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Essential Psychopharmacologic Information for Undergraduate Human Service Education Students

Daniel Taylor

Abstract

In mental health settings, a task in which human service education students may participate is the administration, recording, and monitoring of prescribed psychoactive medications. This activity carries with it some important responsibilities that call for a fundamental understanding of the major types of medications used in psychiatry. This paper reviews three common groups of psychiatric medications: the antipsychotics, antidepressants, and anxiolytics. Discussion addresses each group, focusing on the neurochemical basis for effectiveness, clinical applications, central effects, and how human service education students can assist in their safe and therapeutic use.

Introduction

While completing internships in a variety of mental health settings, human service education students, under supervision, may be involved in the therapeutic application of medications. For example, students in psychiatric treatment centers or community-based group homes may be responsible for ensuring that clients receive their medication according to standard practice and on schedule. In addition to administering a medicine as prescribed, clients’ responses must be carefully observed and recorded. Such information is critical for client safety, risk management of adverse effects, treatment planning, client education, and communication with other professionals. Unless students who administer medications are properly informed and educated, they may lack information that is vital to client care.
This paper briefly reviews the history of psychopharmacological drug use and examines three primary psychiatric drug groups. Discussion will focus upon the neurochemical basis for effectiveness of the drugs, their primary effects, and how students can assist in their safe and therapeutic application. Rather than expect undergraduate students to gain wide expertise in the area of psychopharmacology, this paper provides general information that students can use during internships and upon graduation. Information for this paper is based on clinical supervisory experience and an established undergraduate psychopharmacology course.

An Overview of Psychopharmacology

The use of pharmacologically active substances, for nontherapeutic as well as therapeutic purposes, dates back to 2700 B.C. in China, 1550 B.C. in Egypt, and 400 B.C. in Greece (Eisenhauer, Nichols, Spencer, & Bergan, 1998). During that time, substances were harvested from a variety of natural sources, especially plants. Today, however, many of these substances are synthesized in pharmaceutical facilities.

One particular classification of drugs, those that alter the functioning of the mind, are referred to as psychoactive and have historically been used for recreational purposes as well as to relieve a variety of symptoms (Grilly, 1994). There is evidence of opiate use in Spain and Egypt and mescaline in Mexico (McKim, 2000). Inhabitants of India used extract from the root of the plant Rauwolfia Serpentina to treat behavioral disturbances in people (Leonard, 1997). Cocaine was extracted from coca leaves and used by South American Indians to relieve fatigue and elevate the mood (Grilly, 1994). As late as the 19th century, opiates were used to treat symptoms of depression (Leonard, 1997). Although current knowledge of drug action and effects is more sophisticated, the impetus for using psychoactive drugs remains basically unchanged. Hyman and Nestler (1993) reported that 80% of the American population use psychoactive drugs for nonmedicinal purposes. Further, 20% of all drug prescriptions are for psychoactive medications (Keltner & Folks, 1997).

Psychopharmacological Treatment of Major Psychiatric Disorders

Over the years, there has been considerable debate and many hypotheses offered concerning the etiology of psychiatric illnesses. One of those theories, the biologic theory, holds that psychopathology is the result of a chemical related dysfunction within the brain (Stahl, 1996).

The brain is a highly coordinated structure comprised of billions of individual functional units called neurons. Neurons are not continuous but are separated by a minute space referred to as the synapse. Normal brain function involves communication between neurons that is accomplished by electrochemical means. Electrical impulses travel the length of the neurons by a shift in the polarity between the outside and inside of the cell membrane. The arrival of the electrical signal at the end of the sending neuron, or presynaptic axon terminal, causes the release of stored chemical neurotransmitters into the synaptic space. These transmitters diffuse across the synapse and bind with specific receptor molecules on the dendritic membrane of the receiving postsynaptic neuron. This action, in turn, stimulates the receiving neuron to relay the electrical stimulus onward (Feldman, Meyer, & Quenzer, 1997; Grilly, 1994; Keltner & Folks, 1997; Leonard, 1997; Stahl, 1996).

Current biologic theory contends that the etiology of major psychiatric illnesses, such as depression and schizophrenia, originates with dysfunction at the neurotransmitter level. This theory provides the foundation for the treatment with psychoactive drugs, as they are known to affect a variety of neurotransmitters (Feldman et al., 1997).

Presently, three fundamental groups of psychoactive drugs, antipsychotics, antidepressants, and anxiolytics are used to treat major psychiatric illnesses. Each group is examined in more detail below.

Antipsychotic Medication

Antipsychotic medications are at the core of the treatment of psychotic disorders, such as schizophrenia, and, in some circumstances, for nonpsychotic disorders (Lidow, 2000). These medications are known by a variety of names, including major tranquilizers, neuroleptics, and ataractics, and are effective in treating disordered thinking, hallucinations, delusions, and mania (Bezchlibnyk-Butler, & Jeffries, 1999; Wilson & Kneisl, 1996). Discovered serendipitously in France in the early 1950s, they have had a dramatic impact upon the nature of psychiatric care in the ensuing 50 years (Stuart & Laraia, 1998). The success of the prototype generated great interest and spawned new research efforts to develop better versions—ones that have improved ability to target symptoms while, at the same time, possessing fewer side effects. As a result, contemporary antipsychotics are much improved in terms of efficacy and the extent of their adverse effects (Eisenhauer et al., 1998; Stahl, 1996).

Although principally used to treat psychosis, they do have other properties that can be exploited for therapeutic purposes (Lidow, 2000). They have been used to treat tics that are associated with Tourette's syndrome, intractable hiccups, nausea, vomiting, vertigo, and agitation (Bezchlibnyk-Butler, & Jeffries, 1999).

Common Types of Antipsychotic Medication

Viewed broadly, there are essentially two classifications of antipsychotic drugs: Those that were advanced from the original drug, chlorpromazine, and that have formed the mainstay of psychopharmacotherapy for more than 40 years and those that have been developed in the past 10 years. Drugs that were generated as a result of chemical manipulation of the original formula are referred to as the typical antipsychotics. Those that are newly developed...
and have a novel range of effects, compared to the originals, are referred to as the *atypical* antipsychotics (Lidow, 2000; Stahl, 1996).

**How Antipsychotic Medication Works**

For many years, the health care research community has recognized that alteration in the activity of a particular neurotransmitter, dopamine, is associated with the appearance of symptoms of psychosis. Street drugs, such as cocaine and amphetamines, are known to stimulate the release of dopamine in the brain (Leonard, 1997; Stahl, 1996); and, if taken repetitively, they can produce symptoms that closely resemble those of schizophrenia (Lidow, 2000; Stahl, 1996). The theory that excessive activity of dopamine in specific areas of the brain is related to the development of symptoms of psychosis is known as the *dopamine hypothesis* (Grilly, 1994; Leonard, 1997; Lidow, 2000; Stahl, 1996). Whereas antipsychotic drugs possess the ability to block the action of dopamine in the brain, it is believed that such activity accounts for their ability to mitigate symptoms of psychosis (Feldman et al., 1997; Leonard, 1997; Lidow, 2000; Stahl, 1996).

**How Antipsychotic Medication is Administered**

Antipsychotic drugs are generally well absorbed in the gastrointestinal tract and, therefore, are routinely taken by mouth, either in solid or liquid forms. However, other preparations are also available for injection and rectal administration. Oral preparations generally produce a sedating effect within 60 minutes, and peak blood levels occur in 2-4 hours (Keltner & Folks, 1997). The full antipsychotic effect is variable and may not occur for several weeks or months (Abrams, 1995; Eisenhauer et al., 1998). This information is pertinent to students who may expect to notice immediate behavioral change and symptom relief in clients who are administered these drugs.

A notable feature of these drugs is that they are highly protein bound and lipid soluble (Abrams, 1995; Eisenhauer et al., 1998). Protein binding refers to the propensity of a drug to attach to protein molecules in the blood. A drug in the blood system exists in two forms: either it is bound to the blood protein or it is free. While the free drug is available to pass from the blood vessels into the tissue to exert an effect, the protein-bound drug is unable to do the same. This action, in effect, traps a portion of the drug, creating a reservoir that is pharmacologically inactive (Malseed, Goldstein & Balkon, 1995). However, this is a temporary state if no further medication is taken to replace the drug that is metabolized. As the level of free drug in the blood falls, a commensurate portion of trapped drug is released from the protein and becomes available to the body tissue (Malseed et al., 1995). p. 54 That process is partnered by the lipid-soluble nature of the drugs. Over time this solubility leads to an accumulation of the drug in fat tissue. As with the release of a protein-bound drug, medication that is held in fat tissue will be similarly released as the drug level in the blood drops (Malseed et al., 1995). Both characteristics are important factors in the decision of how to manage a missed or skipped dose of medication. The natural inclination of most people is to add the missed dose to the next dose, so-called “doubling up.” While the therapeutic levels of some drugs will drop off precipitously with the skipping of a dose, such is not the case with antipsychotics. The tissue trapping of antipsychotic drug provides a safety store. Should a dose or two be missed, there is no need to double up. The release of the bound drug from blood protein molecules and the fat reservoir will contribute to the maintenance of therapeutic or near therapeutic blood levels for short periods of time, enabling clients to continue with the next dose as prescribed.

**Common Side-Effects of Antipsychotic Medication**

Drugs do not have a limited scope of action. Although intended to produce specific actions at select body sites, they often affect other parts as well (Malseed et al., 1995). This characteristic accounts for the appearance of undesired effects referred to as side effects. A side effect, strictly defined, is any drug effect that is not intended.

While the activity of the antipsychotic drugs upon neurotransmitters accounts for the therapeutic effect, it also forms the basis for the appearance of side effects (Lidow, 2000; Stahl, 1996). Antipsychotic drugs have the ability to alter the action of a number of neurotransmitters in the brain. As a single group, they have the potential to produce sedation and drowsiness, dry mouth, blurred vision and difficulty focusing on near objects, constipation, weight gain, menstrual cycle disruption, lowering of blood pressure, sensitivity to the sun, and a variety of neurological disturbances generically referred to as *extrapyramidal effects* (Bezchlibnyk-Butler & Jeffries, 1999; Eisenhauer et al., 1998; Stahl, 1996).

Extrapyramidal effects may be manifest as a subjective sense of unyielding restlessness and inability to remain still (*akathisia*); slowness of movement; rigidity of muscles; and, perhaps, dystonia, dramatic and discomforting spasms of the muscles in the head and neck area (Eisenhauer et al., 1998). Akathisia is more common in elderly females and is more likely to appear within 10 days of therapy initiation (Bezchlibnyk-Butler, & Jeffries, 1999). Dystonia spasms commonly occur suddenly; can be painful; and can cause twisting of the neck, either backwards or laterally; inability to open the mouth, rolling of the eyeballs up into the eye socket, and a variety of odd facial expressions (Bezchlibnyk-Butler, & Jeffries, 1999; Wilson & Kneisel, 1996). They are more common in young males and tend to occur within the first 5 days of therapy or when the dosage is increased (Keltner & Folks, 1997; Stuart & Laraia, 1998). An additional set of extrapyramidal effects is referred to as *dyskinesia*, and is characterized by repetitive, irregular jerking or writhing movements of the limbs and torso. Dyskinesia may be specifically manifest as blinking, chewing, or sucking movements of the mouth, protrusion and tremors of the tongue, shoulder shrugging, pedaling movements of the feet and legs, hip rocking, and shifting from one foot to the other (Eisenhauer et al., 1998; Keltner & Folks 1997). In some severe cases of dyskinesia, the affected individual is a picture of constant motion.
A potentially serious effect with all the antipsychotics, but particularly with clozapine (Malseed et al., 1995; Wilson & Kneisl, 1996), is the reduction of certain white blood cells (agranulocytosis) that are crucial in the ability to fight infection. Associated with this lowered resistance is the increased risk for upper respiratory tract infections that can be lethal if untreated (Eisenhauer et al., 1998).

While all of the antipsychotic drugs carry the potential to cause any of the side effects, the relative risk of developing specific side effects is variable among the drugs. In some respects, the risk of particular effects correlates with certain group characteristics. The antipsychotics can be divided into two subgroups, based on the doses required to achieve therapeutic effects or potency (Lidow, 2000). This distinction places the drugs into high- and low-potency groups. As Table 1 illustrates, drugs that belong to the high-potency group are more likely to induce extrapyramidal side effects (EPS); drugs in the low-potency group are at higher risk for producing sedation, lowering of blood pressure, and several effects that are classified as anticholinergic effects (Bezchlibnyk-Butler & Jeffries, 1999; Eisenhauer et al., 1998; Keltner & Folks, 1997; Lidow, 2000; Stuart & Laraia, 1998; Wilson & Kneisl, 1996). Anticholinergic effects include dry mouth, blurred vision and difficulty focusing on near objects, and constipation. This relationship between potency and side effects holds for the typical antipsychotics but not for the atypicals (Lidow, 2000), which is also illustrated in Table 1. However, it is helpful to know that the atypicals are generally less likely than the typicals to produce extrapyramidal side effects (Bezchlibnyk-Butler, & Jeffries, 1999).

**The Role of Human Service Education Students**

Perhaps the most vital actions that students can provide to clients are timely and accurate recognition of side effects and informing the physician. It is not uncommon for adverse drug effects to be overlooked, viewed as manifestations of the psychiatric illness, or even misinterpreted as behavior problems. As a precaution, any change in the functioning of the client that occurs after the initiation of psychoactive medications should be first viewed as an effect of the drug until determined otherwise.

While some of the undesired effects appear early and resolve without treatment, others warrant attention. The visual disturbances, sedation, and lowered blood pressure will often dissipate over several weeks after dose stabilization (Eisenhauer, 1998; Johnson, Osis & Hannah, 1998; Malseed et al., 1995). Explaining the potential effects to clients and providing reassurance that the effects will eventually disappear is often all that is necessary. In the interim, clients who have lowered blood pressure may experience lightheadedness and fainting upon rising from a sitting or lying position. Until this effect clears, clients should be provided support when rising from a sitting position. Further, they should be advised to rise from bed slowly and dangle their feet over the edge of the bed for a couple of minutes before getting up (Eisenhauer, 1998). Dry mouth can be difficult to tolerate but may be responsive to mouth lubricants, sugar-free candy, or frequent sips of water (Stuart & Laraia, 1998). Constipation may be alleviated by the addition of extra roughage and fluids in the diet (Stuart & Laraia, 1998). If constipation persists, a physician should be notified and asked to recommend appropriate bowel stimulants. The potential for menstrual cycle changes warrants client education. The antipsychotic drugs may delay or completely stop the menstrual cycle; and, therefore, women in their childbearing years should be so informed. Sunburn from increased sensitivity to the sun’s rays can be prevented by judicious use of sunblocking agents, protective clothing, and avoidance of the intense midday sun (Bezchlibnyk-Butler, & Jeffries, 1999; Eisenhauer et al., 1998).

Due to the high risk of agranulocytosis associated with clozapine, clients taking the medication are strictly monitored (Malseed et al., 1995; Wilson &

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**Table 1: Relationship Between Potency and Common Side Effects of Antipsychotic Medications**

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Potency</th>
<th>EPS</th>
<th>Sedation</th>
<th>Hypotension</th>
<th>Anticholinergic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorpromazine</td>
<td>low</td>
<td>++</td>
<td>++++</td>
<td>++++</td>
<td>+++</td>
</tr>
<tr>
<td>Mesoridazine</td>
<td>moderate</td>
<td>++</td>
<td>+++</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Thioridazine</td>
<td>low</td>
<td>+</td>
<td>+++</td>
<td>+</td>
<td>+++</td>
</tr>
<tr>
<td>Trifluoperazine</td>
<td>high</td>
<td>++++</td>
<td>++</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Fluphenazine</td>
<td>high</td>
<td>++++</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Perphenazine</td>
<td>high</td>
<td>++++</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Thiothixene</td>
<td>high</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Chlorprothixene</td>
<td>low</td>
<td>+++</td>
<td>++++</td>
<td>++++</td>
<td>+++</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>high</td>
<td>+++</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Loxapine</td>
<td>high</td>
<td>++++</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Molindone</td>
<td>high</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Clozapine*</td>
<td>low</td>
<td>+</td>
<td>++++</td>
<td>++++</td>
<td>+++</td>
</tr>
<tr>
<td>Olanzapine*</td>
<td>low</td>
<td>+</td>
<td>++</td>
<td>+</td>
<td>+++</td>
</tr>
<tr>
<td>Risperidone*</td>
<td>high</td>
<td>+</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Quetiapine*</td>
<td>low</td>
<td>+</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

*Atypical antipsychotics

Note. ++++ strong effect, +++ moderate effect, ++ low effect, + minimal effect.
effect on multiple neurotransmitters, which gives rise to the appearance of
Kneisl, 1996). Measurements of clients’ white blood cells are taken before
treatment commences and regularly thereafter (Keltner & Folks, 1997). In the
event that clozapine causes the white blood cell numbers to decrease signifi­
cantly, therapy is terminated immediately. Students can participate in avoiding
this complication by ensuring that they follow the blood monitoring protocol and remain vigilant for any signs of infection, such as elevated
temperature, sore throat or mouth, and general fatigue (Eisenhauer et al.,
1998). As a general rule, all cases of upper respiratory tract infections and elevated
temperature should be reported immediately to medical personnel.

The development of dystonias and dyskinesias also require medical intervention. If clients report muscle cramps or twitching or when students
observe dyskinetic motor activity, such as described earlier, a physician
should be notified. Dystonias are especially painful and frightening and,
therefore, should be reported promptly to medical personnel.

The sense of uncontrollable restlessness that occurs can be very upsetting
to the clients. It is the most common of the extrapyramidal side effects and may be
the most likely reason why clients cease taking their medication (Keltner
& Folks, 1997). Because the client has the semblance of being anxious and stressed, it may be misinterpreted by an observer as a worsening of the
psychosis or agitation (Eisenhauer et al., 1998; Wilson & Kneisl, 1996) and,
therefore, requires careful scrutiny. Should clients experience irritation, rest­
lessness, nervousness, and be unable to remain still for more than a few
seconds, these symptoms should be viewed as an effect of the medication.
They can be readily treated with medication (Keltner & Folks, 1997); and, thus,
medical personnel should be notified without delay.

Antidepressant Medication

Feelings of depression or sadness are emotions that most people experi­
ence at some point in their lives. Intensity can range from a mild sense of melancholy to deep feelings of despair. Such experiences by themselves do
not constitute a pathological state. Experiences of sadness are a normal fact of
life. However, the clinical entity of depression is different than the experience of
being sad. Clinical depression is a syndrome defined by a group of
symptoms of which sadness is just one. Other symptoms as delineated by the
Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, American
Psychiatric Association, 2000) include marked disinterest in usual everyday
activities, disturbance in sleeping, significant change in weight, fatigue, poor
concentration, motor agitation or retardation, feelings of worthlessness, and
recurrent thoughts about death.

Common Types of Antidepressant Medication

There are three basic types of antidepressant drugs (Feldman et al., 1997).
The original group, like the antipsychotics, was discovered fortuitously in the
1950s and is generically referred to as monoamine oxidase inhibitors (MAOIs). The name comes from the basis of the pharmacologic action. The second
group, termed tricyclics because of their three-ring chemical structure, arose
from attempts to develop a better antipsychotic medication in the 1960s
(Keltner & Folks, 1997). Subsequent development of these drugs has led to
other derivations that possess two or four chemical rings. As such, these drugs
are now all grouped under the term heterocyclic or nonselective antidepressants
(Bezchlibnyk-Butler, & Jeffries, 1999). The third group, and most recently
developed, includes drugs that specifically block the body’s activity of recap­
turing the serotonin in the process of neurotransmission. They are
referred to as selective serotonin reuptake inhibitors or SSRIs (Stahl, 1996).

How Antidepressant Medication Works

Current biogenic perspectives on the etiology of clinical depression suggest that depressive symptoms result from a deficiency of the monoamine
neurotransmitters, specifically; norepinephrine and serotonin (Feldman et al.,
1997; Stahl, 1996). That deficiency may be linked to an abnormality in the
relevant postsynaptic receptor sites for those neurotransmitters (Keltner
& Folks, 1997). All three groups of antidepressants boost the levels of monoamine
neurotransmitters, although by different actions. They act by either interfering with the re-uptake or recovery of released neurotransmitter from
the synaptic space or by impairing the natural process for deactivating the
neurotransmitter (Eisenhauer et al., 1998; Feldman et al., 1997; Keltner
& Folks, 1997).

How Antidepressant Medication Is Administered

All three groups of antidepressants are readily absorbed in the gastroin­
testinal tract. They are administered orally, generally in divided doses
from one to three times a day. Peak blood levels occur within approximately
3-4 hours (Keltner & Folks, 1997), although relief of depressive symptoms is
typically delayed for 2-4 weeks (Feldman et al., 1997). Students can benefit from
understanding that there may not be a prompt change in a client’s mood
directly following intake of his or her medication.

Common Side-Effects of Antidepressant Medication

Like the antipsychotic group of drugs, antidepressant medications exert
an effect on multiple neurotransmitters, which gives rise to the appearance of
side effects. The most common side effects associated with the heterocyclic
group are sedation; dry mouth; constipation; blurred vision; slowing of
bladder functioning, leading to urinary retention or difficulty starting the
urine stream (Stuart & Laraia, 1998). Elderly clients are most susceptible to
these effects (Eisenhauer et al., 1998). Because the heterocyclic antidepressants have an effect on the neurological control of the heart rhythm, they can
consequently produce an irregular heart rate or a slowing or speeding of the
heart rate. Symptoms of an irregular heart rate may include light-headedness,
weakness, shortness of breath, and fainting (Lemone & Burke, 2000; Monahan
& Neighbors, 1998). These effects can be dangerous in some cases.

The latest generation of antidepressants, the SSRIs have an improved
side-effect profile. They are less likely to produce the types of side effects listed
above; and, for that reason, they have become the front line of treatment. The most common side effects with this group include nausea; headache; insomnia; and sexual disturbances, such as decreased libido, reduced sexual arousal, and inability to achieve orgasm (Eisenhauer et al., 1998; Keltner & Folks, 1997; Leonard 1997).

The monoamine oxidase inhibitor (MAOIs) group has a specific adverse effect that the other two groups don’t share, that is, the risk of elevated blood pressure (Feldman et al., 1997). This effect occurs as a consequence of interaction between the drug and specific foods (Eisenhauer et al., 1998). This group of drugs produces its therapeutic effects by inhibiting the action of a naturally occurring enzyme that breaks down monoamine neurotransmitters. However, the MAOIs also inhibit the breakdown of similar substances that come from dietary sources. Those dietary sources can stimulate a dynamic that participates in the control of blood pressure. Should the body’s natural deactivation process of those substances be impaired, this unrestrained element can contribute to an elevation of blood pressure (Feldman et al., 1997). Elevation in the blood pressure can reach dangerous levels and precipitate the rupturing of delicate blood vessels. The potential for such occurrences necessitates that clients avoid certain foods and certain types of over-the-counter medications. Foods on the restricted list are those that undergo some breakdown of its protein, such as that which occurs with aging, fermentation, or spoiling. Specific foods include beer; wine; aged cheeses; sauerkraut; overripe bananas; soy sauce or soy condiments; sausage, especially if aged, such as salami, pepperoni, and pastrami, broad-bean pods; smoked meats; and pickled or salted fish (Bezchlibnyk-Butler & Jeffries, 1999). As a general rule, clients should avoid any food that is aged, fermented, or starting to “go bad.” Over-the-counter medications that can produce a similar rise in blood pressure include cold remedies; antihistamines; appetite suppressants; stimulants such as “wake-ups,” and sleep aids (Bezchlibnyk-Butler & Jeffries, 1999). As a precaution, clients should routinely consult with a physician or pharmacist before taking any over-the-counter medications.

The Role of Human Service Education Students

Whereas the heterocyclic antidepressants share many of the side effects that occur with the antipsychotic drugs, those activities discussed earlier are appropriate here. Additionally, any changes in the client’s heart rate or rhythm accompanied with complaints of light-headedness and fainting should be reported to the physician immediately. Client complaints of difficulty initiating urination or frequent small voidings should be forwarded to the physician for treatment. If the client is unable to void, then the physician should be contacted without delay.

The newer SSRIs antidepressants are generally well tolerated with fewer and less severe side effects than the other types of antidepressants (Keltner & Folks, 1997; Leonard, 1997). Therefore, students can watch for clients who struggle with minor side effects and communicate that information to medical personnel for medication review.

Because of diet restrictions, a greater challenge is presented to clients who take MAOIs. For some people, such restrictions can make life miserable, and others may not truly appreciate the importance of limiting certain foods. In both cases, students can play an integral role by encouraging adherence to diet and promoting client education. In circumstances where clients are taking MAOIs and present with complaints of a throbbing headache, sore or stiff neck, nausea, vomiting, sweating, and pallor (Stuart & Laraia, 1998), students should immediately call for medical assistance.

Antianxiety Medication

Anxiety is an emotion that, like depression or sadness, is a normal life event. The experience is believed to be part of an evolutionary response to danger (Stahl, 1996), physiologically mediated by stimulation of the sympathetic division of the autonomic nervous system (Wilson & Kneisl, 1996). In the presence of an actual threat, anxiety is an adaptive response as it prepares us to respond to imminent danger. However, chronic or high levels of anxiety may be debilitating and maladaptive (Wilson & Kneisl, 1996). Anxiety can be related to drug use; secondary to some medical conditions; a symptom of an underlying psychiatric disorder, such as depression; or a syndrome (Keltner & Folks, 1997). The Diagnostic and Statistical Manual of Mental Disorders IV-TR (American Psychiatric Association, 2000) categorizes a number of psychiatric conditions in which anxiety is a core feature. Anxiety-related disorders are among the most common psychiatric disorders in the U.S. (Stuart & Laraia, 1998) and are a principal reason for drug therapy (Keltner & Folks, 1997). Medications with the capacity to relieve symptoms of anxiety are generically referred to as antianxiety agents or anxiolytics (Grizzly, 1994).

Common Types of Antianxiety Medications

Up until the 1960s, anxiety was treated primarily with the barbiturates. They are, however, burdened by a significant risk of addiction and withdrawal symptoms and have limited effectiveness as anxiolytics (Leonard, 1997). Their efficacy in relieving anxiety is generally a function of their ability to sedate (Stahl, 1996). The development of chlordiazepoxide in the 1960s (Feldman et al., 1997), the prototype of the benzodiazepine drug group, was viewed as a significant advance in anxiety treatment as it was better able than other medications to specifically target symptoms of anxiety (Stahl, 1996). It was also believed to be a drug that was free of the potential to develop dependence. Yet, experience has proved otherwise; chlordiazepoxide and its many analogues have also shown to be capable of producing dependence and withdrawal symptoms (Keltner & Folks, 1997), although less likely to do so than the barbiturates (Leonard, 1997). Nonetheless, the benzodiazepines have virtually replaced the barbiturates in anxiety treatment and have become the most widely prescribed psychotropic medication (Leonard, 1997). It should be noted, however, that this group of drugs has many applications, other than anxiety, that capitalize upon several characteristics. They are also effective in...
treating insomnia, seizure disorders, alcohol withdrawal, muscle tension (Stuart & Laraia, 1998), and some drug-induced extrapyramidal effects (Bezchlibnyk-Butler & Jeffries, 1999). In recent years, a newer anxiolytic medication, buspirone, has been introduced. This drug is unique in that it is not linked with dependence and has a delayed onset of anxiety reduction (Feldman et al., 1997; Keltner & Folks, 1997; Leonard, 1997).

### How Antianxiety Medications Work

Inasmuch as the barbiturates are now infrequently used to treat anxiety, the subsequent discussion will focus on the benzodiazepines and buspirone. The biologic perspective on the etiology of anxiety proposes that neurotransmitter dysfunction; notably gamma-aminobutyric acid (GABA) and serotonin are implicated in the development of anxiety, both normal and pathological (Stahl, 1996).

GABA is one of the most broadly disseminated neurotransmitters in the brain (Leonard, 1997). It has an inhibitory action on neurons, reducing their excitability and, thereby, exercising a regulatory control on behaviour (Feldman et al., 1997). The reduced activity of GABA may be related to the symptoms of anxiety (Stahl, 1996), although its precise role is unclear (Stuart & Laraia, 1998). The benzodiazepines are effective as anxiolytics by increasing the action of GABA (Leonard, 1997), although they do have some capacity to mask anxiety by producing sedation (Stahl, 1996).

The involvement of serotonin in anxiety has been hypothesized in the knowledge that drugs that boost the action of serotonin also increase anxiety (Stahl, 1996), while those that inhibit serotonin reduce anxiety (Leonard, 1997). The anxiolytic action of buspirone is thought to be a function of its effect on serotonin activity (Bezchlibnyk-Butler & Jeffries, 1999). Quite distinct from the other medications traditionally used for anxiety, buspirone is highly specific in its action and thus viewed as the model anxiolytic (Grilly, 1994). While it targets the experience of anxiety, it does not relieve muscle tension or reduce seizure activity and rarely causes sedation (Grilly, 1994; Leonard, 1997). Further, it has no established potential for abuse or history of causing withdrawal symptoms (Feldman et al., 1997).

### How Antianxiety Medication is Administered

Both the benzodiazepines and buspirone are readily absorbed in the gastrointestinal tract and, consequently, can be administered orally. Several of the benzodiazepines are available as injectable preparations. Peak blood levels of the drugs in the benzodiazepine group occur in the range of one-half to several hours (Bezchlibnyk-Butler & Jeffries, 1999). The duration of action of this group is variable, depending on the specific benzodiazepine drug and client needs, and dosing can range from once a day to several times a day (Keltner & Folks, 1997; Stuart & Laraia, 1998). Buspirone is only available as an oral preparation and can be taken in divided doses. One notable difference between buspirone and the benzodiazepines is the onset of the anxiolytic effect. While improvement in symptoms may start in the first week, the full anxiolytic effect of buspirone takes several weeks to occur (Feldman et al., 1997; Keltner & Folks, 1997). As with the antidepressant medications, students would benefit from understanding this characteristic and anticipate the delay in symptom improvement.

### Common Side Effects of the Antianxiety Medications

The benzodiazepine drug group has a number of undesired effects that are related to its ability to suppress the activity of the brain (Bezchlibnyk-Butler & Jeffries, 1999). In particular, they produce drowsiness, diminished mental sharpness, and incoordination (Keltner & Folks, 1997; Stuart & Laraia, 1998). Elderly people are the most sensitive to these effects (Bezchlibnyk-Butler & Jeffries, 1999). The most notable undesired effect of the benzodiazepines is the potential to produce tolerance and dependence with long-term use (Leonard, 1997).

While buspirone is not encumbered with the range of side effects of the benzodiazepines, it does produce a few. The most commonly reported effects include headache; dizziness; and gastrointestinal effects, such as nausea (Bezchlibnyk-Butler & Jeffries, 1999; Feldman et al., 1997; Keltner & Folks, 1997).

### The Role of Human Service Education Students

Several distinct features of the benzodiazepines warrant attention by workers in human service. First, the characteristic ability to suppress the activity of the central nervous system necessitates that clients be advised to avoid participation in activities that require mental alertness, for example, driving a vehicle. This is especially important in the early stages of therapy until tolerance develops (Keltner & Folks, 1997). The elderly client, in particular, should be monitored carefully to prevent accidental injury secondary to the sedation and incoordination. Second, whereas the benzodiazepines produce dependence and withdrawal effects, clients should be so informed and advised to not abruptly discontinue taking the medication (Eisenhauer et al., 1998).

Buspirone is an extraordinarily safe drug with few side effects that are rarely serious (Feldman et al., 1997; Keltner & Folks, 1997). Appropriately, the student can participate in monitoring and reporting side effects as well as reinforcing the necessity for the client to wait for the delayed therapeutic effect.

### The Importance of Understanding Drug Interactions

It is important to know that drugs that act on body tissues do not create new activities in the body; they only alter existing activities (Malseed et al., 1995). In the broadest sense, these drugs either increase or stimulate a natural body activity, or they decrease or suppress a natural body activity.

When clients take these types of drugs, the net effect on them is fairly predictable because of current knowledge regarding the drug, how the body acts upon it and the dosage. However, the clinical picture becomes compli-
cated when clients consume other chemicals (whether or not they are pre-
scribed) that either counteract or add to the effects of the prescribed medica-
tion. The addition of a second drug may impede the desired effects of the first
drug and, thus, compromise therapeutic efforts. Potentially more serious,
the addition of a second drug may increase the effects of the first drug to
dangerous levels (Malseed et al., 1995).

The risks for drug interaction are taken seriously within the health care
discipline. Numerous information sources provide data concerning recog-
nized drug interactions. Specific protocols at the physician, pharmacist, and
nursing levels are directed to prevent risks. However, clients with access to
additional drugs present a special challenge to health care professionals.
Many pharmacologically active substances are available over the counter as
well as on the street. Further, clients may be unaware of the dangers associated
with drug interactions. Most people consider prescribed medications to be
legitimate drugs. On the other hand, they may not view substances that are
purchased over the counter or from health food stores as drugs and fail to
realize the potential to interact with prescribed medication. For this reason,
the potential to interact with prescribed medication. For this reason,
client education is important. As a general precaution, clients should be
instructed to avoid consuming any chemicals without consulting a physician
or pharmacist.

An important characteristic of antipsychotic and benzodiazepine drugs is
their ability to suppress the central nervous system. In other words, they
suppress the activity of the brain that regulates levels of consciousness and
respiration. While the drug’s dosage is carefully determined in accordance
with the client’s context, the unexpected addition of other chemicals that also
suppress the brain can be dangerous. Clients should be advised to avoid con-
suming other chemicals that suppress the brain, such as alcohol, cough
and cold preparations, antihistamines, sleeping aids, and street drugs that
may contain narcotics (Keltner & Folks, 1997). Combining such drugs has the
target to impair, or even stop, breathing, produce coma, and death. The
antidepressant drugs, with some variation between the types, share the
capacity to suppress the central nervous system. Consequently, clients taking
those drugs should receive comparable information. One notable risk with
the SSRI antidepressants is the potential for development of a dangerous
phenomenon caused by excessive levels of serotonin. This is known as
serotonin syndrome and can occur when more than one type of antidepressant
is used together (Eisenhauer et al., 1998). Signs and symptoms include fever,
chills, sweating, confusion, muscle twitching, agitation, and unsteady gait (Bezchlibnyk-Butler & Jeffries, 1999; Eisenhauer et al., 1998). For this reason,
when monitoring clients change medication, they do so cautiously and while
closely monitoring client reactions. However, there is one chemical that is
available over the counter that can cause serotonin syndrome when combined
with SSRI antidepressants (Keltner & Folks, 1997). That chemical is
dextromethorphan and is found in cough suppressant products. Clients
should be instructed to check the labels of cough preparations and avoid those

that contain this ingredient. Serotonin syndrome can be rapidly fatal (Keltner
& Folks, 1997); therefore, if the student observes manifestations of serotonin
syndrome and suspects a drug interaction, the physician should be contacted
immediately or the client taken to the nearest emergency department. Dang-
erous drug interactions specific to the MAOI antidepressants were ad-
dressed earlier along with the dietary restrictions.

Conclusion

While completing internships, human service education students quickly
discover the variety and complexity of functions they are expected to perform.
These students generally return to the classroom, share their clinical experi-
ences, and report a greater appreciation regarding the numerous facets of
service delivery. Psychopharmacotherapy is a facet of various clinical areas.
For many students, dispensing, recording, and monitoring medication can be
new and intimidating. Despite being supervised, students may worry about
lack of knowledge about drug action or the ability to recognize behavioral or
mood changes in clients. Because of these concerns, some students may
intentionally avoid internships that involve the dispensing of medication.

This article discussed three common drug groups frequently used in
mental health contexts to augment student learning and to reduce unneces-
ary anxiety. The function of administering, recording, and monitoring
medication effects is a serious responsibility. It is important that students gain
a fundamental understanding of how psychiatric medication works and
become familiar with their effects. Through education, students can be better
informed and become more comfortable and confident working with com-
mon psychiatric medications. Moreover, by being more knowledgeable,
human service education students can be more active members of the treat-
ment team and contribute to good client care.

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within a few months at low cost and if it was assured that quality program-evaluation methodology was used. Such a task seemed doable, though initially daunting.

This case study describes a process for planning and conducting a comprehensive and meaningful program evaluation of a bachelor's degree program in human services at Traditional University (TU; the names of the university and individuals in the case have been changed to provide anonymity). The purpose of the case study is to describe and examine an example of an actual program-evaluation process as a way to illustrate important components and considerations for human service programs at other colleges and universities that are interested in planning and conducting their own program evaluations. In addition, the case exemplifies a link between theory and practice in the field. Curriculum in human service bachelor's degree programs often include courses about the importance of planning and implementing program evaluations to improve program effectiveness. Such curriculum usually includes models and strategies to conduct evaluations in the field, so knowledge of how to conduct program-evaluation research is often readily available. Yet, these same academic programs seldom model evaluation practices by conducting comprehensive program evaluations of their own degree programs. Several barriers may be cited as possible reasons for not conducting comprehensive program evaluations: insufficient funds, a lack of perceived need, skepticism that the end result will lead to meaningful changes supported by the administration, an overall lack of motivation to put program evaluation as a high priority among the competing demands on faculty time and energy, or the lack of an actual example of an effectively conducted university program evaluation. This case translates what we teach our students about program evaluation into a real and doable example so other human service programs can gain insight into the evaluation process in action. In addition, this case study identifies benefits of conducting program evaluations of academic-degree programs.

The case study takes the reader through several stages. First, the context of the program evaluation is explained so it is clear why this particular evaluation was needed; but it should be emphasized that a proactive reason for conducting program evaluations is encouraged rather than the reactive stance that this case study reflects. Second, the process for selecting a program-evaluation model is described. Third, the step-by-step evaluation process used at TU is described, along with a critique of each step in the process so others can improve upon our practices. Fourth, conclusions and recommendations for conducting a program evaluation are discussed, along with a brief statement of the outcome of the TU program evaluation.

**Context of the Evaluation**

An external mandate, rather than an altruistic inspiration to practice principles of program evaluation taught in our human service courses, triggered the planning of this program evaluation. The state Higher Education Coordinating Board (HECB) instructed the university as follows: "Within 6 months, the university will complete an in-depth review of its BA in human services and share the outcomes of that review with HECB staff. The review will be conducted by a team of faculty from the College of Arts and Sciences as well as external experts in the field. It will focus on the quality of the program and its vitality, adequate resources, the student-evaluation system, and student-learning outcomes" (M. Gaspard, personal communication, September 11, 1998). In addition, 3 months prior to this directive from the HECB, a university task force on human services, comprised of university faculty from across the campus, stated in their evaluation report, "While much has been done to strengthen the curriculum, there has not been a systematic evaluation intended to verify that the curricular changes have been effective" (A. Lewis, personal correspondence, June 1998).

Such directives were initiated because there were questions within the university about the quality of the 25-year-old human service degree program. The program has several features that differentiate it from more traditional programs offered by the university, which, at times, leads the program to be viewed with a degree of suspicion: (a) the program is competency based, (b) grading is pass/fail rather than letter grades, (c) courses are offered at four geographic sites in the state, (d) the majority of students are working adults, (e) the program is upper division only, (f) students are required to complete six quarters of internship, (g) all courses are delivered in both classroom mode and by web-based distance education, (h) all faculty are nontenure/nontenure track, and (i) the program is entirely financially self-supporting (no state funds) within a state-funded institution. None of these features exist in any other TU program, let alone all the features combined, with the exception of one other program that has pass/fail grading. Such nontraditional features in a single degree program are not well understood in a traditional university whose mission is focused on a liberal arts educational environment for the traditional-age student at a residential campus. Thus, it is likely that this program evaluation was partially triggered by the discordance of a nontraditional program so different from more traditional university programs.

For further context, a leadership change was another variable in the evaluation. Immediately prior to the initiation of the program evaluation in September 1998, the department chair resigned, and I was brought in from outside the department to assume leadership as interim chair. I was not embedded in the department history and politics, so I was able to design and facilitate the program evaluation with reasonable objectivity. Thus, when conducting a program evaluation, it is important to remember that the evaluation is not context free: It is conducted within the political and historical context of the university, some of which may not be clearly understood. It behooves one to learn as much as possible about the political context of a program when launching a program evaluation. Given the political aspect of
university work and the sensitive nature of program evaluations, it is critical that these evaluations be facilitated by an objective person in order to give the process and outcomes credibility.

**Selecting a Program-Evaluation Model**

A working definition of the concept of evaluation is as follows:

The practice of evaluation involves the systematic collection of information about the activities, characteristics, and outcomes of programs, personnel, and products for use by specific people to reduce uncertainties, improve effectiveness, and make decisions with regard to what those programs, personnel, or products are doing and affecting. (Patton, 1982, p. 35)

Given this definition, plus the context in which the program evaluation was being conducted, I identified several program-evaluation goals we wanted to achieve that, in turn, influenced the choice of a particular model for the TU program evaluation. Both process and outcome program-evaluation goals were identified. The primary outcome goal of the program evaluation was to assess the quality (to be defined later) of the human service program, including both strengths and areas for improvement, in compliance with the HECB mandate. A second goal for the evaluation process was to exemplify rigor in the design and implementation of each evaluation component so that the results of the evaluation would be viewed as credible. A third evaluation goal was to design an evaluation process that would produce practical findings meaningful to program faculty so they could both applaud and build on what was working well and identify specific areas to modify. Thus, there were several evaluation goals that addressed both external and internal audiences, thereby requiring the selection of a comprehensive program-evaluation model.

The selection of a specific evaluation model needs to be done with care so the program-evaluation goals are likely to be achieved. Evaluation remains as much an art as a science, despite the proliferation of quantitative and qualitative evaluation methods, leading one initially to feel that there is no clear roadmap to guide a program-evaluation process. In determining a program-evaluation design, evaluators must balance formal research methodology with feasibility and cost to decide the probable value of different ways of measuring program performance. Stufflebeam distinguishes evaluation from program evaluation. Both process and outcomes credibility.

**Component 1: Identify Decision Makers**

The first component of the utilization-focused approach was to identify and involve stakeholders, those who have a stake in the evaluation outcome. Patton’s (1982) assumption was that these stakeholders should be actively involved in focusing the evaluation on meaningful issues, thereby increasing the likelihood of evaluation results. Initially, there appeared to be three stakeholders or decision makers: the state HECB, the human service faculty, and the university administration. Upon further deliberation, it became apparent that there were additional stakeholders with an interest in the evaluation, all of whom needed to be involved from the beginning of the evaluation process, including employers of human service graduates; university faculty in other social science disciplines, who perceived human services as possibly overlapping with their fields; the provost, who would ultimately make decisions in response to the evaluation report and forward the report to the HECB; human service students, who would be impacted by the findings; and the dean of the College of Education, who was responsible for the quality of programs in the college. In order to ensure all stakeholder perspectives were included, I formed an evaluation team comprised of two university social science faculty outside the College of Education, two practitioners from
from TV, I facilitated the evaluation process as interim chair appointed to use the results, such as employers who might have increased confidence in the program and its graduates. The director of the Office of Institutional Assessment and Testing, who is a prominent researcher and was essentially a representative of the provost.

The evaluation team initially met December 1998, and it was agreed that its role would be as follows:

- Review and modify the draft evaluation plan developed by the interim chair.
- Review and finalize the set of evaluation questions.
- Review and modify a specific plan for methodology to answer the evaluation questions.
- Review the actual questionnaires, interview guides, focus group questions, and any other instruments used in the evaluation.
- Review and interpret the data that was collected and make final recommendations.
- Review and critique the final report.
- Respond to questions that others might pose regarding the program-evaluation process and outcomes.

The team was not responsible for gathering data but for guiding the evaluation process and interpreting the data that was to be gathered. The team met formally three times, plus individuals were consulted at various points in the evaluation process.

Component 1: Critique and Response

In hindsight, the evaluation team membership and process were strong but also had gaps. The evaluation team did represent key stakeholders, but it was not comprised of key constituents who could directly utilize the results, such as program faculty and current students, a basic premise of the utilization-focused evaluation model. Also, some individuals could only indirectly use the results, such as employers who might have increased confidence in the program and its graduates. The director of the Office of Institutional Assessment and Testing was a particularly valuable addition to the team, both for his research expertise and as a liaison to the provost, a key stakeholder.

Individuals provided some useful ideas throughout the evaluation process; but mostly team members provided the appearance of objectivity, thereby lending important credibility to the findings in the final report. Still, there was value in using the evaluation team because each step in the evaluation process had a "reality check" when discussed by the team, which did improve several methodological approaches. The evaluation team generated the final recommendations based on the findings, and the value of this objective team versus just an individual evaluator or a group of department faculty conducting the evaluation was essential to ensure the university's valuing the final evaluation results.

Upon reflection, I also recommend that the person facilitating the evaluation process be as fully objective as possible so power is shared with the evaluation team, thereby maximizing the members' full and honest input. At TU, I facilitated the evaluation process as interim chair appointed from outside the department, so I understood and valued the program but was also perceived as objective. It is important that the evaluation process focus on gaining and interpreting objective evaluation data for decision making and not on defending a program.

Component 2: Identify and Focus the Evaluation Questions

The empirical nature of the evaluation process was paramount in the program-evaluation design. "The empirical basis of evaluation involves making assumptions and values explicit, testing the validity of assumptions, and carefully examining a program to find out what is actually occurring. The integrity of an evaluation depends on its empirical orientation" (Patton, 1982, p. 78). Evaluation questions were identified, not to prove the worth of the program but to determine empirically the effectiveness or ineffectiveness of various program activities and outcomes. The evaluation team needed to determine what empirical information was required to make judgments about program effectiveness.

The HECB's initial program evaluation mandate included five factors that served as the framework for identifying evaluation questions:

1. quality of the program and its vitality,
2. adequacy of resources,
3. student evaluation system,
4. student learning outcomes, and
5. distance education.

In addition to these five factors, program evaluation questions were developed that would address the (a) impact of the program on students, (b) attitudes of current students and graduates about the human services program, and (c) assessment of the program against national and university standards. These factors ostensibly became our criteria for program quality.

I generated an initial set of evaluation questions that were then refined by the evaluation team, resulting in a total of 30 program-evaluation questions. Examples of the evaluation questions are as follows:

1. Does the curriculum reflect standards of the profession established by the Council for Standards in Human Service Education?
2. How does the TU human service curriculum compare to courses in bachelor's degree programs across the country?
3. Is there consistency in course content across the six core human service courses taught by different faculty in different geographic sites?
4. Are graduates of the human service program evaluated by employers as adequately prepared for career entry or demonstrating performance improvement in the current position?
5. To what degree does the satisfactory/unsatisfactory (S/U) grading and portfolio system provide adequate information on student performance?
6. Do students have adequate access to faculty for advising, conferencing, and so forth?
7. How does the quality of student experiences and learning in cyber courses compare to face-to-face courses?
8. To what extent are students satisfied with the educational experience, including support services?
9. To what extent are human service graduates obtaining jobs in their field upon graduation?
10. Are there adequate resources to support student success from entry to exit?

Several concerns guided the working and reworking of the set of evaluation questions: Can we actually gather data to answer the question? Is information about this question important to stakeholders, particularly university decision makers? Are there various possible answers to the question rather than just one answer based on the wording of the question?

**Component 2: Critique and Response**

We found that identifying and refining meaningful evaluation questions is an understandable and doable task by amateurs in program evaluation, including the evaluation team. We identified clear, useful, and answerable evaluation questions that focused the entire evaluation process so we did not meander during the data-gathering and analysis processes. One challenge was clarifying what we really wanted to evaluate-program processes and activities or program outcomes. It is important to address concerns of decision makers through specific evaluation questions; but, because we were not privy to clear information about university concerns regarding the human service program, we had to conjecture these concerns as a basis for identifying questions. Another challenge was to move beyond our assumptions and selective perceptions in order to remain focused on the empirical nature of the evaluation questions. It is all too easy to ask an evaluation question for which there is only one answer that will put the program in a positive light. One additional insight was the importance of deriving the set of evaluation questions from what the evaluation team or academic program defines as program quality.

**Component 3: Gather Data to Address the Set of Questions**

The set of program-evaluation questions dictated that primarily qualitative methods of data gathering be used because they would provide the most meaningful data in response to the specified set of questions. A few of the questions could be answered using existing university data that required quantitative analysis. Qualitative evaluation “searches for ‘qualities’ in inputs, processes, and outcomes, capturing the wide, diverse, mundane, and rich details of everyday life” (Lofland & Lofland, 1984, as cited in Wholey, Hatry, & Newcomer, 1994, p. 69). Many concepts and assumptions surround the term of qualitative research, but Denzin and Lincoln (1994) succinctly define it as a

...multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers

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**Table 1**

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Methodology</th>
<th>Implementation details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the curriculum reflect standards of the profession established by the Council for Standards in Human Services Education?</td>
<td>Content analysis: Compare current CSHSE curriculum standards</td>
<td>• Get curriculum standards from CSHSE</td>
</tr>
<tr>
<td></td>
<td>Content analysis: Compare current TU human services courses to the CSHSE curriculum standards</td>
<td>• Develop coding form</td>
</tr>
<tr>
<td>Are graduates of the human services program evaluated by employers as adequately prepared for career entry or demonstrating performance improvement in the current position?</td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Obtain TU syllabi from core and required courses</td>
</tr>
<tr>
<td></td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Graduate assistant code, using the form</td>
</tr>
<tr>
<td></td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Researcher review coding</td>
</tr>
<tr>
<td></td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Compile spreadsheet of current employers of program graduates based on information from Career Center annual follow-up of graduates</td>
</tr>
<tr>
<td></td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Modify survey used in a university study of TU university graduates</td>
</tr>
<tr>
<td></td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Evaluation Team review survey instrument and modify</td>
</tr>
<tr>
<td></td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Contract with local research business to conduct telephone interviews and transcribe information</td>
</tr>
<tr>
<td></td>
<td>Telephone survey: Survey employers/supervisors of graduates stratified by geographic site - 20 employers per 4 sites</td>
<td>• Researcher analyze transcripts for themes</td>
</tr>
</tbody>
</table>
The methodology plan included six different methodologies to gather data regarding the set of 30 program-evaluation questions.

- Interviews of employers of human service program graduates through a telephone survey
- Interviews of human service graduates from the past 3 years
- Focus groups with current students and graduates of the program
- Written survey of current students in the program
- Content analysis of existing human service documents and curriculum
- Analysis of existing university reports containing data about the program

This array of methodologies may initially seem overwhelming, and one may wonder how such evaluation research could be conducted with maximum expertise and objectivity while remaining within a reasonable time frame and budget. Part of the answer lies with the division of tasks among four people with different skills in data gathering and also with the articulation of clear tasks and time lines that made the evaluation process seem more doable, part by part. As interim chair of human services, I designed the evaluation plan, including the specific methodology plan, and facilitated the program-evaluation process. Although I considered myself in a relatively neutral role because I was brought in from another department and was expected to leave the position within a year, there was not an adequate appearance of objectivity nor available time to carry out the details of the evaluation work. Therefore, a faculty researcher was hired from the sociology department and funded by the provost's office to design surveys and interview guides and to gather data in accordance with the methodology plan. The sociology researcher had the expertise to implement the methodology efficiently. She was assisted by a part-time graduate assistant and by the program manager of the human service department, both of whom had no research background but who could assist with specific important tasks. The tremendous amount of data that was going to be gathered needed to be sequenced within a time frame, so every step of data gathering was clearly organized. For example, the researcher and I drafted a time line, specifying and color coding tasks for each day from December, when the evaluation team initially met, through March, when the final evaluation report was due to the provost.

**Component 3: Critique and Response**

Upon reflection, the well-conceived methodology plan provided a useful picture of the specific data-gathering tasks to be implemented. The methodology plan also provided credibility that research strategies were being used that were appropriate for the set of evaluation questions. The methodology plan outlined in chart form allowed everyone involved, including the Evaluation Team, to easily understand the specific components and tasks involved in gathering the data. Without a doubt, a key ingredient in the effectiveness of the program evaluation was the involvement of the independent sociology researcher with expertise in all aspects of research who could carry out most of the data gathering and analysis. Her connection to a small business with trained interviewers allowed us to effectively gather important data from telephone interviews of graduates and employers that we would not likely have done otherwise. The interviewers key into a computer the respondents' answers during the actual interviews, and the software organized that data for ease of analysis resources we would not customarily have available. A critical realization was the amount of relevant data that already exists within a university that usually has been gathered by the research and assessment office, and it only needs analysis in accordance with the program-evaluation questions. One need not gather new data for all the program-evaluation questions.

The focus groups designated in the methodology plan presented unanticipated challenges. Four focus groups, with 71 randomly selected individuals, were planned, but only 28 actually participated. Despite the care that was taken to arrange the focus groups at convenient times and places, to provide refreshments and childcare, and to make reminder phone calls, the common warning about the small attendance of focus groups came true. Attendance might have been better if a reward was given, such as a voucher for the bookstore or cash. This small attendance triggered the addition of a survey of current students and graduates. The results of the focus groups aided in the construction of the survey questions because unclear or contradictory information could be further probed by the survey. Response rates were good: 115 of the current 306 students and 94 of the 130 randomly selected graduates of the prior 3 years completed the written (current students) and telephone (graduates) surveys. A practical limitation of the focus-group methodology was the high cost and extensive time spent transcribing focus-group interview tapes, though this was a necessity in order to code and analyze participant responses.

Although multiple methods of data gathering were used, the direct costs for the program evaluation were reasonable. The sociology researcher, along with the business with which she is associated that does telephone survey work, transcription of focus-group interviews, child care and refreshments at the focus groups, and postage for surveys cost approximately $5,500. Because the provost required the program evaluation, his office funded it. In other university situations, department funds could be combined with other university resources, such as the university foundation, assessment and research offices, or special university research or curriculum grants. In addition, utilizing appropriate existing university data that research offices often gather can save costs while also increasing its perceived validity because of the independent source of the data.

**Component 4: Analyze Data and Other Findings**

An overwhelming amount of data was gathered from the surveys, interviews, focus groups, content analysis, and analysis of existing reports. The independent sociology researcher did all the analyses, with the exception of the content analysis, which was done by the graduate assistant and interim chair of the department.
An important rule in evaluation research is to analyze existing current data whenever possible so as to avoid gathering unnecessary data. Also, comparative data is extremely useful, so existing university data was analyzed regarding human service students as compared to other TÜ students. As an example, there was a rich source of data in a report generated by the university’s Office of Institutional Assessment and Testing profiling graduates of the human service program compared to graduates of the university as a whole. In addition, surveys from the same office contained self-reports of graduates’ employment, postbaccalaureate education, and satisfaction with their jobs and education they received at TÜ. Also, the career services office conducts annual surveys of graduates, and its reports were used to compare employment outcomes of human service graduates with TÜ graduates in general.

Analysis of qualitative data usually can be streamlined with the use of technology. The telephone interviews were coded into a computer during the interview and then responses were organized by the researcher for analysis. The focus groups used the technology of a tape recorder, but unfortunately a tremendous amount of time was spent transcribing the tapes for the researcher to analyze because a professional transcriptionist was unavailable. The array of data was summarized, and in some cases analyzed, and reported in a set of separate draft reports for interpretation by the evaluation team. For example, a report was presented on the results of the employer survey, one on evaluations by current students and recent graduates, and one on the focus groups. The evaluation team read the separate reports prior to a culminating meeting, then worked for half a day to interpret the findings. The team made eight commendations and six recommendations in the final report that was written by the researcher and the chair and was reviewed and modified by the team prior to transmittal to the provost.

The final document consisted of a 31-page report accompanied by more than 100 pages of appendices, plus a one-and-a-half page executive summary, which became the most communicated portion of the report. The appendices provided critical information to those who wanted to understand details of the research process and to view some of the actual data. Examples of what was incorporated in the appendices include the point-by-point comparison of the human service curriculum to the national standards, summary of the responses to the employer interviews, focus group notes, detailed reporting of responses to the student survey, the actual evaluation plan and methodology, and relevant portions from existing university reports.

**Component 4: Critique and Response**

Most universities already gather data on current students or graduates, and using this existing information for comparative purposes increases the meaning and the credibility of overall evaluation findings. In this TÜ case, the existing university research reports were an important component in the triangulation of data—they overwhelmingly confirmed what was being found in the new surveys and interviews.

There was ease of access to the existing university reports, which saved both time and expense. Yet, with some of these university reports, the researcher had to work with the original database to extract and analyze information in context of the evaluation questions. Thus, the data in existing university reports is only useful if it addresses the identified evaluation questions. The final interpretation process by the evaluation team worked well because, rather than having only raw data, team members were able to read, analyze, and interpret separate minireports provided by the researcher, who summarized with some limited analysis (but did not interpret) data from each of the methodologies. The objective approach that the evaluation team took with the data was instrumental in surfacing important versus incidental themes in the findings and producing meaningful recommendations and commendations. As Patton (1982) discussed, the evaluation-team members entered into the culture of science, a world different from the ordinary reality of some of the members. The challenge was to bridge their different levels of knowledge and comfort with the research methodologies and resulting data so they could collaboratively interpret and report findings.

**Conclusions and Recommendations**

The utilization-focused evaluation design was selected because it is a useful design when decisions must be made about program continuation, modification, or termination. The actual human service evaluation plan included elements of both process evaluation, which uses empirical data to assess the delivery of programs, and impact evaluation which focuses on inferring what outcomes (intended or unintended) resulted from a program (Wholey et al, 1994). Individuals contemplating planning and conducting a program evaluation are advised to clarify the purposes of the evaluation as a basis for selecting a program-evaluation design or model.

Every program evaluation has limitations. In this case, the limitations have less to do with the quality of the research design and analysis as with practical matters. The cost of the program evaluation was reasonable at approximately $5,500 of direct expenses, yet many human service programs do not have this resource. Because the university mandated the evaluation, the provost’s office agreed to pay the costs. Another practical limitation was the stress involved in planning and implementing six different research methodologies in order to address the 30 evaluation questions within a 3-month time period. Despite this immense investment of time and energy in implementing numerous evaluation methodologies, the triangulation of data drawn from different data sources strengthened the evaluation findings. Based on a single case of a comprehensive program evaluation, several recommendations are made to those considering conducting their own program evaluation.

Structure all components of the program-evaluation process in ways that are seen as credible by multiple constituencies. If the evaluation process is credible, the outcomes and recommendations from the program evaluation
will more likely be addressed by faculty and the administration. Use an evaluation team representing significant stakeholders because they reflect important interests of decision makers and they have diverse perspectives that can enrich the evaluation process. Given the involvement of key stakeholders, the constituencies they represent will likely “buy in” to the program-evaluation results.

Significant credibility can be achieved by the use of an objective facilitator of the program-evaluation process. A facilitator perceived as biased could contribute to results that are less likely to be perceived as credible and, therefore, less likely to be implemented. Come to agreement on the meaning of key terms, such as program quality. Articulate what the stakeholders mean by program quality so the program-evaluation process can align with this. For example, in this case study, program quality was identified as achievement of student-learning outcomes, the impact of the program on students, assessment of the program against national and university standards, attitudes of current students and graduates of the program, and adequacy of resources.

Understand the political and historical context of the program and the university, which provides a context for the program evaluation. Not knowing the contextual issues surrounding the program evaluation can lead to missed cues as well as the design of a program evaluation that does not meet the needs of stakeholders. Also, clarify who perceives the need for a program evaluation and why.

Differentiate between evaluation research, which is used for decision making, and empirical research, which aims to add to the body of knowledge of a discipline. While there is rigor in both forms of research, there is more flexibility in program evaluation, so there is less focus on validity and reliability and use of statistical analysis as a basis for generalizing findings to others. Articulate a program-evaluation plan in detail so (a) the evaluation team and other stakeholders see a clear and public evaluation process and (b) the detailed steps of the data gathering and analysis can be implemented efficiently.

A major barrier to doing a program evaluation is often the amount of time and energy it entails, so tapping expertise and dividing tasks among several people can alleviate this obstacle. Consider involving an independent researcher who may have more expertise, time, or both to conduct the actual data gathering, such as administering surveys and summarizing results or conducting telephone surveys. Alternatively, graduate students can be a valuable resource for gathering evaluation data. Identify relevant existing university data prior to gathering new data, if it addresses the identified program-evaluation questions.

For those curious about the outcome of the human service program evaluation, the report’s concluding paragraph stated, “The overall recommendation is that the human service faculty and staff continue to provide the high-quality academic program while improving consistency in administrative practice” (Human Services Program Evaluation, 1999). The evaluation process and report has had overwhelming benefits in the form of renewed faculty enthusiasm and pride, a greatly enhanced reputation of the program within the College of Education and the university, and important improvements in program practices. Unquestionably, conducting the program evaluation was pivotal in revitalizing the human service program at Traditional University. I hope this case study provides a model that inspires and enables other human service programs across the country to initiate program evaluations in order to inform decisions and as a means to improve education to our human service students.

References


Susan Mancuso was the interim chair of the Department of Human Services and is the current chair of Adult and Higher Education at Western Washington University in Bellingham, Washington.
Designing, Implementing, & Evaluating a Service-Learning Component in Human Service Education

Jill C. Jurgens & Alan M. Schwitzer

Abstract

Human service educators face increasing pressure to design programs that respond more directly to students’ needs. This article reports on service learning as one strategy for more actively engaging students in the learning process and for applying theory to practice. Methods for designing, implementing, and evaluating a service-learning experience are described.

Introduction

This article describes outcomes of an innovative strategy for preparing human service workers for success in new professional roles and initial work experiences by integrating service learning into the curriculum. Service-learning experiences integrate community service with academic coursework and, combined with student self-reflection and critical analysis, enhance classroom learning (Chapin, 1998; Schine, 1997). Service learning aims to instill social responsibility among students by connecting theory to practice in order to meet challenging social problems, particularly those found in urban settings (Chapin, 1998; Bringle & Hatcher, 1996). It engages students in community service that is meaningful to students’ learning and to the community.

Some service-learning experiences have general skill, aptitude, or professional-development goals. For example, engaging in service learning has been found to positively influence, in general, college students’ career awareness, personal development (Eyler & Giles, 1993), and self-efficacy regarding their ability to help solve the problems of society (Tullier, 1993).
Other programs may have more specific goals. For example, taking a social-action perspective, service learning has been associated with social reconstruction, social change, and social-political transformation (Kahne & Westheimer, 1996; Wade & Saxe, 1996).

The purpose of this study was to add to the research base concerning the design, implementation, and evaluation of service-learning components in human service programs. Specifically, we describe the design and implementation of a service-learning component in selected sections of the Career Development and Appraisal courses in the Human Services Counseling major at one institution. Outcomes are presented for three sets of program goals. First, a set of process goals relates to successfully implementing the program design, including providing instructor support, peer classroom support, student satisfaction, and goal directedness. Second, intermediate-outcome goals include setting up an effective field project and setting up effective field supervision. Third, there are ultimate outcome goals, including new learning in content-discipline-profession, new skill attainment; new learning about self; and specific career-development goal attainment.

Design and Implementation

Course Sequencing

Career Development and Appraisal is a 300-level course in the undergraduate Human Services Counseling program at a 4-year institution. Students enter the major in their third year of college. The course is sequenced so that the service-learning experience (a) follows an earlier Introduction to Human Services course requirement that students conduct a field interview with a working professional and (b) precedes the major’s capstone full-semester undergraduate internship.

Initial Setup

Prior to the beginning of the semester, numerous social services agencies, school systems, and university departments were recruited to assist with the service-learning project. Specifically, organizations were asked to permit students to complete career-development related service work under the guidance of an on-site supervisor. Prospective on-site supervisors were apprised of the program, details of the project were provided, and a list of participating agencies and organizations was distributed to students during the first week of class.

Classroom Procedures

During the first day of class, students were provided with detailed guidelines concerning the service-learning component of the course. Students were required to (a) complete a brief, 20-hour field experience, (b) partner with a professional in a real-life community agency, (c) provide a professional contribution to the host agency by completing service work to assist with agency needs, (d) complete a written and dialogue evaluation process with the on-site supervisor, (e) prepare reflections that apply career development concepts to their experiences, and (f) share their experiences with their peers through formal, in-class presentations.

Students were matched with placements based on career-related interests. For example, students interested in school guidance were placed in a public school system, and students interested in social work were placed in a social service agency. However, settings were not limited to school systems and social service agencies. Placements were approved and assigned by the course instructor and students were placed in contact with on-site supervisors. The instructor and supervisors consulted midsememester on student progress.

Student Grading Procedures

The service-learning project accounted for 30% of a student’s total grade for the semester and was evaluated in several ways. First, the on-site supervisor’s evaluation accounted for 50% of the total service-learning. The remaining 50% of the student’s service-learning grade was based on an in-class presentation in which students shared their service experiences with their classmates and through several reflective journal summaries, which were submitted throughout the semester.

Individual Student Illustrations

Over the past 2 years, approximately 25 sites have served as service-learning placements for the Career Development and Appraisal students. The following selected examples represent a range of experiences available to the students:
- Boys and Girls Clubs
- Big Brothers/Big Sisters
- Social service agencies (welfare to work program)
- Public schools (guidance departments)
- Career management centers
- Advising centers
- Preparatory schools

Evaluation

This study identified and assessed (a) implementation and (b) outcomes of a service-learning experience in human service education in order to better understand and describe the role of service learning on student learning and development. The study was based on a utilization-focused evaluation model (Patton, 1986; Schwitzer, 1997). Following the model, programs are designed and evaluated according to an explicit theory of action by which a multilevel chain of outcome goals is expected to be achieved. More specifically, immediate outcome goals relate to the process of successfully implementing the project and factors immediately associated with program participation; in contrast, subsequent (or ultimate) outcome goals refer to the increased learning, personal-development gains, or other longer term changes expected as a result of
program participation. According to the theory (Patton, 1986), accomplishing more immediate implementation goals related to process sets the foundation for accomplishing subsequent goals that are related to learning and development outcomes.

Research Questions

Based on previous college student research examining implementation and outcomes of similar learning experiences, including career-development programs (Robbins & Tucker, 1986), academic-skills courses (Scott & Robbins, 1985), first-year seminar courses (Schwitzer, McGovern, & Robbins, 1991; Schwitzer, Robbins, & McGovern, 1993), and adult learners in distance education formats (Schwitzer & Lovell, 1999), it was expected that

1. the student's own self-directedness, that is, the student's own ability to direct efforts toward the accomplishment of a mature system of self-determined learning or personal development goals (Robbins & Patton, 1985; Robbins & Schwitzer, 1988);

2. the instructor's support, that is, psycho-social support intentionally provided by the instructor to assist with and promote student action, which facilitates self-directed student actions (Schwitzer, McGovern, & Robbins, 1991; Schwitzer, Robbins, & McGovern, 1993); and

3. a provision of adequate information and structure (Robbins & Tucker, 1986; Schwitzer, McGovern, & Robbins, 1991; Schwitzer, Robbins, & McGovern, 1993). In turn, successfully implementing the experience on the basis of student factors, instructor support, and information and structure, was expected to lead to the following outcomes:

(a) increased student learning in a specific area of human service practice,

(b) increased student learning and skill in a professional supervision relationship (as a supervisee), and

(c) enhanced student self-learning or career development.

Two corresponding sets of research questions were asked:

1. To what degree was instructor support and program information and structure successfully provided, and to what degree were student self-directedness, instructor support, and information/structure related to intended outcomes?

2. What were the outcomes of the experience on student learning and goal attainment regarding career, professional supervision, and personal development?

Method

Participants. Participants in the study were 57 students in the B.S. program in Human Services Counseling who were enrolled in the Career Development and Appraisal course in one of three semesters (Fall 1998, Fall 1999, or Spring 1999). A control group was not used. The sample was representative of students in the B.S. program: two thirds were female and one third were male; 79% were White, 20% were African American, and 1% were Asian American; modal age was between 20- to 21-years old. All participants in the study were in their third or fourth year of college. No differences were found among the groups enrolled in the course in different semesters, so the data were analyzed in aggregate.

Student Factor Measure. The Goal Instability Scale (GIS; Robbins & Patton, 1985) was used to measure a student's own goal directedness. The construct it measures is derived from a self-psychology theoretical perspective. The scale, comprised of 10 items (e.g., "I have difficulty finding a reason to work"), was scored on Likert-type scales and totaled to range from a high of 60 (high goal instability or low goal directedness) to a low of 10 (low goal instability or high goal directedness). The scale was shown to have factorial stability and unidimensionality, using college student populations via factor analytic techniques; test-retest reliability was .80 for a 2-week interval (Robbins & Patton, 1985). Regarding validity, it has been used extensively in a series of studies examining goal-directedness; social support; and college-student adjustment, learning, and success (Schwitzer & Lovell, 1999; Schwitzer, Robbins, & McGovern, 1993).

Implementation Measures. The Teacher Support Subscale of the Classroom Environment Scale (CES; Tricket & Moos, 1973) was used to measure students' appraisals of instructor support. The subscale comprises 10 true-false items ranging from a low of 0 to a high of 10; has high internal consistency (alpha = .84); and high test-retest validity (about .95 for a 2-week interval). Regarding validity, the subscale has been used extensively in a series of studies examining the effects of classroom support on college student adjustment, development, and learning (Schwitzer & Lovell, 1999; Schwitzer, Robbins, & McGovern, 1993).

A Student Evaluation of Service-Learning Measure was used to measure student appraisal and satisfaction with the information and structure of the service-learning component of the course. This is a local instrument, for which validity data is not yet available, designed for use in the course evaluation project and comprised of 11 highly face-valid, 5-point Likert-type items totaling a high of 55 and a low of 11. Examples of items that were rated by students include: "Clarity with which the project was explained...", "Your understanding of the purpose of the project", "The choice of placements you had,” and “Knowledge of resources and how to access them.”

Outcome Measures. A Self-Descriptions Plus Self-Ratings Instrument (Schwitzer & Metzinger, 1998) was used to measure student learning and goal achievement. This instrument is a self-appraisal of the student's goal achievement and acquisition of new topical information, skills, and self-knowledge. Students are asked to list up to three goals; new ideas or items of information; new skills, strategies, or approaches; and "things you learned about yourself, your thinking, your feelings, or your [professional] relationships" achieved as a result of participation. Students rated on 7-point Likert-
type scales (a) the degree to which goals were achieved and (b) whether or not new content learning and new self-learning occurred. The instrument is designed to be applied flexibly to various learning or psychoeducational formats; validity data for the approach is not available (cf. Schwitzer & Metzinger, 1998).

Supervisor Ratings of the Field Work and Supervisor Ratings of the Mentor Relationship were used to assess student performance outcomes. These two local instruments were designed for use in the study and required field supervisors to rate students’ work performance (five 5-point Likert-type items regarding quality and effectiveness of work, attitude, and dependability) and supervision relationship (five items regarding involvement and seriousness of purpose, student’s use of supervision for personal and professional growth, communication, and use of feedback). The use of self-descriptions plus self-ratings, combined with supervisor field ratings, was selected because this provided the evaluation information of interest and use to the utilities of the assessment findings, including course instructors, field supervisors, and external readers (Schwitzer & Metzinger, 1998).

Results

Sets of descriptive statistics and correlations were used to answer the research questions. Table 1 contains means and standard deviations for implementation and outcome variables. Looking at implementation, students indicated high levels of perceived support from instructors (M = 9.07; SD = 1.20) and moderately high appraisal of the overall implementation-format (i.e., structure and adequacy of information and instructions to complete the experience) (M = 43.00; SD = 9.58). Further, a statistically significant correlation was found between students’ ratings of the service-learning format and appraisals of instructor support, r = .395; p < .01. Student goal directedness was moderately high (M = 47.70; SD = 8.76).

Looking at student outcomes, student ratings of goal attainment, that is, the degree to which students reported achieving the goals they, themselves, had set for participating in the experience (M = 17.94; SD = 2.71), and student ratings of learning (M = 10.29; SD = 3.23) were moderately high. All of the participants were able to identify goals attained or areas of increased self-knowledge. Next, statistically significant correlations were found between goal attainment and student goal-directedness, r = .376; p < .05, as well as between goal attainment and student evaluation of the program format, r = .547; p < .001. A statistically significant correlation also was found between learning and student evaluation of the program format, r = 610; p < .001. Goals attained divided into 4 general areas: skills development, career decision, personal-professional development, and altruism. Self-knowledge enhancement divided into 3 general areas: career-decision, professional growth, and personal growth. Exemplars for goals attained and self-learning are presented in Table 2.

Supervisor ratings of students’ accomplishment of supervision relationships (M = 22.07; SD = 2.71) and field placement work (M = 22.64; SD = 2.74) were high. Here, statistically significant correlations were found between the student’s evaluation of program implementation-format and the supervisor’s ratings of student success in the supervision relationship, r = .520; p < .05, and also between the student’s evaluation of program implementation-format and supervisor’s ratings of student success in field work, r = .538; p < .05.

Discussion of Findings

Results of the evaluation study are consistent with the suggestion that service-learning components can produce learning and development among...
Table 2.

Student Goals and Areas of Increased Self-Knowledge in Service-Learning Experiences: Exemplar Responses

**Student goals**

Skills:
• To assist in instructing a career class.
• To expand my skills by conducting a focus group.
• To better understand how to deal with kids in a professional setting.

Career decision:
• Learn an “inside view of”/learn about/ learn more about (various agency settings).
• Decide if this is a career in which I would be interested.
• Learn what a counselor/career counselor/etc., does.

Personal/professional development:
• Earn respect from students.
• Be respected by clients.
• Communicate more effectively.

Altruism:
• Help students discover their goals.
• Open doors for the children about careers.
• Give back to the community by being a mentor.

**Areas of increased self-knowledge**

Career decision:
• Gave me career guidance/Helped me focus on my goals.
• Gave me first-hand experience about my intended career.
• I would enjoy a job at this site.
• I like teaching/I love working with kids.
• Now I know I don’t want to work in a school system.

Professional growth:
• The students began to respect me toward the end.
• My supervisor and I became (close).
• I am able to work with children.
• I can be empathic to those in rough life situations.
• I expanded my technology skills.
• Once the ice is broken, talking (with clients) becomes much more comfortable.
• I am capable of leading people.
• I have learned more organizational skills.

Personal Growth:
• I can’t go to sleep at 2:00 a.m. every night and hold down a full-time career.
• I need to have my thoughts and goals well-thought-out before I act on them.
• People become interested in my life when I begin to “open up.”
• Be more patient with those who have less.
• I like working alone.
• I learned I would rather work one-on-one.
• I don’t like a lot of paperwork.

students in human service education. Student appraisals of the experience were generally high. Students tended to set and achieve goals associated with personal and professional aspects of career development, and field supervisors tended to indicate that students were successful in the supervisee role and in completing realistic, effective field-work activities in a professional human service setting. As seen in Table 2, overall, students appeared to make the sort of career development gains intended by the addition of the service-learning experience to an early phase of the curriculum.

A particular strength of program implementation appeared to be instructor support from the classroom, however, goal attainment appeared related more to individual student differences in mature goal-directedness than to instructor support. Goal attainment and student success were related to the students’ perception that the program structure and design were adequate. These results may be consistent with previous findings: Earlier studies found that although all students enrolled in academic, career development, and learning skills programs tend to prefer more psycho-social support from the instructor (regardless of their level of self-directedness), less mature, less self-directed students need classroom interpersonal support to succeed (Scott & Robbins, 1985; Robbins & Tucker, 1986; Schwitzer, Robbins, & McGovern, 1993).

Similarly, in our present study, more mature, self-directed students may be able to succeed in service-learning experiences when they are simply provided adequate information and structure. However, less mature, less self-directed students also may need strong psycho-social support from the instructor, the field supervisor, or even classmate peers, in order to succeed with service learning. In this study, for example, those with lower maturity plus higher support did report high levels of goal attainment and learning. This link between individual goal directedness and social support needs further exploration for its impact in service learning experiences. Thus, although the service-learning experience appears effective overall, differences may exist in individual student needs for success.

**Study Limitations**

This was a pilot evaluation study with the specific goal of providing an initial assessment of program implementation and outcomes. Conclusions regarding program implementation and outcomes must be regarded tentatively. The study was limited in several ways. Although the self-reports, field-supervisor ratings, and the descriptive design used in the study met initial program evaluation needs (Schwitzer & Metzinger, 1998), these approaches are limited by (a) the reliability and validity of the instruments used and (b) the ability to generalize from the participant sample (Fong, 1992; Schwartz, 1997). A follow-up study, using an empirical design and inferential statistics (either alone or in combination with follow-up qualitative data), is needed in order to confirm, have more confidence in, or revise the tentative conclusions.
suggested (especially regarding individual student factors and service-learning outcomes). Follow-up study utilizing demonstrable highly reliable and valid instruments will provide the strongest support for the tentative conclusions drawn here in this initial evaluation study. The absence of a control group diminishes the results. Further research should include some comparative analysis.

Regarding implementation, results of this study suggest that the service learning approach is limited, in part, by student developmental factors. An implication is that different variations of such a program may be needed for success with developmentally different learners. Specifically, students experiencing more advanced goal-directedness levels may benefit from minimal instructor and peer psycho-social support; students experiencing lower goal directedness may require more active, intensive involvement from the instructor and more intensive peer support to be successful in the service learning component’s first foray into the professional world. Therefore, program success may be limited for some learners by the availability of instructor- and peer-support resources.

Finally, it should be noted that this service-learning illustration is only one way to structure service learning. There are, of course, sound approaches that are simpler and can be integrated into almost any course. However, these findings support the notion that participation in a career-development service-learning project in an early phase of the human service counseling curriculum tended to enhance students’ personal and professional development.

References


Jill C. Jurgens and Alan M. Schwitzer are assistant professors at Old Dominion University.
Professional Development Awards

The National Organization for Human Service Education (NOHSE) has established a system of professional development awards to promote the scholarly and academic development of NOHSE members and the field of human service education. Any dues-paying member is eligible to apply. Deadline for the submission of proposals is May 15.

Successful proposals will address a problem of importance to undergraduate or graduate human service education that can be investigated through research, measurement, evaluation, or documented trial. Examples of possible projects include follow-up studies of graduates, evaluation of internship supervision, or documented trials of teaching techniques.

Awards will not be made to support the acquisition of materials or equipment not related to an investigatory project, documented trials of innovations, or direct payments (beyond expenses) to any NOHSE member.

For more information, check the organization’s website at www.nohse.com.

Beyond Case Management and Counseling: Teaching Human Service Students to Create Change Through Advocacy

Karen Eriksen

Abstract

Advocacy skills have been identified as necessary for human service professionals. However, human service educators and human service students may need persuasion about both the need for advocacy and their abilities to engage in advocacy. This article presents an empirically based, 7-stage model for advocacy. It then offers several strategies for teaching advocacy that are based on this model. It is hoped that the model and the learning experiences will increase human service professionals’ participation in advocacy work.

Introduction

The Community Support Skills Standards Project identified “advocacy” skills as needed by human service workers and, therefore, as necessary parts of the human service curriculum (Council for Standards in Human Service Education, 2001). And yet, a review of the Journal of the National Organization for Human Service Education back to 1987 reveals only one article related to advocacy, and that is an article reporting research on the prevalence of teaching politics in human service programs (Hahn & Heasley, 1995). In that article, the authors report that only 20-30% of human services programs offer courses in public policy and that no more than one third of these are designed to help students understand the policy-making process. By implication, it would seem that few human service programs have courses designed to teach students about how they might change public policy or other policies that impact the clients with whom they will work.

Why would course offerings differ so greatly from standards requirements that students learn about advocacy? Might it be that advocacy is
incorporated into other courses? Might the standards be new enough that they have not yet led to programmatic changes? Might Hahn and Heasley's research be outdated and not reflect the current status of human service programs? Or might the lack of articles reflect the lack of conversation and teaching about advocacy? Might human service students and teachers be more comfortable with a direct service orientation that prepares students to perform basic helping and to do case management? Might, as Hahn and Heasley (1995) suggested, human service professionals find politics-and its related advocacy process-unattractive and problematic?

Whatever the reason or reasons, the needs of clients and of the profession seem to require skills beyond those traditionally thought of as "helping skills." For instance, what happens when a mentally ill mother doesn't have the ability to advocate for her also-mentally-ill child to receive needed services? What role should a helping professional take when the changing insurance industry won't pay for the long-term or repetitive care needed by a chronically schizophrenic person? How should one respond when the federal government legislates that certain care be provided for children with pervasive developmental problems and then does not follow up with funding for such care?

Not only do human service professionals face questions such as these that are related to client care, they also face societal conditions that have demanded rapid changes in the human service profession itself. Human service professionals have and will encounter new and unforeseeable roles, work sites, client problems, technology, and funding sources (McClam, 1999; McClam & Woodside, 1999). If they want to have a voice in how their profession responds, they will need to reach beyond traditional counseling and case management skills.

This article, therefore, increases the voice of advocacy in discussions about human service education. It provides an empirically derived model for advocacy that can serve as the foundation for teaching students how to advocate. It then offers teaching strategies for human service educators, including a strategy for convincing students of the need for advocacy, a plan for a "professional" advocacy project, and a design for a client advocacy project.

The Model

Through my previous research, I generated a seven-stage model for advocacy (Eriksen, 1997); I will briefly review it here. The model was developed during an ethnographic investigation into the advocacy process of counselors. The research used key informant interviewing (28 interviews of advocacy leaders), participant observation at counseling association events, and analysis of advocacy documents used by counselors. When data were compared with public-relations and public-policy literature, it was discovered that the counselor advocacy process did not differ significantly from processes advocated by such experts. The model as reported here thus reflects my research results and includes references to public-policy and public-relations literature that confirmed those results. In the seven-stage advocacy model, advocates begin with developing their own sense of professional identity; move through problem identification, resource assessment, strategic planning, advocacy training, and taking action; and emerge toward a victory celebration or toward regrouping for further action (see Figure 1).
**Stage I: Professional Identity**

Fundamental to any advocacy effort is a clear sense of identity. Before people can promote an issue, they must know and have confidence in the person who is doing the promoting, that is, themselves. Otherwise, they will question why anyone would want to listen to their views. Knowing themselves includes identifying those “publics” with whom they have relationships (Newsom, Scott, & Turk, 1993). In order to become clear on their identity, prospective advocates also need to ask themselves such questions as: “Who do I know who might care about the same issues that I do?” “Who am I that someone ought to listen to me?” “With what organizations am I affiliated?” “What are my credentials?” “What personal characteristics do I have that might lead a person to listen to me (e.g., expertise, intelligence, enthusiasm, genuine concern)?”

**Stage II: Problem Identification**

Following close upon the heels of identity in importance is the choice to become active on an issue in the first place (Berry, 1977). Motivation for action depends on identifying a problem or need of significant magnitude (Berry, 1977; Foreman, 1995). Direct action is more likely to emerge from stressful situations, even crises, in which people believe that someone or some organization’s activity will injure them or someone they care about or from “substantial cleavages among society’s citizens” (Loomis & Cigler, 1986, p. 5). Thus, during Stage II, advocates identify a problem and frame it in language that mandates action.

For instance, usually human service professionals begin thinking about advocacy when they become aware of some injustice or threat of injustice to themselves or to their clients. Anger generates from unjust situations, such as those in which (a) clients or students cannot receive services or participate in programs due to shortages of funds or providers, (b) one’s profession is excluded from job announcements, (c) people in mental health or school systems abuse their power, (d) those who are unable to fight for themselves experience pain and despair, (e) human service professionals have limited time to work with clients who really need assistance, (f) human service workers fear losing their livelihood due to funding cuts or because professionals from other disciplines are given funding priority (Eriksen, 1997, 1999).

But merely becoming angry about an injustice is not enough. To be effective in creating change, human service professionals need to move beyond anger to *problem definition*. Problem definition means framing what they conceive to be a problem in such a way that those who can make a difference are moved to take the action desired. This requires investigating who can make a difference (the target), finding out what the target’s needs and agendas are, framing the human service professional’s problem in language that communicates a threat to the target’s agenda, and clearly documenting how the action desired by the human service professional can prevent this threat (Kingdon, 1984).

To summarize Stage II, human service professionals identify problems by noticing the stress or threat they or some group they care about is experiencing or anticipating. When they find something that they value to be threatened, or when someone that they care about is threatened, advocates talk about it with others. If enough others feel similarly, they define the problem in terms that will motivate other professionals, decision makers, and, perhaps, the wider public to take action.

**Stage III: Assessing Resources**

Before human service professionals take action, they need to identify the resources to address the problem and then design their advocacy efforts to match these available resources. Therefore, during Stage III, human service professionals need to ask themselves questions about resources, such as who they know, what they know from experience and education, what personal or group characteristics they have that give them an advantage, how much time and money they have and are willing to commit, what they are most interested in and able to do, and how much enthusiasm they have for the tasks ahead (Eriksen, 1997, 1999).

Human service professionals may be concerned that they lack sufficient resources to make an impact. For instance, because so many authors write about the large sums expended by professional lobbyists to accomplish their ends (Birnbaum, 1992; Cigler, 1986; Loomis & Cigler, 1986; Schlozman & Tierney, 1986), human service professionals may be concerned with their lack of money to accomplish advocacy tasks. However, public policy experts indicate that, although money may still be a primary influence, many other resources, such as time, knowledge, and persons known, “count” in creating change (Schlozman & Tierney, 1986). Therefore, human service professionals should broaden their perspectives when assessing resources, and then use this assessment to guide choices about what advocacy plans are possible.

**Stage IV: Strategic Planning**

When human service professionals decide to work together as a group, they need to plan their strategies together (Berry, 1989; Schlozman & Tierney, 1986). Planning is usually done by a small core group that is committed over the long term to solving the identified problem. The core group establishes certain structures for making decisions and communicating. They then convert what they perceive to be the desires of their members into easily articulated policies and goals (Birnbaum, 1992; Wittenberg & Wittenberg, 1989). These goals should reflect long-term vision but be stated in reasonably achievable incremental steps.

The core group may next have to conduct some background research. Such research investigates the existence of a problem, the legitimacy of the proposed changes, alternative solutions, who can best help in creating change, and what the agendas and needs are of those who can help (Gilchrist & Stringer, 1992; McElreath & Miller, 1991; Newsom, et al., 1993). Then, on the basis of the research, the core group develops documentation to persuade...
those who can help and identifies the steps needed in creating change (Eriksen, 1997, 1999).

Stage V: Training and Educating

The core group that begins the advocacy campaign quickly resonates to the themes evoked by the initiative. However, advocacy usually requires numbers. Therefore, a critical task for the core group is to subsequently broaden their base of supporters by finding and using themes that engage the intellect and emotions of those who are not yet involved in the initiative (Advocacy Institute, 1990). Training is essential to this process.

During such training, leaders in the campaign might teach prospective advocates about how to advocate. One option for doing so might be walking participants through Eriksen’s (1997) seven-stage advocacy model. During this process, participants identify the problem and the targets; develop language to which the targets are likely to respond; develop (or pass out) documentation that notes the problem, the solution desired, the likely opposition to desired changes, and answers to that opposition; and, most important, delineate the reasons that those targeted are likely to listen to those who are advocating. Training strategies might be both didactic and experiential, for instance, making suggestions about what actions are possible and necessary and simulating or role playing advocacy skills (see also Schlozman & Tierney, 1986). Advocacy skills taught might include how to deal with the media or how to testify before a legislative committee (Eriksen, 1997).

Good training also ensures that everyone is communicating the same message to those whom they desire to influence. Nothing is more detrimental to advocacy efforts than different people communicating opposing messages to the same decision makers. Consensus building about the message to be communicated may be facilitated during training by encouraging dialogue about the issues, presenting reasons for choosing particular solutions, and keeping talking points simple (Eriksen, 1997).

Stage VI: Taking Action

The focus of advocacy activities needs to be chosen in accordance with desired outcomes. For instance, human service professionals might focus their efforts on changing the decisions of one of the three branches of government, getting groups of clients to try different interpersonal strategies, changing school or mental health agency policies, encouraging insurance companies to reimburse services more broadly, or promoting a broader range of services in specific agencies so that multineed clients do not “fall through the cracks.”

Once the goals and focus have been chosen, the range of advocacy activities that are possible is virtually limitless. But as noted in the “Strategic Planning” section above, activities should be carefully planned to match both the advocates’ resources and abilities and the needs and interests of the targeted decision maker. This section describes a variety of activities that

human service professionals might choose when targeting government or the general public, when building relationships, or when using the media.

Schlozman & Tierney (1986) offered the following list of most used advocacy activities for targeting the government:

1. Testifying at hearings
2. Contacting government officials directly to present your point of view
3. Engaging in informal contacts with officials—-at conventions or over lunch
4. Presenting research results or technical information
5. Sending letters to members of your organization to inform them about your activities
6. Entering into coalitions with other organizations
7. Attempting to shape the implementation of policies
8. Talking with people from the press and the media
9. Consulting with government officials to plan legislative strategy
10. Helping to draft legislation
11. Inspiring letter writing or e-mail campaigns
12. Shaping the government’s agenda by raising new issues and calling attention to previously ignored problems
13. Mounting grassroots lobbying efforts
14. Having influential constituents contact their representative’s office
15. Helping draft regulations, rules, or guidelines
16. Serving on advisory commissions and boards
17. Alerting congressional representatives to the effects a bill might have on their districts
18. Filing suit or otherwise engaging in litigation
19. Making financial contributions to electoral campaigns
20. Doing favors for officials who need assistance
21. Attempting to influence appointments to public office
22. Publicizing candidates’ voting records
23. Engaging in direct-mail fund-raising activities for your organization
24. Running advertisements in the media about your position on issues
25. Contributing work or personnel to electoral campaigns
26. Making public endorsements of candidates for office
27. Engaging in protests or demonstrations (p. 150).

Schlozman and Tierney’s (1986) list probably offers human service professionals possibilities that they had not considered before; however, others suggest expanding this list of advocacy activities. For example, “Adopt a Legislator” programs are frequently used by counselors in their advocacy efforts (Eriksen, 1997; see also Birnbaum, 1992). Human service professionals who adopt a legislator might call, write, take their adoptee to lunch, or otherwise build a relationship with him or her. They might invite legislators to tour their workplace, give them the opportunity to talk with a group of
human service workers, find and foster reasons for legislators to back human service clients’ causes, and give legislators the favor of publicity by writing a press release whenever they do something for or with the group of human service workers.

Human service professionals can also be a resource to decision makers. They can function, in Birnbaum’s (1992) words, “as unpaid staff to the decision-makers, who often don’t have enough people on their own payrolls” (p. 6). They may draft legislation, plan legislative strategy, offer their contacts with those who have the information or with those who can form majorities, write speeches (Schlozman & Tierney, 1986), write position papers, or demonstrate the consequences of the alternatives under consideration (Bauer et al., 1963; Berry, 1989; Birnbaum, 1992; Levine & Thurber, 1986; Petracca, 1992; Tierney, 1992; Wolpe, 1990).

Human service workers may also need the goodwill of the general public in helping to change systems that harm clients. In such efforts, human service workers may simply “do what they do well,” demonstrating their outstanding human service work to the public. They may also use such human service skills as listening, communicating clearly, and demonstrating interpersonal warmth and acceptance when engaging with the public. They may make further inroads with the public by presenting themselves professionally, identifying themselves as human service workers at every opportunity, and sharing information about the uniqueness of their profession (Eriksen, 1997; 1999).

Human service professionals may also need to participate in their communities as a means of gaining the opportunity to share their message with others. For instance, they may run for office at the local level, speak with church groups or service organizations, involve themselves in the community at large, or provide programs to the public on various mental health issues (Eriksen, 1997, 1999).

Relationship building is critical to advocacy efforts. “Social lobbying” offers one way to build relationships. For instance, one person engaged in advocacy said, “We did a legislative cocktail party one night. Another day we set up a table at the state capitol with coffee and cookies. It worked really well. We weren’t lobbying for any particular issue, just going for recognition” (Eriksen, 1999, p. 45). Social lobbying provides relaxation and entertainment. It might include offering lunches, dinners, and tickets to the theatre or sports events (Schlozman & Tierney, 1986) or hosting a birthday party for a member of Congress and inviting “well-placed friends” (Birnbaum, 1992, p. 188).

Human service professionals can use the media to publicize their issues, as well. They might get their name or the name of their organization in the newspaper or on the radio by sending in a news release, getting one of their events covered, doing an interview, submitting a public service announcement (PSA), writing letters to the editor, holding a press conference about a newly completed study, or persuading an editor to do an article on a particular issue related to human service (Eriksen, 1997, 1999; see also Birnbaum, 1992; Newsom, et al., 1993; Richards, 1990; Seidman, 1984). When planning how to advocate, human service professionals not only need to know the range of possible activities, they also need to choose those activities that fit with their skills and personality. A person who can make an impact by writing an article or doing background research may differ from the person who can make an impact by talking with legislators on Capitol Hill, who may, in turn, be different from the person who knows legislators personally and can invite them to a soiree with other VIPs (Eriksen, 1997, 1999). By giving credence to the varieties of talents among human services professionals, advocates motivate themselves and others to choose advocacy activities workable for them and to participate more actively and willingly.

Stage VII: Victory Celebration, Evaluation, and Regrouping

Advocacy initiatives take a lot of time and emotional effort, and so participants need time to celebrate with one another what they have accomplished, to reflect on what has and has not worked, and to gather their energy for the next effort. Stage VII is, thus, celebration, evaluation, and regrouping. Rather than providing closure for the process, Stage VII provides a transition into the next level of an ever-escalating spiral.

In some sense, celebration needs to be considered part of the advocacy process. Human service professionals who fail to celebrate their hard-won successes may find themselves experiencing burnout or difficulty generating energy for future advocacy efforts. During celebrations, participants might photograph, document, publish, and disseminate information on their successes; honor the core group publicly; thank legislators, insurance company representatives, employers, and referrers, publicly if possible; and submit press releases honoring all involved in the advocacy process (Eriksen, 1997, 1999). All of these activities give credit to those who have helped and make participants more willing to act during the next advocacy efforts.

However, sometimes it is difficult to claim complete success, as some advocacy efforts continue over many years. In these cases, advocates may build on small victories by sharing the credit, learning from defeats, and keeping their eyes on longer term goals. They may record and tell stories to motivate new recruits to the advocacy effort (Advocacy Institute, 1990).

And when advocates experience a clear defeat, they remember that advocacy is a “long-distance race.” Rarely are competitions won or lost with a single effort (Wittenberg & Wittenberg, 1989). So during Stage VII, advocates celebrate successes, grieve losses, and regroup for the next effort. Whether human service workers have won or lost, there is always more work to be done.

Strategies for Teaching Advocacy

So far, I have described the advocacy process itself. Now I turn to the important work of training human service students to advocate. The three strategies suggested here promote active, experiential learning about the
advocacy process as experiential teaching strategies offer significant advantages over more passivity-inducing models. For instance, they ensure both the retention of knowledge and the ability to apply knowledge in the field. They also help students to anticipate real-life situations and to work out solutions before reaching an actual job situation. In addition, they offer opportunities for collaboration and cohesiveness among classmates and encourage students to learn from each other by bringing their own life experiences to the learning process. Further, these types of experiential teaching strategies tap into the “right brain,” stimulating students’ intuitive, creative, emotional, and spontaneous sides. Finally, the exercises empower students with the sense that they can have an impact on their learning environments and their future professional environments (see, for instance, Friere, 1994; hooks, 1994; McAuliffe & Eriksen, 2000).

The experiential strategies below thus incorporate two steps:

1. Human service educators may begin by having students read about the advocacy process (using, for instance, the first half of Eriksen, 1997).

2. Subsequently, they provide the students with the opportunity to apply the information they have read to real-life situations, preferably situations in which they have a personal investment.

The strategies described may serve as a large part of an entire course called Advocacy in Human Services, or they may be strategically integrated into other courses, such as Introduction to Human Services, Practicum, or Internship.

Teaching Strategy I: Persuading the Helpers to Advocate

As mentioned previously, human service workers may be reluctant to involve themselves in advocacy because of the notion that human service values, personalities, and skills differ dramatically from those of advocates. But, in fact, research indicates significant overlap between the values, personalities, and skills needed for each. For instance, effective advocacy requires education, relationship building, good communication, basic helping skills (Eriksen, 1997, 1999), problem solving, planning, cheerleading, working as a team, building consensus, negotiating conflicts, and gathering different views and hammering them together into a solution (Advocacy Institute, 1990; Cigler & Loomis, 1995; Newsom et al., 1993; Seitel, 1984; Wolpe, 1990). Clearly these skills do not differ from those necessary for any effective human service work. However, human service professionals may not have previously considered how these skills might be used to create larger scale changes. Recognizing and using the overlapping skills may help human service professionals to broaden their abilities to create change.

Therefore, the Advocacy Persuasion activity illustrates the match between human service professionals’ skills, values, and personalities and those necessary for effective advocacy. It helps human service students to become aware of the skills necessary to achieve change; and, as a means of motivating and readying them to take action, it helps them to recognize which of these skills they already have. It may persuade students to engage more actively in both the advocacy experiences planned for the course and the advocacy needed later in their professional settings.

Step One: Students close their eyes and visualize a situation in which they changed as a result of someone else’s efforts. They are told that the “someone” could be a family member, a boyfriend or girlfriend, a teacher, a counselor, or any other person in their lives. As they visualize the person and the change process, the instructor asks them to write an exhaustive list of words characterizing what persuaded them to change. Such words could include the personal characteristics of the one trying to get them to change, the relationship characteristics, or the skills used. When students have had time to compile substantial lists, they share their lists and the instructor writes the words on the board. It is not necessary for the students to share personal information about their changes at this point.

Step Two: Students visualize a change that has occurred in some organization in which they participate, a change with which they were involved or of which they have substantial knowledge. They visualize the change, the people involved, and the skills that the people creating the change used to help the change to come about. Students focus both on the efforts that went astray (did not seem successful to them) and the efforts that actually succeeded. Students again write comprehensive lists of words characterizing the change process and the people involved. They again share their lists while the instructor writes the words on the board. Again, in order to protect the confidentiality of organizations or circumstances, it is not necessary to share much information about the actual change circumstances.

Step Three: Students visualize a change they would like to have happen in their own lives—at work, at home, at school, or elsewhere. They visualize the situation as it currently is and how they would like it to be when it has been changed successfully. They then look at the board and identify and write down words characterizing change strategies that would be helpful in creating the desired change. They put an asterisk next to those skills, personality characteristics, and situational characteristics that they currently possess or that currently exist.

Step Four: The instructor leads a discussion in which the activity is processed, punctuating key advocacy skills and current student competencies and indicating literature that supports the effectiveness of those skills mentioned. The instructor also encourages discussion about ethical dilemmas that might arise in creating such change. For instance, will anyone’s confidentiality need to be protected? Are the changes that are envisioned contextually sensitive, not imposing one’s own culture or values on another? Where does the boundary lie between the student acting and the client/client system needing to act? That is, doing the client/client system’s work might disempower those who need to be empowered. Why might one need to be fully informed so that adequate consents can be acquired? The activity does not include
having the students follow through with action at this point, although awareness of the match between who they are and what is needed to create change may motivate the students to act. If students do decide to try out their advocacy skills, instructors may encourage students to share their plans, their ethical dilemmas, and their successes.

**Teaching Strategy II: Professional Advocacy Project**

This project asks small groups of students to form a student association and work through Eriksen’s (1997) seven stages of advocacy in an area of importance to them. While simulating the student association, students become aware of the benefits and roles of voluntary associations. While enacting the seven stages of advocacy, they learn how to advocate for themselves and their profession.

During class, students divide into small groups and receive the following handout. (Note that each question has a corresponding exercise in Eriksen’s (1997) book.

You are forming a professional association, called the University Association of Human Service Students, to address the needs you have as human service students. In forming this association, you might want to consider the following:

- What needs do you have as students that are not being addressed? (Problem Identification)
- Who are you as students that decisionmakers (faculty and staff) ought to attend to your concerns? (Identity)
- What would you like to happen to address these unmet needs? Which are priorities? (Strategic Planning)
- What resources are needed and what resources are you personally willing to commit? (Resource Assessment)
- What are your priorities for taking action? What background research will be necessary to discover who may be currently working on this problem and what information is currently available? How will you conduct the necessary background research? What will your timeline be for future action and meetings? (Strategic Planning)
- What organizational structure is best suited for the action you have planned? (Taking Action)
- How will you evaluate your project and celebrate your successes? (Taking Action)

Each small group works on these questions during one class period, deciding on priorities and making plans for future action. They share their ideas with the class, asking for input to improve their ideas. They then carry out the action plan outside of class during the remainder of the semester. The professor coaches the groups through the process, answering questions as they arise. As part of resource assessment and background research, students may attend other voluntary or professional association meetings and talk with association leaders about how their groups are organized and how they achieve their purposes. They may participate in the advocacy effort of a local professional or mental health association. Further, the instructor helps students connect with on- and off-campus resources related to their particular issue. Each group then presents the results of their work during a class period at the end of the semester and passes out any related information they may have generated that would be helpful to the rest of the class.

Projects undertaken by classes in the past have included:

- developing a mentoring program and package for incoming students;
- developing a student and alumni directory that listed interest areas so that students could network and connect with practicing human service workers with similar interests;
- putting on a conference for students that featured human service workers from the community as speakers;
- planning a “Hill Day” in which a group of students visited the national association headquarters for a briefing and then lobbied Congress on an issue of importance to them;
- beginning a student association in a university that didn’t have one;
- forming an “improving teaching and curriculum” committee—this committee informed students who were unhappy with a class or a professor on procedures to follow in expressing their concerns; it supported the students in following these procedures; and it advocated for more useful teacher selection and evaluation procedures.

Students in my courses have invested many more hours in their projects than have been required due to the personal relevance of the projects they have selected. Further, the students participating in projects such as these have often become the most active in the “real” student association and in advocating for student benefits. Students in my courses have often gotten so excited about their ideas that they have presented them to the human service program faculty and have been granted the opportunity to incorporate these ideas into the program.

The potential impact of such student action brings into focus some faculty ethical responsibilities. Although it is clear from experience that students already have significant skills and experiences to bring about change, all of us are aware of systems that resist being changed. Thus, faculty proposing such a learning activity need to ensure that students are adequately protected. This could take the form of standing beside students as they are presenting their proposals, supporting students with information and advice so that their proposals can succeed, and backing students should dysfunctional faculty situations put students in disadvantageous power positions.

**Teaching Strategy III: Client Advocacy Project**

After students have become knowledgeable about the advocacy process during class and in the “student association,” and after they have been...
After carrying out the client-advocacy project, students write a paper about their experiences and the most important things that they have learned by engaging in the project. They also engage in a discussion with classmates, led by the instructor, toward the end of the semester about their experiences, what they have learned, and how they have been changed by the process.

Again, faculty need to guide students in making ethical choices. If students choose a "class of clients" for whom to advocate, ethical issues may not arise. However, when students choose an individual client and plan to advocate individually or systemically to create change for that client, a number of ethical factors need to be considered. First of all, how will the client's confidentiality be protected? Second, who will need to be informed about the possible actions to be taken and the risks of those actions in order to get adequate consent to work toward change? If a child could benefit from social skills and her peers could benefit from antibullying education, the children as well as their parents would need to consent to whatever "program" was developed. What if the parents refuse? An ethical dilemma could arise for the human services student in that the only choice left might be for the child to flounder further. Would higher authorities then need to be contacted? Would child protective services need to be involved if the child is being harmed as a result of not getting some form of services?

Third, does the client want help with this particular issue? Answers to this question can lead down a particularly sticky and difficult path. Consider a student who observes discrimination against a person of color in her church and who wants to run an antibias workshop at the church. Although it could be argued that such a workshop would be "good" for any organization in this day and age, questions arise about who the client is—the church or the person of color? And although it is clear that the church would need to give consent, and that church members would not choose to participate unless they were consenting, it is not so clear whether it would be necessary to get the consent of the person of color. What if that person is not aware of oppression or being in an early stage of racial-identity development? What if the person doesn't want any more attention drawn to the discrimination issue for fear of increased discrimination in the future? How does one balance a client's rights to self-determination with their needs for assistance in developing that self-determination?

Fourth, who provides supervision as the students create change? Clearly students who have not yet graduated are, by definition, in need of supervision of any work (including advocacy work) that they might pursue. And clearly any organizations in which they pursue change will want to have some say in what is happening in their organizations. Further, class size may prevent projects that need intensive supervision or unless the projects are done in a small practicum or internship course. The question of who provides supervision and how much supervision is needed requires attention as projects are developed.

Although ethical questions do not necessarily have easy answers, faculty need to discuss with students during planning any ethical issues that might arise in their advocacy projects. Then faculty should lead students through an ethical decision-making process to discover the best options for addressing ethical questions.
Summary

Advocacy skills have been identified by human service leaders as necessary for human service professionals. However, human service educators have been less than vocal in their professional journals about teaching advocacy. In case this reflects a reluctance to engage in advocacy or discussions about advocacy, or a lack of advocacy ability, this article has presented an empirically based seven-stage model for advocacy as a foundation for teaching about advocacy. It then offers several strategies based on this model to ease human service educators into teaching such advocacy skills. The client advocacy process engages students directly in a real-world project that matters to them. Its inclusion as an assignment communicates clearly to students the expectation that human service work involves advocacy. Further, students gain first-hand experience in altruism, offering something that they have to someone who does not. It is hoped that the model and the learning experiences described here will increase the prevalence and expertise of human service professionals' participation in advocacy.

References


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Using Contemporary Film in Human Service Education
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Abstract
This article explores the use of contemporary film in human service education. As case studies film can deepen students' understanding of course content and enhance their ability to apply that content. A theoretical rationale for the use of films is presented and principles for bridging the world of the classroom and the realities of practice are discussed. Suggestions are included for selecting and processing films, as well as case studies and exercises to illustrate various uses of this educational aide.

Introduction
Contemporary films are invaluable tools for human service educators, who are constantly challenged to develop and implement techniques that will bridge the gap that separates the classroom and the world of practice. Traditionally, instructors have relied on textbook case examples, audiovisual aids, guest speakers, and instructors' own practice experiences to illustrate theories of human behavior and practice principles. Today, contemporary films—films originally produced for movie-going audiences and home-video viewers—provide an additional tool to enhance student learning. Contemporary films, like textbook case examples, can aid students in understanding individuals and groups in the context of contemporary culture. Films enable students both to hear characters' stories and to see the settings in which interactions develop and to witness social and cultural conditions that impinge on human behavior. This article will discuss the use of film in human service education by presenting a rationale for the use of contemporary films, five key principles developed by the authors regarding the use of films,
guidelines for the use of films in the classroom, sample exercises and case examples on the use of specific films.

**Rationale for the Use of Contemporary Films**

A review of innovative uses of film in both educational and noneducational settings, theoretical issues related to the use of film in the classroom, and the manner in which film bridges the classroom and the world of practice will be discussed in this section. A review of the literature reflects multiple uses of film in addition to its original intent as an entertainment medium or modern art form. The developmental theorist Erik Erickson (1976) employed the story of Dr. Isak Borg as portrayed in the Bergman film *Wild Strawberries* (Bergman, 1957) to illustrate his epigenetic theory of human development. Psychiatrist Harvey Greenberg (1975; 1993) incorporates film into his psychoanalytic practice, describing cinema as a convenient “Rorschach Test.” From a more generalist perspective, the term *Reel Therapy* was coined to describe the use of film as a technique in counseling and psychotherapy (Hesley, 2000; Hesley & Hesley, 1998). Browsing the Internet will uncover multiple websites providing a psychological perspective on film. These sites may prove helpful to instructors in locating a film for a specific application (www.salon.com/health/feature/filmtherapy or www.freudian_flicks.com).

Academic journals have also included articles on the use of film by instructors in the human services to teach social problems (Dressel, 1990), therapeutic skills (Vinton & Harrington, 1994), contemporary culture (Dowd, 1999), human development (Corcoran, 1999), psychology (Paddock, Terranova, & Giles, 2001; Toman & Rak, 2000), social theory (Pescosolido, 1990), and psychology and the law (Anderson, 1992). Despite these and other innovative educational uses of film, there is little or no discussion of the application of film in developing student insights into some of the realities of their future work with clients. Therefore, this article will focus on the use of film as a tool for bringing the student closer to the world of practice.

Case examples, instructional videos, and role-playing are fundamental tools for informing students about practice. Although these traditional methods have been shown to be practical and successful over time, films can augment the student’s educational experience. Adult learning theory, focusing on the needs of the student, underscores the importance of direct experience as a means of concretizing and enriching classroom learning (Christensen, 1987; Knowles, 1990). Films used as case studies can potentially deepen a student’s engagement with the subject matter and characters, thus permitting and encouraging the student to empathize, identify, and develop feelings for or about characters (Grodal, 1997). Films trigger the imagination at multiple sensory and cognitive levels, frequently sensitizing viewers to an environment very different than their own (Pescosolido, 1990). Films are, above all, narratives, individual and collective stories told and heard in contemporary social and cultural context (Grodal, 1997).

At a cognitive level, film can provide students with opportunities to examine sources of meaning and to explore ways of thinking critically about those meanings and interpretations embedded in culture (Mayer, 1986; Mumm & Kersting, 1997). Because culture is the source of individual and social identity and the lens through which people make sense of their world, knowledge of culture and its impact on the lives of individuals and groups is crucial to understanding human behavior. Narrative theory, indeed all constructivist approaches to understanding clients, holds that individual meanings can only be understood in relation to the culture from which they emanate and through the interpretive system of the individual who experiences it. Saleebey (1994) suggests that we must “ground our professional understanding and actions in the meaning systems of those we help” (p. 352). Selected contemporary films invite the student to watch and listen to other people’s stories and, more than that, to understand how individuals interpret their own experiences. Individual and group narratives embedded in contemporary films provide the grist for classroom discussions of individual stories and contemporary culture, as well as the application of theories of human behavior and methods of practice.

**Principles for Bridging Classroom and Practice**

Films serve as bridges for students between the orderly academic world of the classroom and the disorderly realities of the practice world. Several characteristics of contemporary films suggest their relevance to classroom teaching.

1. **Films are concrete, providing a physical reality while documenting a narrative.** Films bring classroom learning down to earth and focus student attention on characters, plots, settings, and dilemmas. The use of film allows for more grounded understanding of human behavior. The complexity of film provides not only a story but also an explicit context in which that story unfolds. The multidimensional nature of film provides a sharp contrast to textbook case examples. This richness and complexity can be seen in the film *When a Man Loves a Woman* (Mandoki, 1994) as a middle class family struggles with a young mother’s alcoholism and recovery.

2. **Films present human and cultural diversity.** Films can be powerful vehicles for acquainting students with people, cultures, and historical periods they might not regularly encounter. Exposure to the realities of discrimination and oppression become more real as students are engaged on an emotional as well as a cognitive level. The movie *Rosewood* (Singleton, 1996) portrays racism and violence in an actual Florida town during The Great Depression. The film provides the instructor with the opportunity to discuss some of the historical realities of segregation and racism and encourages students to consider parallel, contemporary examples. Films can provide the opportunity to discuss what is and what *ought* to be challenging assumptions, attitudes, and stereotypes.
3. Films invite the combining of theory and practice. Concepts and theories learned in human development and behavioral theory courses can be applied to actual characters in films. As various theories are applied to characters, students can compare and contrast the suitability of a theory to specific client groups. For example, *Fried Green Tomatoes* (Avnet, 1991) portrays a series of flashbacks as an elderly woman relates her life story to a newly found friend. The film can provide an opportunity to discuss theories and their accompanying practice perspectives, assisting students in understanding the link between a theory and intervention. This film also provides the opportunity to discuss theories that are more appropriate in working with an elderly population.

4. The complexity of a film storyline leads students to grapple with the reality of multiple approaches to assessment and intervention. Reductionistic cookbook approaches to understanding human behavior and methods of intervention can be discouraged through the use of film. Complex storylines and interaction between characters parallel the multifaceted lives of clients. Using classroom or small-group discussions, students can appreciate that there are multiple explanations and multiple forms of intervention. For example, the behavior of the main character, Karl, in *Sling Blade* (Thornton, 1996), can be interpreted from a strengths perspective, a developmental model, or a medical model. Students are encouraged to use critical-thinking skills to support their selection of a human behavior theory and corresponding form of intervention.

5. Films encourage more active student engagement in the educational process. By using a specific film character and his or her circumstances, the instructor can simulate a case conference in which students actively engage in a process of making sense of a character's circumstances and behavior. The instructor has the opportunity to relate to students in a more collegial manner, in much the same way students will relate to colleagues in the real world as they consult on assessment and intervention. *House of Cards* (Lessac, 1993) is the story of a grief-stricken young girl misdiagnosed as autistic. The film provides family history, behavioral observations, the context of behavior, responses of family members, and failed treatment attempts—all material similar to that presented at case conferences.

Effective application of these principles requires the instructor to guide and direct the students' viewing of film, thereby transforming entertainment into a meaningful educational experience. In the case of written assignments, instructors can guide the process with study questions or assignment parameters to assist students in focusing on specific elements of the film that will facilitate learning in specific areas; thus, the student is encouraged to move from passive observer to active learner.

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### Selecting and Teaching With Films

Students’ experiences of film are synthesized and communicated in classroom discussions and written assignments. These activities allow individuals to confirm, compare, contrast, and challenge thoughts and feelings in the group. Written assignments or projects solidify student learning. They give the instructor an opportunity to provide feedback and to individualize learning. They give form and substance to the educational experience and permit evaluation. For example, an instructor might ask students to assess the problems demonstrated by a certain character or to imagine an intervention at a specific point in the film. What should be done and why? How might a strengths perspective be applied to assessment and intervention?

Since films have potential applications for practice, theory, or policy courses, they must be carefully previewed for the intended educational applications and selected for their power to address explicit curriculum objectives. Topics and major themes should be identified and be directly related to course learning objectives. The instructor must be able to conceptualize the ways in which a film complements educational goals. Further, the film selected should enhance and elucidate course lectures and reading assignments as well as increase the students' understanding of human service theories, practices, and responsibilities.

Instructor guidance in viewing a film is needed to change a student's primary focus from entertainment to learning. This goal is best accomplished through the direct and active involvement of the instructor’s establishing the conditions for mental processing of the film experience. Student viewing can be guided through the use of assignments and study questions that instruct students to focus their attention on certain aspects, actors, or themes in the film. Drawing student attention to key components, stories, or dilemmas contained in the film also can facilitate classroom discussion.

Instructors need an adequate knowledge of students, their openness to viewing a film, and the extent of their preparation for the experience. These decisions can be based on the assessment of various demographic variables, such as age, gender, and ethnicity, as well knowledge of the students' developmental level. Instructors should be aware of films with exceptionally controversial or emotionally charged material and attend to both cognitive and emotional reactions by their students. They must be ready to deal with their own strong or conflicted reactions as well as those of their students. *Schindler's List* (Spielberg, 1993) is an example of a film with powerful themes and disturbing imagery that some students may find distressing. Discussion following the viewing of such a film may present special teaching moments to be directly addressed by the alert instructor. If, in the instructor's judgment, a film inordinately upsets a student, a referral to university counseling services may be appropriate. As with any teaching tool, feedback and evaluation from students, as well as the content of assignments submitted, can
assist the professor in measuring the effectiveness and appropriateness of the film in meeting course and educational goals.

Students with visual or hearing impairments can make use of several types of assistive technology to fully participate in classroom activities or homework assignments using contemporary film. As a result of the Americans With Disabilities Act, the media are now required to produce both television programs and films with closed captions and descriptive video service (DVS). Closed captions are automatically included on films produced in the last 5 years and can be easily activated on the screen while showing a film in the classroom. For students with visual impairments, the instructor will need to acquire a special edition of a film with a DVS track. Films not available in local video stores can be obtained through WGBH, Boston Public Television (2001), through their website (http://main.wgbh.org/access). Films with DVS are provided at no additional cost through this service. The student will need headphones to hear the descriptive track as well as the dialogue. The website also includes documentaries with DVS and a list of movie theaters that have assistive technology.

Other resources can be found on college and university campuses through services for students with disabilities.

Case Studies of the Uses of Contemporary Films

Due to the vast number of available films, instructors are presented with almost limitless possibilities from which to select an appropriate film consistent with course goals and objectives. In order to further illustrate the application of the principles discussed earlier, the following section includes examples of films and assignments used by the authors in their classrooms.

- **The Great Santini**
  - *The Great Santini* (Carlino, 1979) is the story of the life of a military family in the South. Based on a novel by Pat Conroy (1976), the film explores the nature of relationships in a highly structured, patriarchal family. Family members respond with amazing clarity to issues of alcoholism, domestic violence, and trauma. The film also explores the dynamics of relationships between fathers and sons, mothers and daughters, and men and women. When the father dies in an airplane crash, the family is forced to face their own ambivalent feelings toward him in the resolution of their grief as well as in the development of new means of meeting their needs.

  This film has been used in several ways. It was used in a family and youth course to supplement readings on family roles, rules, relationships, and rituals. Students were given study questions to help guide a subsequent class discussion. The study questions included:
  1. How would you describe the role of each family member?
  2. What were the problems that family members had in meeting their individual and collective needs?
  3. What were the strengths of the family? Why do you consider them to be strengths?

- **SLC Punk**
  - *SLC Punk* (Morendino, 1998) is a film about teenagers and their post-high school transition into young adulthood. The film portrays the development of a young man struggling with what he perceives to be the meaninglessness of his parents' suburban, middle-class lifestyle. In rebellion, he begins to associate with punk rockers and, ultimately, affiliates with that lifestyle. The film provides insight into his internal struggles about his future. Through watching this film, one clearly sees the struggles of late adolescence. While the context of the protagonist's life may be uncommon (punk rocker in Salt Lake City), the issues of rebellion, autonomy, and relationship transformation are common to many adolescents.

  This film has been utilized to focus on adolescent development and functioning. In a human behavior course, study questions were developed to help students understand adolescent issues:
  1. What developmental issues were the characters in the movie facing?
  2. How did environmental factors influence the manner in which these developmental issues were expressed?
  3. What strengths did each of the characters possess?
  4. What issues does the main character need to resolve?
  5. If you were the human service worker counseling the main character, what approach would you take in helping him resolve his developmental issues?

- **Fisher King**
  - *Fisher King* (Gilliam, 1991) is a young professor witnesses the brutal killing of his wife and, subsequently, resigns from his job and becomes
plagued by delusions and hallucinations. He ultimately winds up home-
less. While living on the streets, he and his homeless companions come
into contact with a radio shock jock whose career is on the decline due to
alcoholism, relationship problems, and the fact that he blames himself for
a killer’s random attack in a restaurant several years before (not so
coincidentally, the same event that caused the demise of the wife of the
former professor). The complex and rich nature of environmental influ-
ences, developmental dilemmas, and psychological conundrums pro-
mote a wonderful opportunity for classroom analysis and subsequent
discussion. When used as a group activity, students learn to negotiate
with classmates as they must with treatment team members in future
employment situations.

**Student Selections: A Group Film Project**

Learning can also be structured around group projects when using films.
During a course titled “Positive Youth Development,” students were asked to
present and discuss video clips that illustrated various perspectives on social
problems. Groups of five students each chose a problem area: substance
abuse, deviant behavior, depression, family dynamics, and unemployment.
Each group used a film to teach the class about these five problems. As part
of the assignment, students were asked to present films that portrayed the
problem in different ways, the accuracy of each portrayal, and various
multicultural realities.

**Limitations in the Use of Films**

As with other teaching tools, contemporary films have important limita-
tions. First, because they are developed for entertainment purposes, films
may simplify, romanticize, dichotomize, or otherwise reduce real-life, social
and psychological complexities.

Films...are cultural vehicles that carry the ideological message of work,
conformity, reproduction, stability, and deference to authority. At the same
time and in order to render less obvious their ideological content, they also
present a sweet, uplifting narrative of social justice and the triumph of good
over evil. (Dowd, 1999, p. 332)

Second, although films can engage students on multiple levels, the
characters cannot engage in dialogue with students. Nor can they form
relationships. They cannot reflect together with students. Instructors and
students need to exercise their critical-thinking skills to identify and manage
these factors. An active and continuous instructor presence is essential for
encouraging and guiding the imaginative process.

**Conclusion**

Translating the human service principle of meeting clients where they are
into meeting students where they are (Dore, 1993), contemporary films can be
used to help students acquire holistic understandings of person and environ-
ment. Films encourage students to understand and feel experiences of people
in their historic time and to bring alive customs, cultural practices, politics,
and economics that affect them. Films are contemporary forms of art that often
are able to engage feelings and thoughts, to draw the viewer inside the lives of
their characters.

Further, the guided use of film in the classroom brings the student closer
to the real world of practice. Film can also offer students the opportunity
to practice and develop important critical-thinking skills (Perscosolido, 1990).
With the structure of guided instruction, contemporary films can be effective
teaching tools of theory, particularly as ways of introducing students to the
cultural complexity of the world beyond the classroom, assisting them to
learn and synthesize fundamental knowledge for human service practice.

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*Human Service Education, Volume 22, Number 1*
BOOK REVIEW

Human Services and the Marginal Client
By Diane E. Alperin & Nicholas Richie
Reviewed by Sandra D. Haynes
Metropolitan State College of Denver

In Human Services and the Marginal Client, Diane Alperin and Nicholas Richie attempt to tackle the difficult tasks of defining marginality by developing a method of assessment for clients who meet their description of marginality; discussing best practices for serving such clients; and describing guidelines for practice, policy making, and education in human services. It is clear that the authors have done their homework in these areas as they present an excellent overview of the literature regarding marginality as it applies to human services as well as case examples in practice and education. The 181-page volume is divided into 5 chapters, each addressing an area mentioned above and a concluding section that summarizes the book.

The first chapter is devoted to defining marginality. As the authors point out, this is no small task; social scientists have grappled with this definition for most of the 20th century. Additionally, most human beings could potentially fit into the category of marginality at some point in their lives, given the myriad definitions postulated to date. By using this definition, the authors speculate that the uniqueness of all individuals will...
remain in the forefront and that the tendency to stereotype people based on superficial qualities will be negated.

Based on (a) their definition, (b) a review of the literature regarding intake practices, and (c) a review of a variety of human services intake forms, the authors present an assessment tool in Chapter 2. During a typical intake, human service workers engage in assessing the resource needs of a client and gather such information as demographics and a medical, psychiatric, and family history. The authors hope that supplementing this standard type of information with information from their intake protocol will lead to better service, a more accurate diagnosis, and a more appropriate treatment plan for the client. Information on the proposed intake form includes a client’s race; sexual orientation; living situation; housing; use of the English language (spoken, written, and reading); use of a native language; work and the importance thereof; citizenship; financial/in-kind aid; life-cycle state; spirituality; other family members; mode of decision making; length of time in the United States and in the local community; ability to travel; approach to healthcare; interest in further formal education; and the extent of activity in organizations, control over own life, comfort level when interacting with the local community, and agreement between personal values and those of American society in general. For each question, clients are evaluated by using one of the prescribed four to six descriptors. A final rating is then given on a five-point Likert-type scale indicating the extent to which the client appears to be acclimated to mainstream American culture. A summary paragraph of the client’s acclimation can then be written. Several examples are given in the text, demonstrating how the assessment tool can give a snapshot view of the client’s unique situation and the circumstances that influence the individual’s condition.

Chapter 3 focuses on serving the marginal client. The authors chose to focus on three groups, immigrants, migrant farm workers, and the homeless, because they are many services for these groups in South Florida, from which the authors herald. A brief description of the difficulties facing each of these groups is followed by examples of services designed to meet the needs of the people within that particular group. Included in their description are the services offered, agency successes, and service needs. The authors conclude the chapter by stating that “These examples illustrate the need for interagency cooperation at all levels, when dealing with the multi-faceted problems of marginal clients as well as the need to take a comprehensive approach” (p. 128).

In Chapter 4, the authors discuss the implications of their literature review and professional experience with marginal clients for human services policy and practice. Basic policy setting and differences between policies in not-for-profit and for-profit organizations are discussed. Two important points are then addressed. First, the need for human service worker self-awareness is emphasized. An important part of any human service work, self-examination helps to ensure that individuals are treated with respect. Treat-
Advocacy in the Human Services
By Mark Ezell
Reviewed by Mark S. Homan
Pima Community College

With Advocacy in the Human Services, author Mark Ezell has provided us with a good, introductory text on advocacy practice. Though the book considers both case and class advocacy, it is really about class advocacy, written for those whose primary role is as an advocate, or whose current involvement in advocacy represents their most prominent professional activity. It is not directed to the worker who periodically engages in advocacy for specific clients or who may take occasional supportive actions on behalf of a larger advocacy effort. However, by exploring the role that advocacy practice can have within human services, the author invites the reader to think about her or his practice and the possibilities for an increased role in advocacy work.

The text is not overly ambitious. While, fundamentally, this is a strength, I was sometimes left wanting more—a more full examination of the topic at hand or the development of more themes that would support effective advocacy practice. By holding a tight rein on the subject, Ezell keeps the readers attention to the core messages of the book: (a) advocacy has an important place in human service practice, (b) workers can learn to be good advocates, and (c) here are the basic ways you go about it and the things you need to know.

The reader can tell that the book was written by a practitioner. This is an author who has tested his ideas in the fire of practice and has learned much as a result. Drawing from actual experience in advocacy work is helpful. Relating concepts to those experiences helps to make the concepts more real. Though it is perhaps a minor point, most of the examples cited come from the author's own history. By using a broader set of examples, beyond his own
experience, the author might have better communicated how these concepts work in action, not just that they have worked for the author.

Ezell writes directly to the reader, not just about the subject. Doing so moves beyond simply providing an understanding of the idea of advocacy; it implies an expectation of its use. The book is written in language that is accessible and free from jargon.

The book is well organized around 10 chapters and divided among three sections. Each chapter begins with a set of objectives and ends with a number of questions intended to extend learning.

Part One provides the author's view of advocacy as a distinct form of practice. Included in this overview is an examination of ethics as they call for and direct advocacy efforts. In Part Two, the author devotes a chapter to each of four specific types or strategies of advocacy practice: agency advocacy, legislative advocacy, legal advocacy, and community education advocacy. He concludes this section with a sound discussion of the need for doing your advocacy homework. Placing this chapter at the end of the section makes good sense. The reader can more easily understand the need for and the nature of homework after having considered the basic advocacy approaches and their various tactics. In fact, the matter of doing your homework is a theme that runs throughout the book. This caution roots the reader in an expectation of effective practice. Part Three begins by pulling the strands of advocacy practice together through the use of a story that serves as a case study in which principles are seen in action. The book concludes by alerting the worker to various challenges and traps while, at the same time, providing a set of guidelines to keep practice focused and effective.

Though most of my few reservations are minor, the lack of clear attention to the involvement by those affected by the policies and practices the advocate seeks to change is more troubling. There is some mention of matters, such as making sure that the advocacy effort remains connected to the desires of the affected class. Yet, no real sense of partnership with the affected class is established. There is not much in the way of working with members of the class both to develop their capacity for self-advocacy and to ensure that the advocate's views are shaped by a direct, ongoing, and equal relationship with those whose interests the advocate's action intends to benefit.

While, as the author points out, affected classes rarely have the organized power to effectively pursue their own interests, the same, he says, may well be true for human service workers. Ezell rightly points out that human service workers can build on and use their own values and expertise. Yet, this is true for the members of the affected class, as well. The difference is that workers, as professionals, are better connected with other professionals and have some social sanction for their involvement in advocacy. The fact that those persons who directly feel the problem have less sanction, even from many professionals, to engage in advocacy is a matter that could have been more fully examined.

The author recognizes that human service workers need to strategically ally with influential others to develop and use power. Not purposefully developing partnership with and the capacity of affected classes, though, leaves them outside the power loop, keeping them dependent on the good graces and knowledge of those who advocate on their behalf, rather than at their side. While it is true that some groups, for example, infants, cannot act on their own, parents of these same infants can. Even if the author has decided that a full examination of this particular aspect of advocacy is outside the purview of the text, it would have been helpful to have some considered discussion of its importance.

This book will come in handy for me as I continue to engage in advocacy activities. It is a down-to-earth and pragmatic contribution to the field. The useful information and practical advice will be particularly helpful to students and others who are beginning to take a look at the importance of advocacy as a method of human service practice.

Mark Ezell makes a strong point in reminding the reader that everyone is an advocate—it's just that most people advocate for the status quo. He invites us to be advocates for change and provides us some good, basic tools for doing so.
Ideas and Tools for Brief Counseling

By Jack H. Presbury, Lennis G. Echterling, & J. Edson McKee
Merrill/Prentice Hall, Upper Saddle River, NJ, 2002, 259 pages

Reviewed by Jill C. Jurgens
Old Dominion University

Ideas and Tools for Brief Counseling is an extraordinary resource for counselors-in-training and for individuals who currently practice brief counseling. In fact, this book offers some practical suggestions to enhance almost any counseling relationship. With its emphasis on solution-focused and narrative approaches to counseling, Presbury, Echterling, and McKee incorporate ideas and tools into every chapter. This approach summons readers to get involved, to actively engage themselves in the process, and to truly “experience” the book.

Each of the 12 chapters is well organized, clear, and user friendly. At the beginning of each chapter, the authors capture readers’ attention by introducing clients through the use of narratives (i.e., storytelling). Readers are left in suspense until the end of each chapter when they are able to “listen in on the session” in order to learn how counselors have employed brief counseling techniques in working with these clients.

“Listening in on the session” is only one of five types of activities found in each chapter. Readers encounter “reflecting questions” at the conclusion of each story. These questions invite readers to explore their thoughts, feelings, and reactions regarding the narrative and other activities. “Experiencing this idea,” challenges readers to become active participants in the learning process by using brief therapy concepts in meaningful ways. “Using these tools” are activities that allow readers to assist the characters in the narratives by designing their own brief therapy techniques and interventions. The final activity, “the segue,” serves as a transition between chapters. Through the use...
of segues, readers are put in the appropriate frame of mind for upcoming ideas and tools. Following are brief summaries of the 12 chapters:

Chapter 1, "History of Brief Counseling: The Fly Bottle," chronicles the history of brief counseling and then offers a "bridge" between the past (i.e., more traditional approaches to counseling) and the future (i.e., the "minimalist" and "just in time" process as of brief counseling). Emphasis is placed on engaging in theory in order to be an effective counselor.

Chapter 2, "Facilitating Change: The One Constant," encourages counselors to help their clients to focus on change through the resolution of dilemmas, not through problem solving. Metaphors and life stories are two of the tools described that help clients to change their unproductive ways of viewing the world.

Chapter 3, "The Centrality of the Counseling Relationship: No Magic Tricks," highlights the notion that strategies and techniques are only effective if the counseling relationship is strong. Several core conditions for successful counseling are cited and readers are introduced to the "LUV Triangle" and "Carl Rogers with a Twist," techniques developed to enhance the counseling relationship.

Chapter 4, "Helping Clients Frame Goals: The Pull of the Future," proposes that counseling should assist clients in determining future desires, not find past causes of presenting concerns. Counselors are encouraged to work with an eye to the future and actively engage clients in establishing goals.

Chapter 5, "Constructivist Counseling: Inventing Realities," presents an alternate way of viewing reality through constructivism. Through this approach, counselors assist their clients in reconstructing the way the clients represent themselves and their world. Asking questions can be an effective tool in constructivist counseling. Specifically, counselors are invited to ask questions that encourage images of success.

Chapter 6, "Narrative Counseling: Clients' Lives as Stories," describes the notion that clients often come to counseling with outdated, rigidified, and tragic narratives. This chapter offers a number of techniques (i.e., externalization, finding the pony, using encouragement) to assist clients in constructing healthy narratives.

Chapter 7, "Managing the Client's Emotional Arousal: Hot-Wiring," summarizes recent research on the impact of emotion on social judgment. A fresh approach on the use of empathy is addressed. Specifically, counselors are taught techniques for stimulating empathy in their clients. Other tips are given on managing emotional arousal during sessions and on helping clients respond emotionally to positive images.

Chapter 8, "Using Mystifying Techniques: Turning Stumbling Blocks Into Stepping Stones," introduces creative ways to strengthen clients' emotional arousal, thereby inspiring them to imagine a better future for themselves. Guidelines are shared on delivering a reframe, constructing an enchanting metaphor, and writing letters to exotic audiences.

Chapter 9, "Chaos and Complexity in Counseling: Butterflies and Loaded Dice," suggests newer and more controversial methods to counseling. "Confusion techniques" and "paradox" are two of the strategies introduced in this chapter. These powerful counseling tools can "perturb" clients into making dramatic changes and reorganizing their thinking.

Chapter 10, "The Reflecting Team, Consulting Break, and Offering Suggestions," offers techniques that can be implemented during the latter portion of the session. The power of consultation is stressed and tips for delivering suggestions are outlined.

Chapter 11, "The 'Brief Attitudes,' the Second Session, and Beyond," reviews the basic themes that characterize the "brief attitude." Specifically, the authors stress that brief therapy is more than a set of techniques applied to a problem. Instead it is viewed as a means to assist clients to move "from a stuck position to one of creative possibilities." Tools are focused on working with clients in subsequent sessions and techniques are shared to assist counselors with the termination process.

Chapter 12, "Dealing with Involuntaries and Revisiting the First Session," discusses in great detail the challenges associated with involuntary clients. Tips are shared on dealing effectively with these clients and suggestions are given for working with referring third parties. This final chapter also revisits the first session and offers a summary guide of tools that can help counselors succeed in brief therapy.

This book was truly a delight to read. Educators will appreciate its experiential and theoretical approach. Although a few of the activities and concepts may require some additional clarification by the instructor, students will likely find the book stimulating and challenging. In addition, clinicians will find its many tools and ideas invaluable in the work setting. With its strong emphasis on narrative approaches to brief counseling, it was no surprise that this book often read like an enticing novel.
BOOK REVIEW

Intentional Helping: A Philosophy for Proficient Caring Relationships
by John J. Schmidt
Reviewed by Frederick Sweitzer
University of Hartford

As human services continues to grow and define itself as a profession and an academic discipline, one of the efforts that has received a lot of energy and attention is the attempt to define clearly the skills that human service workers have. The groundbreaking work by NOHSE, CSHSE, HSRL, and others to define and integrate Community Skills Support Standards is important work. Still, a clear set of skills is only one hallmark of a profession. Another is a knowledge base, which consists of skills and a network of underlying beliefs and philosophical tenets that unite, integrate, and give meaning to those skills. The ability to operate from and reflect on a sound philosophy based on theory, research, and wisdom of practice is what separates a professional from a technician. I do not argue that there should be one knowledge base for the profession; rather, I believe that each program should have one and that the content of such knowledge bases should be the subject of lively professional discussion.

John Schmidt’s book is an attempt to provide one such philosophical framework for counseling. Most of the book focuses on dyadic counseling, and not all human service workers are counselors. Still, most, if not all, human service programs have individual helping as a core set of skills; therefore, a book like this should be of great interest. While there are some concrete suggestions and examples, for the most part this is not a how-to book. It is a challenging, stimulating, and thought-provoking book; and it is not an easy read. Philosophical discussions rarely are.
The basic tenet of this book is that, to be effective, helping skills must be integrated with a foundation of intentional caring. The book is about caring, and about intentionality, but time and again it returns to the integration and interdependence of caring and intentionality with essential knowledge, skills, which he makes explicit, and some may not agree with all of the tenets. But it is sure to provoke thinking about what we do believe, and that can only lead to good results.

Chapter one, “The Heart of Helping,” discusses basic definitions and dimensions of caring, one of the central themes of the book. The ideas set forth here are revisited many times in subsequent chapters. Schmidt defines caring as a demonstrated concern, attention and an inclination to help or protect. He argues that without caring intent, helping skills can be misdirected or even mechanistic. Drawing on a variety of literature, he outlines what it means to care and why people might invest in caring behavior. He attempts to distinguish between empathy and caring, arguing that empathy is found in some caring relationships. The distinction is clear, but later in the book there are some powerful arguments for empathy, and I am left wondering whether it is possible to care without empathy. The chapter also sets forth eight aspects of caring, each of which is elaborated on here and in subsequent chapters: general and specific knowledge, flexibility, patience, honesty, trust, humility, hope, and courage. In a section on self-knowledge, Schmidt states that our understanding of ourselves, our ability to reflect on how and why we care, and our ability to attend to our emotional and physical well-being, are essential to our ability to care. From here, Schmidt returns to the topic of understanding and accepting others, and he also weaves in the importance of self-understanding. If we can understand and control our perceptions and reactions and focus on the world of the client, we can understand and accept the client more fully.

Chapter two focuses on intentionality, a concept that has been around counselor education and the helping professions for many years and that forms the second major piece of Schmidt’s conceptual framework. Intentionality, Schmidt argues, is more than being aware of one’s intentions. It is deliberately choosing actions that are in line with those intentions, thus maintaining a consistent direction and careful purpose. He writes of a bipolar continuum, with intentionality at both ends. It is possible, he says, to be intentionally caring and helpful and, also, to be intentionally uncaring and unhelpful. In the middle is unintentionality, the zone where, regardless of the effect of one’s actions, one is not choosing them deliberately with a clear goal in mind. Intentional helping, then, integrates general and specific knowledge (knowing what) with a constant and accompanying focus on goals and the rationale for those goals (knowing why). This is a decidedly humanistic view of intentionality, and Schmidt is clear about this assumption. He argues, for example, that goals ought to involve “doing with” as opposed to “doing to.” Towards the end of the chapter, Schmidt returns again to the topic of self-understanding, arguing that attention to and care for self is necessary if we are to remain focused on our goals for the client.

In chapter three, “An Anatomy of Intentional Caring,” Schmidt offers a structure that unites intentionality and caring that is organized around three elements. The first is perception, and here Schmidt emphasizes three key aspects of perception as it relates to intentional caring: understanding the nature and power of the clients’ perceptions of self and reality; understanding one’s own perceptions; and the ability to both accept the client’s perceptual reality and challenge her or him to assess and perhaps alter those perceptions. The second element of intentional caring is a “healthy” philosophy. Here again, Schmidt is explicit about some key elements in that philosophy, returning to the notions of trust, flexibility, respect, and regard. The third element is a set of beliefs that helps counselors walk that fine between accepting and challenging client perceptions: a positive view of self and others, empowerment, and authenticity. Schmidt’s assertion that “caring helpers do not use methods that cannot be fully explained to clients” could make for a lively discussion in human service classes, given the wide diversity of populations and issues served by human service workers. Chapter three ends with a section on culture and caring, which I was glad to see, emphasizing the importance of looking at others and one’s self through a cultural lens.

Having established the basic conceptual framework for the book, Schmidt moves on to an integration of attitudes, skills, and knowledge that allows us to send caring messages to clients, operating from clear and well-grounded goals. Intentional counseling, a framework developed by Schmidt and William Purkey, is the approach used here. In a section on maintaining an encouraging stance, Schmidt again returns to fundamental beliefs about self and others, emphasizing optimism, respect, and trust among others. It is a somewhat daunting list, and Schmidt seems to understand that. He offers what he calls a “structure for helpful caring,” which is a list of what he calls essential actions. These actions help us to maintain our encouraging stance in the face of many obstacles, and they include desiring, preparation, overcoming obstacles, and measuring progress. The chapter ends with a section that acknowledges that many helpers work in situations that pull against caring and intentionality, and offers a variety of concrete, practical hints and suggestions.

In chapter five, Schmidt returns again to the notion of caring for ones self. First, he offers a framework for self-reflection based on Maslow’s notion of self-actualization. He organizes Maslow’s ideas into five categories, each of which are areas for helpers to reflect on: groundedness, autonomy, humor, enjoyment, and self-acceptance. Next, Schmidt outlines basic areas for self-care: emotional, psychological, spiritual, and physical. Each is described clearly, though none are discussed in great detail. Finally, in a section on relationships, Schmidt tells us that we need to care for ourselves and for others, both personally and professionally.
The final chapter of the book is in some ways the boldest. Here, Schmidt attempts to build a rationale for extending the fundamentals of intentional caring beyond the helping dyad. In a section on Cultivating Care for Others, he suggests that one outcome of therapy may be to cultivate in clients a desire to reach out and care for others. He emphasizes that this cannot be a condition or an expectation, but he writes in some detail about how to begin early and influence clients towards concern, empathy, and respect. This section raised some ethical questions for me. While it is hard to argue with the value of caring and empathy, it seems that we are awfully close here to imposing a set of values and an agenda on the counseling process rather than exploring and accepting therapeutic goals from a client's point of view. In the next section, Schmidt talks about institutional responsibility for caring. He offers some ways of assessing the direct and indirect messages sent by an organization that may or may not communicate caring and regard to those who work there or those who seek service. The assessments are easy to understand and to use, but they offer a fairly unsophisticated view of organizational dynamics. I applaud Schmidt for including this section, as I think that helpers of all sorts ought to understand how to think in systemic terms. Some additional explorations and references from systems theory, though, would have been welcome. In the final section of the chapter, Schmidt argues that the essence of therapy is love and that we can, through our own actions and what we encourage in our clients, extend ourselves in loving ways to a widening circle of others. He outlines ten conditions for that extending, and they are very similar to aspects of caring already discussed in the book.

The more I thought about this book, the more I realized how ambitious it is. These are interwoven and interlocking concepts. They are really a system of ideas and, as in any system, it is hard to understand any of them without understanding them all. Setting forth such a system in a step-by-step, linear fashion is quite a challenge, and it is met in some parts of the book better than in others. This is definitely a book to be read more than once; and, if I were to use it in class, I would try to build that in. The lists of qualities, attitudes, conditions, and so forth get a little difficult to follow after a while, and I found myself looking for some sort of visual concept map. I also think that more concrete examples would help a great deal: The book is written largely in abstract terms. Finally, there is a fine line between being recursive and being repetitive. In some cases, Schmidt is masterful in bringing up concepts over and over, but adding a little more to them each time, and integrating them with newer concepts as he goes. In other cases I felt like I was reading the same ideas over again, with slightly different labels and emphases.

I enjoyed the challenge of this book, and think my students would benefit from it. I am not sure just where in a human services curriculum it would fit, however. It would be difficult to include in a basic helping skills course; I think it is just too abstract for most undergraduates until they have some counseling or helping experience. However, it would be an important resource and guide for instructors of those courses, as it would help them avoid, from the very beginning, divorcing skills from attitudes, values, and philosophy. It would also be a very interesting book for a seminar, especially accompanied by some of the primary text from the rich and varied theorists on whom Schmidt has drawn.
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