codes. Codes cannot replace decision-making processes to navigate ethical dilemmas (Dolgoff, Loewenberg & Harrington, 2009). They immediately become outdated as new laws, social policy and social problems perpetually arise (Neukrug, 2010). Further, ethical codes do not encompass all of the values of an organization’s members (Spano & Koenig, 2007), nor do they include all possible clinical situations (Remley & Herlihy, 2010). Finally, laws can override an organization’s code of ethics (Burger, 2008).

Although not exhaustive, the above information addresses the impact ethical codes can have on a profession. Therefore, it is important to consider how codes are developed and revised. This article specifically concerns the code of ethics of the National Organization for Human Services.
The History of the Ethical Standards for Human Service Professionals

For the National Organization for Human Services (NOHS, formerly NOHSE), the history of its code of ethics formally began in 1990 (see “Special Feature,” 1996 for a full account). In 1991, with interest from the Council for Standards in Human Service Education (CSHSE), the NOHS Board commissioned a joint CSHSE and NOHS committee for the development of a code. Code development was also influenced by a university faculty member and seven graduate students who developed a code for the Southern Organization for Human Service Education (SOHSE). To guide them, codes of ethics from related helping professions and literature on ethical guidelines were reviewed. In 1992, SOHSE submitted this code to NOHSE and CSHSE. The document was reviewed and revised by the NOHSE committee and subsequently distributed to the NOHSE membership for feedback. Students and faculty from multiple levels of degree-granting programs in human services worked their way through 27 revisions. In 1993, the NOHSE and CSHSE boards of directors accepted a draft, and a committee of the board made further revisions. Finally, in 1994, the boards of both NOHSE and CSHSE vetted the code, and in 1995, subsequently sought approval of the membership by mail ballot. The result of these efforts was the establishment of the Ethical Standards for Human Service Professionals (see “Special Feature,” 1996 and pp. 81 – 89 of this journal).

Current Status of NOHS Code and the New CCE Code

At this writing, the Ethical Standards for Human Service Professionals are 15 years old. In that time, changes in the profession and in society have impacted the practice of human service professionals. For example, increased sensitivity to cross-cultural differences, advances in technology, new laws that protect client rights, and modified views of practitioner-client relationships compel us to re-examine this original code (Neukrug, 2010). A re-examination also permits a fresh look at related practices, such as how grievances are handled and methods of enforcement.

In its current form, the NOHS code of ethics addresses the human service professional’s responsibility to clients, community and society, colleagues, the profession, employers, and self. In addition, it addresses a set of standards for human service educators. Codes of similar professions have additional areas that could be considered in a revision of the NOHS code such as ethics for research, financial arrangements with clients, cultural competence, use of technology, end-of-life decisions, breaking of confidentiality with individuals who have high risk communicable diseases, and administrative ethics (American Association for Marriage and Family Therapy, 2001; American
As it looks toward revising the code of ethics, NOHS must now take into consideration the Human Services-Board Certified Practitioner Code of Ethics (HS-BCP) recently developed by the Center for Credentialing and Education (CCE) and instituted when the certification for human services became official in 2008. Those holding the HSB-CP certification and having membership in NOHS now have two codes of ethics to follow.

As CCE prepared to offer the certification, it was necessary to have a way to monitor the functioning of certificants and to adjudicate infractions (S. Kerewsky, personal communication, May 17, 2010). Concerned about the enforcement power of a code and aware that some who would become certified were not members of NOHS, CCE decided to develop its own code. Forming a committee that included NOHS and CSHSE members, CCE developed a code that could withstand legal challenges and was focused on behavioral expectations. This focus contrasts with the current NOHS code, which includes aspirational statements as well as statements that are a matter of opinion and are open to interpretation (S. Kerewsky, personal communication, May 17, 2010). Such codes are less clear about what behaviors are expected, thereby making it more difficult to determine whether a member adheres to certain standards, and, thus, more difficult to enforce (S. Hinkle, personal communication, May 19, 2010). Given there is merit in both the CCE code and the NOHS code, a revision process should include contemplation of what it means to follow two codes of ethics and should resolve any conflicts between them.

The Revision Process

Code revision can be thought of as having two main foci, content changes and the revision process. Content changes often include statements of vision, principles, and rules of conduct (von Baeyer, 1998). Vision statements suggest ideals to pursue and are stated in abstract terms, such as: “social justice concerns of clients should be pursued by human service professionals.” Principles are less abstract than visions and use broad, profession-relevant statements such as: “human service professionals are accountable to their clients.” Rules of conduct are concrete and measurable, such as “sexual relationships with clients are prohibited.” The rules of conduct should not betray the organization’s vision or principles (Kipnis & Feeney, 1999).

The second focus, the process of determining the content, is concerned with the steps that are taken to include stakeholders. Such inclusion makes member adherence to a code more likely (Kipnis & Feeney, 1999). For instance, in a revision process of the NOHS code, it would be important to reach out to NOHS members, members with dual

membership in NOHS and other professional organizations, those in the social service trenches, educators, students, and the public. All offer a unique perspective and therefore increase member buy-in to the final code (Kipnis & Feeney, 1999; Pope, 1996).

Although best practice guidelines have not been established for developing or revising codes of ethics, certain steps have been delineated by related helping professionals toward the development and/or revision of ethical codes (Blair, 2004; Glosoff & Kocet, 2006; Kipnis & Feeney, 1999; Pope, 1996; Special Feature, 1996). For example, committees have examined published research on ethical concerns, reviewed credentialing requirements and legal concerns, and conducted research grounded in members’ real-world ethical dilemmas. Committees have also sought feedback from stakeholders by posting drafts of ethical codes on organization websites, consulted with experts within and outside the profession, developed a database of members’ perceived problems in their daily work, offered workshops nationally, held nationwide discussions of case studies, and provided open forums at national conferences (Glosoff & Kocet, 2006; Kipnis & Feeney, 1999; Pope, 1996; Special Feature, 1996). For any revision of the NOHS code, the variety of sources and methods will increase the validity of the eventual code.

**Conclusion**

This article examined the purpose of ethical codes, the development of the NOHS Ethical Standards for Human Service Professionals, the current status of the NOHS code and the new CCE code, and the revision process of a code. The revision process of an ethical code is a multi-layered effort which takes several years. Any effective outcome is dependent on an inclusive procedure with contributions from diverse groups of people. As we begin this process, a task force is being created, and members of NOHS, as well as other interested stakeholders, are encouraged to contact the NOHS administrative office regarding involvement in this effort.

**References**


The Human Services-Board Certified Practitioner: 
An Overview of a New National Credential

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The Center for Credentialing and Education

Abstract
This article describes the emergence of the human services profession, including the development of its job roles, skills, and competencies. It also describes the relationship of these components to the development and implementation of the recent Human Services-Board Certified Practitioner certification.

Introduction
Professional degrees in human services first appeared in the mid-1960s when it became apparent that the established programs in mental health (e.g., counseling, psychology, social work) were unable to handle the increasing need for service providers referred to in the Community Mental Health Centers Act of 1963 and related laws (Kincaid, 2009; Neukrug, 2008). Today, human services professionals are perceived as integrated, interdisciplinary generalists having a wide range of roles in the helping professions (CSHSE, 2005; Greene, 1995; Kincaid, 2009; Woodside & McClam, 2006). As a generalist, the settings in which we now find human service professionals varies considerably, with a few of the more common ones being mental health and mental retardation, substance abuse and dependency, gerontology, youth services, domestic violence, child care, education/schools, recreation and fitness, health care, and vocational rehabilitation, among others (McGrath, 1991-1992). These practitioners have been defined as helping professionals who “facilitate processes for change at all levels of society” (Kincaid, 2009, p. 21).

Since the inception of the field, there have been attempts to define the role of the human service practitioner. For instance, in 1967 the Southern Regional Educational Board (SREB) identified thirteen work roles of the human service professional, including outreach worker, services broker, advocate, evaluator, teacher/educator, behavior change agent, mobilizer, consultant, community planner, caregiver, data manager, administrator, and assistant to a highly trained professional (Mandell & Schram, 1985; SREB, 1967). More recently, Taylor, Bradley, and Warren (1996) identified 12 competencies important to the work roles of human services professionals, including the following: participant empowerment, communication, assessment, community and service networking, facilitation of services, community and living skills and supports, education, training, self-development, advocacy,
vocational, educational, and career support (crisis intervention, organization participation, and documentation).

The delineation of roles, skills, and competencies, such as those just noted, has led to the development of a viable profession in need of some form of regulation. This natural progression is usual: “Skill standards for direct service workers … [can] create a foundation for a nationally recognized, voluntary certification of direct service practitioners” (Taylor, Bradley, & Warren, 1996, p. 1). Thus, we now see the development of a certification for human services professionals.

Developing a Human Services Credential

In 2008, the Center for Credentialing and Education (CCE), in consultation with the National Organization for Human Services (NOHS) and the Council for Standards in Human Services Education (CSHSE), began the process of creating a national certification for human services practitioners. The overreaching goal was to create a certification program that would provide quality, value, and integrity for practitioners, their employers, and consumers of human services.

An important objective in establishing any certification is developing the guiding principles that form the basis of the program, including a set of assumptions regarding the purpose of the program and how necessary knowledge, skills, and abilities are assessed. Additionally, the directions and implications for making certification decisions are established.

Another crucial objective is determining the assessment tools used to reach the decision to confer or not confer a credential. Assessment tools, in this context, refer not only to a certification exam, but also to the minimum requirements for education, experience, recommendations, supervision, and so forth. Each assessment tool plays a role in the decision process leading to credentialing and should meet stakeholders’ expectations of rationality, reasonableness, and fairness.

After consultation, it was decided that assessment tools in human services would be based on five criteria: education, experience, assessment, ethics, and continuing education. In order to define each criterion as they relate to the human services practitioner, CCE established a Certification Program Development Committee (hereafter, the Committee). This committee included representation from CCE, NOHS and CSHSE. The committee was charged with the task of creating certification standards, based on the above five criteria, which would guide the Human Services-Board Certified Practitioner (HS-BCP) program.
Education and Experience

During the development of the education and experience standards, the Committee reviewed a variety of human services documents including those aforementioned and the CSHSE accreditation standards. The Committee’s recommendation was for CCE to accept applicants with a technical certificate, an Associate’s, Bachelor’s, or Master’s degree in human services, counseling, social work, marriage and family therapy, or criminal justice. It also was decided that applicants with degrees from other disciplines must complete a minimum of 15 semester hours of college coursework in interviewing and interventions skills, group work, case management, human development, ethics in the helping professions, social and cultural issues, social problems, assessment/treatment planning, intervention models/theories, human behavior, and social welfare/public policy. Within these 15 semester hours, a minimum of two semester hours must be taken in each of the following: interviewing and intervention skills, case management, and ethics in the helping professions. To be eligible for the exam, applicants must verify specific postdegree experience which varies as a function of the degree held. Those applying with a technical certificate need to document 5 years of postdegree experience, including a minimum of 7,500 hours; those with an associate’s degree need 3 years of experience, including 4,500 hours; those with a bachelor’s degree need 2 years of experience, including 3,000 hours; and those with a master’s degree need 1 year of experience, including 1,500 hours.

Assessment: The National Job Analysis Study

The knowledge, skills, and abilities included in the HS-BCP assessment are grounded in the results of a national job analysis study. This job analysis was used to develop the human services certification examination. The Committee assisted CCE throughout this process to ensure that experts in human services developed a comprehensive inventory of activities that human services practitioners may perform. In addition, the Committee was consulted on the development of the survey rating scales and identification of the sample group who would receive the job analysis survey instrument (Hinkle, O’Brien, & Olding, 2009). Based on the job analysis, it was determined that the examination should be composed of questions from each of the following major content areas: assessment, service planning and outcome evaluation; theoretical orientation/interventions; case management, professional practice, and ethics; administration, program development, evaluation, and supervision.

The Code of Ethics

HS-BCPs are obligated to work with clients and fellow professionals in an ethical manner, including recognizing ethical
dilemmas and knowing how to respond appropriately. Additionally, enforceable ethical codes result in the greatest good for the greatest number of people and ultimately prevent harm to HS-BCPs, clients, agencies, and society at large (Kerewsky & Hinkle, 2009; Milliken & Neukrug, 2009). Recognizing these facts, the Committee decided that applicants must attest to their compliance to a code of ethics and enforcement of the code. To ensure the code met the professional certification standards, the Committee consulted with legal counsel as they created an enforceable code of ethics. The resulting Human Services-Board Certified Practitioner Code of Ethics’ purpose was to document that HS-BCP certificants and applicants have the “obligation to maintain high standards of integrity and conduct; act in a manner that protects the welfare and interests of clients; accept responsibility for their actions; act consistent with accepted ethical and legal standards; continually seek to enhance their occupational capabilities; and practice with fairness and honesty” (HS-BCP Code of Ethics, 2009). The code was seen as supplementing, not supplanting, the NOHS code of ethics.

**Continuing Education**

It is essential that human services professionals maintain learning through continuing education (Neukrug, 2008). Therefore, a quality recertification process was vital to the Committee’s commitment to lifelong learning. The Committee decided that continuing education requirements should encourage certificants to remain abreast of current trends important to the human services profession. Therefore, the committee recommended that all HS-BCPs complete 60 contact (clock) hours of relevant continuing education during each five-year certification cycle, including a minimum of six (6) contact hours specific to ethics. A contact hour was defined as one hour of actual participation in a continuing education activity (excluding all breaks). The HS-BCP continuing education competencies include knowledge, skills, and abilities related to areas such as human systems. Human systems may include the structure and dynamics of organizations, communities, and society; the nature of individuals and groups as they relate to appropriate responses to human needs; ethical and legal issues; crisis, disaster, and trauma intervention skills; understanding diverse populations; career development and facilitation skills; and human services promotion, programming, education, training, and supervision.

**Conclusion**

In conclusion, an individual who applies for the HS-BCP certification must meet the education, experience, and assessment standards established by the joint NOHS, CSHSE, and CCE HS-BCP Certification Program Development Committee. Human services practitioners who earn the HS-BCP demonstrate to stakeholders
(practitioners, the profession, employers, and the general public) that they have met the standards of practice defined by the profession as safe and effective practice. Additional information about the national human services certification program and the HS-BCP application can be found at http://www.cce-global.org/credentials-offered/hsbcp.

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Human Services Professional and Trainee Perceptions of Conflict in the Helping Relationship

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Abstract
Human services professionals play a significant role in assisting clients with developing effective conflict management skills. While factors influencing conflict management style and the impact of conflict management styles in interpersonal relationships have been explored, the literature to date has failed to examine how human services professionals’ and trainees’ conflict management style and beliefs about conflict influence their relationship with the client and types of implemented interventions. This exploratory qualitative research study investigated human services professionals’ and trainees’ conceptualizations of conflict and their personal conflict management style. Factors influencing conflict management styles and clinical considerations also are considered.

Introduction
Conflict is a significant part of human interactions and can affect many aspects of people’s lives. Though conflict has been defined several ways, we used Rahim’s (1992) definition of conflict: “an interactive process manifested in incompatibility, disagreement, or dissonance within or between social entities” (p. 16). We also maintain that conflict is not a particularly negative phenomenon, but rather it has functional and dysfunctional outcomes (Rahim, 1992). Conflict can lead to stress and decreased satisfaction, or it can stimulate new solutions, creativity and growth. The outcome of a conflict situation may depend largely on the way in which an individual manages conflict. Conflict management refers to both intended and actual behaviors implemented by an individual facing conflict that are aimed to reduce or resolve conflict (Jehn & Mannix, 2001; Van de Vliert, 1997). While all of these behaviors are aimed at reducing conflict, only effective conflict management behavior involves strategies necessary to minimize dysfunction (Rahim, 2000).

Conflict Management Styles
Early research regarding conflict suggested people tend to have a preferred way to approach and manage conflict. Such approaches are commonly referred to as conflict styles. One of the most prevalent conflict management style models was developed by Kilmann and Thomas (1977). Kilmann and Thomas developed an instrument designed
to assess people’s behavior when faced with a conflict situation. They developed five conflict styles based on the dimensions of assertiveness and cooperativeness, which included competing, avoiding, accommodating, compromising, and collaborating styles.

According to the Kilmann and Thomas model, individuals with the competing style are assertive and uncooperative and will attempt to win their position at the cost of the other individual’s needs. Individuals with the avoiding style are unassertive and uncooperative. They evade the unpleasantness of conflict by attempting to postpone or trying not to focus on or worry about the problem. Individuals with the accommodating style are only concerned about the welfare of others and are unassertive and cooperative. Compromising individuals attempt to find the middle ground position and function at a moderate level of assertiveness and cooperativeness. Finally, the collaborating style is highly assertive and cooperative. Individuals working towards collaboration want to find a solution that works for both parties by processing concerns openly.

More recent conflict style models have been developed by Rahim (1992) and Kurdek (1994). Rahim described a model of conflict styles that mirrors the styles of Kilmann and Thomas (1977) and is based on the dimensions of concern for self and concern for others. This model includes five styles: dominating, avoiding, obliging, compromising, and integrating. Kurdek (1994) conceived four styles of resolving interpersonal conflict in relationships (i.e., positive problem solving, conflict engagement, withdrawal, and compliance) and developed the Conflict Resolution Styles Inventory to assess these styles. The role of these conflict styles has been explored in the workplace relationships of businesses and specific health care occupations such as nursing (Reich, Wagner-Westbrook, & Kressel, 2007; Thomas, Thomas, & Schaubhut, 2008; Whitworth, 2008), but have yet to be empirically examined in the broader field of mental health and human services.

**The Role of Conflict and Conflict Style in the Helping Relationship**

While scholars have not specifically examined the impact of human services professionals’ conflict styles on the helping relationship and client outcomes, previous research demonstrates that individual conflict styles can significantly impact interpersonal relationships (Quigley & Leonard, 1999; Siegert & Stamp, 1994) and relationship satisfaction (Cramer, 2000; Kurdek, 1995). Specific to the therapeutic relationship, the conceptual literature advocates the use of therapeutic confrontation to facilitate client change (Ivey, Ivey, & Zalaquett, 2009). Additionally, researchers maintain that human services professionals can play a significant role in assisting clients with developing effective conflict management skills. McFarland (1992) proposed that helping professionals can assist clients in managing conflict by helping them find
ways to appropriately express personal feelings and learn to recognize physical symptoms of stress. Deutsch (1994) also suggested human service professionals can teach clients to effectively manage conflict through the use of the following skills: 1) establishing a helping relationship with all of the individuals involved in the conflict; 2) facilitating an open and problem-solving attitude among the conflicting parties; and 3) having the ability to teach decision-making skills. While Deutsch recommended that human services professionals teach clients effective conflict management styles, he maintained it was not teaching alone, but the repetitive practice of these skills that was needed for change to occur.

Previous research suggests conflict is a normative part of interpersonal relationships and that conflict management styles can significantly impact the relationship. Conceptual literature further speaks to the importance of using conflict to facilitate client change and implement healthy management strategies in the helping relationship. Current literature, however, has failed to empirically examine human services professionals’ conflict style and beliefs about how conflict influences their relationship with clients and types of interventions. Since research has suggested conflict styles influence personal relationships, it stands to reason that the helping relationship could also be influenced by conflict style. The present study explored human services professionals’ conceptualizations of conflict and how their own conflict styles might influence their work with clients by addressing the following research questions 1) How do human services professionals and trainees conceptualize conflict and conflict management; 2) What factors influence the conflict styles of human services professionals/trainees and their perceptions of client conflict styles; and 3) What is the relationship between human services professionals’ and trainees’ conflict style and clinical work?

**Method**

This qualitative study was conducted at a Healthy Relationships seminar for helping professionals and trainees. The seminar was presented by the Counselor Education Department at a medium sized, four-year university and was designed to assist professionals and trainees with promoting healthy relationships in their work with clients. The seminar included four rotating content sessions which included a one-hour conflict management workshop facilitated by two doctoral-level counseling students. The workshop provided participants with a brief overview of conflict and information regarding conflict management styles.
Procedure

The researchers used purposeful sampling to gain deeper insight into participants’ understanding of conflict and conflict management styles (Patton, 2002). Specifically, the researchers recruited participants from academic and clinical sites using criterion and convenience sampling methods. During the Healthy Relationships seminar, participants first attended an introductory session where they received information regarding the study, completed an informed consent form, filled out a demographic sheet, and were divided into four small groups. Each small group then rotated through four, one-hour content sessions.

All conflict management sessions began with an opening exercise designed to encourage participants to communicate directly with one another (Kitzinger, 1994). This exercise asked participants to draw or write their personal perceptions of conflict. Researchers provided a 20-minute overview of conflict and introduced Kilmann and Thomas’s (1977) conflict styles model. Lastly, participants engaged in a 30 to 40-minute focus group interview regarding their conceptualization of conflict, factors influencing conflict management styles, and the manner in which personal management styles impact clinical work. The focus groups were implemented to capture variety in participant perspectives (Patton, 2002) and were conducted in accordance with Kitzinger’s (1995) methodology. Specifically, focus groups were audio-recorded and conducted in a relaxed atmosphere where participants, sitting in a circle, engaged in a group discussion with minimal input from the facilitators.

Instrumentation

Participant demographic sheet. Participants completed a demographic sheet containing questions regarding their age, gender, ethnicity, sexual orientation, relationship status, and current educational status. Additionally, participants provided information regarding their work experience in a helping-related field and professional training experiences.

Focus group interview. Data were gathered from the four semi-structured focus group interviews. Each focus group included 4 to 6 seminar participants. The two primary researchers facilitated the 30-40 minute long focus groups. The researchers began the focus group interview by explaining that the purpose of the interview was to encourage participants to respond to and interact with other participants rather than addressing the researchers (Kitzinger, 1995). Participants then responded to open-ended questions asked by the researchers regarding their views of conflict and ways of managing it, the factors influencing client and practitioner conflict management styles, and the relationship between practitioner conflict management style and clinical interventions. Throughout the interview, the researchers highlighted
similarities and differences in participant experiences to facilitate the discussion (Kitzinger).

Research Team
The research team consisted of three professionals from a community mental health background with clinical experience working with adolescents. The team included one counselor educator and two doctoral students, who were pursuing degrees in counselor education. All research team members had experience in collecting and analyzing qualitative data.

Data Analysis and Trustworthiness
After each focus group, the research team transcribed the audio recorded interviews and independently reviewed each focus group transcript, highlighting key words and significant statements to gain insight into the participants’ experience and perspective on their world. In accordance with Moustakas’s (1994) approach, each research team member used key words and statements to generate her own initial list of codes (i.e., units of meaning) to describe the data. Members also noted their initial impressions regarding the data and emerging themes. The research team members then met to discuss the data and initial code lists; recurring words and phrases were noted, as well as divergence, within and across code lists. Initial themes, reflective of both individual experiences and shared commonalities across participants, were identified by noting commonalities and patterns among the codes (Moustakas). Finally, the team discussed and clarified areas of discrepancy and ultimately achieved agreement on meaningful themes.

Trustworthiness of the data originated from the triangulation of multiple analysts and use of an audit trail. The researchers triangulated diverse team member perspectives to augment the data’s credibility (Patton, 2002). To ensure the dependability of the data over time and track changes in emerging findings, the researchers documented research meetings, and maintained a written audit trail of the data collection and analysis processes (Guba & Lincoln, 1989).

Results

Participant Demographics
Participants included 20 human services professionals and trainees (17 women and 3 men). With regards to educational status, 45% of participants were pursuing an undergraduate degree in human services, and 50% had completed or were enrolled in a master’s degree program in a human services profession. One participant did not provide educational status. Most participants were not currently working in the human services field (60%). Participants employed in a related field reported working in community mental health (5%), private practice
(5%), school (20%), hospital (5%), and university/college settings (5%). The median age of participants was 23 years. The majority of the sample identified as European American (55%), with 25% identifying as African American, 15% as Native American, and 5% as Hispanic American. Most participants identified as heterosexual (90%), 5% as gay/lesbian, and 5% did not disclose. With regard to relationship status, 50% reported involvement in a partnered relationship, 45% were single/not in a relationship, and 5% were divorced.

Conceptualization of Conflict and Conflict Management

For the first research question, there were three primary themes associated with how human services professionals conceptualized conflict and conflict management. These included conflict as primarily negative, potential benefits of conflict, and practitioner conflict styles.

Conflict as primarily negative. Participants conceptualized conflict as a primarily negative concept, using negative terms associated with internal (feelings) and external (interpersonal or cognitive) reactions. For example, participants noted, “I have to learn about the positive [aspects of conflict]. It is unnatural for me. I don’t like conflict,” and, “All my [descriptions of conflict] were negative … Obviously I don’t like conflict.” Some negative feelings associated with conflict included selfishness, anger, frustration, discomfort, frustration, tension, stress, and sadness. Some of the interpersonal or cognitive reactions were disagreement, aggression, fighting, confrontation, power, competition, avoidance, silence, and loss.

Potential benefits of conflict. While the majority of conflict descriptors were negative, there were some positive terms noted with conflict and conflict management, including resolution, mediation, problem-solving, perspective-taking, growth, independent thinking, win-win, and compromise. There were four subthemes noted with respect to the potential benefits of conflict and the effective management of conflict, including personal growth, problem-solving, self-empowerment, and interpersonal understanding. The predominant subtheme, personal growth, referred to conflict as a natural part of development. For example, one participant stated, “even when you think back to when you are a baby… [you want to explore the world] but your parents want you to be safe, hold you, carry you, make sure you are safe. I mean there is conflict throughout our growth and development… I think that it is just a part of growing.” Additionally, many participants viewed effective conflict management as providing opportunities for personal growth and increased self-awareness. For example, participants captured this theme by stating, “I think that just inherent [conflict] is going to make somebody change in some way,” and “that’s how we learn. I mean look
at research... you have to build upon it... question what’s out there or else we’d still be questioning whether the world was flat.”

Other benefits cited by participants were self-empowerment, or using conflict as an opportunity to stand up for oneself; problem-solving, or the ability to produce some kind of change; and interpersonal understanding, or an opportunity for understanding other perspectives. With regard to interpersonal understanding, participants noted, “It’s good to hear someone else’s perspective”; “It enlightens you because your way is not always the right way”; and “It forces you to look at the other side of things, where the conflict is coming from and why.” While the initial reactions to conflict were negative, the participants viewed these potential benefits for growth as important aspects of conflict to consider for themselves and for working with clients.

**Practitioner conflict styles.** This theme refers to the self-identified conflict management styles of human services professionals/trainees and the discrepancy between these self-identified labels and how human services professionals/trainees described themselves in relationships. Most participants self-identified as collaborative, although their descriptions of actual behaviors were associated with avoidant, competitive, or accommodating styles. Avoidant was the conflict style predominantly described in relationships. Participants noted the following: “I don’t like conflict,” “I would rather avoid for a little while until I think of a better way of handling the situation,” and “hope it will go away.”

Participants described beliefs and behaviors congruent with the competitive conflict management style. For example, one participant noted, “I think of defense...I am ready to fight.” Related competitive tactics in relationships included having “to be right and that’s what I always go to,” “I don’t like compromising at all,” and “Someone has to stand their ground.” Participants also described their own accommodating conflict management style in terms of “giving in” in relationships, rationalizing others’ maladaptive behavior, and wanting to resolve conflict to stabilize the relationship. Participants noted, “I’m a teddy bear with my boyfriend, because I tend to give up things, sacrifice what I want to let things run smoothly”; “I’ll say, I don’t need this or that. I’m alright”; and “I just want to resolve it, be peaceful.” While the most self-identified conflict style was collaborating, only a few participants described actual behaviors that were congruent with this style. Descriptions of this win-win style included “I want everyone to be happy in the end,” and “We are always trying to work things out.”

Overall, participants demonstrated variety in the use of self-identified and actual conflict management styles.
Factors Influencing Conflict Management Styles

The second research question, which explores the factors that influence the conflict style of human services professionals/trainees and their perceptions of client conflict styles, yielded two major themes: contextual nature and background influences. The first theme, contextual nature, refers to changing one’s conflict style based on the type of situation, with participants describing themselves as changing from an avoidant to competitive conflict style (“If I can avoid it I will… once you push [me] too far I will just lash back”). The second theme, background influences, refers to socialization agents that affect what and how conflict styles are expressed.

Contextual nature. Participants identified conflict management style as situational, affected by the amount of perceived power in a relationship, degree of investment in a relationship, and motive behind conflict. With respect to perceived power, participants discussed how a different conflict management style might be used with a supervisor versus a peer. Participants also noted that conflict management styles may differ with people with whom they have a higher degree of investment in the relationship. For example, one participant summarized “I have a conflict…but after a while I start thinking about our past…we have to get on speaking terms.” Motive behind conflict as a subtheme is related to the degree of importance of an issue. This subtheme is illustrated by the following participant quotes: “depends on what you are trying to get out of the conflict,” “depends on how important the issue is to me,” and “picking your battles… some of them aren’t worth it.” By considering these contextual influences, participants did not strictly adhere to one style of conflict management and described their own preferred conflict management styles as being variable, depending on the situation.

Background influences. Participants noted four primary socializing agents that influence conflict management style. First, they noted a developmental aspect, in that conflict style evolves and becomes more “adaptive” over time. Two other agents included the larger community and peers. For example, one participant stated, “There are some communities where you have to defend yourself. It’s like the right thing is not right.” Another participant said, “Whatever style a person chooses is the type of reputation they want to have and how their peers see them.” The final socialization agent, noted as the primary background influence was family of origin. Participants described how they were exposed to conflict styles at home, either witnessing parents fight or avoiding conflict or having structure and warmth in the home. Participant quotes included: “shouldn’t disagree with adults”; and “I am the only girl, so it was like I had the short end of the stick… always had
to try to get my way with them.” Participants considered each of these four socializing agents as background factors influencing their own and their clients’ current conflict management styles.

**Conflict and Clinical Considerations**

Data corresponding to the third research question, which asked about the relationship between human services professionals’ and trainees’ conflict style and their clinical work, are divided into two categories: practitioner-focused and client-focused considerations. Clinical considerations were predominantly client-focused, and involve ideas about “appropriate” conflict styles as well as client interventions.

**Practitioner-focused considerations.** Participants noted a need to know their own conflict styles and how they might react to conflict with clients. They stated, “I think [being aware of conflict management styles] is very important to know, because…you have to know you… By knowing you, you know when to tackle a situation versus maybe when to leave it alone and process it a little while,” and “I would let them know whatever the situation is that I want to resolve it.” Importantly, participants admitted discomfort and fear with addressing conflict with clients. They viewed their conflict style as counterproductive to clinical work. “I feel shy about my skills… I just really want to listen and be empathic… but it is really not goal-driven… you have to be able to deal with conflict. You have to confront them when they are not working toward their goals,” and “nobody likes conflict, but we have to use it in counseling to promote change.” Participants also noted a discrepancy between their personal conflict style and the style needed to work effectively with clients. Participants summarized this theme by stating, “I have to really look at myself and not put [my avoidant style] on my client because I don’t like [conflict],” and “the counselor hat has to come on and you have to play a different role.”

Human services professionals and trainees also asserted that certain conflict styles were healthier than others. Specifically, avoidant, competitive, and accommodating conflict styles were identified as maladaptive, and compromising and collaborating styles as more adaptive. Sample quotes include: “You shouldn’t like give in something of yourself. If you’re just like, its fine its fine… But also avoiding doesn’t get it solved, and competing is always butting heads,” “an avoidant client would annoy me, they wouldn’t get anything solved,” and “competing could lead to an unhealthy relationship.”

**Client interventions.** Client interventions referred to several subthemes including techniques, consciousness raising, support, and teaching. Some techniques for addressing conflict with clients included identifying the client’s conflict style, remaining “neutral” (“shouldn’t be
personally invested in it… you don’t want to get emotionally involved‖), assessing the client’s motives for conflict (―asking what they want to get out of it‖), and encouraging them to listen to the practitioner to develop a more “adaptive” conflict management style. Consciousness raising involves attempting to increase clients’ awareness of the consequences of their conflict style and assess alternative responses to conflict. A third intervention subtheme, support, refers to building a support network for victims of abusive conflict, as they are noted to be more invisible. One participant captured this theme by stating, “They are harder to get to because a lot of teachers just think they are fine, because they are getting good grades, and they are quiet.”

Teaching refers to educating clients on conflict management techniques and assertiveness skills, as well as focusing on consequences for those with maladaptive styles. For example, participants stated that, “consequence has to be frequent”; “don’t have to say what you think”; and “think before you act.” Further, practitioners valued helping clients to replace maladaptive styles learned earlier in life with more adaptive styles. As one participant stated, “They taught themselves to be a certain way, or they learned a certain way… it takes practice and seeing different results in order to feel what is more healthy.”

Discussion and Implications

This exploratory study investigated human services professionals’ and trainees’ conceptualizations of conflict; it also examined how their own conflict management styles impacted their clinical work. The results suggest that practitioners’ conflict style may influence the helping relationship. Participants conceptualized conflict as a primarily negative concept, but viewed it as a natural part of the human development process that, when effectively resolved, had potential benefits. These initial, negative reactions to conflict suggest that practitioners and trainees may have a potential bias that could potentially interfere with facilitating an open attitude, and may impact how conflict is addressed in a helping relationship (Deutsch).

With regard to practitioner conflict styles, a discrepancy between how participants labeled and described themselves in relationships emerged. The majority of participants self-identified as collaborative, but actually described the use of avoidant conflict styles in their personal and professional lives. This discrepancy may indicate that human services professionals and trainees desire to approach conflict collaboratively, but have a tendency to avoid it. It may also suggest the participants desired to view themselves as having a more adaptive style since they also evaluated certain styles to be more maladaptive than others. For example, participants described their own conflict style as changing, depending on the context of the situation or relationship; however, they labeled avoidant, competitive, and accommodating conflict styles as
maladaptive, and compromising and collaborating styles as more adaptive in clinical situations. Future research should continue to explore how this potential avoidance of conflict and these evaluations of conflict management styles within the helping relationship could impact the helping relationship and the effectiveness of providing services.

Participants were aware of the impact that their own conflict styles could have on work with clients and discussed the need to use a style different from their personal style in clinical situations. While these results reinforce the importance of human services practitioners’ awareness of their own personal conflict style, it remains unclear as to whether practitioners are able to adjust their conflict management styles and biases regarding conflict to meet the needs of clients. Regarding interventions, the participants described the use of counseling techniques such as encouraging clients to remain neutral or emotionally detached in conflict, raising the clients’ consciousness of potential negative consequences resulting from maladaptive conflict styles, building support for those people negatively affected by conflict, and teaching strategies to assist clients with implementing more adaptive conflict management strategies. These interventions appear to reflect more about the attitudes and beliefs the participants held about conflict. These strategies seem to be based primarily on behavioral theoretical foundations and assert the human service professionals and trainees are in an expert role. It is somewhat a paradoxical role to take, given their own admitted discomfort with conflict.

These results indicate implications for educators as well. Based on the preliminary findings that these participants had a negative view of conflict and did not accurately self-identify their own conflict style, we recommend that trainees could benefit from exploring their own conflict style in training programs. In order to challenge their negative biases towards conflict, educators could challenge students to re-conceptualize their ideas of conflict in order to view the beneficial aspects as well. Educators can also specifically address evidenced-based techniques and interventions to better equip professionals for dealing with conflict in clinical situations.

The results of this exploratory study suggest that practitioners’ conflict style may influence the helping relationship and how human services professionals and trainees address conflict. While the participants acknowledged discomfort with conflict and a need to adjust their own personal styles in a clinical setting, their competency to address conflict within the helping relationship has yet to be explored in the human services field. Given these initial findings, it seems important to continue to explore how personal conflict style intersects with human services practitioners’ work with clients.
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Application of Paulo Freire’s *Pedagogy of the Oppressed* to Human Services Education

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**Abstract**

This paper explores the relevance of Paulo Freire’s *Pedagogy of the Oppressed* to the human services classroom and the worker-client relationship. When the teacher-student relationship follows Freire’s problem-posing model of egalitarian education, it can shape and inform students’ future worker-client relationships, thereby empowering clients while preventing a colonizer/colonized dynamic from developing. It is not enough to offer compassion to suffering people, Freire submits; educators and professionals must also work to change the systems that reinforce suffering. This task of dual purpose requires two strategies of human service intervention: direct service and systems change. In Freirean terms, this is praxis.

**Introduction**

Paulo Freire, renowned educator and critical theorist, began his career teaching Brazilian peasants to read on the premise that de-subjugation of the mind is crucial to the pursuit of freedom through nonviolent revolution. He considers literacy and knowledge critical tools of the oppressed to be used toward the fulfillment of the people’s historical vocation: the pursuit of full humanity carried out in fellowship and solidarity (Freire, 1970/2000). Freire uses the term “praxis” to describe the essential juncture where reflection and action meet. “There is no true word that is not at the same time a praxis. Thus, to speak a true word is to transform the world” (p. 86). He is most invested in people’s ability to participate fully in the transformation of their world. Freire views history not as a static compilation of occurrences, but as a dynamic string of opportunities malleable to people’s vision, force, and resistance. Through praxis, individuals gain a sense of their own agency; they enter the stream of history, thereby garnering the power to alter the trajectory of the world. Unfortunately, instances of social injustice prevent many from participating in actions of social transformation.

For Freire, there is a clear connection between education and democracy. He taught people to read, not just to equip them with knowledge, but to empower them. His micro actions of dealing with letters, words, and syntax among the poor were not disconnected from the macro reality that the ability to read was a voting requirement for Brazilians at that time. It is not enough for educators and other social
engineers to offer compassion to suffering people, he submits; they must also work to change the systems that reinforce suffering. This task of dual purpose requires two strategies of human service intervention: direct service and systems change (Mandell & Schram, 2008).

This paper will explore the relevance of Paulo Freire’s *Pedagogy of the Oppressed* to the human services classroom and the worker-client relationship, proving that the concepts of revolutionary dialogue, conscientization, and human liberation—practiced by Freire first in poor peasant villages—are applicable to undergraduate students in human services. By presenting two examples of Freire’s pedagogy in the classroom, one an affirmation and the other a critique, it will illustrate how an educational background in Paulo Freire’s peasant pedagogy can benefit human services students and those whom they will serve throughout their careers. Freire offers a progressive model of education that strengthens students’ understanding of the dynamics of oppression and enhances their capacity for self-reflection and compassion.

**The Emergence of Human Services Education**

Historically, social workers succored the sick and advocated for the poor out of necessity and compassion, oftentimes without a formal education or living wage. At the turn of the twentieth century, Jane Addams started Hull House in Chicago, forging what became known as the Settlement House Movement (Mandell & Schram, 2008). Mostly white middle-class women lived among the people they served in immigrant communities offering not only direct service, but also support for community development, unions, and immigrants’ integration into society. By employing the systems change strategy of intervention, the Settlement House Movement ethos tended towards empathy and social justice, forming the foundation for the human services profession. “Addams imprinted on the field the values of respect for cultural differences and reaching out to clients where one finds them” (Mandell & Schram, 2008, p. 64). Her style and particular understanding of helping transcended rigid boundaries. As a result, these early human service professionals experienced the immediacy of human need; they walked with the people in praxis. In 1931, Addams became the first American woman to receive the Nobel Peace Prize.

This movement coincided with the work of Charity Organizations (COs), also run by white middle-class women. COs offered direct service usually by means of one-time financial assistance for people they often considered lesser, exercising an almost surgical delineation based on class and reinforcing a superior-inferior dynamic which oftentimes resulted in a hyper-effectuation of boundaries. In contrast to the Settlement House Movement, the direct service ethos of many COs tended towards pity and charity; an individual’s lack of privilege was often attributed to moral deficiency. Freire critiques similar
attitudes and methodologies, stating that “true generosity consists precisely in fighting to destroy the causes which nourish false charity” (Freire 1970/2000, p. 45). Any situation that exploits or hinders an oppressed individual, according to Freire, “constitutes violence, even when sweetened by false generosity” (p. 55).

The COs’s focus on each individual as a “case” strongly influenced clinical social work programs as they developed at the university level (Mandell & Schram, 2008). Today, some educators charge social work programs with obscurantism, challenging them to change with the times. The interplay of poverty, racism, violence and other forms of oppression requires social workers to adopt a multicausal approach when assessing the needs of clients and their communities. “Students of social work need to imbibe special skills and learn strategies for dealing with the newer forms and dimensions of social conflict. Advocacy of peace and justice should also necessarily be linked to values of self-determination, human rights and social equity” (Narayan, 2000, p. 196).

Growing partly out of the social work movement, human services began to develop as a profession during the 1950s and 1960s as former clients started becoming grassroots workers in their own communities, partly with the assistance of the New Careers for the Poor Movement in 1965 (Mandell & Schram, 2008). These “paraprofessionals” started seeking formal training to support their experience and employment. Hence, the creation of multi-disciplinary human services programs at community colleges in the 1960s and credentialing in 1983 by the National Commission for Human Service Workers (McClam, 1999). This history has important implications when analyzing Freire’s pedagogy, whereby marginalized individuals participate in the transformation of their own situations.

**Engaging Students in the Classroom**

Students choose the human services profession out of a desire to help people. Many of them associate altruism and charity with being a good person and living a meaningful life. When the author of this paper invited students to share their reasons for wanting to work in the field, one student proudly proclaimed: “I want to love everybody.” Freire writes, “Dialogue cannot exist...in absence of a profound love for the world and for people” (Freire, 1970/2000, p. 89). Students are navigating through a troubled world; their sensitivity can lead them to feel sorry for people who do not share their privilege. While this sensitivity can be a fertile disposition at the outset of one’s academic experience, moving from pity and charity to empathy and social justice is essential to the Freirean process of learning; a process which teaches that true generosity is exercised through praxis, not hand-outs.
How can educators guide students into a historical vocation towards full humanization? What does “full humanization” mean to young people who live in a technologically-frenzied world of instant gratification? It certainly takes more than three seconds to download full humanization. Can their patience withstand the arduous journey to the mountaintop, knowing that, in the end, they may not even get to the promised land? *Pedagogy of the Oppressed* is a good starting point; its challenging and inspiring nature makes it accessible for teachers and students. While Freire’s social critiques challenge individuals to confront the inequities perpetuated in society, his scholarship also provides empowering strategies for system change. He exercises remarkable skill in affirming people’s roles in moving from “the death-affirming climate of oppression” to “life-affirming humanization” (p. 68).

Freire was an educator. While his ideas can be applied to many academic disciplines, the opportunities provided by the human services classroom to explore his theories and demonstrate praxis are abundant. One risk with exercising Freire’s pedagogy is that students may finish a course feeling as if they have a comprehensive understanding of oppression; however, in reality, they may still have limited or no experience in physical forms of oppression such as poverty, racism, imprisonment, or exile. In this case, the praxis is missing. In many human services programs, however, students are required to complete field internships intended to combine theory and practice. These programs are structured as praxis, making academic and emotional distancing less likely. Students become forced to test Freire’s theories in the chaotic reality they encounter in the field.

It is in the classroom where the intentional structures of student-to-student and student-to-teacher interrelate. A dialectical dynamic is fostered by Freire’s problem-posing model of education, which affirms an egalitarian form of learning where the teacher is a “teacher-student” and the students are “students-teachers” engaging in mutual inquiry (Freire, 1970/2000). Students and teacher together ask questions, examine societal and personal assumptions, and explore new possibilities by applying their combined resources of life experience, intellectual understanding, curiosity, and action. This powerful conduit of learning is praxis. A teacher’s efforts to this end are “imbued with a profound trust in people and their creative power…they [are] partners of the students” (p. 75). Information is viewed from a subjective framework; knowledge is considered dynamic and alive, requiring dialectical interchange to deconstruct and apply learning.

Freire contrasts the problem-posing model with the banking model where “the teacher knows everything and the students know nothing” and where the teacher is “depositor, prescriber, domesticator” (pp. 73, 75). The banking model may result in students merely storing the deposits to recall at a later time for an exam. In this model, it is
possible for instructors to administer exams simply to ensure conformity to standards predetermined by the instructor and institution. Freire condemns the banking model for its treatment of knowledge as fragmented and for the manner in which it limits students’ self-determination, deadening their natural curiosity. A number of educational theorists share Freire’s critique of the banking model claiming that “education with inert ideas is not only useless: it is, above all, harmful” (Whitehead, 1967, p. 1).

In his essay, *White Studies: The Intellectual Imperialism of Higher Education*, Native scholar Ward Churchill (1998) calls what happens in universities “intellectual sophistry” and alleges it to be “a monocultural paradigm…which predictably corresponds to the culture of the colonizer, [and] amounts to little more than a diversionary mechanism through which power relations are reinforced, the status quo maintained” (p. 339). Narayan (2000) ascribes a similar problem to the helping disciplines: “Higher education in most countries is elitist and the privilege of a few, and social work education is no exception” (p. 196). Instructors who choose to incorporate Freirean pedagogy into their courses will undoubtedly encounter these barriers.

The essential point of Freire’s problem-posing model is that it equalizes power between and among the teacher-student and students-teachers. If this dichotomy is not equalized, students may feel trapped by unquestionable authority, regardless of their social group. It is more likely, however, to trigger an eerie familiarity among minority students. If this happens, the educational system and the instructor are not appropriately inviting and guiding intellectual inquiry and true dialogue. For minority students who, given their historicity, enter the classroom already disadvantaged, this feeling of entrapment may mirror their experience of colonization. Indeed an authoritarian teacher and intimidated student may mimic the relationship of colonizer/colonized, the very dichotomy referenced by Churchill (1998) and embedded throughout *Pedagogy of the Oppressed*.

There are at least three relationships in which this dichotomy can spiral into the lowest common denominator of colonizer/colonized. First is the relationship between the student and the cultural history the student brings into the classroom; second is between the teacher and the student; third is between the student and the student’s future clients. There is a good possibility that the student has never before been in a position of authority. Human service professionals may be vulnerable to perceiving their status and authority as undue license to exercise power over another. Taking power away from a client infringes on their self-determination, contravening the Ethical Standards for Human Services Professionals.
It is, therefore, vitally important that education “begin with the solution of the teacher-student contradiction, by reconciling the poles of the contradiction so that both are simultaneously teachers and students” (Freire, 1970/2000, p. 72). If not successfully reconciled, this relationship may become an inconvenient stumbling block at best and a perpetuation of domination at worst, harming both future human service professionals and clients. When explaining the anti-dialogical mistakes of revolution, Freire referred to the latter tendency as “a replication of the relations of oppression” (p. 129). If this relationship is successfully reconciled, it can be a positive model for the worker-client relationship, hastening meaningful solutions while helping to heal past injury.

**Affirmation and Critique of Freire in the Classroom**

Paulo Freire writes, “The pedagogy of the oppressed cannot be developed or practiced by the oppressors” (1970/2000, p. 54). Identifying the oppressor is not always easy, however. Churchill (1998), for example, submits that all white people are oppressors committing daily genocide against Native Americans (W. Churchill, personal communication, November 2002). Within this definition, no white person is qualified to even lead Freire’s pedagogy. Notwithstanding, it is the intention of this paper to validate the application of Freire’s pedagogy regardless of the cultural background of its practitioners. Freirean values and concepts provide an invaluable counterweight to the impersonal, alienating banking model of education that hinders and discourages many students.

Jonathan Martin (2009), assistant professor of sociology at Framingham State College, employed certain processes of critical pedagogy delineated by Freire, including student-centered dialogics, democratic expression, and self reflection. Specific classroom activities included small group exercises, self-selected projects with a component of activism (praxis), and readings about the history of victorious social movements in the United States. Not surprisingly, it was in his elective courses at this primarily working-class college where Martin recorded a greater degree of critical transformation among his students.

Most of these students started the semester describing themselves as unaware of social and political issues and fairly disinterested in politics. As a semester progressed, their comments in these courses indicated that they were becoming increasingly aware of the severity, pervasiveness, and structural roots of inequality, skeptical of dominant discourses that either denied or justified inequity, and willing to support collective and government action to rectify unjust conditions (Martin, 2009, p. 40).

Martin submits that the application of Freirean concepts in the classroom successfully led a majority of the students to “perceive social, political, and economic contradictions, and to take action against the
oppressive elements of reality” (Freire, 1970/2000, p. 35). This is Freire’s definition of conscientization.

Alternately, the experience of Alison Jones (1999), a professor in feminist studies at the University of Auckland, brings into question the universal applicability and value of Freire’s pedagogy. She separated her all-female class into two groups: Indigenous (Maori and Pacific Islander) and non-Indigenous (Pakeha of European Ancestry). Comments in the students’ end-of-quarter journals revealed marked satisfaction among the Indigenous women and marked dissatisfaction among the non-Indigenous women. Jones reports that the latter group felt cheated out of a cross-cultural experience, as if they had a right to hear the stories and perspectives of the Indigenous women. The Indigenous women, on the other hand, participated in the first stage of Freire’s pedagogy, which belongs to the oppressed: the unveiling of the world of oppression and the development of the oppressed’s commitment to its transformation through praxis (Freire 1970/2000).

The reason Jones presents this case as a critique of the Freirean model is that even if a desegregated exchange had taken place among the students, it may not have met Freire’s standard of dialogue, which is necessarily free from depositing and consuming (Freire, 1970/2000). The Indigenous students entered the course prepared to argue their points, and they expected to feel pressure to fit into the white students’ ways of thinking and speaking (Jones, 1999a, para18). They anticipated antidualogical action when “the vanquished are dispossessed of their word, their expressiveness, their culture” (Freire 1970/2000, p. 138). In Jones’s segregated classroom, however, these students were empowered: they felt a shift in power relations that brought them to the center “where white people normally reside” (Jones, 1999a, para 21). They experienced dialogue true to the Freirean sense.

Jones writes, “Access to the other, to ‘know’ the other - the demand to ‘hear’ the voice of the subaltern - is a demand for a pedagogy by the oppressed” (1999b, para 33). This desire to consume on the part of the dominant group led Jones to conclude that “the call for dialogue or border crossing is not a call for voices to speak, but is really a call for the members of powerful groups to listen to the usually excluded and suppressed voice” (para 23). If Freire’s pedagogy is to work, she submits, people within the dominant group must listen, but only when the act of listening is not an entitlement to hear.

This is the edge of Freirean pedagogy. Both Churchill’s (1998) indictment of the inherent power structure of the university and Freire’s attack of the banking model suggests that the very nature of the university is exclusionary and that its “praxis of domination” (Freire, 1970/2000, p. 126) prohibits true liberation. Freire hopes that open and equitable dialogue will be beneficial to all participants—“no one can say a true word alone” (Freire 1970/2000, p. 88), while instructors who
engage his pedagogy hope that cultural sensitivity will be heightened by
the opportunity to hear others’ voices. Yet even if perfectly applied,
Freire’s pedagogy cannot guarantee a satisfactory birth of empathy and
solidarity on the part of the dominant group. Nor can it guarantee an
acceptance, softening, or forgiveness on the part of the non-dominant
group—which, according to Jones’s findings, is what the dominant group
desires.

The Worker-Client Relationship

How do students bring this pedagogy—whether actualized or
defeated in the classroom—out into the world? Specifically, how do they
eviven it in the field of human services? When the teacher-student
relationship successfully facilitates conscientization and solidarity, it can
inspire a similar relationship between the human service professional and
the client. Aboriginal educator and activist Lilla Watson (n.d.) is credited
with a quote that captures Freire’s thesis in what could be a proclamation
to human services students: "If you have come here to help me, you are
wasting your time....But if you have come because your liberation is
bound up with mine, then let us work together.” Watson’s sentiment is
especially interesting to consider given that many people who entered the
human services profession in the 1960s and 1970s were former clients,
indigenous to the communities in which they worked. Hence, they were
not considered intruders, but co-seekers and co-reformers.

Human services actively espouses two primary strategies of
intervention: direct service and systems change (Mandell & Schram,
2008). The work of Paulo Freire eloquently demonstrates a productive
mix of direct service and systems change. One example being his dual
action of teaching people to read while at the same time transforming the
system that repressed the illiterate. Freire enters into that partnership of
solidarity lifted up by Watson (n.d.).

Without a professional awareness of reciprocity, human service
professionals may see themselves as dispensers of solutions and their
clients as consumers—a thought-byproduct of our society’s consumerist
ideology. This is the banking model of human services. Seeing people
in need as mere recipients of what is given to them can be dangerous in a
number ways. Even the term “human services” implies that someone is
being serviced, as if they are a car in need of repair. Similarly, the term
“worker-client” is deliberately used by the author in the current
manuscript so as to move away from the traditional sense of "helper" and
"helping," and into a problem-posing relationship as articulated by
Freire. "Worker" implies that, indeed, the person is getting paid to work
in a professional capacity, which is an understandable role. It is a more
value-neutral term than “helper.” Thus, “worker-client” allows for a
more egalitarian expression of relationship than “helper-client.” Just as
the binary dialectic of “us vs. them” precipitates wars, so can
dichotomized thought, however well-intentioned, result in cultural intrusion and imperialism as described by Churchill (1998). Moreover, it is an objectification of both worker and client and thus precludes any possibility of solidarity.

In human services, the concept of multicausality (Mandell & Schram, 2008) states that there is more than one cause of a client’s situation, and that although two people may find themselves in a similar circumstance, the contributing factors may differ. In addition, a client’s “presenting-problem,” the one that appears most salient at the time of encounter, may not be the one causing the most damage. It is essential for human services students to comprehend multicausality, lest they become vulnerable to making the fundamental attribution error of attributing a person’s undesirable behavior to their character and personhood, while failing to take into account the myriad social-historical systems that come into play. This mentality of blaming the victim further separates the worker from the client. Conversely, multicausality opens the door to building positive rapport and discovering the matrix of the client’s problems and internal resources. This is the problem-posing model of human services.

Similarly, on a macro-level, Iris Marion Young (1990) writes about multiple forms of oppression, submitting that different social groups can experience oppression in a variety of forms at different times and to different degrees. She articulates five faces of oppression: exploitation, marginalization, powerlessness, cultural imperialism, and violence. She names marginalization as the most dangerous because it expels a whole group of people from meaningful participation in society. Whether human service professionals are dealing with the homeless, mentally ill, veterans, abused children, women on welfare, African refugees, or farm workers, they will encounter marginalized people and marginalized social groups. Certainly human service professionals have an immediate responsibility to address the client’s presenting problem (direct service); but they should also be aware of the sometimes invisible secondary and tertiary effects of the socially-generated “faces” of oppression and what actions can be taken to create long-lasting, systemic reform (systems change).

Freire’s problem-posing model of education transfers from the classroom into the field in a way that challenges the separation-based sociology into which both students and professionals are indoctrinated. Just as his model transforms the teacher-student duality into a relationship of mutual inquiry, it lays the groundwork for a more humanized worker-client relationship based on a partnership toward common goals. It is important to remember that institutionally-prescribed standards guide university curriculum development, course content, and grading scale, thereby limiting the extent to which the problem-posing model can be practiced in the classroom. Likewise, the rules and
regulations by which human service agencies operate narrow the degree to which worker-client power relations can be equalized.

**Working Toward Liberation**

The university instructor who is committed to the problem-posing model of education becomes a partner of the students in community dialectics and critical thinking. This partnership serves as a useful model for the worker-client relationship. Many oppressors, by contrast, “use the banking concept of education in conjunction with a paternalistic social action apparatus, within which the oppressed receive the euphemistic [or, in the case of human services, the literal] title of ‘welfare recipients’” (Freire, 1970/2000, p. 74). This banking model cements in place the dynamic of the ‘superior’ worker producing and the ‘inferior’ client consuming. Freire challenges the clinical definition of “helping” to prioritize empathy, solidarity, and social action. Ultimately, he invites human service professionals to disavow personal agendas in favor of walking the path of servanthood, inviting compassion and partnership instead of pity and control. Servanthood was the path of Jane Addams and her progressive colleagues in the Settlement House Movement who fought “alongside the people for the recovery of the people’s stolen humanity” (p. 95).

One of the most empowering aspects of the educational process is discovering one’s own efficacy. The pedagogy of the oppressed teaches people to see themselves as historical beings capable of transforming the world. This capability is a powerful conduit, whether actualized in Brazilian peasant communities or in the human services classroom. Its practical and theoretical approaches inform both direct service and systems change interventions.

As praxis, Freirean pedagogy is a harbinger of hope in a hurting world, serving as an important educational foundation for human services students as they step out into the world to work with people in need and change the structures that limit them. Working towards the liberation of society’s most vulnerable, marginalized, and discarded people—not on a one-person crusade of charity, but with the people, seeking justice together—is, according to Freire, the historical vocation of human beings. For the human service professional, it is a privilege and a gift.

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Combating Problem and Pathology: A Genderqueer Primer for the Human Service Educator

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Abstract
People with non-heteronormative gender identities have been historically problematized and pathologized in mental health education. Gender variance has been historically framed as an abnormality, an aberration, or a deviance from the binary norms of male and female. Human service educators are well-positioned to reshape students' thinking on genderqueer identity from a strengths and wellness model. This discussion provides an overview of genderqueer identity and provides specific strategies for incorporating genderqueer content in the classroom. The importance for human service educators to engage students in strengths-focused education about the genderqueer is explored.

Introduction
The fact that transsexuals, cross-dressers, and other transgenders have tended, as a matter of strategic necessity, to become lay experts in the medicalized field of “gender dysphoria,” and in the laws regulating and disciplining trans behavior has, I believe, been partly responsible for the relative ease with which they have moved into more explicitly political, and more determinedly visible, forms of organization and discourse in recent years... This work must continue if non-traditional gender is to become a viable way of life for a greater number of those of us for whom it is currently difficult and dangerous, if not impossible, to express our gender freely. (Norton, 1997, p. 161)

A focus on lesbian, gay, and bisexual (LGB) issues has increased in human service literature, yet content on gender variance is scarce. Clinical issues in working with the differently gendered are often presumed to be similar to those encountered working with LGB populations, when, in reality, they are quite different. Gender identity refers to a continuum between male and female, while sexual orientation refers to an individual’s attraction to women and/or men (Taylor, 2007). Genderqueer people is a term used throughout this paper to refer to those with non-gender normative identities, gender variant, or, in other words, differently gendered people. The term genderqueer is difficult to define, but generally refers to people who reject and/or transgress traditional gender boundaries (Nestle, Wilchins, & Howell, 2006). Differently
gendered people are often framed in research and practice from a pathology-based medical model, rather than understood from a biopsychosocial perspective (Lev, 2006). Those unfamiliar with gender variance may classify it as deviant, abnormal, and pathology-based behavior, rather than a “normal” part of a range of human experience.

Human service professionals are in a unique position to understand individuals holistically, rather than from a pathological point of view, because traditionally, human service professions have represented a break from a pathology-based understanding of the human condition (Woodside & McClam, 2008). Instead, human service practitioners are focused on maintaining and promoting the overall quality of life for our service population (Zins, 2001). Human service professionals appreciate the complex diversity of human beings and work towards respecting, accepting, and treating people with dignity at all times (National Organization for Human Services [NOHS], 1996). Whether working on an individual level or as a change agent on a macro level, human service professionals are aware of the sociopolitical realities that affect the lives of people who are marginalized (Corey & Corey, 2007; NOHS, 1996). Unfortunately, the scant literature available on sexual minorities does not tend to include the emerging concept of genderqueer identity.

Dennis Saleebey’s (2009) formation of the strengths perspective provides a useful framework for genderqueer education in the human services. The strengths perspective holds that every individual, group, and community has a number of resources. Consumers who seek the services of human service professionals already possess strength, wisdom, and assets from which they draw upon:

> [Strengths perspectives] assume that [clients] know something, have learned lessons from experiences, have hopes, have interests, and can do some things masterfully. These may be obscured by the stresses of the moment, submerged under the weight of crisis, oppression, or illness but, nonetheless, they abide (Saleebey, p. 15).

The strengths perspective resists a focus on “problems, human deficits, what is broken, gone wrong, or failed” (Blundo, 2001, p. 297), and instead favors a focus on the assets, supports, exceptions, and possibilities that our clients already possess (Munford & Sanders, 2005).

Problem and pathology-focused discussion on people who are genderqueer (which is described throughout the paper as people with “non-normative” gender identity) has done little more than to further stigmatize clients with this identity. A strengths-focused frame can challenge the customary problem and pathology-focused frame of gender variance. This discussion provides an overview of genderqueer identity
and provides specific strategies for incorporating genderqueer content in the classroom. Further, human service educators are challenged to recast their discussions on genderqueer identity from a strengths-based framework.

**Understanding the Genderqueer**

To begin our discussion of strengths-focused education on genderqueer issues in human services, it may first be helpful to consider the range of identities that may encompass a genderqueer identity. Human services is a profession characterized by “an appreciation of human beings in all [emphasis added] of their diversity” (NOHS, 1996, n.p.); thus, educators and practitioners must have an understanding of the full range of human diversity.

The literature on genderqueer identity is sparse at best, and there is no universally accepted definition of genderqueer, which may reflect the genderqueer community’s resistance to being pigeonholed into a single category. One of the only full-length texts that discusses genderqueer identity offers an ambiguous conceptualization, describing the genderqueer person as an individual who fits neither the so-called ideal nor the normative female or male gender roles (Nestle, Wilchins, & Howell, 2006). They reject the gender binary of male and female, and challenge societal rules that either explicitly or implicitly state that individuals must be either male or female and never in between (Corwin, 2009; Negrete, 2007).

Genderqueer people sometimes identify as transgender; that is, people whose gender identity is different from their socially assigned gender on the basis of their biological sex, and who may or may not surgically or chemically alter their bodies in order to match their sex to their gender identity (Bettcher, 2007; Morrow, 2006). Others may reject a transgender identity in the same way they reject binary gender identities. Genderqueer people may choose to wear clothing typically worn by people of the opposite gender or may express a range of outward expressions of gender (Ellis & Erikse, 2002). For example, a genderqueer person might wear clothing traditionally worn by females but may identify as male (or, for that matter, identify as neither male nor female). Genderqueer people may also be identified with other gender non-conformers, such as drag queens and kings, crossdressers, transsexuals, or others who “perform” gender differently than might be expected by their society (Negrete, 2007).

Many genderqueer individuals reject other forms of sexual identity that tend to dichotomize the behavioral expression of sexuality. Genderqueer people may practice same-gender or opposite-gender sex (and some may not engage in sex at all), with one or more partners who may identify as male, female, genderqueer, or none of the above:
Just like any other transgender people, we might have a different name for ourselves than the gendered name we were given at birth; we might dress differently than most people of our birth gender and try to “pass” as another gender on a daily basis; we might take hormones or get operations to modify our bodies. The difference is that we are not “switching” from female to male or vice versa, or living as a gay man and a lesbian and a teenage boy and a drag king, or living as no gender at all, ambiguously, or as something entirely other (Nuccitelli, n.d.).

Genderqueer people have intimate partners, spouses, and significant others who may fall within the traditional gender binary. Some genderqueer people, especially transgender identified people who chemically or surgically modify their bodies and “transition” to another gender, remain in relationships with pre-transition partners, though the issue is understandably complex for partners (Cohen, Padilla, & Aravena, 2006).

Pathologizing the Genderqueer

Pathologizing the genderqueer person’s behaviors and identities has a long history, which some argue is deeply rooted in the development and legitimization of the human service professions. Those who initially conceived the social work profession, with the exception of settlement house movement pioneers such as Jane Addams, sought to clarify and standardize the profession’s method of providing help to people in need by aligning the profession with the medical model. The mission of social work was conceived by Mary Richmond of the Charity Organization Society, to extend beyond benevolence and charity for the poor, to a systematic, organized, and standardized method of casework (Wenocur & Reisch, 2001). Casework was perceived to be a process of problem-solving, and individually-focused “problems” were broadly defined as issues in daily living that impeded the level of satisfaction clients experienced in their lives (Turner & Jaco, 1996). Many early agencies within the human service realm operated on the presumption that problems were largely based upon the individual’s moral or character defects (Morris, 2000).

The trend towards diagnosis of client “problems” emerged in the mental health professions, particularly psychiatry and psychology, and to a lesser extent in other allied fields such as social work and counseling. Human services practitioners have a history of advocacy for individuals or groups of clients who have been marginalized, and human services, as a whole, represented a break from psychopathology in favor of wellness and mental “health” models (Ezell, 2001); however, the influence of psychology and psychiatry on counseling and human services is significant, and therefore worth mentioning.
Many scholars have traced the historic marriage of the mental health professions to medically oriented models, such as psychiatry and psychology. In the mental health fields, the medical model and the need for standardization has led to fairly widespread adoption of the *Diagnostic and Statistical Manual (DSM) of Mental Disorders* (Newman, Dannenfelser, & Clemmons, 2007). In the *DSM*, the behaviors and identities of sexual minority groups, including the LGBTQ community, were problematized and pathologized. Non-heteronormative identities like the genderqueer were framed as illnesses, moral perversities, or other departures from the “acceptable” (Krikorian, 2008). Although homosexuality as a mental health disorder was removed from the *DSM* in 1973, a host of other so-called gender identity disorders, including transsexualism, and gender identity disorders of childhood, adolescence, and adulthood, have remained.

The most recent *DSM-IV-TR* (2000) continues to contain a pathological conceptualization of variant gender identity, particularly in the so-called gender identity disorder diagnosis, defined as “a strong and persistent cross-gender identification, not merely a desire for any perceived cultural advantages of being the other sex” (p. 259). Human services has effectively distanced itself as a field from the *DSM* (e.g., human service practitioners are generally not trained to “diagnose” client problems), but psychopathology, particularly of the genderqueer, remains part of our collective consciousness in the mental health fields.

Effective human service practice breaks free from understanding the genderqueer person's experiences from a point of pathology. The effective human service practitioner recognizes the person's intrinsic value and worth (Brill & Levine, 2005), rather than the status quo of “problems” or “pathology” which are common in early mental health fields like psychiatry and psychology (Margolin, 2007; Rapp & Gosha, 2006). In general, human service practitioners have always rejected the medical model in favor of wellness models (Mehr & Kawischer, 2008); however, those unfamiliar with the behaviors and identities of sexual minority groups, including the LGBTQ community, may be tempted to adopt ideas that are part of our collective consciousness that pathologize the genderqueer. Human service educators are in a position to train future practitioners who will utilize a wellness model when working with the genderqueer. The manner in which human service educators can begin to reframe the thinking of future practitioners will be explored next.

**Reframing the Genderqueer**

Human service educators are in a position to transform future human service professionals to work to recast the genderqueer as strong and capable. The task of challenging heteronormative assumptions in the human service classroom about the genderqueer is deeply political but potentially transformative. Activist and educator Paulo Freire (1970)
discussed education as being transformative for both the oppressor and the oppressed:

As the oppressors dehumanize others and violate their rights, they themselves also become dehumanized. As the oppressed, fighting to be human, take away the oppressors’ power to dominate and suppress, they restore to the oppressors the humanity they lost in the exercise of oppression. (p. 38)

Strengthening communities is transformative for both the genderqueer and the educator, and education is a “bold act of rebellion” for the genderqueer community:

Creating and strengthening community are bold acts of rebellion for transgendered people. Anyone who simply hosts a drag contest is on some level an activist. A network of local organizations, plus groups that have national and international membership, strives to provide for the social, cultural, and political needs of many different kinds of transgendered people. Through conferences, publications, information-and-referral services, the promulgation of art and literature, lobbying and defamation work, and a host of other activities, these largely volunteer-run efforts do an amazing amount of valuable work. (Califia, 2003, Introduction, p. xxx)

Human service educators who work to promote change in the attitudes of their classrooms towards the genderqueer community are engaging in transformative activist work. Though educating students on genderqueer issues is deeply political, human service professionals are called upon by our professional organizations to work towards competent practice with sexual minority communities. Despite calls from the NOHS (1996) and National Association of Social Workers (2005) to include competent and affirmative practice with the LGBTQ community, gender variance remains an area inadequately addressed in the human service literature (Mallon, 1999). Pathology-focused thinking has dominated our discourse about the genderqueer and gender variant, and has arguably enabled the human services to carve out its professional space in the business of helping people in need; however, it does little to educate human service students about competent practice with individuals who are genderqueer. Saleebey (2009) has criticized the problem-focused lens, stating that “every individual, group, family, and community has strengths” (p. 15). This statement is a useful impetus for strengths-focused human services education about the genderqueer. Strengths-focused paradigms recognizes that clients are assumed experts in their own lives, and have a
multitude of interpersonal and psychosocial resources from which they draw upon as they live their lives (Oko, 2006). Strengths-focused education helps students identify a number of strengths and interpersonal resources that genderqueer clients already possess. Persistent “cross-gendered identification,” or multi-gendered identities can and should be removed from a problem-focused discourse and that transition can take place in the human service classroom.

**Recommendations**

Wellness models are consistently part of human service education, and those wellness models can be useful in reshaping our students' thinking about people who are genderqueer. Yet, education on sexual minority and gender identity was likely sparse in many educators' professional training, and content on genderqueer identity was likely nonexistent. Following are specific strategies for increasing genderqueer content in human service education:

1. **Evaluate and challenge your own thinking about genderqueer identity.** Much of our own exposure to non-normative gender identities may be quite limited. We may tend to think of gender as being primarily a binary and biologically-assigned concept. In order to educate our students about genderqueer people from a strengths perspective, we must be free from bias about non-normative gender identity.

2. **Talk about genderqueer identity on the first day of class, during introductions.** For example, “My name is Professor X or Student X, I identify as male (female/genderqueer/other category), and I prefer to go by male pronouns.” If you as the educator identify as genderqueer, “come out” to your students at the beginning of the term.

3. **Clearly define genderqueer identity for your students.** Your students may have no exposure to genderqueer identity, and your class may be their first opportunity for introduction. Be prepared to answer their questions. You are also wise to be prepared for negative reactions, as some students may have rigid ideas about gender identity.

4. **Include genderqueer examples throughout the curriculum.** Discussions of genderqueer identity do not need to be confined to diversity courses or sexuality courses. One manner in which the genderqueer population can be addressed in any course is through case examples. If your course textbook does not include case examples with non-normative gender identities, adapt the case examples to reflect genderqueer identity.

5. **Challenge thinking in the classroom that marginalizes people who are genderqueer.** Many of your human service students would likely pause before openly making racist, sexist, or
classist statements. Unfortunately, marginalizing genderqueer people is still considered socially acceptable to many people. Human service educators should challenge this thinking.

6. **Utilize campus and off-campus resources specific to sexual orientation and gender identity.** Many urban (and some rural) college communities have advocacy organizations for people of different sexual orientation and gender identity. Solicit these organizations' help with talking about genderqueer identity, especially if this is a new area for you as an educator.

7. **Encourage your students to be allies to people who are genderqueer.** Being familiar with genderqueer identity is not enough. Human service educators must challenge students to actively work towards fighting oppressive and pathologizing views of people who are genderqueer.

**Conclusion and Future Directions**

Genderqueer people challenge the human service educator to re-think the societal status quo of pathologizing and problematizing those with less conventional gender identities. Genderqueer people may identify as male, female, both, or neither, and may have male, female, or other genderqueer partners. They have a number of interpersonal resources from which they draw upon to live their lives. Wellness models in human service education are excellent starting places for encouraging our students to look beyond pathological conceptualizations of the genderqueer, towards strengths.

There are a number of inherent limitations in engaging a human service class in a strengths-focused discussion of the genderqueer. First, using a strengths-focused framework may be problematic because strengths-focused work, though widely accepted in the field, has a history of being poorly operationalized (Staudt, Howard, & Drake, 2001). Second, providing the human service student with an introduction to genderqueer identity is not without problems. In fact, genderqueer people may question some of the essentialist underpinnings of the argument that they can be understood, categorized, and defined. Genderqueer education provides the student with a glimpse of the diversity of human experience that he or she may encounter as a professional. Finally, strengths-focused human service education may gloss over the “problems” that may necessitate the human service intervention with the genderqueer in the first place. Because society is often not a friendly place for the genderqueer, they may legitimately have some stressors—and perhaps problems—that they wish to overcome.

Research on genderqueer identity is sparse. Future human service research must begin to examine the needs of people with genderqueer identity. Qualitative research that captures the lived
experiences of people who are genderqueer, can help human service practitioners better understand and identify appropriate interventions that are tailored to the needs of this community. Additionally, future empirical research on human service education is needed to help educator identify best practices for teaching about genderqueer identity. Teaching about genderqueer identity is challenging, but this teaching can be best supported through additional research on genderqueer communities.

Strengths-focused human service education can highlight the resources and capabilities of the genderqueer. Genderqueer people often face a great deal of hostility in their communities. However, though society can be an unsafe place for the genderqueer, they possess a number of interpersonal assets and resources, not pathology. Human service education can be a starting place for future professionals to recognize the enormous potential of the genderqueer community.

References


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Who or Whom? A Program Innovation to Improve the Writing Skills of Human Service Students

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Abstract
Writing is perhaps one of the most essential skills of the human service practitioner. However, many human service students lack the writing skills required to perform the necessary duties of their profession. This article describes an innovative initiative designed to strengthen the writing skills of students enrolled in a baccalaureate-level human services program.

Introduction
Considerable evidence exists to support the notion that writing matters to educators, to business leaders, and to the general public (National Commission on Writing, 2003, 2004, 2005, 2006; National Writing Project & Nagin, 2006; Street & Stang, 2008). In regards to the human services field, human service practitioners are often tasked with writing well-constructed case reports, clearly expressing the meaning and significance of their professional judgments, translating observations into narratives, crafting appeals to governmental agencies, and writing proposals that will result in funding needed to support programs (Neukrug, 2008).

The authors’ experiences as faculty in a human services baccalaureate program have convinced them that a large proportion of their human service students lack the writing skills necessary to carry out the vital tasks of a human service practitioner. As evidenced in class discussions, these students have shown a complexity in processing the concepts presented in their classes but struggle to translate them to written word in a manner that is fluent and grammatically correct. Our concerns over the declining writing skills of students in our human services program spring from a comparison of today’s students with those in the past. There is research that demonstrates a steady decline in the writing skills of students at all levels of education over the past few decades (Applebee, Langer, & Mullis, 1986; Corrallo, 1995; National Commission on Writing, 2003, 2004, 2005, 2006). As such, considerable attention has been paid to students’ writing skills in recent years (National Commission on Writing, 2003, 2006).

Applebee, Langer, Mullis, Latham, and Gentile (1994) state that a large proportion of American students have weak writing skills. One reason may be that the vast majority of writing is done in English classes with very little done in other content areas. Freshman composition
courses are often inadequate in solidifying writing skills. Students are rarely assigned compositions of a paragraph or more (National Writing Project & Nagin, 2006) and in many instances, writing beyond simple note taking and filling in the blanks remains a relatively rare occurrence (Persky, Daane, & Jin, 2003; Roe, Stoodt, & Burns, 2000). As such, it is often necessary that programs integrate writing skill development throughout their curriculum (Fallahi, Wood, Austad, & Fallahi, 2006).

Although some may assert that writing is a minor skill needed by the human service practitioner, these authors wholeheartedly disagree. Writing is perhaps one of the most essential skills of the human service practitioner. The helping professionals’ lack of writing skills can impede their career development and may impair the lives of their clients. According to the National Commission on Writing (2003), many working Americans would not be able to hold their positions if they were not proficient writers.

In an attempt to address the need to improve the writing skills of human service students at one particular institution, the authors designed and implemented a program initiative for its baccalaureate-level human services program. The innovation, a collaborative effort among the program, college, and university, was created by the human service faculty to enhance the writing skills of their students.

The Program Innovation

Rather than developing and implementing this innovation within the boundaries of the human services program, our plan involved the collaboration, consultation, and support of the human services faculty, the Department Chair, the Associate Dean and Dean of the College of Education, the Director of the Writing Center, and the Director of Writing Tutorial Services. Following a series of meetings and consultations with all of the aforementioned parties over a three-month period, the following 10-point plan was created and then implemented:

1. Human services faculty and instructors added additional writing assignments to their course requirements.
2. Human services faculty allocated a larger proportion of the students’ grades to writing skills.
3. Information on Writing Tutorial Services (WTS) and the Writing Center was posted on Blackboard and in all the human services course syllabi.
4. Faculty were encouraged to require students to submit their papers to WTS or meet with a writing tutor prior to submitting writing assignments.
5. Faculty used the university’s Exit Exam of Writing Proficiency (EEWP) grading rubric when grading writing assignments.
6. Human services faculty and instructors referred students to WTS whenever faculty and instructors determined a student’s writing skills were in need of improvement.

7. Information on Writing Tutorial Services and the Writing Center was posted on the Human Services’ website and in the Human Services Program Handbooks.

8. Academic advisors verified that all of their advisees had taken the Writing Sample Placement Test (WSPT). The WSPT is a required assessment for all incoming students at the university. The Writing Center placed registration blocks on students who had not taken the WSPT prior to the student’s second semester. All students whose scores on the WSPT were less than satisfactory were referred to Writing Tutorial Services for assistance with their writing.

9. The Director of the Writing Center created a 1-hour writing skills workshop DVD which was distributed to all distance-learning sites for student use.

10. A faculty member created and narrated an APA writing skills Power Point presentation which was distributed to all human services faculty to be posted on Blackboard for student use.

**Conclusion**

In order to determine the effectiveness of the innovation, pass rates on the Exit Exam of Writing Proficiency (EEWP) were examined over a period of six semesters. The EEWP is a three-hour university exam which determines whether students completing a baccalaureate degree are competent writers. All undergraduate students enrolled at this university are required to pass the EEWP in order to receive their degree. This program, which has just begun, has already seen a small increase in pass rates from 60% to 62%.

To further demonstrate the program’s commitment to strengthening the writing skills of its human service students, beginning fall 2010, the program will add an additional writing intensive course to its curriculum. In addition, this initiative is now a component of the human services program’s action plan which will be tracked and measured through the university’s assessment and planning management system.

As the program continues, we hope to see more demonstrable increases and make adjustments to the program as necessary. We anticipate, over time, to be able to demonstrate significant improvement in writing skills through this program.

In order to improve the writing skills of human service students, human service educators must put writing skills on center stage by communicating the significance of first-rate writing to success in the human services field and insisting on quality writing. Prior to the
implementation of the comprehensive writing plan, the human services program had one of the lowest exit exam pass rates in the college. Human services became the only program in the college that implemented a deliberate strategy for improving the writing skills of our students, resulting in consistent improvement in pass rates during the testing periods. While the findings in this study were not statistically significant, we believe that the upward trend in scores should not be ignored. Additional research is needed to determine the long-term impact of this initiative and to demonstrate its generalizability to other programs, colleges, and universities.

This program innovation speaks to the value of developing and implementing a plan to improve the writing skills of undergraduate human service students. The writers’ human services program made it a priority to enhance the students’ writing skills and, as a result, encouraging gains were achieved. This initiative also speaks to the importance of creating a plan that is comprehensive and systematic. Rather than developing this plan within the boundaries of the human services program, our plan involved the collaboration, consultation, and support of the department, college, and university. Given the encouraging preliminary results of our program initiative, the Dean forwarded the Human Services’ action plan to all Department Chairs and Program Directors in the College of Education. All college departments were asked to develop similar plans for their programs. Thus, through our program innovation, our human services program was able to create change starting at the programmatic level and moving upwards to the departmental level and the college level.

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Using a Wiki for Collaboration and Learning in Helping Profession Education: A Pilot Study

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Introduction

Collaboration and consultation are considered essential skills for every human service (HMSV) professional (Dinkmeyer, Carlson, & Dinkmeyer, 2000). HMSV educators are, thus, challenged to identify teaching strategies and methods to assist students in developing these two crucial skills. The implementation of cooperative computer-mediated tasks, such as using the computer to produce a collaborative product and using Web-based collaborative technologies, such as wikis, blogs, and discussion forums, have been shown to promote social interaction and learning in some higher education courses (Liaw, Chen, & Huang, 2008; Underwood & Underwood, 1999). This fact suggests that computer mediated learning environments and the employment of Web-based technologies may provide HMSV educators with unique opportunities to assist students in cultivating not only their personal knowledge, but also essential professional collaboration skills (Ahern et al., 2006).

Currently, limited research exists about the use of web-based technologies for learning and collaboration in HMSV education. Researchers and practitioners indicate that helping profession education lags behind other disciplines in both its use of and research about web-based technologies (Karper, Robinson, & Casado-Kehoe, 2005). Additional studies are needed in this area. Thus, the purpose of the present study is to explore the use of a web-based technology, a wiki, as a medium for learning and collaboration in the training process of helping profession students. Since the existing literature indicates that web-based technologies will play an increasingly important role in mental health treatment (Wolf-Branigin, 2009), the present study also aims to explore students’ attitudes toward using wiki technology in their future careers.

The Pilot Study

In the spring of 2010, a pilot study was conducted to investigate graduate students’ perceptions of using a wiki for a course management system and as a collaborative workspace for group projects. The pilot sample for the study consisted of 22 students enrolled in one section of a hybrid course, Consultation, Coordination, and Referral. The sample consisted of 6 (27.3%) males and 16 (72.7%) females. Thirteen (59.1%) of the participants were Caucasian, 7 (31.8%) of the participants were African American, and 2 (9%) of the participants classified themselves
as other. All students were completing a master’s degree in human services or counseling. The hybrid course was offered in a one-week intensive format. Students participated in a five-day on-campus course for 8 hours a day; students also completed both pre- and post-intensive tasks on the internet via the course wiki. LiveText™ was used for assignment submission and grading. Only one participant had previously used a wiki.

Prior to the beginning of the course, the instructor created a wiki using wikispaces.com. A wiki is a website in which any individual can add and modify information using a “what you see is what you get” (WYSIWYG) editor. A well-known example of a wiki is Wikipedia. Students were invited to join the class wiki as contributors via e-mail. Upon acceptance, students were able to view and to contribute to the class wiki. When students first visited the wiki, they could view the homepage, which provided the course content (syllabus, PowerPoints, etc.), as well as tutorials on how to contribute to the wiki. A class wiki example may be found at: http://edtechexplorations.wikispaces.com/Helping+Profession+Course+Homepage.

Students used the wiki not only to access the course content but also to collaboratively complete four written learning tasks. The assigned tasks included: (a) an informed consent, (b) a crisis management plan, (c) an ethical dilemma case study, and (d) a counselor/administration contract. The purpose of the assignments were three-fold: (a) to assist learners in constructing an enhanced understanding of referral, consultation, and collaboration; (b) to expose learners to web-based technology and develop their collaboration skills, and (c) to create a sustainable resource for learners to access after completion of their academic career at the university. Students worked in groups of 4-6 on the projects. Students used the wiki discussion forum throughout the course to discuss course content and assignments, and the students also created personal wiki pages and posted individual course assignments.

After completing the course, 22 (100%) students responded to a two-part survey. Part one of the survey consisted of the Perceived Learning Instrument (Richmond et al., 1987), used to measure students’ perceived learning in regard to the wiki assignments. The instrument also contained one item designed to measure students’ attitudes about the wiki. Part two of the survey consisted of six open-ended survey questions pertaining to the students’ experiences with the wiki and the contribution it made to their sense of community and learning.

Results

Descriptive statistics for the quantitative survey data indicate that students benefitted from use of the wiki. On a 10-point Likert scale (0-9), on average students indicated a high level of perceived learning when using the wiki ($M = 7.91$, $SD = 1.02$). On a 4-point Likert scale, results
demonstrated that students indicated a moderate level of satisfaction ($M = 2.91$, $SD = .92$).

Qualitative data provides a more in-depth understanding of students’ perceptions of the wiki. The open-ended responses of the web-based survey were analyzed using a qualitative analysis based on the emerging design approach (Guba & Lincoln, 1994). Data was coded in three stages, and triangulation was used to increase reliability of analysis. Three coders separately read the data and allowed themes to emerge. Coders met to discuss proposed themes and decided upon a list of themes. The three coders then separately coded each open-ended response using the list of themes. The coders reached a high degree of agreement. Any disagreement in the coding process that arose was discussed and negotiated until mutual agreement was reached. Final coding was adopted and verified.

One of the most prominent categories that emerged from the data analysis indicated that a majority (72.73%) of participants found the wiki was useful for peer-to-peer and peer-to-instructor collaboration, as well as the establishment of a connection in the class. Students felt that the wiki enabled them to communicate readily with one another, to share knowledge, and to interact with one another in order to create new knowledge. A majority of the participants (72.73%) also indicated that the wiki contributed to their learning. Students noted that the wiki was useful for learning because it provided one easy-to-navigate, centralized location for information sharing (4.55%) and a location to interact and to share knowledge (40.91%). Some students (36.36%) noted that the use of the wiki was a new and challenging experience that deepened their understanding of web-based technologies. In addition, students noted specific ideas concerning how they could implement a wiki in their current and future careers. One student noted that he/she would see it useful for the presentation of online workshops. Responses also indicated that the instructor’s ability to design and facilitate the course via the wiki influenced the students’ collaboration and learning in the course. Nine percent stated that the Wiki was not helpful for collaboration or learning. Students attributed this negative opinion to a lack of familiarity with wiki technology, which put them on a learning curve. Only one student indicated that he/she was not motivated to learn the new technology and preferred more familiar technologies for learning, such as BlackBoard™.

**Conclusion**

Educators are concerned with identifying ways to assist students in developing collaboration and consultation skills, since these skills are essential in the human services profession. Student self-reports indicated that the use of the wiki contributed to students’ learning and collaboration experience. Students also noted that the wiki could be useful in their career as helping professionals. The existing research on
the use of web-based technologies for learning and collaboration in helping profession education is limited; therefore, additional studies that explore the use of specific web-based technologies in assisting students to develop needed professional skills would be a valuable contribution to the current body of research. This pilot study serves as a basis for continued research in the use of a wiki for learning for collaboration and professional skill development. The findings imply that the use of a wiki promotes collaboration, social interaction, and learning; thus, the wiki serves as a tool that HMSV educators can use to instill collaborative skills necessary for the human service profession.

There are several limitations inherent in this study. Students may have felt safer, and therefore may have been more honest, disclosing their feelings or opinions in a web-based survey (Van Selm & Jankowski, 2006); however, the potential for dishonest reporting still existed. Furthermore, only students’ perceptions were evaluated. Results provide information about how students felt about the wiki; however, findings do not reflect objective outcomes. The small sample size also limits generalizability. Limitations necessitate future research. Limited generalization of results could be improved by replications of the study across other samples and universities. Research could be extended using qualitative analysis. Actual student interactions on the wiki could be analyzed to determine if community is formed among students as they work on the wiki. In addition, a pre and post observation of students collaboration skills could be examined.

References


The Transition from Student to Professional: 
A Model for Outcome Driven Field Placements

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Abstract
This article introduces an outcomes-based undergraduate field education program model focused on expanded field experiences and student professional development through integrative field seminars in the junior and senior years. The unique features of the program that lead to a successful transition from student to professional are discussed.

Professional Development in Field Education

Much has been written about the manner in which the field education and socialization experience provides students with skills and professional development opportunities (Barretti, 2004; Berg-Weger & Birkenmaier, 2000; Lager & Robbins, 2004; Goldstein, 2001). In this experience, it is essential to be mindful of what students learn (outcomes) as well as the process through which they learn to acquire the knowledge and skills necessary to address a wide range of social problems, so that they can become effective helpers.

Professional conduct, or behaviors that are desirable and necessary for practice, are a major concern for educators and practitioners. The ability to excel in academic courses may not necessarily translate into an ability to demonstrate ethical and effective behaviors in the field (Milliken & Neukrug, 2009). Professional identity can be described as the meeting of personal needs through professional service and assuming the values of a specific profession or discipline (Milliken & Neukrug, 2010); professional development is a much broader term that can be defined generically as the process of becoming a professional person through the acquisition of behaviors, attitudes and skills necessary for competent practice in a discipline. In the human services field, such skills have been identified by the Southern Regional Educational Board (SREB, 1967) and a more recent national job analysis (Taylor, Bradley, & Warren, 1996).

The Collaborative Health and Human Services (CHHS) program at California State University Monterey Bay (CSUMB) has several unique features that address students’ professional development. The first unique feature is the 13 clearly defined Major Learning Outcomes (MLOs) that were developed by faculty and human services’ practitioners, that provide the framework for students to demonstrate the competency necessary to meet graduation requirements. The CHHS Field Program focuses specifically on the professional development
aspects of these MLOs, which are based on established skills in the field. It integrates classroom and field experiences, so that students can demonstrate competency in a wide range of areas. A full description of the following CHHS Major Learning Outcomes can be found at the program website (http://hhspp.csumb.edu/academic/CHHS/mlo.htm):

1. Collaboration
2. Conflict Resolution & Negotiation
3. Cross Cultural Competence
4. Financial Management
5. Information Management
7. Leadership
8. Personal & Professional Communication
9. Professional Development
10. Personal & Professional Ethics
11. Public Policy Analysis
12. Statistics & Research Methods
13. Systems Management

The second unique feature of the program is that it requires two separate, year-long internships; one completed in the junior and one in the senior year. Through the two internships, students accrue a minimum of four hundred hours in the field prior to graduation. This expanded internship experience is supported by a four-semester field seminar sequence that spans the junior and senior years. The seminar provides opportunities for students to reflect on the competencies being acquired through their internship experiences, and to focus on their personal and professional development in an agency setting. The first semester of the field sequence is the most intensive, as frequent field seminars in this beginning phase are essential to students’ development of a professional identity; including the professional behaviors appropriate for work in human services. Since most CHHS students are young adults, frequent seminars provide a mechanism to address the developmental issues and challenges that may arise in field education due to their immaturity and lack of professional experience.

The seminars are further supported by the use of the textbook *Getting the Most from Your Human Services Internship* (Myers-Kiser, 2009). The textbook provides structure and content to the learning process and aligns very well with the various phases of the field education process. Myers-Kiser emphasizes the many essential elements of field education, including professional ethics, diversity, use of supervision, professional writing, and assessment of progress in the
internship. It provides an integrated framework for students’ thinking about and reflecting on their experiences in the field. Students benefit from these extended placements, which allow them to develop a more in-depth understanding of the agencies and their role as beginning professionals. The extended placements also allow students to further clarify the settings and populations that they prefer to work with as professionals upon graduation.

The third unique aspect of the program includes the extended opportunities students have for professional development through the mentoring process. The cumulative two-year field experience allows students to develop significant relationships with at least two field mentors. These relationships provide exposure to a variety of supervision styles and processes, as well as modeling of behaviors and conduct appropriate to professional settings, including teamwork, accountability, timeliness, professional work ethic, respect for self and others, and professional ethics. These relationships may also help students learn to balance the competing demands of work and family life. The relationships are especially important for today’s student body, which includes many single parents who often work at least part-time while attending college. The agency Field Mentor provides ongoing feedback to the student through assessment of progress in identified learning objectives for selected MLO’s for each semester.

The fourth aspect of the program is the use of a confidential self-assessment tool as part of the orientation to the Field Program. The self-assessment clarifies the student’s background and experience, and helps to identify practice areas or populations that may be currently overwhelming or inappropriate for the student. The assessment, completed prior to referring a student to an agency for an internship interview, helps students increase their level of self-awareness related to sensitive issues in the field and readiness to work with specific vulnerable populations. It also helps the Field Coordinator determine the most appropriate field placement settings for the student’s level of maturity, security and preparation. In addition, it may also help students incorporate self-reflection into their professional development repertoire. Ultimately, the Field Coordinator makes the final placement decision, in an attempt to prevent students from self-selecting settings that might elicit past emotional issues and thereby cause unnecessary distress and disruption to the learning process.

Finally, an intensive professional writing component is integrated into the academic and field experiences, with assistance from a designated writing instructor who incorporates specific professional writing competencies for human services professionals, within a general writing intensive course. The need for professional level writing has been consistently emphasized by community agencies across all human services settings and by human services programs themselves (Dustin,
Craigen, & Milliken, 2010). The program has addressed this need by providing students with ample opportunities to develop their writing by producing business letters, reports, client assessments, case plans, and other agency documents. Each of these unique features helps to support the successful transition of the student to an entry level professional.

Conclusions

One of the primary goals of a pre-professional program like CHHS is to prepare students for successful entry level professional positions in health and human service agencies. Opportunities to experience professional life in an agency prior to graduation are critical to the successful transition from student to professional status. In addition, these opportunities provide a solid foundation for graduates to successfully compete for entry into graduate school in related fields. Providing an outcome-based approach, an extended two-year internship, extensive mentoring, a self-assessment that assists in appropriate student placement, and a focus on professional-level writing, all help to provide a training ground for careers in the helping professions.

Although there are some challenges when students begin the field experience early in the program, we often see significant professional growth and maturity in our students as demonstrated by increased confidence, poise, and professional demeanor. Students often express how much they benefit from having two years of field placement, and how the second year in particular shaped their future professional goals and aspirations. While some academic programs may question the wisdom of starting juniors in a professional level experience, we see great value to both students and agencies.

We recognize the challenges inherent in attempting to replicate this two-year extended field experience and the outcomes-based learning approaches described. We also appreciate the trend across professionally oriented academic programs toward having better-defined learning outcomes, as well as enhancing instructors’ abilities to assess student achievement relative to program and course outcomes. Programs moving towards a more outcomes-based model and facing similar student learning challenges, may find these approaches useful as they revise the assumptions and paradigms used in their own field programs.

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Content: Preamble | Section I - For Professionals | Responsibilities To Clients | To Community and Society | To Colleagues | To the Profession | To Employers | To Self | Section II - For Educators

Preamble

Human services is a profession developing in response to and in anticipation of the direction of human needs and human problems in the late twentieth century. Characterized particularly by an appreciation of human beings in all of their diversity, human services offers assistance to its clients within the context of their community and environment. Human service professionals and those who educate them, regardless of whether they are students, faculty or practitioners, promote and encourage the unique values and characteristics of human services. In so doing human service professionals and educators uphold the integrity and ethics of the profession, partake in constructive criticism of the profession, promote client and community well-being, and enhance their own professional growth.

The ethical guidelines presented are a set of standards of conduct which the human service professionals and educators consider in ethical and professional decision making. It is hoped that these guidelines will be of assistance when human service professionals and educators are challenged by difficult ethical dilemmas. Although ethical codes are not legal documents, they may be used to assist in the adjudication of issues related to ethical human service behavior.

SECTION I—STANDARDS FOR HUMAN SERVICE PROFESSIONALS

Human service professionals function in many ways and carry out many roles. They enter into professional-client relationships with individuals, families, groups and communities who are all referred to as “clients” in these standards. Among their roles are caregiver, case manager, broker, teacher/educator, behavior changer, consultant, outreach professional, mobilizer, advocate, community planner, community change organizer, evaluator and administrator (SREB, 1967). The following standards are written with these multifaceted roles in mind.

The Human Service Professional’s Responsibility to Clients

Statement 1

Human service professionals negotiate with clients the purpose, goals,
and nature of the helping relationship prior to its onset as well as inform clients of the limitations of the proposed relationship.

**Statement 2**
Human service professionals respect the integrity and welfare of the client at all times. Each client is treated with respect, acceptance and dignity.

**Statement 3**
Human service professionals protect the client’s right to privacy and confidentiality except when such confidentiality would cause harm to the client or others, when agency guidelines state otherwise, or under other stated conditions (e.g., local, state, or federal laws). Professionals inform clients of the limits of confidentiality prior to the onset of the helping relationship.

**Statement 4**
If it is suspected that danger or harm may occur to the client or to others as a result of a client’s behavior, the human service professional acts in an appropriate and professional manner to protect the safety of those individuals. This may involve seeking consultation, supervision, and/or breaking the confidentiality of the relationship.

**Statement 5**
Human service professionals protect the integrity, safety, and security of client records. All written client information that is shared with other professionals, except in the course of professional supervision, must have the client’s prior written consent.

**Statement 6**
Human service professionals are aware that in their relationships with clients power and status are unequal. Therefore they recognize that dual or multiple relationships may increase the risk of harm to, or exploitation of, clients, and may impair their professional judgment. However, in some communities and situations it may not be feasible to avoid social or other nonprofessional contact with clients. Human service professionals support the trust implicit in the helping relationship by avoiding dual relationships that may impair professional judgment, increase the risk of harm to clients or lead to exploitation.

**Statement 7**
Sexual relationships with current clients are not considered to be in the best interest of the client and are prohibited. Sexual relationships with previous clients are considered dual relationships and are addressed in Statement 6 (above).
Statement 8
The client’s right to self-determination is protected by human service professionals. They recognize the client’s right to receive or refuse services.

Statement 9
Human service professionals recognize and build on client strengths.

The Human Service Professional’s Responsibility to the Community and Society

Statement 10
Human service professionals are aware of local, state, and federal laws. They advocate for change in regulations and statutes when such legislation conflicts with ethical guidelines and/or client rights. Where laws are harmful to individuals, groups or communities, human service professionals consider the conflict between the values of obeying the law and the values of serving people and may decide to initiate social action.

Statement 11
Human service professionals keep informed about current social issues as they affect the client and the community. They share that information with clients, groups and community as part of their work.

Statement 12
Human service professionals understand the complex interaction between individuals, their families, the communities in which they live, and society.

Statement 13
Human service professionals act as advocates in addressing unmet client and community needs. Human service professionals provide a mechanism for identifying unmet client needs, calling attention to these needs, and assisting in planning and mobilizing to advocate for those needs at the local community level.

Statement 14
Human service professionals represent their qualifications to the public accurately.

Statement 15
Human service professionals describe the effectiveness of programs, treatments, and/or techniques accurately.
Statement 16
Human service professionals advocate for the rights of all members of society, particularly those who are members of minorities and groups at which discriminatory practices have historically been directed.

Statement 17
Human service professionals provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation or socioeconomic status.

Statement 18
Human service professionals are knowledgeable about the cultures and communities within which they practice. They are aware of multiculturalism in society and its impact on the community as well as individuals within the community. They respect individuals and groups, their cultures and beliefs.

Statement 19
Human service professionals are aware of their own cultural backgrounds, beliefs, and values, recognizing the potential for impact on their relationships with others.

Statement 20
Human service professionals are aware of sociopolitical issues that differentially affect clients from diverse backgrounds.

Statement 21
Human service professionals seek the training, experience, education and supervision necessary to ensure their effectiveness in working with culturally diverse client populations.

The Human Service Professional’s Responsibility to Colleagues

Statement 22
Human service professionals avoid duplicating another professional’s helping relationship with a client. They consult with other professionals who are assisting the client in a different type of relationship when it is in the best interest of the client to do so.

Statement 23
When a human service professional has a conflict with a colleague, he or she first seeks out the colleague in an attempt to manage the problem. If necessary, the professional then seeks the assistance of supervisors, consultants or other professionals in efforts to manage the problem.
Statement 24
Human service professionals respond appropriately to unethical behavior of colleagues. Usually this means initially talking directly with the colleague and, if no resolution is forthcoming, reporting the colleague’s behavior to supervisory or administrative staff and/or to the professional organization(s) to which the colleague belongs.

Statement 25
All consultations between human service professionals are kept confidential unless to do so would result in harm to clients or communities.

The Human Service Professional’s Responsibility to the Profession

Statement 26
Human service professionals know the limit and scope of their professional knowledge and offer services only within their knowledge and skill base.

Statement 27
Human service professionals seek appropriate consultation and supervision to assist in decision-making when there are legal, ethical or other dilemmas.

Statement 28
Human service professionals act with integrity, honesty, genuineness, and objectivity.

Statement 29
Human service professionals promote cooperation among related disciplines (e.g., psychology, counseling, social work, nursing, family and consumer sciences, medicine, education) to foster professional growth and interests within the various fields.

Statement 30
Human service professionals promote the continuing development of their profession. They encourage membership in professional associations, support research endeavors, foster educational advancement, advocate for appropriate legislative actions, and participate in other related professional activities.

Statement 31
Human service professionals continually seek out new and effective approaches to enhance their professional abilities.
The Human Service Professional’s Responsibility to Employers

Statement 32
Human service professionals adhere to commitments made to their employers.

Statement 33
Human service professionals participate in efforts to establish and maintain employment conditions which are conducive to high quality client services. They assist in evaluating the effectiveness of the agency through reliable and valid assessment measures.

Statement 34
When a conflict arises between fulfilling the responsibility to the employer and the responsibility to the client, human service professionals advise both of the conflict and work conjointly with all involved to manage the conflict.

The Human Service Professional’s Responsibility to Self

Statement 35
Human service professionals strive to personify those characteristics typically associated with the profession (e.g., accountability, respect for others, genuineness, empathy, pragmatism).

Statement 36
Human service professionals foster self-awareness and personal growth in themselves. They recognize that when professionals are aware of their own values, attitudes, cultural background, and personal needs, the process of helping others is less likely to be negatively impacted by those factors.

Statement 37
Human service professionals recognize a commitment to lifelong learning and continually upgrade knowledge and skills to serve the populations better.

SECTION II—STANDARDS FOR HUMAN SERVICE EDUCATORS

Human Service educators are familiar with, informed by and accountable to the standards of professional conduct put forth by their institutions of higher learning; their professional disciplines, for example, American Association of University Professors (AAUP), American Counseling Association (ACA), Academy of Criminal Justice (ACJS), American
Psychological Association (APA), American Sociological Association (ASA), National Association of Social Workers (NASW), National Board of Certified Counselors (NBCC), National Education Association (NEA), and the National Organization for Human Service Education (NOHSE).

**Statement 38**
Human service educators uphold the principle of liberal education and embrace the essence of academic freedom, abstaining from inflicting their own personal views/morals on students, and allowing students the freedom to express their views without penalty, censure or ridicule, and to engage in critical thinking.

**Statement 39**
Human service educators provide students with readily available and explicit program policies and criteria regarding program goals and objectives, recruitment, admission, course requirements, evaluations, retention and dismissal in accordance with due process procedures.

**Statement 40**
Human service educators demonstrate high standards of scholarship in content areas and of pedagogy by staying current with developments in the field of Human Services and in teaching effectiveness, for example learning styles and teaching styles.

**Statement 41**
Human service educators monitor students’ field experiences to ensure the quality of the placement site, supervisory experience, and learning experience towards the goals of professional identity and skill development.

**Statement 42**
Human service educators participate actively in the selection of required readings and use them with care, based strictly on the merits of the material’s content, and present relevant information accurately, objectively and fully.

**Statement 43**
Human service educators, at the onset of courses: inform students if sensitive/controversial issues or experiential/affective content or process are part of the course design; ensure that students are offered opportunities to discuss in structured ways their reactions to sensitive or controversial class content; ensure that the presentation of such material is justified on pedagogical grounds directly related to the course; and, differentiate between information based on scientific data, anecdotal
data, and personal opinion.

Statement 44
Human service educators develop and demonstrate culturally sensitive knowledge, awareness, and teaching methodology.

Statement 45
Human service educators demonstrate full commitment to their appointed responsibilities, and are enthusiastic about and encouraging of students’ learning.

Statement 46
Human service educators model the personal attributes, values and skills of the human service professional, including but not limited to, the willingness to seek and respond to feedback from students.

Statement 47
Human service educators establish and uphold appropriate guidelines concerning self-disclosure or student-disclosure of sensitive/personal information.

Statement 48
Human service educators establish an appropriate and timely process for providing clear and objective feedback to students about their performance on relevant and established course/program academic and personal competence requirements and their suitability for the field.

Statement 49
Human service educators are aware that in their relationships with students, power and status are unequal; therefore, human service educators are responsible to clearly define and maintain ethical and professional relationships with students, and avoid conduct that is demeaning, embarrassing or exploitative of students, and to treat students fairly, equally and without discrimination.

Statement 50
Human service educators recognize and acknowledge the contributions of students to their work, for example in case material, workshops, research, and publications.

Statement 51
Human service educators demonstrate professional standards of conduct in managing personal or professional differences with colleagues, for example, not disclosing such differences and/or affirming a student’s negative opinion of a faculty/program.
Statement 52
Human service educators ensure that students are familiar with, informed by, and accountable to the ethical standards and policies put forth by their program/department, the course syllabus/instructor, their advisor(s), and the Ethical Standards for Human Service Professionals.

Statement 53
Human service educators are aware of all relevant curriculum standards, including those of the Council for Standards in Human Services Education (CSHSE); the Community Support Skills Standards; and state/local standards, and take them into consideration in designing the curriculum.

Statement 54
Human service educators create a learning context in which students can achieve the knowledge, skills, values and attitudes of the academic program.
Guidelines for Authors

The Journal of Human Services (JHS) is a national refereed journal. Manuscripts judged by the editors to fall within the range of interest of the journal will be submitted to reviewers without the names and identifying information of the authors. The principal audiences of HSE are human service faculty members, administrators, practitioners, and undergraduate and graduate students. Sample areas of interest include teaching methods, models of internships, faculty development, career paths of graduates, credentialing, accreditation, models of undergraduate and graduate study, clinical issues in human service treatment, and supervision of human service practitioners.

JHS publishes three types of submissions: 1) articles, 2) brief notes, and 3) critical reviews of instructional materials and scholarly books of interest to human service educators.

Directions for each type of submission include the following:

1. **Articles.** Manuscripts for articles should not exceed eighteen (18) typed pages. The page limit includes all pages of the manuscript excluding the title page (i.e., abstract, reference pages, tables, and graphs). **Manuscripts may not exceed this page limit.** Following the title page include an abstract of not more than 100 words. This statement should express the central idea of the article in non-technical language and should appear on a page separate from the text.

2. **Brief Notes.** Submissions appropriate for this format include brief reports of research projects or program innovations. Manuscripts should not exceed four (4) double-spaced typed pages; it is recommended that the results and implications occupy at least half of the brief note. A 50-word capsule statement should accompany the note.

3. **Critical Reviews.** JHS accepts reviews of textbooks, other instructional materials, and scholarly books of interest to human service educators and practitioners. Manuscripts should not exceed three (3) typed pages unless two or more related books are included in one review in which case manuscripts should not exceed five (5) typed pages.

The following instructions apply to all three types of submissions:

1. Manuscripts should be well organized and present the idea in a clear and concise manner. Use headings and subheadings to guide the reader. Avoid the use of jargon and sexist terminology.

2. Manuscripts should be typed in 12-point type with margins of at least one inch on all four sides. All materials should be double spaced including references, all lines of tables, and extensive quotations.
3. All material should conform to the style of the sixth edition of the Publication Manual of the American Psychological Association.

4. Avoid footnotes wherever possible.

5. Tables should be kept to a minimum. Include only essential data and combine tables whenever possible. Each table should be on a separate sheet of paper following the reference section of the article. Final placement of tables is at the discretion of the editors.

6. Figures (graphs, illustrations) must be supplied in electronic format and must be in black and white with a minimum of gray shading. Use of submitted figures or a re-rendering of the figures for clarity is at the discretion of the editors.

7. Two (2) copies of the manuscript must be electronically submitted (Microsoft Word or text file versions only). The first version should include, on a separate page, the title of the article, the names of the authors, their professional titles, and their institutional affiliations. The second version must be free of any identifying information. Articles’ titles and headings should be as short as possible.

8. Check all references for completeness; make sure all references mentioned in the text are listed in the reference section and vice versa.

9. Manuscripts are edited for consistency of grammar, spelling, and punctuation. In some cases, portions of manuscripts may be reworded for conciseness or clarity of expression.

10. Manuscripts are accepted for review with the understanding that they represent original work and are not under review by another publication.

NOTE: All manuscripts must meet the specifications detailed above or they will be returned to the authors before review for publication.

Send two (2) electronic Microsoft Word or text file versions of the manuscript, one with and one without identifying information, as well as inquiries concerning the publication via e-mail to:

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