

National Organization for Human Services

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

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

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

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

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

Membership information can be found on the organization's website at www.nationalhumanservices.org. Correspondence should be addressed to the NOHS, 5341 Old Highway 5, Suite 206, #214, Woodstock, GA 30188 (770) 924-8899, or at: info@nationalhumanservices.org.

2009 Editorial Board

National Organization for Human Services

Lead Editor

Jill Jurgens Dustin

Old Dominion University

Department of Counseling and Human Services

Associate Editors

Laurie Craigen

Old Dominion University

Department of Counseling and Human Services

Tammi Milliken

Old Dominion University

Department of Counseling and Human Services

Edward Neukrug

Old Dominion University

Department of Counseling and Human Services

Editorial Assistant

Rebecca McBride

Old Dominion University

Department of Counseling and Human Services

Copy Editor

Garrett A. McAuliffe

Assistant Copy Editors

Nancy L. Schafer and Garrett J. McAuliffe

Reviewers

Joel Diambra

University of Tennessee

Educational Psychology and Counseling

Tricia McClam

University of Tennessee

Educational Psychology and Counseling

Rich Furman

University of Washington, Tacoma

Social Work

Patrick Morrissette

Brandon University

School of Health Studies

Cheree Hammond

James Madison University

Department of Graduate Psychology

Thomas Potter

William Penn University

Division of Social and Behavioral Sciences

Sandra Haynes

Metropolitan State College of Denver

School of Professional Studies

Shawn Ricks

Winston-Salem State University

Rehabilitation Studies

Pam Kiser

Elon University

College of Arts and Sciences

Frederick Sweitzer

University of Hartford

Human Services

Table of Contents

Articles

Supporting Students with Disabilities in Postsecondary Education
*Lauren Lindstrom, Rosemarie Downey-McCarthy,
Shoshana D. Kerewsky, and K. Brigid Flannery*.....4

Defining Human Services: A Discourse Analysis
Susan O. Kincaid.....14

The Status of Women and Its Influence on Human Service Education in a
Non-Western Culture
Sofoh Hassane, Tricia McClam, and Marianne Woodside.....25

Perceptions of Ethical Behaviors: A Survey of Human Service
Professionals
Tammi F. Milliken and Edward S. Neukrug.....35

The Anxiety of Affirming Heterosexuals when Negotiating
Heteronormativity
Lance C. Smith.....49

Student Actors as Mock-clients: Authentic Learning for Human Services
Students
Judith F. Esposito.....59

Promoting Healthy Relationships: A Seminar for Human Service
Professionals
Laurie M. Craigen, Rebekah F. Cole, and Danica G. Hays.....76

Book Reviews

Career Interventions and Techniques: A Complete Guide for Human
Service Professionals (2007) by Molly S. Duggan and Jill C. Jurgens
Shawn Ricks.....84

Review of *Buzzed: The Straight Facts about the Most Used and Abused
Drugs from Alcohol to Ecstasy*, Third Edition by Cynthia Kuhn, Scott
Swartzwelder, and Wilkie Wilson
Shoshana D. Kerewsky.....87

Announcements

Guidelines for Authors.....89

Supporting Students with Disabilities in Postsecondary Education

*Lauren Lindstrom, Rosemarie Downey-McCarthy,
Shoshana D. Kerewsky, and K. Brigid Flannery
University of Oregon*

Abstract

A growing number of students with disabilities are enrolling in postsecondary training programs. Using case study methodology, this study documented existing barriers and supports for students with disabilities enrolled at four community colleges. Major barriers identified were (a) lack of information about college programs and services, (b) low self esteem and confidence, and (c) difficulties completing admissions procedures. Effective support services included (a) increasing initial access for enrollment, (b) offering individualized field-based experiences and accommodations, (c) making connections to additional campus services, and (d) providing ongoing progress monitoring. Implications for human services professionals and educators are discussed.

Introduction

Enrollment and completion of postsecondary education has become progressively more important in today's rapidly changing and increasingly complex global economy. Despite efforts to level the playing field, a number of underrepresented groups, including students with disabilities, students of color, and first generation college students, have not had equal access to the benefits that postsecondary education can provide (Grubb, 2001; Kincaid, 2008). The Council for Standards in Human Services Education (CSHSE) has established clear guidelines for human services training programs nationwide to support admission and retention for many of these disadvantaged and underrepresented students. More specifically, CSHSE recommends that human services training programs develop "policies and procedures for enrolling, advising, counseling, and assisting students with special needs" (CSHSE, 2005, Standard 5.2). In this article, we focus on describing the unique needs of students with disabilities in order to raise awareness of human services educators and offer effective strategies to support students with disabilities who are engaged in human services training programs.

Students with disabilities enrolled in postsecondary education include those with physical disabilities, mental health conditions, learning disabilities, attention deficit disorder, and other disabilities (Anctil, Ishikawa, & Scott, 2008). In 2004, individuals with disabilities

accounted for approximately 11% of all college students (Wagner, Newman, Cameto, & Levine, 2005). However, youth with disabilities are only about half as likely as their peers without disabilities to attend college (Wagner et al., 2005). Approximately 30% of youth with disabilities engage in postsecondary education during the first two years after leaving high school, compared to nearly 70% of high school graduates in the general population (U.S. Department of Labor, 2009). In addition to these lower enrollment rates, students with disabilities are less likely to complete a program of study than their peers without disabilities (Anctil et al., 2008).

The challenges faced by students with disabilities entering postsecondary education are complex (Getzel & Thoma, 2008; Lindstrom, Flannery, Benz, Olszewski, & Slovic, 2009). Students who are identified for special education services in public elementary and secondary schools are entitled to specialized instruction and individualized planning services. In contrast, college students are able to access disability resources only after they identify themselves, provide current disability documentation, make a request for specific accommodations, and disclose to each college instructor on a term-by-term basis. To successfully navigate this system, college students with disabilities must learn to advocate for themselves in an active, ongoing manner (Hong, Ivy, Gonzalez, & Ehrensberger, 2007). Yet self-advocacy can be a significant challenge for college students with disabilities, who must often confront and reconcile experiences of academic and social discrimination to succeed in college (Prentice, 2002).

As a growing number of students with disabilities enroll in human services training programs, it is essential that college staff, faculty, and field supervisors understand the unique challenges and barriers faced by students with disabilities. This knowledge will assist human services educators in providing more inclusive instruction and supports for students with disabilities who are entering our profession (Hong et al., 2007; Kincaid, 2008).

Method

The purpose of this study was to describe and document the pattern of services currently provided to students with disabilities enrolled in postsecondary training programs. The research focused specifically on understanding the individual and systemic barriers faced by these students as they enter the college environment, and describing the services and supports that may have contributed to increased access and more positive educational and career outcomes.

Our research team utilized qualitative case study methods to examine existing barriers and patterns of service at four community colleges. Case study research involves a thorough examination of multiple factors within the context of a single case (Yin, 2003). A

multiple case study approach includes numerous sources of evidence and a variety of perspectives, permitting the use of a triangulation strategy that increases the overall soundness of the findings (Patton, 2002; Yin, 2003). Qualitative methods also allowed us to give voice to the unique perspectives of individuals with disabilities, community college faculty, and agency personnel as they reflected on the challenges faced by students with disabilities in postsecondary programs.

The four community colleges selected to participate in the study were part of a unique partnership between local colleges and Vocational Rehabilitation Services. The partnership was designed to increase access and improve outcomes for individuals with disabilities in short-term community college training programs. All students with disabilities enrolled in the partnership completed community-based occupational training as well as academic coursework. Findings reported here are part of a larger systems change case study that focused on the development and implementation of this partnership over time (see Lindstrom et al., 2009).

Our primary method of data collection involved in-depth, semi-structured interviews with multiple informants at the four community college campuses. Sample interview questions are included in the Appendix. Across the four colleges, a total of 99 people participated in the case study interview activities including community college faculty, staff, and administrators ($n = 38$); Vocational Rehabilitation counselors and administrators ($n = 37$); other key program stakeholders, including high school transition staff and program advisory members ($n = 17$); and students with disabilities ($n = 7$). All interviews were recorded and transcribed verbatim for later analysis. In addition, we conducted a brief written survey that included specific questions about support services provided, changes in curricula, and other program components offered to students with disabilities. The survey was completed by community college faculty members selected from each of the four sites. Survey data were used to confirm and extend the interview data and provide specific examples of service delivery elements across colleges.

Following standard qualitative analysis procedures (Miles & Huberman, 1994), we coded the interview transcripts by assigning specific labels to individual passages of text. To ensure inter-coder reliability, all transcripts were coded independently by two members of the research team and entered into a qualitative database for further analysis (NUD*IST 6, QSR International). We then summarized the interview and survey data and developed a narrative case study report for each college. After completing a member checking process with individuals who participated in the interviews (Patton, 2002), we edited and finalized each case study report. In the final stages of analysis, we used cross-case analysis (Miles & Huberman, 1994; Yin, 2003) to produce cross-case data tables comparing and summarizing information

across all sites and all sources. Cross-case analysis allowed us to confirm common themes and key findings.

Results

These case studies provided a unique opportunity to describe the pattern of services available to students with disabilities enrolled in community college training programs. Across all four colleges, students, faculty, and other key participants described three specific barriers that can limit access and prevent students from succeeding in postsecondary education. Participants also offered four broad strategies that improved educational experiences and led to more positive outcomes. These key findings were consistent across all four sites and verified through interview and survey data from all respondent groups.

Barriers

Students with disabilities faced a number of individual and system-level barriers in the initial phases of accessing and enrolling in postsecondary education programs. First, students with disabilities often lacked information about the variety of programs and services available at the community college. Study participants and local rehabilitation counselors were not aware of the opportunities for career and technical training programs or field-based learning experiences and incorrectly assumed that college coursework would be too demanding.

Secondly, students with disabilities who participated in the study sometimes lacked confidence in their own skills and abilities. For example, one young woman with a visual disability said she was considering enrolling in a professional training program, but decided against it because, “I felt that I wasn’t good enough and I was thinking nobody wanted me.” Another student with a learning disability noted, “I actually just thought I was stupid. I really did. I wouldn’t admit it to anybody but you know after a certain point when you really don’t do well in school, you just say I don’t care.”

Finally, we found that many students with disabilities had trouble completing the initial process of enrolling in postsecondary education. For some individuals with disabilities, college applications, initial placement tests, and financial aid packets were overwhelming tasks. One program administrator commented on the difficulty students with disabilities faced when completing the initial required forms and paperwork, “So, some folks [...] never got past the financial aid packet. For students that had some issues with processing or other cognitive issues, that intimidation did them in and they never get back through those (college) doors.” Complicated admissions and enrollment procedures sometimes created insurmountable barriers for students with disabilities who may have been interested in attending postsecondary training programs, but were unable to complete these initial steps.

Strategies

Study participants also described a number of strategies that supported individuals with disabilities and increased access to college programs. One important strategy involved college faculty and staff creating a welcoming environment on campus for students with disabilities. In all four colleges, a specific staff member was assigned to serve as the initial contact person for students with disabilities. This individual would provide students with information about a variety of possible training options, coordinate services with the local rehabilitation offices, and conduct individual and group orientation meetings. The contact person also served as a liaison and advocate within the college, offering specific support for students to complete the initial application and financial aid paperwork. One college administrator summed up the impact of these new individualized support services, “I think that before [this program was put in place] the students probably received help, but it was scattered. I think the presence of a person who is an advocate and a supporter is really key.”

Another key strategy was the availability of individualized programs of study and specialized accommodations as needed. Flexibility and customization of the curriculum led to more meaningful learning opportunities for students with disabilities. In the four case study sites, learning was also often tied to specific career goals, and community-based, hands-on training, such as internships or field placements, was the norm. One student with a learning disability emphasized the importance of learning in applied settings: “I learn better that way. I’m not a real learner from books, but show me something and you only have to show me once.” Faculty in these programs were also willing to offer specific individualized accommodations to help students succeed in the academic components of the program. Sample accommodations noted by students as helpful included recording classes, access to lecture notes, extra time on tests, and opportunities to repeat courses more than once.

Faculty and staff also focused on connecting students with disabilities to supplemental college services and programs. Community college personnel provided information and assisted in coordinating with a wide range of other on-campus resources such as disability services, financial aid, tutoring, advising, and English as a Second Language programs. One faculty member noted,

The entire staff has tried many times to come up with a resource to try and assist those individuals [with disabilities] – whereas they might not have gotten that in the past. It might be a learning issue. So maybe we will help them get involved with ESL support or sometimes they haven’t finished their GED. So I think

we really try and make sure we find every way we can for them to stay in the program and finish their training.

These supplemental services offered a critical additional support system for students with disabilities who in the past might have struggled in a college setting. With the provision of these additional services, students were more likely to complete their programs of study.

Finally, college faculty were proactive in providing progress monitoring and advocacy for individual students. Faculty and staff developed multiple measures to assess progress, and provided extensive feedback to students. As one staff member noted, “We look at their attendance, their monthly reports that assess work habits. We are the ones that go out on the end of the term evaluations and see whether or not the student is meeting the requirements of the curriculum.” Regular structured feedback and ongoing progress monitoring was a key feature in helping students with disabilities succeed in college environments.

Discussion and Implications for Human Services

These case study findings provide an in-depth description of the pattern of services available to students with disabilities enrolled in four community colleges. Interview and survey data supported the need to improve initial program access, increase the availability of relevant and hands-on learning experiences, offer appropriate accommodations, coordinate with key campus resources, and collaborate with students with disabilities to monitor progress. Although these findings offer many important strategies for human services professionals, there are a number of limitations to this study that should be noted. First, the study was based on a limited sample of community college programs in one Western state. Further research from other regions of the country is needed to confirm these findings and elaborate on needed services and supports. In addition, the primary participants in the case study interviews and survey process were community college and rehabilitation professionals. Significant insights could have been gained by including additional students with disabilities in the data collection process.

We found that individuals with disabilities encounter a host of individual and systemic barriers as they begin to consider enrollment in postsecondary education. In some cases, students may have relatively limited information about the availability of programs and services, as well as a lack of awareness about career or technical training programs. Currently employed human services professionals and human services educators can play important roles in offering information about college training programs to local high schools and other community agencies to reduce this inequity in access to information. Consistent with CSHSE guidelines to assure entrance of qualified individuals from diverse backgrounds, recruitment strategies for human services training programs should be specifically designed to reach out to students with

disabilities by providing clear expectations about academic course requirements, field placements, support services available, and future career options (CSHSE, 2005; Kincaid, 2008).

Because students with disabilities often experience discouragement and may lack self-confidence during the admissions and enrollment processes, it is important that human services faculty, staff, and student workers who interact with prospective students be informed about the unique challenges and barriers faced by students with disabilities. Regardless of disability, all students should be welcomed as they apply and provided support to succeed (Kincaid, 2008). Some prospective students with disabilities may also need individualized assistance as they navigate these complex and unfamiliar systems, including supports to complete placement testing or financial aid applications (Lindstrom et al., 2009).

Once students with disabilities are admitted to a professional training program, human services educators can identify a program-specific liaison to coordinate additional needed support services in related campus departments (e.g. disability resources, career centers, academic advising, academic learning and tutoring services). This key contact person should be well informed of relevant issues affecting students with disabilities and can focus on developing positive working alliances with colleagues and students. Students with disabilities will benefit greatly from having a designated individual with this type of expertise who can link them to services and serve as an advocate within the college (Lindstrom et al., 2009).

Students with disabilities are also more successful when specific accommodations are available within both classroom and field-based learning sites. Flexibility and adaptation of curricula can contribute to increased engagement and more meaningful learning opportunities. Specifically, learning that is directly associated with specific career objectives, and that involves community-based, hands-on training has been associated with positive outcomes for students with disabilities (Flannery, Yovanoff, Benz, & McGrath-Kato, 2008). Human services training programs, with their traditional emphasis on fieldwork and structured internships (Brown & Kinsella, 2006) are ideal settings for students with disabilities to engage in relevant career learning. Supervised internships in community agencies offer all students an opportunity to practice skills in real world settings and integrate core knowledge with applied field-based experiences (Sweitzer & King, 2004). These field experiences may prove especially valuable for students with disabilities who often prefer active contextual learning.

We also found that proactive progress monitoring and advocacy were key components for student success. Collaborative and ongoing feedback that involves strengths, areas of growth, and possible solutions has been linked to postsecondary completion for students with

disabilities (Getzel & Thoma, 2008). Human services educators should provide regular, structured opportunities for feedback in order to help students with disabilities succeed and complete their training. This type of feedback and ongoing supervision can also help students connect learning objectives with future employment and career opportunities (Kiser, 2000).

These case studies offer an important perspective for human services educators who are likely to be serving an increasing number of students with disabilities in the future. Interviews with faculty, administrators, and students support the importance of increasing initial access to postsecondary training programs and offering individualized supports and services to help students succeed. Human services education must be provided with a spirit of inclusion, acceptance, and collaboration for all students (Kincaid, 2008; Sweitzer & King, 2004).

References

- Ancil, T. M., Ishikawa, M. E., & Scott, A. T. (2008). Academic identity development through self-determination. *Career Development for Exceptional Individuals, 31*, 164-174.
- Brown, E., & Kinsella, S. (2006). University/community partnerships: Engaging human service and social work students in service learning. *Human Services Education, 26*, 59-73.
- Council for Standards in Human Service Education. (2005). *National Standards for Human Services Education, Standard 5.2*. Retrieved April 26, 2009, from <http://www.cshse.org/standards.html>
- Flannery, K. B., Yovanoff, P., Benz, M. R., & McGrath-Kato, M. (2008). Improving employment outcomes of individuals with disabilities through short-term training. *Career Development for Exceptional Individuals 31*, 56-64.
- Getzel, E. E., & Thoma, C. A. (2008). Experiences of college students with disabilities and the importance of self-determination in higher education settings. *Career Development for Exceptional Individuals, 31*, 77-84.
- Grubb, W. (2001). From isolation to integration: Postsecondary vocational education and emerging systems of workforce development. *New Directions for Community Colleges, 115*, 27-37.
- Hong, B. S. S., Ivy, W. F., Gonzales, H. R., & Ehrensberger, W. (2007). Preparing students for postsecondary education. *Teaching Exceptional Children, 40*, 32-38.
- Kincaid, S. (2008). Diversity and social justice dynamics: An analysis of the National Standards for Human Services Education. *Human Services Today, 5*(1), 1-8. Retrieved July 8, 2009 from <http://hst.coehs.uwosh.edu/fallwinter08articles/Kincaid08.pdf>

- Kiser, P. (2000). *Getting the most from your human services internship: Learning from experience*. Belmont, CA: Brooks/Cole.
- Lindstrom, L., Flannery, B., Benz, M., Olszewski, B., & Slovic, R. (2009). Building employment training partnerships between vocational rehabilitation and community colleges. *Rehabilitation Counseling Bulletin*, 52, 189-201.
- Miles, M., & Huberman, M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Patton, M. (2002). *Qualitative evaluation and research methods* (3rd ed.). Newbury Park, CA: Sage Publications, Inc.
- Prentice, M. (2002). *Serving students with disabilities at the community college*. Los Angeles: ERIC Clearinghouse for Community Colleges. (ERIC Document Reproduction Service No. ED467984)
- Sweitzer, F., & King, M. (2004). *The successful internship: Transformation and empowerment in experiential learning*. Belmont, CA: Brooks/Cole.
- U.S. Department of Labor. (2009). College enrollment and work activity of 2007 high school graduates. *Economic News Release*. Washington, DC: Bureau of Labor Statistics. USDL 08-0559.
- Wagner, M., Newman, L., Cameto, R., & Levine, P. (2005). *Changes over time in the early post school outcomes of youth with disabilities: A report of findings from the National Longitudinal Transition Study (NLTS) and the National Longitudinal Transition Study-2 (NLTS2)*. Menlo Park, CA: SRI International.
- Yin, R. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Appendix

Sample Interview Questions

Student Focus Group Questions:

1. Who were some of the most important people that helped you while you were enrolled in the community college? What kinds of things did they do to help you?
2. Did you receive any other specific services from the college, such as disability services or academic learning supports? What services were most helpful for you?
3. What was the hardest thing about being in a training program at the community college?
4. Would you recommend this community college program to other students with disabilities? Why or why not?

Community College Staff Interview Questions

1. Describe the basic pattern of services for students with disabilities who enroll in your community college. Who receives these services, and how does service delivery vary based upon student characteristics? (e.g. disability type, age of students, other barriers)
2. How has this pattern of services changed over the last few years?
3. What are some of the most important college resources students with disabilities access during their enrollment in your program? How are these resources helpful to them?
4. Are there any college policies or practices that impact students with disabilities in your program?
5. Describe some of the changes in the college that have happened as a result of serving additional students with disabilities.

Defining Human Services: A Discourse Analysis

Susan O. Kincaid
Western Washington University

Abstract

In this study, a definition of the study of human services is extrapolated from the discourse analysis of seven human services introductory texts and the philosophical statements of 11 university human services baccalaureate degree programs. Data that was congruent between these two sources was triangulated with the National Standards for Human Services Education of the Council for Standards for Human Service Education. The definition was reviewed by a group of professors and practitioners at a national conference to help define the limitations of the study and make recommendations for future study.

Introduction

Students attracted to a career helping others sometimes explore the study of human services. They often ask what they will study and quite reasonably expect to receive a succinct definition similar to what they might receive when exploring other disciplines. For example, in psychology, they might be told it is the study of the mind and behavior; sociology is the study of humans living together in groups; and anthropology is the study of humankind (Merriam-Webster, 2009). What, then, is the study of human services? Often, at least from this researcher, they receive a response describing what human services professionals do or the settings in which they do it. This reply is usually couched in terms of an interdisciplinary knowledge base and includes references to helping and systems. This answer reflects the literature and educational standards of the field but does not provide a succinct definition of what students will actually study.

Perhaps the current lack of a succinct definition reflects the history and age of the profession, its emergence in response to governmental decisions to hire indigenous human services workers who might better relate to communities, and the development of human services associate and technical degree programs in response to the Community Mental Health Centers Act of 1963 (Mandell & Schram, 2006; Neukrug, 2004; Woodside & McClam, 2006). The hiring and training of human service workers in response to government policies did not require the articulation of a definition. It required a skill set.

The study of human services may appear to lack a succinct definition; however, there is an abundance of evidence to validate human services as a study and discipline. There are numerous higher education programs from associate's through doctoral degrees, approximately 100

of which are members of the Council for Standards for Human Service Education ([CSHSE], 2005, Members). There are National Standards for Human Services Education (CSHSE, Standards) and a discipline accrediting body for degree programs, the Council for Standards for Human Service Education created in 1976 (CSHSE, homepage). In addition, there are many textbooks published dating back to the 1970s (e.g., Eriksen, 1977). There are more than 16 texts currently published by Brooks/Cole alone, some of which are in their 6th and 7th editions (Cengage, 2009, Brooks/Cole, *An Introduction to Human Services*). There are at least two refereed journals dedicated to human services, *Human Service Education* published by the National Organization for Human Services and *Human Services Today* published by the University of Wisconsin-Oshkosh.

The field of study and profession are further validated by the existence of professional organizations. The National Organization for Human Services (NOHS, 2009) is open to professionals, educators, and students in the field of human services. Among other things, NOHS hosts an annual national conference providing an opportunity for educators and practitioners to present their research to colleagues. In addition, there are numerous regional professional organizations (NOHS, Inside NOHS, Regions), some of which host annual regional conferences. The profession is further defined by a professional code of ethics (NOHS, Ethics) and a voluntary professional certification process (NOHS, Certification).

These groups provide forums for publishing and presenting research related to the constructs, knowledge, theory, skills, values, and ethics of the profession. They include opportunities for dialogue and networking. It does not appear that any of these groups has yet provided a cogent and succinct statement defining the study of human services that could be used with initiates and students.

The apparent lack of a succinct statement generally accepted among professional groups and educators in the introductory course textbook led to this study aimed at answering the following question: *Can a definition of the study of human services be inferred through the analysis of introductory textbooks, philosophical statements of university programs, and the CSHSE National Standards for Human Service Education?*

Methodology

This study was conducted using discourse analysis and constant comparison methods. Discourse analysis involves the examination of language and concepts between texts in search of patterns associated with a particular topic. It “provides a range of approaches to data and, crucially, also a range of theorizations of that data” (Wetherell, Taylor, & Yates, 2001, p. ii). During this process, a constant comparison method is

used to simultaneously develop and compare categories of data as each source is reviewed. The data collected is constantly compared across all categories to develop additional or modify existing categories (Strauss & Corbin, 1994). In this study, data sets collected from the textbooks and university philosophical statements were compared for congruence, that is, to see if they match. The convergent data were then compared to the National Standards for Human Services Education (CSHSE, 2005) for triangulation. Triangulation increases the construct validity and reliability of a study (Yin, 1994).

Three sources of data were examined: (a) seven introductory textbooks (see Appendix A), (b) eleven university philosophical statements (see Appendix B), and (c) the National Standards for Human Services Education (CSHSE, 2005, Standards). The introductory textbooks were conveniently chosen to reflect those that would be sent by publishers to instructors who teach introductory courses. The university philosophical statements were purposely obtained from members of the CSHSE (2005, Members) that offer baccalaureate degrees in human services and agreed to the use of their statements in the analysis. The standards were obtained from the CSHSE website (2005, Standards).

The study was conducted in the following sequence: (a) discourse analysis using the constant comparison method of the introductory textbooks, (b) discourse analysis using the constant comparison method of the university philosophical statements, (c) comparison of the data from the first two steps to discover the points of convergence between the two sets of data, and (d) a comparison of the data congruent between both sets to the National Standards for Human Services Education (CSHSE, 2005, Standards) to see if there was triangulation.

An examination of the preface, introduction, first three chapters, and glossary (if there was one) of each textbook was conducted in search of a definition and other data that might support a definition. Additionally, all references to human services in the index were examined. Data repeated between texts from which a definition might be inferred were collected and categorized. Nothing in this study should be construed as a criticism or even a critique of the seven textbooks reviewed. Although a specific definition was not found in the texts, there were congruent data from which a definition could be inferred including: (a) lists and descriptions of what human services professionals do, (b) lists and descriptions of the places and contexts in which human services are delivered, (c) references to various theories and disciplines from which the knowledge base for the text was drawn, and (d) statements regarding the values of the human services profession.

The university philosophical statements were examined for common themes, theories, values, and definitions. All 11 universities

were members of the Council for Standards for Human Service Education. Nine of the universities were accredited by the Council. Two additional programs were contacted but did not respond. Nothing in this study should be construed as a criticism or even a critique of the university philosophical statements.

In hopes of continued discourse moving toward professional agreement, the researcher set specific goals for the definition. In order to be inclusive of the individual programs and publications in existence, the definition of the study of human services must: (a) be broad enough to include an interdisciplinary knowledge base, (b) honor the historical context of human services, (c) set direction for the profession and at the same time allow for change and maturation, (d) be pertinent for technical through graduate degree programs, (e) allow for the uniqueness of programs, and (f) provide a framework for scholarly research. In addition, the definition, like all definitions, must be cogent, precise, and succinct.

Findings

A preexisting succinct definition of the study of human services was not found in the data examined; however, the data collected revealed several recurring themes. It became apparent that there were four points of triangulation: (a) integrated interdisciplinary knowledge base, (b) client self-determination, (c) processes to facilitate change, and (d) systemic change at all levels of society. Each of these areas of triangulation was considered an essential component of the proposed definition. In the sections that follow, each essential component of the definition is explained using examples from the three data sources: textbooks, university philosophical statements, and National Standards for Human Services Education (CSHSE, 2005). These essential components lead to and are incorporated in the proposed definition.

Essential Component: Integrated Interdisciplinary Knowledge Base

Every textbook made reference to interdisciplinary knowledge and interdisciplinary or multidisciplinary practice and problem solving. For example, Woodside and McClam (2006) described human services work as “A treatment approach that utilizes problem solving to work with clients and their problems within the environment” (p. 337). Poindexter, Valentine, and Conway (1998) stated, “Human services workers are trained to provide a wide range of emotional and practical support to a wide variety of persons who are seeking assistance with life’s difficulties and challenges” (p. 6).

In the university philosophical statements, references were made to various iterations of systems theory (e.g., systems theory, ecological systems theory, change theory), behavior change theory, human development and life span, and adult learning theory and transformative

education. Standard 2 of the National Standards for Human Service Education (CSHSE, 2005, Standards) is prefaced by the statement, “A benchmark of human services education and services delivery is the interdisciplinary approach to learning and professionalism. Curriculum development integrates specific theories, knowledge and skills that are tied to a conceptual framework and underlying philosophy.” Standard 6 further requires that the human services faculty have “education in various disciplines.”

There is also a difference between studying multiple disciplines independently and studying an interdisciplinary curriculum that is intentional in integrating information from various disciplines to enhance understanding and problem-solving skills. Each of the introductory texts addressed this issue. The use of the words *integrated interdisciplinary* was an attempt to be succinct in capturing this concept.

Essential Component: Client Self-Determined

Client self-determination was mentioned in every text and was mentioned or implied in all university statements. It is also mentioned in the specifications for CSHSE Standard 19 as one of the values held by the profession and is included in the professional ethics of the National Organization for Human Services (2009). Furthermore, allowing clients to make their own decisions, “helping them confront and solve the gamut of life’s problems” (Mandell & Schram, 2006, p. 22), is the basis of strengths-based models and a reflection of the power held by clients over their own lives. “The paramount goal of human services,” stated Eriksen (1977), “is to enable people to live more satisfying, more autonomous, and more productive lives” (p. 12). Whether the client is an individual, family, group, or community, it is the client who determines what, if any, change is in order.

Essential Component: Processes to Facilitate Change

Facilitators guide processes whereby people solve their own problems. Processes originate from theoretical constructs that can be identified and used to predict outcomes. The concept of *processes to facilitate* is further supported by the theories defined as the knowledge base in textbooks and university statements. Each textbook contained information on problem solving. If we accept the value of client self-determination as a guiding principle for delivery of human services and strengths-based models as the preferable means of problem solving, the human services professional must be seen as a facilitator rather than an expert who dictates or prescribes solutions.

In the introduction to their text, Burger and Youkeles (2004) stated, “We wrote this text in the hope of enhancing the student’s capacity to facilitate the lives of others” (p. xi). “Problems are part of living, and no one—regardless of education, income, or profession—is

immune” (Mandell & Schram, 2006, p. 3). Mandell and Schram describe the layers of human services work through direct and indirect services and advocacy related to policy change. Professionals who understand the levels at which change is possible can be intentional in designing and facilitating processes for that change.

Essential Component: Systemic Change at all Levels of Society

The language for this phrase was taken partially from Standard 12 of the CSHSE National Standards for Human Service Education. It should be noted that the Specifications for Standard 19 regarding the incorporation of human services values include, “Belief that individuals, services systems, and society can change” (CSHSE, Standards). The standards require that this value be included in the curriculum.

Every university statement included change, and all of the textbooks discussed change at differing levels of society. In their introduction, Mandell and Schram (2006) used the analogy of a seesaw and how the view changes as the seesaw moves up and down. Eriksen (1977) used the analogy of human services as a bridge connecting people with services, going so far as to state that services are the right of every U.S. citizen. In a similar discussion, Woodside and McClam (2006) stated, “Problems are part of living, and no one—regardless of education, income, or profession—is immune” (p. 3). Burger and Youkeles (2004) talked about systems as potential culprits and the need for professionals to be able to analyze systemic influences.

Whether providing direct services, advocating for individual clients, or attempting to effect change in social attitudes or policies, human service professionals are involved with change across all levels of human systems. As Cimmino (1999) stated, “The human services model places a portion of responsibility on society for creating conditions that reduce opportunities for people to be successful by perpetuating social problems” (p. 14). Although the framing varied, every text talked about the need to solve problems of individuals by changing the systems that contribute to those problems.

If human services is to benefit from history, it must maintain an alert interest in systematically monitoring and evaluating itself and stimulating changes wherever they are indicated to remove any barrier between people and adequate appropriate services. Its efforts in this direction will be guided by the assumption that if things are not working out well, we may need to change the systems, *not* the people. The greatest strength of human services is making systems fit people. (Eriksen, 1977, p. 14)

Even the texts that stressed individual change and direct services included advocacy and activism as means to systemic change and the responsibility of human services professionals.

Perhaps change is the most important concept in the definition.

Whether the client is an individual or community, whether the professional provides direct or indirect services, whether the outcome sought is behavioral, cultural, or political, the underlying goal of human services practice is change. In a separate analysis of introductory texts, Haynes (2005) concluded that the “most important concept was intervention” (p. 76). Intervention means to *come between*. Human services interventions come between people and the barriers to their well-being. In effect, interventions are change. “Human services is also a catalyst for change—for people and for systems” (Eriksen, 1977, p. 13).

Proposed Definition

Capturing these concepts in a definition resulted in a complicated sentence that, even though succinct, is difficult to grasp. *Grounded in an integrated interdisciplinary knowledge base, human services is the study of processes to facilitate client self-determined systemic change at all levels of society; personal, interpersonal, small group, family, organizational, community, and global.* While that sentence captures the depth of the findings, the definition can be simplified to: *human services is the study of processes of systemic change at all levels of society.*

Discussion and Collegial Feedback

Realizing the limitations of assertions created by a single investigator, this researcher presented the findings of the study at the 2008 annual conference of the National Organization for Human Services held in Tucson, Arizona. There were approximately 30 presentation participants including faculty representing various degree levels and institutions throughout the U.S. A few practitioners and students also attended.

The researcher facilitated dialogue regarding each essential component of the definition, and participants proposed changes to refine the definition. Given the type of setting, it is not possible to determine whether there was consensus of the participants around each change. Their responses almost exclusively related to word precision rather than challenges to the concepts captured by the definition. For instance, after identifying subtle differences between the terms interdisciplinary, trans-disciplinary, and multidisciplinary, some participants asserted that multidisciplinary was a preferable term to interdisciplinary. Some suggested rewording *client self-determined* to *client-determined*. There was only positive feedback regarding the phrase *processes to facilitate*. There was a considerable dialogue regarding whether or not there was a need to specify the levels of systems and a recommendation by some that the definition simply say *systemic change*, dropping the ending phrase *at all levels of society; personal, interpersonal, small group, family, organizational, community, and global*. Incorporating the feedback of the

participants, the proposed definition would be simplified to say: *Human services is the multidisciplinary study of processes to facilitate client-determined systemic change at all levels of society.*

Conclusions

Both the proposed and simplified definitions are cogent, succinct, and congruent with the literature, university philosophical statements, and the National Standards for Human Services Education (CSHSE, 2005, Standards). They reflect the values of the field and the literature on human services. From these definitions, it can be extrapolated that *generalist human services professionals study and are prepared to facilitate processes for change at all levels of society.*

The formalization of the definition allows a different focus in the classroom. Instead of studying what they will do and where they will do it, students will begin to see themselves as experts on processes for change, whether that change is done through direct services, indirect services, advocacy, or activism. The where and how become details of the field secondary to the focus on systemic analysis and processes for change. The possibility of societal systems either meeting human needs or creating barriers to meeting those needs shifts the context of human problems from one of individual responsibility to one of community and society, a concept that was reiterated throughout the data. Problems can be viewed as layered, both the problem of the individual and the result of societal systems. As facilitators, students understand that their role as professionals will relate to initiating and sustaining client-determined change at all levels of society.

The response of the conference participants as word-smithing rather than debating concepts is an affirmation of the definition. This is especially validating given that many participants were university instructors teaching in human services degree programs. Many were familiar with one or more of the texts, the CSHSE National Standards for Human Services Education, and the National Organization for Human Services. Some were practitioners, researchers, and authors in the human services field.

This study provides a point of reference for further research and dialogue regarding the proposed definition of the study of human services. The limitations of this study, however, should not be overlooked. There are books and universities that were not included. The study is based on the analysis and interpretation of one researcher using a limited dataset. To be valid, the definitions need to be: (a) discussed extensively in rigorous focus groups, (b) accepted by a broader sample that is more representative of the field, including authors, practitioners, and instructors, (c) validated by a more comprehensive and expansive literature review, and (d) be the subject of quantitative study such as survey analysis.

The proposed definition begins to fill a gap in the literature. It brings together essential concepts and values in one cogent statement. If *human services* is to continue to emerge as a discipline in its own right, a definition adds strength to the existing trend in that direction as evidenced by publications, education, credentialing, ethics, standards, and national organizations. It provides a conceptual framework to focus both study and practice in the field.

References

- Burger, W. R., & Youkeles, M. (2004). *Human services in contemporary America* (6th ed.). Belmont, CA: Brooks/Cole.
- Cengage Learning. (2009). Brooks/Cole. Retrieved June 19, 2009, from <http://www.cengage.com/highered/>
- Cimmino, P. F. (1999). Basic concepts and definitions of human services. In H. S. Harris & D. C. Maloney (Eds.), *Human services: Contemporary issues and trends* (2nd ed.) (pp. 9-21). Boston: Allyn & Bacon.
- Council for Standards for Human Service Education. (2005). *National standards for human services education*. Retrieved June 21, 2009, from <http://www.cshse.org/standards.html>
- Eriksen, K. (1977). *Human services today*. Reston, VA: Reston/Prentice Hall.
- Haynes, S. (2005). The introductory course: A conundrum. *Human Service Education*, 25, 75-79.
- Mandell, B. R., & Schram, B. (2006). *An introduction to human services: Policy and practice* (6th ed.). Boston: Pearson/Allyn & Bacon.
- Merriam-Webster, Incorporated. *Merriam-Webster Online*. Retrieved August 13, 2009, from <http://www.merriam-webster.com/>
- National Organization for Human Services. (2009). National organization for human services. Retrieved August 13, 2009, from <http://www.nationalhumanservices.org/>
- Neukrug, E. S. (2004). *Theory, practice, and trends in human services: An introduction* (3rd ed.). Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Poindexter, C. C., Valentine, D., & Conway, P. (1998). *Essential skills for human services*. Belmont, CA: Wadsworth.
- Strauss, A. & Corbin, J. (1994). Grounded theory methodology: An overview. In N.K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 273-285). Thousand Oaks, CA: Sage.
- Wetherell, M., Taylor, S., & Yates, S.J. (2001). *Discourse as data: A guide to analysis*. Thousand Oaks, CA: Sage.
- Woodside, M. K., & McClam, T. (2006). *An introduction to human services* (5th ed.). Belmont, CA: Thomson-Brooks/Cole.
- Yin, R.K. (1994). *Case study research: Design and methods* (2nd ed.). Thousand Oaks, CA: Sage.

Appendix A

Schedule of Textbooks Used in Discourse Analysis

- Burger, W. R. & Youkeles, M. (2004). *Human services in contemporary America* (6th ed.). Belmont, CA: Brooks/Cole.
- Eriksen, K. (1977). *Human services today*. Reston, VA: Reston/Prentice Hall.
- Hull, G. H., Jr., & Kirst-Ashman, K. K. (2004). *The generalist model of human services practice*. Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Mandell, B. R., & Schram, B. (2006). *An introduction to human services: Policy and practice* (6th ed.). Boston: Pearson/Allyn and Bacon.
- Neukrug, Ed. (2004). *Theory, practice, and trends in human services: An introduction* (3rd ed.). Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Poindexter, C. C., Valentine, D., & Conway, P. (1998). *Essential skills for human services*. Belmont, CA: Wadsworth.
- Woodside, M. & McClam, T. (2006). *An introduction to human services* (5th ed.). Belmont, CA: Thomson-Brooks/Cole.

Appendix B

Schedule of University Philosophical Statements Used in Discourse Analysis

California State University-Fullerton, Fullerton, California

Fitchburg State College, Fitchburg, Massachusetts

Metropolitan State College of Denver, Denver, Colorado

Oregon State University, Corvallis, Oregon

Springfield College, Springfield, Massachusetts

Villa Julie College (now Stevenson University), Stevenson, Maryland

University of Delaware, Newark, Delaware

University of Oregon, Eugene, Oregon

University of Scranton, Scranton, Pennsylvania

University of Wisconsin-Oshkosh, Oshkosh, Wisconsin

Western Washington University, Bellingham, Washington

The Status of Women and Its Influence on Human Service Education in a Non-Western Culture

Sofoh Hassane

United Arab Emirates University

Tricia McClam and Marianne Woodside

University of Tennessee

Abstract

This article reviews the status of women in the United Arab Emirates, an intersection of Arab and Islamic culture, and identifies the challenges it presents for faculty and students in human service education in one institution. Segregated campuses, field experiences, and transportation are examples of the concerns that are present in a human service program that uses a western template in a non-western setting. Implications for human service educators include understanding the influence of the sociopolitical context on education and increased knowledge of Arab Muslim culture related to gender.

Introduction

An educational system reflects the culture in which it exists (Nieto & Bode, 2008). Nieto and Bode (2008) suggest that it is the sociopolitical context that shapes schools and includes laws, regulations, policies, and practices. The culture in which human service education, as we know it today, arose represented a response to deinstitutionalization, a concern for the poor and the working poor, and the commitment to advocate for children and other populations unable to advocate for themselves (Woodside & McClam, 2009). Movements such as “The War on Poverty” and a greater emphasis on professionals serving those in need increased the demand for front line human service professionals (Neukrug, 2008).

Since globalization is a reality in the world today, it is not surprising that human service education has grown beyond the boundaries of the United States. Programs now exist in the United States, Canada, and Australia, all grounded in Western culture. A new program in the Middle East faces new challenges as it delivers an undergraduate human service program in a sociopolitical culture that is rooted in Eastern culture and Islam. The identification and discussion of the challenges to human service education experienced in one institution in the Middle Eastern context expands our own awareness of the world in which we live and work and the influences of a different sociopolitical context.

One way to understand education as a microcosm of society is to examine the larger sociopolitical context and its effect on educational systems. This understanding provides human service educators with insights into the influence of culture on human service education, and encourages reflection about the influences on U.S.-based human service education. Although not the purpose of this article, learning more about the Muslim culture facilitates a better understanding of and education about Muslim human service students. In other words, this new awareness impacts how we view ourselves and those who are different from us, whether they are students, other educators, or clients. This is a primary commitment to cross-cultural helping (Pedersen & Carey, 2003).

The purpose of this article is to review one particular sociopolitical component, the status of women, in a non-Western context and to explore the challenges it presents to human service education, a relatively new discipline in higher education in United Arab Emirates (UAE). We present a description of one educational program. The information about the human service program and its attendant challenges comes from the first-hand experience of the authors. The first author is the program coordinator of the Human Services and Counseling Program at UAEU. The second and third authors are human service educators in the United States. They had the opportunity to visit the UAEU and work with the human services program there.

The Context

An overview of the status of women in UAE establishes the context in which human service education occurs and the challenges to developing a human service education program at United Arab Emirates University (UAEU). Many of the challenges are related to issues of gender. Information about the country and the university complete the contextual setting that undergirds an understanding of the complexities of culture and religion.

The Status of Women

Psychologists agree that gender influences who we are and what we do (Robinson, 2005) as both a social construct and a construct related to status. In sociological terms, gender roles represent society's definitions of appropriate behavior for biological sex, males and females (Renzetti & Curran, 1992). These roles vary across cultures and within cultures and evolve over time. Influence on gender roles comes from multiple sources including parents, teachers, mentors, religious leaders, and other significant social institutions (Rabin, 2005).

Variation exists among countries that are Arab, Islamic, or both regarding the status of women (Qaradawy, 2002). To understand this variation means recognizing that the interactions between men and women are situational. Today, in most of these countries, interaction

between men and women is accepted in work and professional settings although these interactions are reserved or conservative by Western standards (Qaradawy). Dress, veils, makeup, independence, and customs represent examples of this variation. The authors' experiences indicate that student and professional dress ranges from *abayas* (black cloak) and *hujaborsheylas* (scarves) to abayas and *burchas* (only eyes exposed). In some of the souks, women also wear abayas and linen masks (sits on nose). Conduct varies from greetings that are simply nods to more Western behavior including handshakes between men and women.

Integration of women into the workforce varies among countries. In some Arab and/or Islamic countries, women have been active as front line professionals, administrators, and heads of states (e.g. Pakistan and Indonesia). In the Arabian Gulf States, governments are encouraging women's education and participation in the workforce (The business outlook for Arab women, 2003). In UAE, the focus of this article, women do not have the right to vote, yet they hold government positions. For example, currently there are four women ministers in the government, two women ambassadors, and eight (20%) women on the Federal National Council (FNC).

UAE emphasizes post-secondary education for women. Two examples are the UAEU, founded in 1976, and Sharjah Women's College, one of the Higher Colleges of Technology, founded in 1988. Both of these institutions prepare women for professions. For example, UAEU offers curricula in business, education, agriculture, engineering, law, information technology, and medicine (UAEU, 2009). Sharjah Women's College prepares Emirati women for careers in business and technical fields (Sharjah Women's College, 2009).

Social interactions between genders are less accepted and continue to be controlled, although the degree of control varies among countries. This practice is grounded in the value that is placed on family honor and the belief that misbehavior by women can do more harm than that by men (Nydell, 2004). Therefore, clear, acceptable patterns of behavior have developed to protect women from situations that may give rise to false or negative impressions or gossip. These cultural restrictions protect a woman's image. In practical terms, meetings between men and women are avoided when they might be alone (e.g., dating or traveling together). Socially, this translates to all men and all women groups, conversations, and other activities (Nydell).

United Arab Emirates

United Arab Emirates (UAE) is a relatively young country established in 1971 when seven emirates joined as one nation (Middle East: United Arab Emirates, 2009). Because of its geographic location on trade routes between Asia and Europe, it is a crossroads of East and West and is a major player in the global oil industry. Its population of

approximately 3 million comes from the Middle East, Asia, Europe, Africa, and America, and is 87% urban and 20% national. The country enjoys one of the highest per capita incomes in the world and second in the Gulf, and has free medical and educational facilities for citizens only (Middle East: United Arab Emirates). Segments of the non-Emirati population comprise much of the economic service and construction sectors. Legal and illegal immigrants, primarily from South Asia, become laborers with few rights, living in substandard housing and working long hours (DeParle, 2007).

UAE is also an intersection of religion (Islam) and culture (Arab). These two concepts are integral to any understanding of the context in which human service education exists. Historically, Islam became a state and an empire. It has now developed into a sociopolitical movement in which religion is integral to both the state and society (Nydell, 2004). UAE is a case in point.

To understand the intersection of religion and culture, consider the following numbers reported by Nydell in *Understanding Arabs* (2004). Of the global population, there are 300 million Arabs, 5% of whom are Christians or other religions, and 1.5 billion Muslims. Muslims are a majority in 55 countries; there are 22 members of the Arab League. UAE is an Islamic state and one of five Arabian Gulf States. The people are Arab Muslims, about 80% Sunni and 20% Shia.

Human service education is delivered within this Arab and Muslim context, uniquely located in the UAE. A description of the university and the human service program expands the understanding of the educational context in which the human service program is delivered and provides a context for a discussion of the challenges imposed by gender segregation.

United Arab Emirates University

United Arab Emirates University (UAEU), a pioneering institution in the Middle East, was established in 1976 in Al-Ain. Al-Ain is considered an oasis within the Abu Dhabi Emirate; it combines urban living with a rural landscape and agrarian economy. Today, UAEU is the premier national university in UAE and a leading institution in the Gulf Region with 700 faculty and approximately 15,000 students (UAEU, 2009). Its academic programs aspire to meet international curricular standards and are accredited by international accrediting agencies, where applicable. The university contributes significantly to the development of the country and the preservation and enrichment of its Arab and Islamic culture.

The Human Services and Counseling undergraduate major is housed in the College of Humanities and Social Sciences (CHSS) at UAEU. This college is one of the first four colleges established by UAEU. The first year of operation (1977-78) involved 174 students and

18 faculty; by the 2005-06 academic year, the student census was 4,000 with over 170 faculty. CHSS offers 15 different programs and it is the largest college in the university in terms of students, faculty, and range of programs. More importantly, however, is the implementation of a revised curriculum called the “New Vision” that is characterized by three central elements.

- All students engage in serious interdisciplinary studies which expose them to the major modes of thinking as represented by the academic specialties.
- All students undertake some sort of applied work as part of the curriculum.
- All students are taught in English so that they graduate as high-level Arabic-English bilinguals.

Human Services and Counseling in the College of Humanities and Social Sciences is an interdisciplinary undergraduate major, the first of its kind in the Gulf Region. It applies in-depth knowledge of human behaviors to prepare students for entry-level positions in human services, schools, and human resources. The curriculum includes a strong arts and sciences component, courses related to helping, and field experience. There is an emphasis on developing both knowledge and skills related to establishing helping relationships and providing services through the helping process.

Educational Challenges

The development of a new profession of human services and counseling within a Middle Eastern context faces many challenges. Two, directly related to the status of women in the culture, are delivery of the curriculum and development of field experience.

Curriculum

The human service program at UAEU provides an interdisciplinary program of study leading to a baccalaureate degree. The major includes core courses and electives such as “Interpersonal Relations, Research Methods in Psychology, Theories of Couples and Family Counseling, Field Experience in Human Services, Children and Families, Family Regulations in Islam, as well as many other courses” (What Areas Do We Study About?, 2008). Some related jobs include counselors in community and school settings and marriage and family counselors.

The challenge in delivering the interdisciplinary curriculum resides in the segregation of male and female students on two campuses. Female students are housed on one campus during the week; the university has a fleet of 400 buses and cars that transport female students from other cities or emirates to their homes on Thursday and return them to campus on Saturday. Female students from in and around Al-Ain are

bussed everyday and some of them are driven by family members or drivers. The males present on the women's campus are members of the administration or members of the faculty. Male students, on the other hand, are educated on a separate and open campus. Most of these students live at home with family and drive to campus each day. Their campus functions more like a traditional campus in the United States. Male students have access to classrooms, the library, and administrative offices. They maintain their own personal schedules and attend their classes according to their program of study. All students as well as the human service's educational program and professional climate are influenced by the status of women within the UAE and the Muslim culture in which they live.

The segregation of sexes presents a number of challenges for the faculty. Instruction is delivered on each campus so faculty members travel from one campus to the other to teach the same course. For example, a faculty member might teach four days a week. First period, instruction might be on the male campus; the faculty member then drives to the female campus to deliver the same class. In addition to the challenges of teaching the same course on two campuses, the students themselves may present different teaching challenges. Usually females have led sheltered lives, and continue to live sheltered lives even though they are attending college. Helping them understand practical applications of concepts of helping within the larger world context can be challenging. Preparing them to work with male and female colleagues and clients necessitates an expansion of their worldview beyond what their families or they may envision. Working with male students has its own challenges. Although the males have more freedom than their female classmates, they have also lived constricted lives.

Cultural and religious considerations influence human service education in the UAE. These are directly related to the prominent culture and values of Muslim society based upon the Qur'an, the teachings of Muhammad. These teachings define not just a religious orientation, but a way of life, delineating relationships to Muhammad as well as familial, social, and political structures (Gilsenan, 2000). The "imam" or priest is a learned member of the Muslim community who leads the prayers and in many communities provides leadership to the community and families. The imam is often the wise one to whom individuals and families turn for guidance. The family retains central importance in Muslim culture, and specific roles are assigned men and women. Men assume financial responsibility for the family; women are responsible for the home. Motherhood is held in high esteem. Women may work if they continue to fulfill their responsibilities to the family, have permission from their husbands, and do not violate Islamic law within the work setting. For example, women must be modest in behavior and dress (Gilsenan). How

do these and other values manifest themselves within the human service context?

Field Experience

An important standard of human service education is the culmination of an academic program of study with a field-based experience that provides opportunities for the application of classroom knowledge and skills. The inclusion of this aspect of human service education also presents challenges for field placements. Anticipated issues related to female students include readiness to work outside the enclosed campus environment, the development of placements sensitive to female student transition from protected student to the world of work, supervision by male professionals, and logistics of transportation between the female campus and field sites. Another transportation challenge is getting students whose field experience is in their hometowns to come to bi-weekly supervision meetings on campus. For example, getting a family member to drive the student on meeting days is problematic. Female students from the same town are driven to campus in separate cars because they cannot be in a car driven by a man who is not a family member. In addition, the faculty is often unsure how parents will react to their female children working in gender-integrated settings.

Although women are integrated into the workplace, segregation of female clients is standard practice in agency settings. One agency that prepares women for employment provides instruction in a separate classroom. Another agency educates and houses women. Both the residential setting and the educational setting are segregated from services to males; the facilities are divided so that the females and males never interact.

Conclusion

Human service education in the UAE is similar to many baccalaureate human service programs in the United States with respect to philosophy, mission, and curriculum. Located in a country that is a unique example of the intersection of Arab culture and Islam, however, the program at UAEU faces challenges related to gender that often make the fit with a Western template difficult. Segregated campuses, field placements, and transportation are examples that call for creative solutions that are sensitive to both cultural and religious norms and the sociopolitical context.

To the Western eye, women in the Arab Muslim world are viewed as second-class citizens (Nydell, 2004). Critical to understanding women in this context is the value that is placed on appearances and the protection and security that is accorded women. While this is at odds with the notion of women's equality in Western culture, in UAE women enjoy power within the family. As women age in this culture, they accrue

more status and power (Nydell). It is interesting to note that while traditional cultural customs are changing, there has been an increase in the wearing of headscarves and veils (Omstad, 2008; Stack, 2005). Perhaps the lesson for human service educators is to identify the complexities that surround culture and cultural practice and to help students explore the complexities with the understanding that they are dynamic.

In human services, we attend to the influences of context on individuals and systems (Woodside & McClam, 2009). We acknowledge that individuals and systems affect the context or the environment. In psychology, this concept is known as bi-directionality (Weiten, Lloyd, Dunn, & Hammer, 2009). We use the notion of bi-directionality as a foundation for anticipating that the knowledge, values, and skills that represent human service education will influence the human service sector in the UAE as graduates of the program assume front line responsibilities working with those in need. An empirical study of this influence would add to the human service knowledge base and inform educators of the ways that graduates translate theory learned into practice.

As members of the global community, faculty and students in Western countries expand their world views of human service education, delivery, clients, and professionals by learning about and appreciating the context in which these exist in other regions of the world. Increased awareness of context results in a better understanding of the influence of culture and religion on human service education, and its delivery, in our own country. In many cases, this expanded world view can help further prepare human service professionals whose work will entail a diversity of settings, clients, strategies, and resolutions. We hope that this examination of an international program contributes to our awareness of another culture and to educational work within another culture.

Although the purpose of this article was not to focus explicitly on how to work with Arab Muslim students or clients, the experience of developing human service education in the UAE reminds us that cultural differences influence the educational process. We can increase our sensitivity as educators by remembering that understanding and learning is rooted in a social context, time, and place (McAuliffe, 2000). Creating a community of learners, personalizing teaching, and valuing all voices and multiple perspectives provides an educational environment designed to foster growth of all of our students.

Future work related to human service education should be multi-dimensional and expand educational and research opportunities. Increased communication among educators, students, and service providers could provoke philosophical and theoretical examinations of the assumptions upon which human services are based. Considerations include the nature of society, nature of individuals, nature of individuals

within a society, as well as the exploration of the nature and goals of the helping process. Cross-cultural research related to theory, education, and human service practice expands our knowledge base and challenges the assumptions that we make about our work and the work of others. In closing, our study of one program in the Middle East raises for us more questions than answers. Thinking about human services and human service education from an international perspective moves us beyond our Western history of helping and our Western approach to human service education and service delivery.

References

- DeParle, J. (2007, August 6). *Fearful or restive foreign labor, Dubai eyes reform*. Retrieved April 22, 2009 from <http://www.nytimes.com/2007/08/06/world/middleeast/06dubai.html>
- Gilsenan, M. (2000). *Recognizing Islam: Religion and society in the modern Middle East*. London: I. B. Tauris.
- McAuliffe, G., Eriksen, K., & Associates. *Preparing counselors and therapists: Creating constructivist and developmental programs*. Virginia Beach, VA: Donning.
- Middle East: United Arab Emirates. (2009). *The World Fact Book: CIA*. Retrieved August 23, 2009 from <https://www.cia.gov/library/publications/the-world-factbook/geos/ae.html>
- Neukrug, E. (2008). *Theory, practice, and trends in human services* (4th ed.). Pacific Grove, CA: Brooks Cole/Cengage.
- Nieto, S., & Bode, P. (2008). *Affirming diversity: The sociopolitical context of multicultural education* (5th edition). Boston: Pearson Allyn and Bacon.
- Nydell, M. K. (2004). *Understanding Arabs: A guide for modern times*. Boston: Intercultural.
- Omstad, T. (2005, May 9). The Casbah Connection. *U.S. News & World Report*, 28.
- Pedersen, P.B., & Carey, J.C. (2003). *Multicultural counseling in schools: A practical handbook* (2nd ed.). Boston: Allyn & Bacon.
- Qaradawy, Y. A. (2002). *The status of women in Islam*. Retrieved August 23, 2009 from http://www.witnesspioneer.org/vil/Books/Q_WI/default.htm
- Rabin, C. L. (1995). *Understanding gender and culture in the helping process*. Pacific Grove, CA: Wadsworth Thomson.
- Renzetti, C. M., & Curran, D. J. (1992). *Women, men, and society*. Boston: Allyn & Bacon.
- Robinson, T. L. (2005). *The convergence of race, ethnicity, and gender: Multiple identities in counseling* (2nd ed.). Upper Saddle River,

- NJ: Pearson Merrill Prentice Hall.
- Sharjah Women's College. (2009). *Welcome*. Retrieved August 23, 2009 from <http://sjw.hct.ac.ae/sjw/html/welcome.html>
- Stack, M. (2005, January 12). The many layers of the veil. *Los Angeles Times*. Retrieved August 18, 2009 from <http://articles.latimes.com/2005/jan/12/world/fg-veil12>
- The business outlook for Arab women. (2003). AME Info. Retrieved August 23, 2009 from <http://www.ameinfo.com/29074.html>
- UAEU. (2009). *Home*. Retrieved August 23, 2009 from <http://www.uaeu.ac.ae/>
- What Areas Do We Study About? (2008). Retrieved January 19, 2009 from <http://www.fhss.uaeu.ac.ae/Departments/Psychology/About.htm>
- Why Study? (2008). Retrieved January 19, 2009 from <http://www.fhss.uaeu.ac.ae/Departments/Psychology/About.htm>
- Weiten, W., Lloyd, M., Dunn, D., & Hammer, E. (2009). *Psychology applied to modern life: Adjustment in the 21st century* (9th ed.). Pacific Grove, CA: Wadsworth/Cengage.
- Woodside, M., & McClam, T. (2009). *Introduction to human services* (6th ed.). Pacific Grove, CA: Brooks Cole/Cengage.

Perceptions of Ethical Behaviors: A Survey of Human Service Professionals

Tammi F. Milliken and Edward S. Neukrug
Old Dominion University

Abstract

In addition to helpers' moral obligation and professional commitment to treat clients in an ethical manner, enhanced consumer knowledge of ethically correct helping relationships has increased the need to recognize potential ethical dilemmas and have the skills to respond appropriately. This article describes the development and results of an updated survey of human service professionals' perceptions of ethical behavior. The results may be used to assist in the revision of the NOHS Ethical Standards and inform ethics education.

Introduction

The making of ethical decisions is one of the most critical aspects of the human service professionals' work (Corey, Corey, & Callanan, 2007). Lack of knowledge or confusion about which situations are potentially unethical can lead to poor ethical decision-making when the helping professional is faced with complex and thorny client circumstances. Helping current and future professionals become more knowledgeable about how to respond to difficult client situations can be accomplished in a number of ways, such as surveying credentialing boards to assess areas in which complaints are frequently made, reviewing data from ethics boards of professional associations to discover what areas professionals frequently inquire about and to assess the kinds of complaints made against professionals, and surveying professionals directly to examine their views of varying situations in which ethical dilemmas could occur (American Psychological Association, 2008; Gibson & Pope, 1993; Glossoff & Freeman, 2007; Maesen, 1991; Neukrug, Milliken, & Walden, 2001; Parsons & Wincze, 1995; Saunders, Barros-Bailey, Rudman, Dew, & Garcia, 2007).

In surveying professionals directly, Gibson and Pope (1993) conducted a random nationwide survey of nationally certified counselors and asked them to rate 88 counselor behaviors. They found that 90% of the counselors deemed 21 of the items to be unethical. Of these, 5 (24%) were related to inappropriate sexual conduct, 4 (19%) were associated with informed consent, 3 (14%) revolved around the giving or receiving of money or items of value, and another 3 (14%) related to providing counseling with reduced competence (e.g., distress and/or alcohol use).

This research sought to update and expand Gibson and Pope's (1993) work by administering a revised scale to human service professionals. It is hoped that the results can guide educators in the training and continuing education of human service students and professionals by highlighting which ethical situations are most distressing and confusing to human service professionals and to guide in the revision of NOHS's Ethical Standards of Human Service Professionals (1996). While few professionals are actually accused of unethical conduct during their careers (Neukrug, Milliken, & Walden, 2001), those who are accused can be devastated, and clients affected by ethical violations can be traumatized. Hopefully, this research can aid in reducing ethical complaints and violations by providing information specifically related to human services professionals with regard to contemporary issues in ethics that can be applied through important preventive measures in the training of human service students and professionals (Chauvin & Remley, 1996).

Methods

Instrument

The researchers developed a survey of ethical issues based on the Gibson and Pope (1993) survey. To determine what items were to be included, the following were reviewed: Gibson and Pope's (1993) original survey items, NOHS's ethical code (Ethical Standards of..., 1996), codes from related associations (American Counseling Association, 2005; American Psychological Association, 2002; National Association of Social Workers, 2008); ethical complaints made against professionals in related fields; "hot topics" discussed on professional listservs and in the media; and current research on ethics. The survey was reviewed at a workshop at the Southern Organization of Human Services' yearly conference and at a workshop at the national conference of a related profession, and suggested edits were made. These included grammatical corrections, clarification of the directions, and several additional items including issues related to undocumented workers, conflicts between ethics and the law, and viewing clients' personal web pages. The new scale had approximately one-third of the original items (e.g., issues related to confidentiality, working with minor clients, and representation of credentials), one-third modifications of the original items (e.g., separating a Gibson and Pope item, such as "engaging in a sexual relationship with a client" into several related, but more specific items, such as "engaging in a sexual relationship with a former client (five years since helping relationship)," "engaging in a sexual relationship with a current client," and "engaging in a sexual relationship with a person your client knows well"), and one-third new items (e.g., issues related to reparative therapy, undocumented workers, and internet counseling).

Demographic information included the following: age, gender, ethnicity, highest degrees held, current position held, professional memberships held, and exposure to ethics education. For each of the 87 items, respondents were asked to (1) identify if they thought the item was ethical (1) or unethical (2) (Scale 1), (2) rate how strongly they felt about their response (1 = not very strongly through 10 = very strongly) (Scale 2). The final instrument was converted into a web-based survey and piloted by forty-eight students from two graduate-level Introduction to Counseling courses. Suggested edits were made. For example, grammatical errors were corrected, and the item selection process was modified for ease in administration.

Procedure

After approval by the Human Subjects Committee of a top 100 research university in the Southeastern United States, NOHS's 608 member e-mail distribution list was obtained from its membership chairs. The membership chairs initially sent an e-mail, with a description of the study, asking members to contact them by e-mail or phone if they did not want to participate. No members responded. An e-mail was subsequently sent to all members with a description of the study, an informed consent notification, and the URL of the survey.

An initial e-mail and two follow-up e-mails were sent to the distribution list over a three week period, and the URL was closed after five weeks. Of the 608 e-mails sent, 14 were non-deliverable. These, as well as three others who were having difficulty responding on the web received hard copies of the survey along with self-addressed, stamped return envelopes. Of the 608 members contacted by e-mail or snail mail, 246 responded for a response rate of 40.5%. Coefficient alphas of the two scales were .83 and .96, respectively.

Modeled after the Gibson and Pope (1993) article, results were categorized into items that were found to be ethical by 90% of respondents as well as those found unethical by 90% of respondents. The researchers also categorized items in which at least 40% of respondents were split in their perception of whether or not the behavior was ethical or unethical. These were labeled as "unsure" items (see Table 1). Through an inductive reasoning process, specific items in each of these three categories (ethical, unethical, unsure) were sorted into logical general categories.

Results

Participant Demographics

Of respondents, 80.3% were females and 19.7% were males with the majority being between 40 and 59 (68%). Racial/ethnic composition was 73.3% White, 16.3% African American, 3.8% Latino/a, .8% American Indian, .4% Asian, and 5.4% other. Obtained degrees included

2.4% high school, 21.6% associate's, 22% bachelor's, 31.4% master's, .8% educational specialist, and 21.6% doctoral. Most respondents held degrees in human services (51.2%); other majors included counseling (12%), social work (10.7%), psychology (8.3%), sociology (1.7%), general education (1.7%), criminal justice (.8%), and other related fields (13.6%). Primary positions included human services educator (40.9%), human services trainee/student (20.7%), human services professional (17.8%), human services supervisor (2.9%), and other (17.8%). Of the sample (selecting all that applied), 68.3% had ethics addressed throughout their human services program and 15.4% had one class specific to ethics, 27.2% had more than one course on ethics, and 2% had experienced none. In addition, 39.4% of the sample participated in continuing education.

Behaviors Deemed Ethical, Unethical, or "Unsure"

There were 10 items that 90% of the sample endorsed as ethical on Scale 1. These included six items related to the helping relationship: informing clients of the purpose of the relationship, respecting client self-determination, using an interpreter, addressing a client by his/her first name, having one's client address the helper by his/her first name, and referring clients based on interpersonal conflict. Three items related to confidentiality: keeping information confidential, breaking confidentiality if client is threatening to harm others, and breaking confidentiality if the client is threatening to harm self. One item related to the helper's role: being an advocate for clients (See Table 1).

Twenty-six items were found to be unethical by 90% of the sample (see Table 1). These included six items related to the possible breaking of confidentiality: revealing client records to a client's spouse without permission, sharing client information with the helper's family, sharing client information with the helper's friends, recording one's client without permission, releasing records to a third-party without consent, and storing records in an unlocked cabinet. Five items related to the helping relationship: becoming sexually involved with a client, expressing attraction to a client, not informing a client of his/her legal rights, not revealing the limits of confidentiality, and terminating the helping relationship without warning. Five items related to helper misconduct: counseling while impaired by a substance, stating that the helper is credentialed when not, selling a product to a client that is not related to the helping relationship, making grandiose statements about one's expertise, and counseling while emotionally impaired. Three items related to imposing values: persuading a client to adopt the helper's religious conviction, pushing a client to have an abortion when she doesn't want to, and pushing a client to not have an abortion when she wants one. Three items related to gifting: lending money to a client, accepting a gift from a client worth more than \$25, and giving a gift to a

client worth more than \$25. Two items related to reporting abuse: not reporting child abuse experienced by a client, and not reporting elder abuse experienced by a client. Finally, two items related to homosexuality: treating homosexuality as pathological, and referring a client to reparative therapy when the client is happy with his/her sexuality.

There were 13 items in which respondents were split (see Table 1). Of these, seven items revolved around confidentiality: sharing confidential client information with a colleague, sharing confidential client information with an employer, guaranteeing confidentiality to group members, guaranteeing confidentiality to couples and families, withholding information about a minor even after his/her parents have requested the information, viewing a client's personal web page, and not allowing clients to view the helper's case notes about them. Four items related to the helping relationship: telling your client you are angry with him or her, Internet counseling, sending greeting cards to clients, and accepting a gift worth less than \$25 from a client. Two items were current "hot topics": referring a client to reparative therapy when he/she is unhappy with his/her sexuality, and counseling a terminally ill client about end-of-life decisions including suicide.

Influence of Demographics

As compared to females, males found it significantly more ethical to engage in behaviors related to gifting and lending money and felt more comfortable telling their clients they were angry (see Table 2). Also, those who held a doctoral degree found a number of behaviors more ethical when compared to those who held associate and/or bachelor's degrees, including providing counseling over the Internet, telling a client they are angry with him or her, referring a client who is satisfied with his/her homosexuality for reparative therapy, and guaranteeing confidentiality for group members (see Table 2). In addition, human service educators found it significantly less ethical than human service students to provide counseling over the Internet, accept a gift from a client that's worth more than \$25, tell a client that he or she is angry with him or her, or view a client's personal web page without informing the client. However, they found it more ethical to allow clients to view their case notes (see Table 2). Finally, those with continuing education in ethics found it significantly less ethical to tell a client that he or she is attracted to the client, refer a client who is satisfied with his/her homosexuality for reparative therapy, release records to a third party without client consent, and guarantee confidentiality for group members (see Table 2).

Discussion

A number of items on this survey are not addressed in the NOHS Ethical Standards, including such items as the giving or receiving of gifts or loans, the use of an interpreter, addressing one another by the first name, referring due to interpersonal conflict, recording a client without permission, expressing attraction to a client, terminating the helping relationship without warning, counseling while under the influence of a substance, selling products to a client that aren't related to the helping relationship, counseling while emotionally impaired, the use of reparative therapy or other experimental types of counseling, reporting abuse, imposing values, Internet counseling, withholding information about a minor even after his/her parents have requested the information, viewing a client's personal web page, not allowing clients to view the helper's case notes about them, counseling for end-of-life decisions, and others.

Multiple reasons contribute to why items are not in the NOHS's code. For instance, the original code developers may have deemed some of the items as not being relevant for the code. Also, new issues have emerged over the past thirteen years that were not present during the development of the code, and some items were alluded to in the code, but not directly addressed. With ethical codes typically being revised every ten years or less, and with changes in the organizational structure of NOHS, the revision of the NOHS code is long overdue and would likely result in a new code that is dramatically different (Neukrug, 2008). As the NOHS code revision goes forward, those involved may want to examine this survey and consider inclusion of those items not currently addressed in the code.

In addition to identifying potential items for a new code, this survey tells us with which items most NOHS members are unified in their responses (e.g., those items deemed 90% ethical or unethical). What is troubling are "unsure" items. These items need to be examined, and if it is determined that responses were valid and not based on problems related to item construction, they should be considered for inclusion in a future code, addressed in ethics classes, and discussed in continuing education workshops. Addressing these items assures that the vast majority of professionals will know how to respond in the future. Undoubtedly, this will make for stronger ethical decision-making and lessen the likelihood of malpractice suits.

A number of issues arose related to demographics. For instance, as compared to females, males seem to more easily engage in gift giving, money handling, and in expressing anger toward clients. These results appear to align with traditional gender roles, and differences between how males and females respond to ethical dilemmas could be interesting fodder for ethics education. Interestingly, those with doctoral degrees and human service educators are also more comfortable with expressing

anger toward clients when compared to students or those who hold an associate's degree. It is possible that those with advanced degrees and more experience as a helper are able to recognize a positive side to modeling the expression of anger in a respectful manner that can ultimately contribute to client growth (Fall, Holden, & Marquis, 2003).

Those with doctoral degrees and human service educators found it significantly more ethical to provide counseling over the Internet than students or those who hold an associate's or bachelor's degree. It may be that those with advanced degrees are more aware of the benefits of counseling on the Internet as well as the recent efforts to protect clients who are counseled virtually (American Counseling Association, 2005; Kraus, Zack, & Stricker, 2004). Interestingly, viewing a client's personal web page without consent was deemed significantly less ethical by human service students than educators. Perhaps students are more likely to have personal web pages and can empathize with the potential feeling of invasiveness.

Those with doctoral and master's degrees found it significantly less ethical to refer a client for reparative therapy when the client is satisfied with his/her sexuality, and those with continuing education in ethics found it significantly less ethical to refer a homosexual client to reparative therapy even when unhappy with his/her sexuality. It is possible that those with advanced degrees and those with continuing education are more exposed to the literature about this approach, how it pathologizes homosexuality, and its negative effects (Morrow & Beckstead, 2004). Those with continuing education also found it significantly less ethical to guarantee confidentiality to group members or to release records to a third party without client consent. However, they found it significantly more ethical to express attraction toward a client. Perhaps these respondents recognized the potential benefits to the helping relationship that *appropriate* self-disclosures could facilitate.

Survey research has limitations. Among its limitations are the percentage of people who respond and the characteristics of those respondents, the narrow range of responses available to survey instruments, and how one can interpret the responses. An advantage of survey research is that it can point researchers in a direction. In this study, a number of ideas arose that could inform the revision of the NOHS ethical code and highlight issues that could be addressed in ethics courses and continuing education workshops. Future studies may expand upon this research qualitatively by examining participants' perceptions of the behaviors, particularly those deemed most unethical in this survey. The rich descriptions of a few participants' perceptions combined with the general perspectives of the larger sample of individuals who participated in the current survey could provide a more comprehensive understanding of the present status of human service professionals pertaining to ethics in practice. Ongoing research pertaining to ethics in

the helping fields is crucial because when faced with a challenging ethical dilemma, those able to make thoughtful, informed ethical decisions act in ways aimed at resulting in the greatest good for the greatest number of individuals and ultimately prevent harm to themselves, their clients, the agencies for whom they work, and society at large.

References

- American Counseling Association (2005). *ACA Code of ethics*. Alexandria, VA: Author.
- American Psychological Association (2008). Report on the ethics committee, 2007 *American Psychologist*, 63, 452-459.
- American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- Chauvin, J.C., & Remley, T.P. (1996). Responding to allegations of unethical conduct. *Journal of Counseling and Development*, 74, 563-568.
- Corey, G., Corey, M., & Callanan, P. (2007). Issues and ethics in the helping professions (7th ed.). Belmont, CA: Brooks/Cole.
- Ethical standards of... (1996). *Ethical standards of human service professionals*. Retrieved August 17, 2008, from <http://www.nationalhumanservices.org/ethical-standards-of-human-service-professionals>
- Fall, K.A., Holden, J. M., & Marquis, A. (2003). *Theoretical models of counseling and psychotherapy*. New York: Brunner-Routledge.
- Gibson, W.T., & Pope, K.S. (1993). The ethics of counseling: A national survey of certified counselors. *Journal of Counseling and Development*, 71, 330-336.
- Glossoff, H. L., & Freeman, L. T. (2007). Report of the ACA ethics committee: 2005-2006. *Journal of Counseling & Development*, 85, 251-254.
- Kraus, R., Zack, J.S., & Stricker, G. (2004). *Online counseling: A handbook for mental health professionals*. Boston, MA: Elsevier Academic Press.
- Maesen, W. (1991). Fraud in mental health practice: A risk management perspective. *Administration and Policy in Mental Health*, 18, 421-432.
- Morrow, S. L., & Beckstead, A. L. (2004). Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy. *The Counseling Psychologist*, 32, 641-650.
- National Association of Social Workers (2008). *NASW office of ethics and professional review*. Retrieved May 17, 2009, from <http://www.socialworkers.org/pubs/code/code.asp>

- Neukrug, E. (2008). *Theory, practice, and trends in human services: An introduction*. Belmont, CA: Brooks/Cole.
- Neukrug, E., Milliken, T., & Walden, S. (2001). Ethical complaints made against credentialed counselors: An updated survey of state licensing boards. *Counselor Education & Supervision, 41*, 57-70.
- Parsons, J. P., & Wincze, J. P. (1995). A survey of client-therapist sexual involvement in Rhode Island as reported by subsequent treating therapists. *Professional Psychology, 26*, 171-175.
- Saunders, J.L., Barros-Bailey, M., Rudman, R., Dew, D.W., & Garcia, J. (2007). Ethical complaints and violations in rehabilitation counseling: An analysis of Commission on Rehabilitation Counselor Certification data. *Rehabilitation Counseling Bulletin, 51*, 7-13.

Table 1. *Percentage of Items Deemed Ethical*

	% Ethical	M(SD) (1 or 2)	M(SD) (1-10)	Behavior
100	1 (0)		9.30 (1.23)	Informing clients of the purpose of the helping relationship
100	1 (0)		9.72 (.84)	Keeping information confidential
99.2	1.01 (.09)		8.96 (1.70)	Respecting client self-determination
98.4	1.02 (.12)		9.38 (1.24)	Breaking confidentiality if the client is threatening harm to others
98	1.02 (.14)		9.19 (1.39)	Breaking confidentiality if the client is threatening harm to self
97.6	1.02 (.15)		9.25 (1.39)	Being an advocate for clients
91.8	1.08 (.27)		8.07 (2.26)	Referring a client due to interpersonal conflicts between you and your client
91.4	1.09 (.28)		7.87 (2.34)	Using an interpreter when a client's primary language is different from yours
90.2	1.10 (.29)		7.40 (2.46)	Addressing your client by his or her first name
90.2	1.10 (.29)		7.43 (2.62)	Having clients address you by your first name
88.6	1.11 (.31)		8.13 (2.01)	Sharing confidential client information with your supervisor
86.6	1.13 (.34)		7.09 (2.29)	Engaging in two helping relationships with a client at the same time (e.g., individual counseling and group counseling)
85.8	1.14 (.35)		7.97 (2.16)	Showing unconditional acceptance even when opposed to a client's behavior/values
85.8	1.14 (.35)		6.63 (2.47)	Consoling your client by touching her/him (e.g., placing hand on shoulder)
85	1.15 (.35)		7.68 (2.31)	Publicly advocating for a controversial cause
81.1	1.19 (.39)		7.73 (2.61)	Providing services to an undocumented worker (sometimes called illegal immigrant)
80.9	1.19 (.39)		7.13 (2.25)	Keeping client records on your office computer
70.9	1.29 (.45)		6.15 (2.64)	Self-disclosing to a client
67.2	1.33 (.47)		7.11 (2.48)	Counseling a pregnant teenager without parental consent
66.7	1.33 (.47)		6.24 (2.49)	Hugging a client
64.8	1.35 (.47)		6.40 (2.74)	Attending a client's wedding, graduation ceremony, other formal ceremony
63.8	1.36 (.48)		5.73 (2.82)	Not being a member of a human services professional association
62.7	1.37 (.48)		6.96 (2.63)	In a professional manner, telling your client you like him or her
61.1	1.39 (.48)		7.72 (2.56)	Making a diagnosis (e.g., based on DSM-IV-TR or on client symptomatology)
58.6	1.41 (.494)		7.94 (2.48)	Counseling a terminally ill client about end-of-life decisions including suicide
57.4	1.43 (.49)		8.13 (2.45)	Guaranteeing confidentiality for couples and families
54.9	1.45 (.49)		8.06 (2.53)	Guaranteeing confidentiality for group members
54.7	1.45 (.49)		7.30 (2.6)	Referring a client who is unhappy with his/her homosexuality for reparative therapy
51.2	1.49 (.50)		7.56 (2.28)	Sharing confidential client information with your employer

Table 1. *Percentage of Items Deemed Ethical (continued)*

	% Ethical		M(SD) (1-10)		Behavior
	M(SD)	(1 or 2)	M(SD)	(1-10)	
51.2	1.49 (.50)		6.58 (2.78)		Sending holiday and/or birthday cards to clients
50.8	1.49 (.50)		6.86 (2.66)		Providing counseling over the Internet
49	1.51 (.50)		7.06 (2.58)		Withholding information about a minor client despite the parents' request for information
48.4	1.52 (.50)		7.58 (2.36)		Sharing confidential client information with your colleagues
47.2	1.53 (.50)		6.81 (2.90)		Accepting a gift from a client that's worth less than \$25
46.7	1.53 (.50)		7.50 (2.37)		Not allowing clients to view your case notes about them
46.3	1.54 (.50)		7.01 (2.88)		Viewing your client's personal web page (e.g., Myspace, Facebook, blog) without informing your client
45.9	1.54 (.49)		6.87 (2.62)		Telling your client you are angry at him or her
36.9	1.63 (.48)		7.25 (2.76)		Bartering (accepting goods or services) for helping services
36.2	1.64 (.48)		7.17 (2.86)		Giving a gift worth \$25 or less to a client
34.6	1.65 (.47)		7.09 (2.53)		Breaking the law to protect your client's rights
33.6	1.66 (.47)		7.49 (2.63)		Selling a product to your client related to the helping relationship
32.5	1.67 (.46)		6.77 (2.49)		Pressuring a client to receive needed services
32.1	1.68 (.46)		7.02 (2.40)		Reporting a colleague's unethical conduct without first consulting with the colleague
29.3	1.71 (.45)		6.62 (2.68)		Counseling clients from a different culture with little or no cross-cultural training
24.4	1.76 (.43)		7.52 (2.45)		Based on personal preference, accepting clients who are only male or only female
23.4	1.77 (.42)		7.70 (2.55)		Seeing a minor client without parental consent
23	1.77 (.42)		7.46 (2.92)		Not having malpractice coverage (on your own or by your agency)
23	1.77 (.42)		8.54 (2.35)		Not reporting suspected spousal abuse
21.5	1.78 (.41)		7.15 (2.57)		Engaging in a dual helping relationship without contacting the other helper
21.1	1.79 (.40)		7.33 (2.48)		Becoming sexually involved with a person your client knows well
20.7	1.79 (.40)		7.93 (2.22)		Engaging in a professional helping relationship with a family member
19.9	1.80 (.40)		7.49 (2.64)		Becoming sexually involved with a former client (5 years since helping relationship)
19.9	1.80 (.40)		7.81 (2.64)		Kissing a client as a friendly gesture (e.g. in greeting)
19.5	1.80 (.39)		7.83 (2.38)		Based on personal preference, accepting clients only from specific cultural groups
18.3	1.82 (.38)		7.63 (2.32)		Engaging in a professional helping relationship with a friend
18	1.82 (.38)		8.32 (2.54)		Accepting a client's decision to commit suicide
15	1.85 (.35)		7.71 (2.47)		Engaging in a dual relationship (e.g., your client is also your child's teacher)

Table 1. *Percentage of Items Deemed Ethical (continued)*

% Ethical	M(SD) (1 or 2)	M(SD) (1-10)	Behavior
1.5	1.85 (.35)	7.48 (2.65)	Not participating in continuing education (e.g., conferences, workshops, trainings) after obtaining your degree
13.9	1.86 (.34)	8.12 (2.54)	Trying to change your client's values
13.1	1.87 (.33)	8.06 (2.11)	Not allowing clients to view their records (excluding case notes)
12.7	1.87 (.33)	7.80 (2.74)	Accepting a client when you have not had training in their presenting problem
8.9	1.91 (.28)	8.02 (2.60)	Giving a gift worth more than \$25 to a client
8.6	1.91 (.28)	9.03 (1.97)	Telling your client you are attracted to him or her
8.5	1.91 (.28)	7.76 (2.74)	Accepting a gift from a client that's worth more than \$25
6.5	1.93 (.24)	8.50 (2.07)	Keeping client records in an unlocked file cabinet
6.5	1.93 (.24)	8.90 (1.97)	Treating homosexuality as a pathology
6.1	1.94 (.24)	8.90 (1.96)	Referring a client who is satisfied with his/her homosexuality for reparative therapy
4.9	1.95 (.21)	8.58 (2.34)	Lending money to your client
4.9	1.95 (.21)	8.59 (2.23)	Attempting to have your client <i>not have</i> an abortion even though she wants to
4.5	1.95 (.20)	8.40 (2.26)	Terminating the helping relationship without warning
4.1	1.96 (.19)	8.54 (2.07)	Counseling while you are emotionally impaired
3.7	1.96 (.18)	9.12 (1.82)	Releasing records to a third-party (e.g., another agency) without client consent
3.3	1.97 (.17)	8.95 (1.92)	Making grandiose statements about your expertise
2.5	1.98 (.15)	9.40 (1.46)	Not reporting suspected elder abuse
2	1.98 (.14)	9.44 (1.44)	Recording your client without his/her permission
1.6	1.98 (.12)	9.24 (1.59)	Not revealing the limits of confidentiality to your client
1.6	1.98 (.12)	9.06 (1.96)	Selling a product to your client that is not related to the helping relationship
1.6	1.98 (.12)	9.40 (1.36)	Not informing client's of their legal rights (e.g., HIPPA, FERPA, confidentiality)
1.2	1.99 (.11)	9.24 (1.74)	Attempting to have your client <i>have</i> an abortion even though she doesn't want to
0.8	1.99 (.09)	9.70 (1.00)	Sharing confidential client information with your friends
0.8	1.99 (.09)	9.58 (1.14)	Not reporting suspected child abuse
0.4	2 (.06)	9.79 (1.19)	Becoming sexually involved with a client
0.4	2 (.06)	9.80 (.92)	Stating you are credentialled without having a credential
0.4	2 (.06)	9.54 (1.19)	Sharing confidential client information with your family members
0.4	2 (.06)	9.77 (.91)	Counseling while you are impaired by a substance (e.g., drugs or alcohol)
0.4	2 (.06)	9.46 (1.42)	Attempting to persuade your client to adopt a religious conviction you hold
0	2 (0)	9.52 (1.25)	Revealing client records to the spouse of a client without the client's permission

Table 2. Significant Differences based on Demographics

Ethical Behavior	Demographics (1=ethical; 2=unethical)	M (SD) Ethical/Unethical	p
1. Providing counseling over the internet	<ul style="list-style-type: none"> • Doctoral Degree: Associate's Degree • Doctoral Degree: Bachelor's Degree • Human Services Educator: Human Services Student • Female: Male • Human Services Educator: Human Services Student 	1.36 (.48) : 1.64 (.48)	.033
2. Accepting a gift from a client that's worth less than \$25	<ul style="list-style-type: none"> • Female: Male • Human Services Educator: Human Services Student 	1.57 (.50) : 1.40 (.49) 1.37 (.49) : 1.68 (.47)	.034 .003
3. Accepting a gift from a client that's worth more than \$25	<ul style="list-style-type: none"> • Female: Male 	1.93 (.25) : 1.83 (.38)	.026
4. Giving a gift that's worth more than \$25	<ul style="list-style-type: none"> • Female: Male 	1.94 (.24) : 1.79 (.41)	.001
5. Telling your client you are attracted to him or her	<ul style="list-style-type: none"> • Continuing Ethics Education: No Continuing Ethics Education 	1.83 (.38) : 1.97 (.18)	.000
6. Lending money to your client	<ul style="list-style-type: none"> • Female : Male 	1.97 (.17) : 1.87 (.34)	.005
7. Telling your client you are angry at him or her	<ul style="list-style-type: none"> • Female : Male • Doctoral Degree: Associate's Degree • Human Services Educator: Human Services Student 	1.59 (.49) : 1.35 (.38) 1.40 (.50) : 1.73 (.45) 1.43 (.50) : 1.69 (.47)	.003 .009 .018

Table 2. Significant Differences based on Demographics (continued)

Ethical Behavior	Demographics (1=ethical; 2=unethical)	M (SD) Ethical/Unethical	p
8. Referring a client who is unhappy with his/her homosexuality for reparative therapy	<ul style="list-style-type: none"> Continuing Ethics Education: No Continuing Ethics Education 	1.54 (.50) : 1.40 (.49)	.035
9. Referring a client who is satisfied with his/her homosexuality for reparative therapy	<ul style="list-style-type: none"> Master's Degree: Associate's Degree Doctoral Degree: Associate's Degree 	2.00 (.00) : 1.85 (.36) 1.98 (.14) : 1.85 (.36)	.004 .041
10. Not allowing clients to view your case notes about them	<ul style="list-style-type: none"> Human Services Educator: Human Services Student 	1.61 (.49) : 1.37 (.49)	.038
11. Releasing records to a third party without client consent	<ul style="list-style-type: none"> Continuing Ethics Education: No Continuing Ethics Education 	2.00 (.00) : 1.94 (.24)	.014
12. Guaranteeing confidentiality for group members	<ul style="list-style-type: none"> Doctoral Degree: Associates Degree Doctoral Degree: Bachelor's Degree Continuing Ethics Education: No Continuing Ethics Education 	1.60 (.50) : 1.31 (.47) 1.60 (.50) : 1.30 (.46) 1.57 (.50) : 1.37 (.48)	.029 .018 .002
13. Viewing your clients personal web page without informing your client	<ul style="list-style-type: none"> Human Services Educator: Human Services Student 	1.44 (.50) : 1.71 (.46)	.012

The Anxiety of Affirming Heterosexuals when Negotiating Heteronormativity

Lance C. Smith
University of Vermont

Abstract

This study investigates how pluralistic, inclusive persons who identify as heterosexual and who affirm sexual minorities negotiate the discourse of heteronormativity. This is a qualitative study where in-depth phenomenological interviews were conducted. Informants evidenced four frames of anxiety that accompany their process of negotiating heteronormativity. This study raises the awareness that negotiating heteronormativity is complex, that heterosexual human service providers who identify as inclusive may need to consistently reflect upon their investment in heteronormativity, and that subconscious sexual prejudice may remain even though one identifies as pluralistic. Implications for the human services fields are discussed.

Introduction

The purpose of this study was to investigate how pluralistic, inclusive hetero-identified persons negotiate the discourse of heteronormativity. Process is what this study seeks to understand—the process of heterosexual human service professionals in affirming persons identifying as lesbian, gay, bisexual, and transgender (LGBT). Eight heterosexuals in the human services professions who self-identify as being inclusive, pluralistic, and affirming of sexual minorities were interviewed. When their narratives were analyzed, anxiety emerged as a part of their lived experience of negotiating heteronormativity. This study will identify four different frames of anxiety experienced by the informants and will discuss the implications for human services professionals.

Literature Review

Throughout this article, the term *heterosexism* will refer both to homophobia—the fear, hatred, and sexual prejudice toward sexual minorities—and to unintentional and inadvertent bias and oppression. *Heteronormativity* will refer to the often invisible societal discourse of heterosexuality as normative and superior to all non-heterosexual ways of being. The literature throughout the various human service fields suggests that the effects of heteronormativity are pernicious. The discourse of heteronormativity fosters sexual orientation-based harassment and stigma, hate crimes, and an internalized heterosexism

that puts sexual minorities at a higher risk for depression, affective disorders, substance abuse, chronic stress, eating disorders, and suicide (Herek, Gillis, & Cogan, 1999; Lewis, Derlega, Berndt, Morris, & Rose, 2001).

Social constructivists hold that heterosexuals, as the dominant group, create their own sexually privileged reality that oppresses sexual minorities. Inclusive heterosexuals must therefore resist a social discourse—heteronormativity—that is integral to their identity, orients them to very significant paths of meaning in the social world, and serves to maintain a social location of power and privilege (Johnson, 2006). It is the cultural norm of being socialized to heteronormativity that fosters covert and unintentional acts of heterosexism. Psychological theory holds that the deconstruction of one's assumptive "reality," i.e., one's world-view or narrative paradigm, is often accompanied by anxiety—a multifaceted, unpleasant, and negative emotion that follows from threats to one's sense of self (May, 1950). Thus, it is not surprising that inclusive heterosexual human service providers experience anxiety when they interrupt heteronormativity by affirming sexual minorities.

Research that intersects LGBT issues, heterosexism, and human services is needed. Moreover, research that examines covert expressions of heterosexism by pluralistic, inclusive heterosexuals is virtually non-existent. There is a call in the literature for qualitative research to explore how egalitarian heterosexual individuals negotiate heteronormativity (Bowers, Plummer, & Minichiello, 2005; Simoni & Walters, 2001). This study assumes that examining the anxiety heterosexuals experience while negotiating heteronormativity will foster a greater understanding of how to de-center heteronormativity and provide more affirming services to persons who identify as sexual minorities.

Methodology

This study employed purposeful sampling. The author put out a query for informants on an email listserv associated with a human services program at a large private university. Eight European-Americans responded, which is a sufficient sample for a rigorous qualitative study (Marshall & Rossman, 1989; Patton, 1990). Their ages ranged from 23–58 ($M = 43$). Three identified as male, five identified as female. All had some form of higher education: one informant had an associate's degree, one had a bachelor's degree, and six had either experienced some graduate school or had completed master's degrees. The informants all identified as able-bodied. All informants identified as having middle class economic status.

Informants were screened to determine how each understood the meaning of the terms *inclusive* and *affirming*. Informants responded in various ways. They spoke of (1) having close relationships with LGBT persons, (2) having an interest in LGBT studies and culture, (3)

confronting overt heterosexist acts, (4) being empathic regarding the oppression of sexual minorities, and (5) engaging in advocacy for sexual minorities. In short, the informants within this study identified as being affirmative of sexual minorities and welcomed working with LGBT persons and families.

Each informant was interviewed twice, using a semi-structured interview format. Open-ended questions that addressed the informants' experiences and perspectives of sexual minorities were asked, such as: "Tell me about your experiences relating to persons who identify as lesbian, gay, bisexual, or transgender"; "Tell me a story about your most recent experience with someone who identifies as a sexual minority"; "What values were you taught as a child regarding LGBT persons?" and, "How have those values changed?" The interviews were conversational, with the author using encouragers such as: "Please tell me more about that"; "Can you give me an example?"; "What happened next?" and, "What did that mean to you?"

Interviews were recorded. The initial interviews lasted between one and two hours. Observations during the interview, both of the author's internal states and of the informant's external behaviors, were documented by the author during the interview on a note pad. Following a preliminary analysis of the initial interview, each informant was contacted for a follow-up interview to allow for elaboration, clarification, and further depth regarding responses given during the initial interview. Follow-up interviews lasted between 30 and 60 minutes.

Data Analysis

The interviews were analyzed through a phenomenological approach (Giorgi, 1994; Polkinghorne, 1983). Four steps were used in the analysis according to a protocol adapted from Morrissette (1999).

Step 1-transcription

Audio recordings were transcribed. The author listened to and reviewed each transcript thoroughly until an understanding of the entirety of the content was achieved. Particular attention was paid to tone of voice, metaphors, and with the aid of interview notes, body language. While reading and re-reading through the transcripts the author made notes in the margins and highlighted key words and significant statements. During the follow-up interview, the author would refer to the original transcript and ask the informants to expound upon statements that had previously been made. Informants were sent copies of each of the interview transcripts to review for accuracy.

Step 2-thematic abstraction

This step began the structural analysis. The highlighted words and statements that were found to be significant meaning-bearing units

were abstracted from the text, paraphrased, and numbered consecutively. For example, the following excerpt is raw data from the initial interview with Anna:

Like when um . . . I don't really know how to describe it . . . I'll start with my friends, like when I see my friend, I'll call him Mike, and he's one of my best guy friends, and he's gay. And I am with him out with his friends it's just a, it's just a . . . really like great vibe and great environment and then when I went with *other* friends to the gay bars in [a city] it's just a more . . . um. . . you know I did feel a little bit uncomfortable.

The significant meaning-bearing units found within this passage were:

(1) "he's one of my best friends, and he's gay," (2) "when I am with him out with his friends it's just . . . a really great vibe and great environment," and (3) "when I went with other [heterosexual] friends to gay bars in [a city] . . . I did feel a little bit uncomfortable."

Step 3-translation

Each paraphrased meaning-bearing unit was analyzed according to the study rationale, and was translated into individual informant meaning themes, using scientific and/or theoretical language. Using the above example with Anna: unit-of-meaning (1) was translated into "Close relationship with gay male," unit-of-meaning (2) was translated into "Positive experience with gay friend in the presence of queer community," and unit-of-meaning (3) was translated into "Anxiety accompanies post-relationship contact with strange queer persons."

Step 4-thematic synthesis

The individual meaning themes of the informants were compared, clustered, and synthesized at the eidetic level to produce integrated themes representative of the multiple informants. Explicit and implicit meanings were deduced from the experiences described by the informants where phenomena emerged from various social locations and structures. As the individual frames were synthesized, a gestalt of each informant's experience emerged. The thematic synthesis resulted in a major theme of anxiety, delineated in four different frames.

Subjectivities

The author's capability to be aware of his own subjectivities (the author's interior sense of his own lived experiences) and how they might influence the production of informant narratives, the interpretation of the data, and the co-construction of meaning, was fundamental to the study. Rather than attempting to eliminate or control researcher bias, a phenomenological method assumes the presence of researcher subjectivity, and how a researcher's lived experiences may enhance

understanding (Giorgi, 1994). The author therefore used a reflexive journal to aid in self-reflection throughout the process.

Results

Data analysis revealed that the informants experienced four different frames of anxiety that accompanied negotiating heteronormativity. The four frames were: (1) contact with unknown LGBT persons, (2) exposure to sexual performativity, (3) reflective awareness, and (4) advocacy. In the following analysis, each of the anxiety frames is defined and illustrated with quotations from the informants.

Contact with Unknown LGBT Persons

All informants in this study experienced anxiety when, for the very first time, someone whom they knew, or someone whom they desired to know, was identified as LGBT. For example, Nancy describes her experience of forming a relationship with a co-worker who later identified as being lesbian:

And a young woman came to work in my classroom . . . and within a matter of a few weeks she let it be known to us that she was a lesbian and had a partner [...] and was very comfortable in our classroom setting talking about their relationship. So *she's* the one that I've actually been close to and, uh, gotten to know, the only one really in my lifetime and, um, to be honest at times I was very uncomfortable.

Furthermore, after relationships spanning 10 years or more with persons who identify as LGBT, informants experienced anxiety when coming into contact with *additional* sexual minorities who were unknown. For example, Anna had close relationships with persons who identify as sexual minorities—"I have a couple of very close friends that are members of LGBT community"—as noted earlier, and described being uncomfortable when surrounded by unknown lesbian and gay persons at a gay bar.

Exposure to Sexual Performativity

All of these inclusive informants struggle with the terrain of LGBT sexual performativity. They experienced anxiety when public displays of affection (PDA) were observed to occur between same-sex strangers or friends. Anxiety also accompanied being perceived as the object of same-sex attraction, i.e., being hit on. Ellen described her anxiety when she unexpectedly came upon two women kissing: "I walked in on two girls together [...] They were kissing ... and I was completely shocked [...] uncomfortable." Anna also described her experience of PDA anxiety:

If you see two people that are same sex, displaying public affection, I think um, for me anyway, the first thought is, “Whoa, okay.” Surprising ... it just takes you back even for a second ... I’m kind of, I’m kind of emotional after that. It’s kind of like “All right, I’m fine.”

Nichole narrated her anxiety when she meets someone new who identifies as lesbian: “[T]here’s always the thought of *does she like me?* I’m uncomfortable with that, too. To this day, it will run through my mind, like, ‘Okay, am I going to get hit on?’ Very uncomfortable.” Dave expresses this anxiety by noting “There’s some degree of slight apprehension when I perceive a sexual come-on.” Derek describes his experience of being the object of same-sex attraction as being “taken back completely.”

All three males in the study, along with one female, expressed this particular frame of anxiety. This suggests that social constructions of gender roles may be influential—males may have felt threatened when being hit on by other men. Due to their social role as sexual dominants, men are constructed to hit on non-dominant women. Thus, in being hit on by another dominant, their identity as a man was threatened.

Reflective Awareness

All of the informants also described anxiety that occurs during reflection on, and awareness of, their own internalized heterosexism. Nichole was aware that she stereotypes LGBT persons, to which she responded: “I hate that. I still play into that. Even though I consider myself more open to just getting to know a person ... there’s a lot of conflict that goes on. That’s very uncomfortable for me.”

Frederick articulates the experience of managing internalized heterosexism as he describes his development towards greater affirmation:

There is a transition period there where you understand the idea that it is okay to be a gay person. But you’re not fully comfortable with the idea of being around gay people, so you’re saying, ‘Yes, this is true, and yet it’s the first time I’m having this truth.’ Almost like your behavior is coming from the old way, and like your energies and how you’re functioning and the awkwardness, but your intention is coming from the new way, where you’re tolerant of homosexuality, you’re affirming of it. So you’re managing the two.

This frame of anxiety is supportive of the literature that suggests that developing an awareness of one’s own prejudices, biases, and contributions towards the oppression of non-dominant social groups is a difficult and painful process (Shin, 2008).

Advocacy

Seven of the informants experienced anxiety when they found themselves in the presence of heterosexism and had to consider how to respond. Dave articulated the anxiety he experienced when friends engaged in the denigrating use of the words “fag” and “gay”: “Part of me sometimes wants to be the person who will stand up. I have, like, a little mental debate and say, ‘Pick your battles. This isn’t the time, or’—you know?”

Nancy spoke of anxiety when heterosexual family members and friends were speaking with prejudice toward her gay neighbors:

But I didn’t want to ruin the moment [...] I didn’t want to be the, you know, goodie-two-shoes or whatever and speak up and say, “Hey guys, you know, this conversation’s making me very uncomfortable ... how dare we sit and ridicule them and laugh and make comments about them?” Cause then that would have made ... the situation in the car uncomfortable, it would have made my friends uncomfortable, and, I just don’t, I don’t like ... causing those situations. But I was very upset.

For both Dave and Nancy, negotiation of the anxiety of choosing to advocate or remain silent was resolved in the moment by choosing silence. But also for both, the decision not to advocate in that moment was followed by regret and greater resolve to advocate in similar situations in the future.

Discussion

Social justice-oriented human service providers working with pluralistic heterosexual students, supervisees, or colleagues need to remain aware that people may have anxiety when coming into contact with LGBT persons for the first time. This should be discussed, and contact with unfamiliar LGBT persons should be encouraged. Anxiety that accompanies coming into contact with unknown LGBT persons *subsequent* to having established close, positive relationships with one or more LGBT persons is, for many of the informants, a continuing experience. While it is not surprising that anxiety accompanies the experience of initial contact with sexual minorities (Allport, 1954; Pettigrew, 1998), heterosexuals’ experience of anxiety subsequent to having established a close relationship is as of yet unexplored in the literature. This study raises the awareness that negotiating heteronormativity is complex and that subconscious sexual prejudice may remain even after significant relationships have been established. This suggests that heterosexual human service providers who identify as inclusive may need to consistently reflect upon their investment in heteronormativity, regardless of close relationships with sexual minorities. These data suggest that educators who provide human

services may need to discuss the potential “oh, but I have a queer friend” response that might mask covert heterosexism.

The anxiety that the heterosexuals in this study experienced regarding same-sex PDA, as well as being hit on, may suggest the need for discussion within human services fields regarding degrees of affirmation towards sexual minorities. This study supports earlier work that has found that heterosexist attitudes may be linked to the perceived manner in which LGBT sexuality is performed. In order to further expose and disrupt heteronormative discourse, human service providers need to be aware of the forms of LGBT sexual performativity that are accompanied by internal states of anxiety, and to challenge misconceptions and stereotypes.

The phenomenon of advocacy anxiety experienced by informants within this study is another significant finding that deserves greater discussion and attention within the human service fields. For human service educators concerned with social justice, this location of anxiety may suggest the need to enlarge the discussion of how to nurture and teach advocacy skills. The anxiety that inclusive heterosexuals may feel when they open themselves to an awareness of sexual prejudice in their presence, both overt and covert, and the tension they feel when deciding to challenge it, needs to be normalized among heterosexual allies. Advocacy and challenging techniques may need to be taught, modeled, and practiced with practitioners, students, supervisees, clients, and colleagues. Human service educators may need to devote energy to processing the anxiety that affirming heterosexuals may experience in connection with backlash from heterosexist family and friends, and to determining how best to negotiate such backlash.

Limitations

Generalizations are neither the goal nor the aim of qualitative research (Bogdan & Biklen, 2002). However, this study will serve to enlarge the discussion of what it means for inclusive heterosexuals to affirm sexual minorities and of the process of negotiating heteronormativity. While some researchers have attempted to make a causal link between anxiety and sexual prejudice (Millham, San Miguel, & Kellog, 1976, cited in Hegarty & Massey, 2006), this study makes no such claim. Furthermore, the author acknowledges that this study is limited in that there is no meaningful representation of the voices of LGBT persons nor voices from people of color. The author and participants represent only the voices of white heterosexuals.

Conclusion

The experience of affirming, inclusive, pluralistic heterosexuals' negotiation of heteronormativity has yet to be adequately explored. Furthermore, how egalitarian heterosexuals experience anxiety, and the

role of anxiety in covert heterosexism and in heterosexuals' ability to resist heteronormativity, may be significant. Given that this study is not generalizable, the results must be viewed tentatively. The results of this study call for much more research. Additional qualitative research that investigates in greater depth anxiety and also perhaps microaggressions that progressive heterosexuals subconsciously display toward sexual minorities is needed. Sophisticated quantitative scales that measure heterosexual anxiety and degrees of affirmation would also be beneficial. Experimental research designs that explore causality of anxiety and greater affirmation toward sexual minorities, as well as phenomena that is effective in interrupting anxiety, would be invaluable in order to further interrupt the discourse of heteronormativity and provide better human services to sexual minorities.

References

- Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley.
- Bogdan, R. C., & Biklen, S. K. (2002). *Qualitative research for education: An introduction to theory and methods* (4th ed.). Boston: Allyn and Bacon.
- Bowers, R., Plummer, D., & Minichiello, V. (2005). Homophobia in counseling practice. *International Journal for the Advancement of Counseling*, 27, 471-489.
- Giorgi, A. (1994). A phenomenological perspective on certain qualitative methods. *Journal of Phenomenological Psychology*, 25, 190-220.
- Hegarty, P., & Massey, S. (2006). Anti-homosexual prejudice ... as opposed to what? Queer theory and the social psychology of anti-homosexual attitudes. *Journal of Homosexuality*, 52, 47-71.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate crime victimization among lesbian, gay and bisexual adults. *Journal of Consulting and Clinical Psychology*, 67, 945-951.
- Johnson, A. G. (2006). *Privilege, power, and difference* (2nd ed.). Boston: McGraw Hill.
- Lewis, R. J., Derlega, V. J., Berndt, A., Morris, L. M., & Rose, S. (2001). An empirical analysis of stressors for gay men and lesbians. *Journal of Homosexuality*, 42, 63-88.
- Marshall, C., & Rossman, G. B. (1989). *Designing qualitative research*. Newbury Park, CA: Sage Publications.
- May, R. (1950). *The meaning of anxiety*. New York: Ronald Press.
- Morrisette, P. J. (1999). Phenomenological data analysis: A proposed model for counselors. *Guidance and Counseling*, 15, 2-7.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

- Pettigrew, T. F. (1998). Intergroup contact theory. *Annual Review of Psychology, 49*, 65-85.
- Polkinghorne, D. (1983). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology* (pp.41-60). New York: Plenum.
- Simoni, J. M., & Walters, K. L. (2001). Heterosexual identity and heterosexism: Recognizing privilege to reduce prejudice. *Journal of Homosexuality, 41*, 157-172.
- Shin, R. (2008). Advocating for social justice in academia through recruitment, retention, admissions and professional survival. *Journal of Multicultural Counseling and Development, 36*, 180-191.

Student Actors as Mock-clients: Authentic Learning for Human Services Students

Judith F. Esposito
Elon University

Abstract

As an alternative to the typical classroom role-plays or mock-counseling sessions with classmates as clients, human services students participated in two 15-minute mock counseling sessions with students from Acting I classes. The human services students completed an open-ended questionnaire describing their experiences. Human services students' perceptions of the mock-counseling sessions were primarily positive, describing them as representing a more authentic exchange than what happens when practicing counseling skills with a classmate.

Introduction

Competency in basic counseling and interviewing skills is a major component of training for many helping professions. These skills include being aware of verbal and nonverbal messages, active listening, communicating empathy, clarifying and summarizing, and exploring possible interventions (Okun, 2002). In most human service education programs, students are required to practice their counseling and interviewing skills through role play activities in the classroom and demonstrate their learning through a mock session in class or on a video or audiotape. These role play activities, while helpful in providing practical experience, often lack the authenticity of a real client-helper exchange. Lane (1988) noted the advantage of this practice in having available "clients," but highlighted the disadvantage of both the client and the interviewer knowing the techniques and purpose of the interview. "The client may unknowingly assist the interview by giving answers that anticipate the interview procedure" (p.162).

An alternative method for students gaining counseling practical experience while minimizing client risk is to have actors serve as clients. This method is practiced regularly for medical students, where actors are trained to be "patient simulators" who are often treated by several different students over a long period of time (Carter, 2003; Scott, Donnelly, & Hess, 1976). Levitov, Fall & Jennings (1999) noted several benefits of employing actors as clients. "Actors are readily available, viable clients are not, and...students simply lack the basic skills necessary to work with even mildly distressed clients" (p. 1).

Because counseling skills training is typically a requirement for the human services major (National Standards for Human Service

Education, 1996), the faculty of a human services department at a mid-sized southeastern U.S. university decided to enhance their counseling skills training by having students from introductory acting classes at the local theater department serve as mock clients for students in the introductory counseling classes. The faculty believed that this experience would provide a more authentic learning experience for the human services students, as well as minimizing the risks associated with students counseling classmates. The faculty believed this authentic learning experience may also increase the potential for enhancement and awareness of counseling skill development, as well as personal and professional insight.

Authentic Learning

Authentic learning is a pedagogical approach that allows students to explore, discuss, and meaningfully construct concepts and relationships in contexts that involve real-world problems and projects that are relevant to the learner (Donovan, Bransford, & Pellegrino, 1999). The more authentic the learning tasks are, (i.e. studying art by visiting a museum rather than by viewing photos of art in a book), the more transferrable the learning becomes. Connecting school learning to real-life problem solving is the challenge for many students. If their learning experiences are not meaningful and relevant, the potential for retention of knowledge is reduced. Students need realistic and meaningful learning experiences. Creating such learning experiences designed to facilitate student competency is a goal that spans across disciplines. According to Brophy (2004):

The best learning activities and assignments are built around powerful ideas. Students will not necessarily learn anything important from merely carrying out the processes of an activity (i.e., spending “time on task”). The key to the effectiveness of good activities is their cognitive engagement potential—the degree to which they get students actively thinking about and applying key ideas, preferably with conscious awareness of their learning goals and control of their learning strategies. The most valuable activities are not merely hands-on, but minds-on. (p.35)

Deci and Ryan’s (1985) Self Determination Theory also addresses the need for realistic and meaningful learning experiences in order to maximize learning. The theory describes three student needs: competency, autonomy, and relatedness. Though *competency* is the obvious goal of teaching, in particular, *relatedness* and *autonomy* are of particular focus when creating authentic learning experiences. When teaching basic counseling skills, the need for *competency* is addressed by providing opportunities for students to learn, practice, and master these

skills. While role-playing a counseling session in the classroom or on tape is certainly an acceptable method to help students move toward competency, classroom role-plays inhibit *autonomy* because they are often overheard by the instructor and other classmates, giving opportunities for time-outs and on-the-spot supervision. The potential for *relatedness* is also limited, since the situation is often contrived.

Gaining practical counseling experience with real clients is one way to help students fulfill these needs. In an ideal situation, students would be provided opportunities to practice their skills with real clients who have real problems. This experience would address autonomy, by allowing students to practice their skills independently; and, it would address relatedness, by giving the students the chance to establish a new authentic relationship. However, due to their lack of skills, it can be difficult to find an appropriate clinical population for undergraduate students to interview (Lane, 1988; Weiss, 1986). One approach to this challenge is to enlist subjects from introductory psychology classes to serve as clients. Somers-Flanagan & Means (1987) found this process to be satisfactory; however, the authors discovered that 15% to 25% of their introductory psychology clients exhibited real emotional disturbances. This presents an ethical issue of underprepared students attempting to treat clients in need of professional help. In contrast to these other methods, having actors serve as mock-clients for human services students removes the familiarity that exists between classmates, eliminates the problem of students working with others who have serious emotional problems, and provides an authentic learning experience, rather than a contrived one, since the students do not have a previously established relationship.

The Use of Actors in Training Programs

Several disciplines employ actors to serve as pretend “clients,” “patients,” or “subjects” for their trainees (Berliner, 1982; Lane, 1988; Miller, 2004). It is quite common for medical students to have actors serve as “patients” for them as they learn new procedures. “Patient simulators” have also been used by medical students in order to help them develop their interpersonal skills. (Carter, 2003; McFetrich, 2006; Scott, Donnelly & Hess, 1976).

Lane (1988) hired actors to serve as clients for her introductory psychology students learning interviewing skills. She concluded that the experience was beneficial for both actors and students, with specific gains cited for the actors, such as learning about the counseling process, personal insight into the characters’ problems that were similar to their own, and valuable acting experience (many listed it on their resumes as professional acting experience). However, the psychology students’ assessment of the experience was not explored in her paper and warrants a closer examination. Levitov, Fall & Jennings (1999) reviewed

examples of how simulations can be used to teach interviewing techniques with individuals other than classmates acting as clients. Their conclusions underscored the importance of students practicing counseling skills in "...true-to-life settings" (p.3). They also stated that a client population appropriate for new students (i.e. clients who present problems appropriate for a beginning student, no issues warranting serious clinical attention, etc.) rarely, if ever, exists.

While the practice of using actors as mock clients has been explored in medical, psychology, counseling, and social work literature, research of such practices in human services education remains unrepresented. Pairing human services students with student actors for mock-counseling sessions presents a new alternative to in-class role plays and working with real clients, without many of the problems, risks and ethical concerns associated with the other methods. This paper focuses on two courses in which human services students were paired with student actors for mock counseling sessions. Specifically, this study examines the human services students' perceptions of working with student actors as mock clients and their reactions to this method of teaching introductory counseling skills.

Methods

Faculty members from the human services and theater departments at a mid-sized university in the southeastern U. S. collaborated to initiate communication between students of both disciplines for this assignment. Human services faculty members teaching two Counseling Individuals and Families courses visited three Acting I classes to introduce the project and recruit student participants. Forty-three acting students signed up for the activity, gave consent for being videotaped, and provided their contact information. The student actors were instructed that their participation was voluntary, and that the project had been approved by the institutional review board for research with human subjects. The student actors were instructed to play the role of a client with a problem that could benefit from counseling. The student actors were told that their presenting problems should not be too serious but should be limited to the following: relationship problems, needing help with organization or study skills, transition issues, such as from college to work, or from high school to college life, and mild anxiety or depression.

Procedure

Forty-one students from two Counseling Individuals and Families classes were assigned a 15-minute out-of-class videotaped interview session. They were provided a list of names of students from the Acting I classes to contact via email and telephone numbers. The human services students were required to contact the student actors,

schedule a time to meet and hold their sessions in a designated classroom (the human services department has a dedicated classroom with wiring for filming and copying of DVDs). Once the students scheduled their sessions, they met with the student actors for a 15-minute interview session.

To prepare the human services students for their assignment, students spent several class sessions learning and practicing the skills necessary for conducting an effective intake interview. Particular emphasis was on reflection, conveying accurate empathy, and unconditional acceptance. The instructor modeled the skills for the class, and the students practiced the skills through role plays with each other. Students also gained practice through casework, in which a fictitious client problem was presented to them and they would be asked to discuss in small groups how to best respond to this client.

The students from the Acting I classes met for an individual practice counseling session with students from the Counseling classes once at the beginning of the semester and once at the end of the semester. These sessions were videotaped and reviewed by the counseling students and their professors. The human services students were instructed to watch their videos twice, once with sound and once without sound, and write a critical review of their videos, paying special attention to their verbal and nonverbal skills. Human services students received grades based on their written analyses of their videos (not the videos themselves), and were provided non-graded feedback from their professors on their skills demonstrated in the videos. The videos were also made available to the acting students for their own purposes. After the sessions, the human services students were given an in-class survey asking the following:

1. What did you find most beneficial about practicing your counseling skills with an acting student?
2. What did you find most challenging about the experience?
3. In what ways did this experience affect your professional goals?
4. How did this experience impact you personally?
5. What recommendations do you have for future students taking this class who will be practicing with acting students? What do they need to know before they have this experience?

The students were instructed not to put their names on the surveys, thus keeping their answers anonymous. The surveys were assigned numbers as they were coded and analyzed.

Analysis

Three researchers examined the interview responses for emergent themes. A line-by-line approach was used to identify segments of the responses that revealed an aspect of the participants' experience in the mock counseling sessions. Each segment was then assigned one or

more coding categories that captured the meaning of the segment. A subsequent stage of the analysis involved refining the categories and, where relevant, developing subcategories. During the coding stage of the analysis, a form of check coding (Miles & Huberman, 1994) was employed, during which the researchers independently analyzed the responses. The researchers discussed their own efforts at segmenting and coding the data. When there were differences in coding, discussion was used in order to arrive at a consensus. For each question, emergent themes were considered dominant if three (3) or more students included them in their responses. For example, if three or more students responded that the most beneficial part of the experience was that the sessions “seemed more like a real counseling experience than a classroom role play,” then the researchers included those responses in a category called “more authentic.” The dominant themes from the responses to each question were then coded into categories and defined as demonstrated in Table 1. Other themes that occurred fewer than three (3) times were not included in the results.

Results

Tables A1 through A5, shown in the Appendix, display the number of student responses within the dominant themes for the five survey questions. Response themes are described in detail below.

Benefits

The benefits students reported produced three main themes: (a) the experience felt more authentic, (b) the experience was valuable for learning, and (c) the enjoyment of practicing with an unfamiliar client. As shown in Table 1, the benefits that were coded within the “more authentic” theme referred to the mock-counseling sessions as feeling more authentic than practicing with a classmate. Students reported taking the actors and the assignment more seriously than they had in previous practice with classmates. One student wrote: “I did not know what to expect from the acting student which gave me insight to what it would be like as a professional counselor because you do not know what issues clients will bring to you.” Another student added: “The sessions seemed like a more realistic situation, especially since sessions are unplanned and the “client” is someone that I do not know—I took the actor more seriously.”

The student responses coded under “valuable learning” described the experience of being filmed and watching themselves on screen as beneficial, allowing them to be more aware of their strengths and weaknesses, and making it easier to critique their work. While this experience was often anxiety-provoking, students found it to be an important one in helping them see how comfortable they are with clients, thinking on their feet, etc. One student wrote: “Being filmed and

watching myself onscreen allowed me to be more aware of my behavior, which made it easier to critique myself and make improvements.” Another added, “Watching our sessions on tape was a helpful learning method.”

Student responses coded under “unfamiliar client” reported enjoying the chance to use their newly-learned techniques on an unfamiliar person who didn’t know the same skills they were practicing. “It was great to use the techniques on someone who did not know what I was supposed to be doing, and that sessions were unrehearsed,” one student wrote. Another student wrote: “It gave me practice working under pressure,” while a third student added, “It felt professional to have to schedule the client in, meet her, and counsel her.”

Challenges

For the students’ reported challenges, the major themes that emerged were: (a) the discomfort of a new experience, (b) feeling unprepared for the experience, and (c) difficulty scheduling with the client. As indicated in Table A2, student responses coded under “new experience/anxiety” described the discomfort of going into a new experience and assuming a leadership role. One student described “...not knowing what to expect,” and feeling anxiety since “...this experience was my first time in a formal counseling atmosphere.” Six students reported “feeling unprepared” to handle what their clients presented. Because the class was only 15 weeks long, the first mock-counseling session took place in the first half of the semester. One student wrote, “My ‘client’ had issues that were way outside of my skill level.” Another added, “I felt unqualified and that I lacked adequate skill. [It seemed like] the class had just started.”

Six students listed “scheduling w/ client” as a significant problem associated with the assignment. Some described trying to make contact with the acting students as “...very awkward,” and others reported that the acting students were “...very unreliable.”

Career Impact

Three main themes that emerged in students’ responses to how this experience had impacted their career choices were: (a) confirmed career choice, (b) realistic experience, and (c) requires more practice. As indicated in Table A3, nine of the respondents reported gaining insight about whether or not they saw themselves entering careers that involved using counseling skills. Three of the respondents shared that they knew counseling was not something they wanted to do professionally. As one student noted, “This experience made me realize that I do not want to counsel as my profession (but I learned that I do [appreciate] the [idea] of counseling).” Six other students reported an increased interest in pursuing counseling-related careers as a result of this experience. As one

student wrote, “This assignment confirmed the fact that I want to pursue a career that involves counseling,” and another student added, “[In contrast to before], professional counseling is now something I am considering for the future.”

Student responses in the “realistic experience” category described the mock-counseling sessions as useful in “...providing insight into what a real counseling situation is like.” These students indicated that the realistic experience was useful in helping them make more informed decisions about pursuing a career that involves counseling.

Student responses in the “requires more practice” category wrote about learning how much more difficult counseling is than it seems. “It made me realize that I need more practice in order to be an effective helper,” one student wrote. Another added, “It made me want to be more prepared in the future when helping others. It’s not as easy as it looks.”

Personal Impact

Student responses to how this experience impacted them personally revealed three main themes: (a) awareness of strengths and weaknesses, (b) increased their confidence, and (c) liked the helper role. As shown in Table A4, six student responses focused on how the assignment made them more aware of their strengths and weaknesses as a helper. “I was able to identify areas and skills to improve upon and I felt proud of myself for what I did well.” Three students wrote about feeling more confident in their abilities after the experience, as well as a sense of pride for “...having made it through...” the experience. “I felt more confident in my abilities afterwards, because I made it through the experience I was really nervous about,” one student shared.

Three responses indicated how much these students enjoyed being in the helper role, despite the anxiety they had about the experience. “I really enjoyed feeling like I was helping someone, even though I was nervous,” one student wrote. “This experience really made me want to improve my counseling skills so I can do more,” another student added.

Student Recommendations

In the final question students gave their recommendations to other students who might participate in such an experience in the future. Four main themes emerged, which were: (a) relax and be open-minded, (b) value the learning experience, (c) expect schedule conflicts, and (d) increase the parameters for the student actors. As indicated in Table A5, six students indicated that future students should “relax and try to be open-minded” about the assignment. These responses indicated the nervousness was normal, but that the learning experience was worth the discomfort of being filmed in the helper role. “Don’t be too nervous. Trust your instincts,” one student wrote. “It is not as bad as you think,” added another student.

Six student responses coded under “value learning experience” advised future students to “embrace the learning opportunity,” and to “...take

advantage of the chance to try out your new skills and see what you need to improve upon.” “This experience is to help you identify/ recognize your abilities as a [helper].”

Four students advised future students to “...contact the actors ASAP,” and to “... expect scheduling conflicts and plan ahead.” These responses indicated that the student actors were very difficult to reach and very busy with auditions and performances. Three students indicated that they would have liked for the student actors to have more parameters placed on the clients they portrayed “...so that the sessions will be more realistic and we won’t feel incapable of helping, or that things are out of our skill level.” It was apparent from these responses, that a few of the student actors took liberties with the client roles and presented issues that were beyond the level of severity appropriate for the human services students.

Discussion

Implications for Human Service Educators

For the human services students in these two classes, the experience of practicing counseling skills with a student actor felt more authentic and closer to a real-life counseling experience than practicing with a classmate. Because of this, students took the assignment more seriously and gained valuable insight into their own skills, strengths, and deficits. The authenticity of the experience also contributed to students’ perceptions of what it must feel like to be in the helper role, which then helped to inform their perceptions of professional counseling.

Because of the benefits our students reported, the human services instructors at this university prefer this method of teaching counseling skills to role-playing with a classmate, and will continue collaborating with the theater department for the mock-counseling sessions. Still, there are several issues that warrant addressing in future collaborations between departments. For example, a significant challenge that emerged was that of logistics: human services students reported in the survey, as well as in class discussions, that some of the acting students were difficult to reach and nonresponsive to attempts to contact them and schedule the sessions. Some students suggested making this assignment mandatory for the acting students so they would take it more seriously. Others felt like the acting students didn’t have a clear understanding of what the assignment was supposed to be, and therefore showed up to the session unprepared to talk about much of anything. Future collaborations with the theater department will include discussions about using more detailed client descriptions, more specific instructions for the acting students, and incentives for the student actors to take their roles more seriously.

Human services students were often frustrated with their skills when attempting to respond appropriately to the mock-clients. Many of them thought they should have had more practice prior to this

assignment, or that it was terrible to “turn them loose” with a “client” at such an early stage of skill development. They were uncomfortable, and many of the students objected to this discomfort. This is interesting, considering such discomfort is appropriate for most disciplines when students are asked to demonstrate what they’ve learned. This discomfort also adds to the authenticity of the experience in that it is similar to the discomfort a trainee experiences when counseling a real client. An interesting aspect of this experience is that students thought they should be more competent in their counseling skills *prior* to participating in the mock-counseling sessions; yet, the way to gain competency is by practicing these skills with a “client.” Though the assignment was clearly described as an opportunity to practice and improve their beginning counseling skills, and the video portion of the assignment was not graded; many of the students in this course seemed to view the mock counseling sessions as a performance, rather than practice. Perhaps more emphasis on normalizing the discomfort of the experience and the value of such discomfort will help prepare students more effectively for the mock counseling sessions. Students may benefit from more time and attention given to help them anticipate, identify, and cope with the discomfort of putting newly-learned counseling skills into practice.

Limitations

There were several limitations in this research. The sample was small and one of convenience, consisting of human services and acting students taking classes at a small university. The demographics of the students were neither gathered nor taken into consideration; therefore cultural factors influencing the students’ perceptions of the mock-counseling sessions were left unexplored. The questionnaires, while open-ended in format, could be viewed as leading the respondents in their answers. In addition, because the student responses were in hand-written form and anonymous, there was no opportunity for clarification of unclear responses. This leaves room for error of interpretation and coding. An additional limitation of this study is present in the analysis portion, with no quantitative measures used to triangulate the data. Clearly, this study is only the beginning of what should become a much more thorough examination of this method of teaching counseling skills.

Recommendations for Future Research

An unexplored aspect of this experience remains with the student actors’ responses to the mock-counseling sessions. Indeed, based on the human services students’ responses about the student actors’ lack of apparent investment in the assignment or understanding of its purpose, more attention is needed in preparing the acting students for their role in the mock-counseling sessions. Though this study did not focus on the student actors’ perceptions, some human services students reported in

class that they had received positive feedback from their “clients”; and felt as though they had made a positive impact on the student actors. Future collaborative efforts between the human services and theater departments will also include more of a focus on the perceptions of the acting students and the potential benefits of the mock counseling sessions for them, both personally and professionally.

References

- Berliner, A. (1982). Enhancing social work education through the use of drama students as "clients" in role play. *Arete*, 7, 61-67.
- Brophy, J. (2004). *Motivating students to learn*. Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.
- Carter, A. (2003, December 16). Patient-actors work on med students' bedside manner.[Electronic version]. *Pittsburgh Tribune Review*. Retrieved August 8, 2009 at http://www.pittsburghlive.com/x/pittsburghtrib/s_170133.html
- Deci, E., & Ryan, R. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum Press.
- Donovan, M. S., Bransford, J. D., & Pellegrino, J. W. (1999). *How people learn: Bridging research and practice*. Washington, DC: National Academy Press.
- Lane, K. (1988). Using actors as "clients" for an interviewing simulation in an undergraduate clinical psychology course. *Teaching of Psychology*, 15(3), 162-64.
- Levitov, J., Fall, K., & Jennings, M. (1999). Counselor clinical training using actors as clients. *Counselor Education and Supervision*, 38, 249-259.
- McFetrich, J. (2006). A structured literature review on the use of high fidelity patient simulators for teaching in emergency medicine. *Emergency Medicine Journal*, 23(7). 509-511.
- Miles, M., & Huberman, A. (1994). *Qualitative data analysis: An expanded sourcebook*. (2nd Ed). Thousand Oaks, CA: Sage.
- Miller, M. (2004). Implementing standardized client education in a combined BSW and MSW program. *Journal of Social Work Education*, 40(1), 87-102.
- NOHS (1996). National Standards for Human Service Education. <http://www.nationalhumanservices.org/%5Btitle%5D-22> retrieved on 6-24-09.
- Okun, B. (2007). *Effective helping: Interviewing and counseling techniques*. Pacific Grove, CA: Brooks/Cole.
- Scott, N., Donnelly, M., & Hess, J. (1976). Changes in interviewing styles of medical students. *Journal of Medical Education*, 50, 1124-6.
- Sommers-Flannagan, J., & Means, J. R. (1987). Thou shalt not ask questions: An approach to teaching interviewing skills.

Teaching of Psychology, 14, 164-166.

Weiss, A. (1986). Teaching counseling and psychotherapy skills without access to a clinical population. *Teaching of Psychology*, 13, 145-147.

Appendix

Table A1.

Question 1 – Student Benefits: Number of Student Responses with Identified Themes

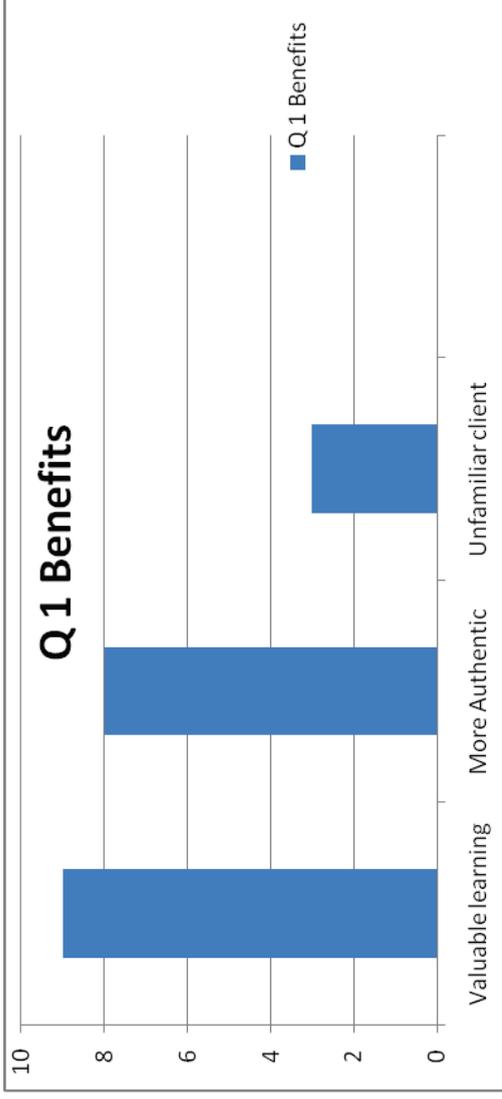


Table A2.

Question 2 – Student Challenges: Number of Student Responses with Identified Themes

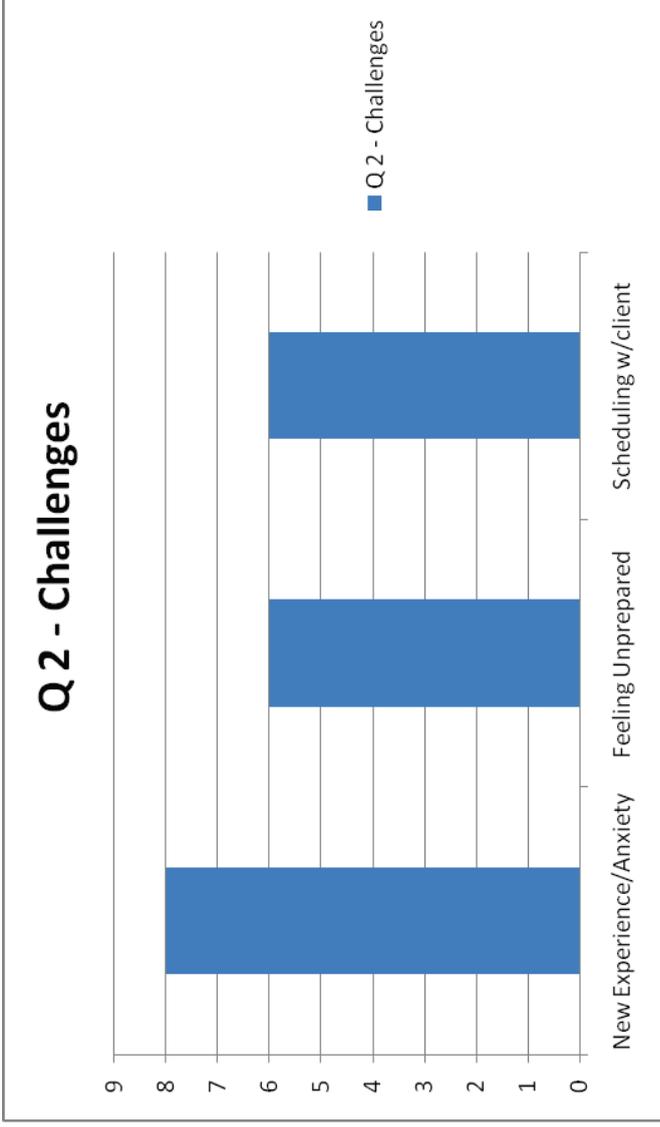


Table A3.

Question 3 – Impact on Career Choice: Number of Student Responses with Identified Themes

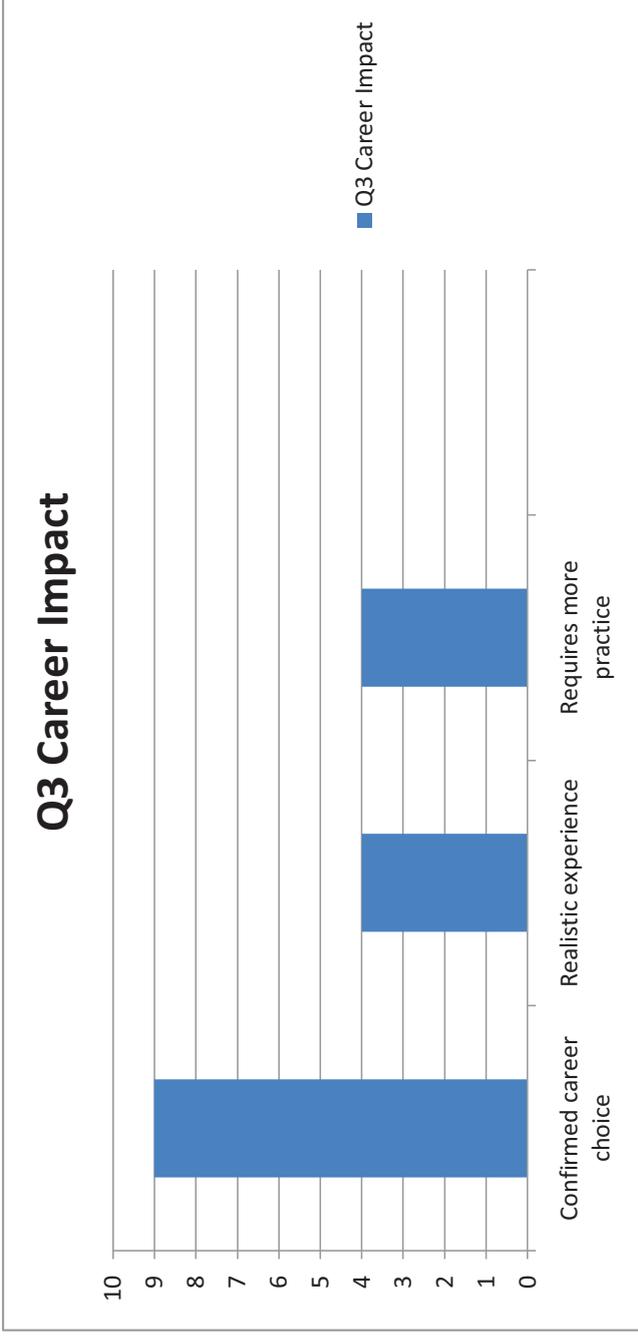


Table A4.

Question 4 – Personal Impact: Number of Student Responses with Identified Themes

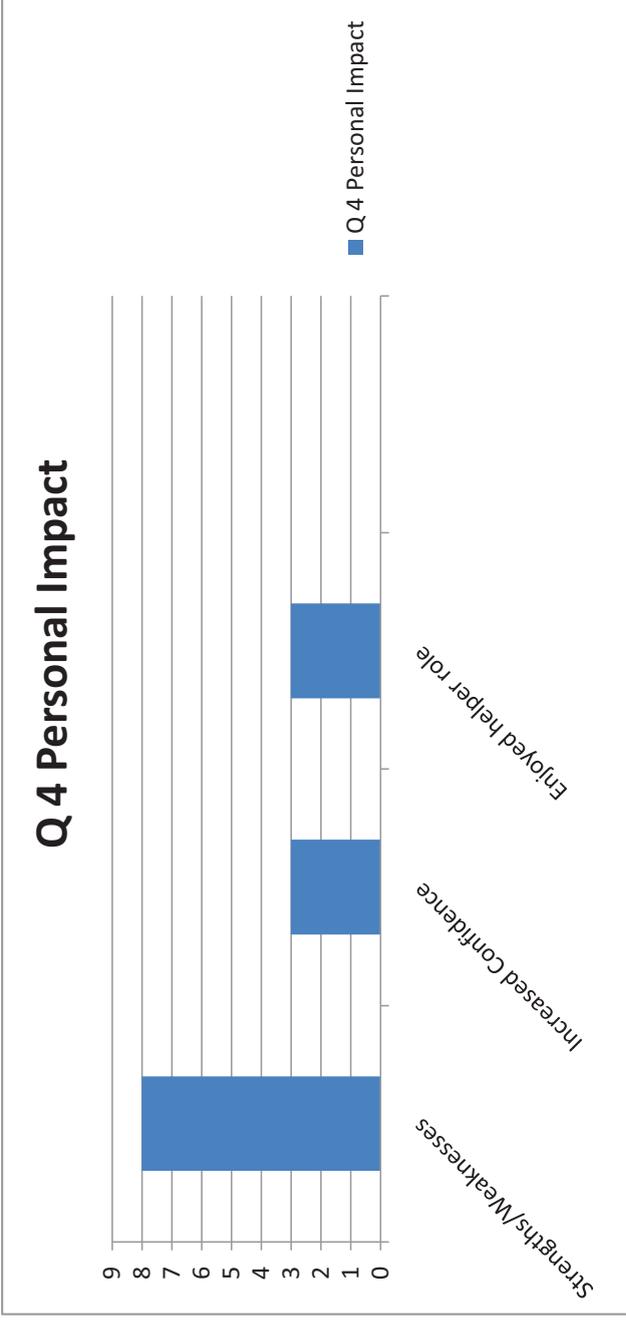
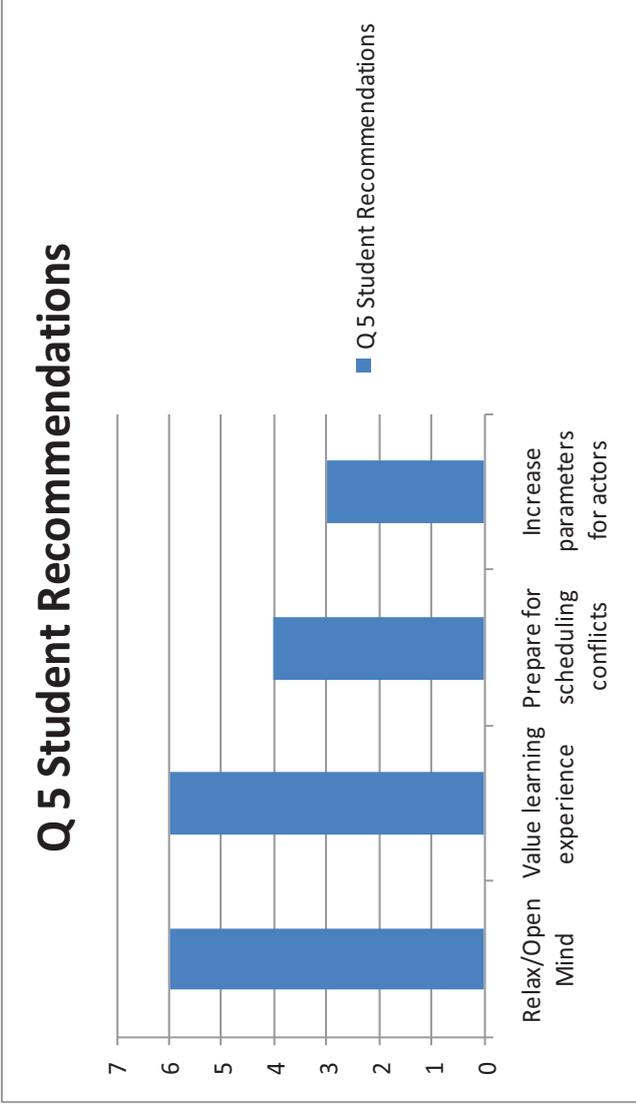


Table A5.

Question 5 – Student Recommendations: Number of Student Responses with Identified Themes



Promoting Healthy Relationships: A Seminar for Human Service Professionals

*Laurie M. Craigen, Rebekah F. Cole, and Danica G. Hays
Old Dominion University*

Abstract

Dating violence is an important, yet often unexplored, topic for counselors and human service professionals. This qualitative study investigated the experiences of the participants in the Promoting Healthy Relationships Seminar. It examined the participants' responses to the seminar as well as their thoughts and feelings about dating violence and their future work with clients in unhealthy relationships. Implications for future trainings and research in the area of dating violence are given.

Introduction

Dating violence, or the intentional infliction of emotional, physical, and/or sexual harm to establish power and control on a dating partner (Chase, Treboux, & O'Leary, 2002), affects approximately one-third of adolescents and young adults in U.S. society no matter the age, race/ethnicity, socioeconomic status, or sexual orientation (Holt & Espelage, 2005; McLeod, Muldoon, & Hays, 2010). The consequences of dating violence are pervasive and include acute physical injuries, post traumatic stress disorder and other anxiety disorders, depression and lowered self-esteem, psychosomatic symptoms, academic problems, risky behaviors, substance abuse or misuse, and the likelihood of victimization and/or perpetration in future long-term relationships (Ackard & Neumark-Sztainer, 2002; Ackard, Neumark-Stainzer, & Hannan, 2003; Chase et al., 2002; Silverman, Mucci, & Hathaway, 2001).

While the rates of dating violence are staggering, incidences of dating violence often go undetected and thus underreported. McLeod et al. (2010) noted that the prevalence and incidence of dating violence may go "under the radar" due to discomfort of those victimized to disclose to a practitioner, varying definitions of violence across cultural groups, and limited knowledge and awareness by practitioners to screen for dating violence. Further, literature (Craigen, Sikes, Healey, & Hays, 2009; Hays, Craigen, Knight, Healey, & Sikes, 2009) asserts that many human service professionals lack adequate knowledge, awareness, and skills to assess and intervene, resulting in ethical and professional impairment. Further, the curricular guidelines set forth by the Council for Standards in Human Service Education (CSHSE, n.d.) do not directly call for training in dating violence or other forms of trauma. Thus, a definite need for professional development on the topic of dating violence exists

in order to increase both knowledge and understanding among human service professionals.

While it may be difficult to integrate this knowledge sufficiently into existing curricula, specialized workshops can be an ideal medium to (a) address a relevant and important topic in an intensive format and (b) reach students in an alternative setting than the traditional classroom. Workshops on various mental health topics have been shown to increase knowledge, skills, and understanding (Craigien & Hays, 2009; Decker, Lassoie, Goff, & Parrish, 1998). Thus, the purpose of this project was to develop, implement, and evaluate a workshop on dating violence to human service trainees and practitioners.

Methodology

Upon receipt of institutional review board (IRB) approval, a workshop entitled “Promoting Healthy Relationships” was marketed to practitioners and trainees in academic and clinical sites. A flyer was distributed in hard copy and through email. The flyer was also posted on the facilitators’ campus and counseling sites as well as emailed to different student organizations across the university campus and the surrounding area. The recruiting process involved contacting students, counselors, and faculty members, and asking them for their participation and assistance with advertising the seminar. Space, which consisted of a large conference room and four breakout rooms, was reserved in the university student center. The student center was chosen because of its centrality on campus and availability, without cost, to students and faculty. The university also provided the electronic equipment, including projectors and screens, for the seminar.

Participants

Of the 20 participants, 17 identified as female and 11 as White. (Four participants were African-American, 3 Native American, and 1 Latin American.) Eighteen participants identified as heterosexual while 1 identified as homosexual (1 participant did not answer this question). In terms of educational status, 9 participants were undergraduate human service students while 10 held or were completing a master’s degree in a human service profession (1 participant did not report their current level of education). With regards to training experience, 17 participants had never before attended a workshop on intimate partner relationships while 3 participants had previously attended at least one related workshop.

The Seminar

The Promoting Healthy Relationships seminar consisted of a general session and four rotating sessions each lasting approximately 45 minutes. Sessions were facilitated by advanced-level human service professionals (i.e., those holding master’s and doctoral degrees in human

service disciplines). The general session was an introductory session to the prevalence and risk factors of dating violence, and some theoretical information regarding why individuals might remain in violent and unhealthy relationships. The rotating sessions were:

1. *Healthy Relationships and Boundary Setting*: This session described healthy and unhealthy relationships, discussed warning signs and provided clinical interventions. Participants participated in various activities where they had to write or draw their personal conceptualizations of a healthy relationship to increase self-awareness.
2. *Conflict Resolution and Assertiveness Training*: This session described how conflict resolution and assertiveness are important aspects of any relationship. Presenters discussed the different ways people deal with conflict and provided information for helping individuals manage conflict and become more assertive. The presenters facilitated activities that encouraged the participants to evaluate their personal views of assertiveness and conflict resolution.
3. *About Dating Violence*: This session discussed the various facets of dating violence including emotional, physical, and sexual violence. Presenters discussed dating violence statistics, warning signs of dating violence, cultural considerations, and age-specific symptoms. Presenters provided the participants with a case study that focused on biases and stereotypes of dating violence and facilitated a discussion about this case study.
4. *Dating Violence and Ethics*: This session provided important ethical and legal information about client welfare, confidentiality, and informed consent. Participants were asked about common ethical or legal issues they have encountered or predicted to encounter pertaining to dating violence. Additionally, the presenters provided participants with case vignettes and facilitated a discussion about the ethical and legal implications of these cases.

Program Evaluation

A phenomenological case study approach (Patton, 2002) was used to evaluate the impact of the seminar on participants' knowledge and attitudes toward dating violence in general and clinical interventions more specifically. The case, the program, was evaluated summatively in two ways: participants gave feedback about the seminars in the large-group reflective session at the conclusion of the seminar, and participants provided additional reflections in a follow-up email correspondence with one of the authors (and program coordinators). Follow-up questions for both outlets included probes about the clients' newfound awareness about dating violence as well as how they hope to apply the information

in the future. Examples of questions included: (a) What were your thoughts of the seminar? (b) What was the most helpful portion of the seminar for you, if any? How so? (c) What, if anything, are you now aware of as a result of attending the seminar? (That applies to your work with clients? That applies to you personally?) and (d) What would you recommend we address in future seminars? The authors arrived at themes based on the summative evaluation of the program.

Results

Three primary themes with related subthemes emerged from the data analysis: (a) program content; (b) program format; and (c) program recommendations. With regards to the first theme, program content, subthemes identified were the following: *informative nature* and *techniques introduced*. For the second theme, program format, analysis identified the following subthemes: *group size* and *group composition*. For the third theme, future considerations, analysis identified *additional information* and *recommendations* as the subthemes.

Program Content

The first theme related to participant responses that are related to the content of the workshop. The first subtheme, *Informative Nature*, relates to the knowledge gains participants experienced. For example, one participant shared, “I learned things I didn’t know before.” Another echoed this comment. She shared, “the information is still all sinking in – and that’s all information that I will continue to reference and keep for the future.” Many of the participants named the specific things they learned. One participant shared, “I am now aware of the signs of an unhealthy relationship.” Additional participants spoke about the knowledge they gained about specific interventions such as “setting up a plan of action for clients that are being abused.”

The second subtheme is *Techniques Introduced*. The interviewed participants talked about the techniques they learned and how they could be used in both a personal and professional manner. In terms of personal application, the participants commented on how they could apply the workshop information to their own lives. For example, one participant shared, “I am now more careful about how I handle my conflicts and I try to maintain healthy relationships.” The participants also talked specifically about how they could use their newfound techniques in the professional arena. One participant shared, “I have gained additional knowledge that will be used to enhance my work with clients when using interventions.” In terms of specific knowledge, the participants primarily talked about the information they learned about ethics, the “warning signs” of an unhealthy relationship, and how to intervene with issues such as “trauma and rape.”

Program Format

The second theme includes participant responses that are related to the format of the program. *Group Format*, the first subtheme, relates to participants experiencing the group format as a particular strength of the program. For example, many participants spoke about the value of the small size of the groups. One participant shared, “I liked getting into smaller groups to have discussions. It made the seminar feel more personable.” Other participants spoke about the value of the workshop stations. She stated, “I liked how the seminar was broken into four different stations. I think it allowed it to be more personal and gave people an opportunity to participate more.”

Group Composition, the second subtheme, refers to participants disclosing that the group composition fostered connection among its members and facilitated learning. Many of the participants spoke about the value of having undergraduate human service students and counseling graduate students in the same small groups. One participant shared, “It really helped me. All the people from different graduate programs, was reassuring.” Additionally, the participants spoke about how the group composition facilitated open discussion and self-disclosure on both a personal and professional level. One participant remarked, “I really liked that it wasn’t just a ‘conference’- the intimate seminar setting of rotating groups/sessions I thought was a great feature.”

Future Considerations

The third theme relates to future considerations of the program workshops including additional information and recommendations suggested by the participants. *Additional Information* refers to participant-generated suggestions about additional information that they would have liked to receive in future programs. For example, many of the participants desired additional information about interventions related to interpersonal dating violence. One participant spoke about wanting more information about “assessments to use with clients.” Others wanted to learn more about specific techniques such as “interpersonal skill development.” Additionally, participants spoke about wanting to learn more about the legal resources and laws related to interpersonal violence. One participant shared that she would like to know more about “Current laws to protect victims of dating or domestic violence” while others wanted information on “What direction to point the client in legally so that they feel empowered to deal with abuse.”

Recommendations, the second subtheme, involved participants openly sharing their ideas for future recommendations for program format and content. In terms of the program format, participants wanted longer sessions because at times they felt “rushed” and believed that “more discussion would have been of benefit.” Another participant believed that the day/time of the seminar could be changed to recruit

more participants. She stated, “Scheduling is definitely an important factor for me in considering what I will attend in the future.” Participants also made recommendations regarding program content. For example, one participant shared that she would have liked to “have people who were victims of dating violence speak to small groups about the warning signs to look out for” while another stated that she would have liked to have “more activities, like fun quizzes that will teach us about ourselves.”

Discussion

The purpose of this study was to investigate the experiences of human service trainees and practitioners in the Promoting Healthy Relationships Seminar. At the conclusion of the program, participants were invited to share their thoughts, feelings, and suggestions about the seminar. Based on summative evaluations, the program seems to facilitate participants’ knowledge and awareness of dating violence. While the findings are valuable, they are not intended to be generalized to all settings. The following section offers implications for training and research. However, as with any qualitative study, the readers must decide how the study’s findings may apply to their particular setting.

The Promoting Healthy Relationships Seminar has direct implications for Human Services Education Programs. Both the National Organization of Human Services (NOHS) and the Council for Standards in Human Service Education (2009; CSHSE) work in tandem outlining program standards. CSHSE provides curriculum guidelines for human service programs to follow (Neukrug, 2008). The curriculum guidelines are quite comprehensive and allow little room for special topics to be introduced within associate’s level or bachelor’s level programs. Thus, this seminar suggests that learning may be beneficial in settings outside of the traditional classroom. Thus, workshops are an ideal medium for providing alternative settings for student learning in a deliberate and intensive manner. These findings indicate that Human Service programs may benefit from providing alternative settings for student learning, like workshops, and/or seminars such as this one.

Findings from this study also suggest that there is value in grouping undergraduate students, graduate students, and practitioners together in a learning environment. Combining graduate students and undergraduate students in the same learning environment can create positive and rich learning opportunities (Center for Teaching and Learning, n.d.). The students within this study spoke openly about the importance of learning from participants at different levels of experience and education. These findings have direct implications for future learning modules. Human Service Programs that have access to graduate programs in their college or university may consider conducting more collaborative learning and research experiences.

These findings also have direct implications for research. For example, this study could be replicated and expanded to additional Human Services programs. Future studies could also investigate participants' knowledge, awareness, and skills of dating violence prior to and after a seminar. This research could be done through focus groups, individual interview sessions, or surveys. Further, the framework for this seminar could be adapted for use with a different topic relevant to Human Services professionals and then studied for its effectiveness (i.e., self-injury, suicide prevention, eating disorders). Finally, in order to strengthen this study, this particular workshop should be repeated several more times to gain more systematic and rigorous research data.

Limitations

The purpose of this project was to develop, implement, and evaluate a workshop on dating violence to human service trainees and practitioners. While the findings have direct implications for teaching, learning, and research, there are notable limitations to the study. First, this study only evaluated one workshop; a future study could evaluate several different workshop programs to substantiate the data and reduce possible methodological flaws. Secondly, the study was conducted within one university using a relatively small sample size. A future study should address these limitations by expanding the study across different universities using a larger sample. Additionally, the responses given by participants are subject to potential biases due to their relationships with the authors. Many of the students were students or advisees of two of the three authors. Thus, it is possible that answers were subject to response bias, a phenomenon that occurs when participants answer questions in the manner they think their questioner wants them to answer rather than according to their true beliefs. Although this may be difficult to remedy in the future, workshops given by professionals external to the human service program would likely reduce incidences of response bias. Finally, in order to strengthen the rigor of this study, more in-depth qualitative analysis could be conducted in future studies; for example, participants could be interviewed in person to gain information about their knowledge, attitudes, and beliefs about dating violence prior to and after the workshop.

References

- Ackard, D. M., & Neumark-Sztainer, D. (2002). Date violence and date rape among adolescents: Associations with disordered eating behaviors and psychological health. *Child Abuse & Neglect, 26*, 455-473.
- Ackard, D. M., Neumark-Sztainer, D., & Hannan, P. (2003). Dating violence among a nationally representative sample of adolescent girls and boys: Associations with behavioral and mental health.

- Journal of Gender Specific Medicine*, 6, 39-48.
- Chase, K. A., Treboux, D., O'Leary, K. D., & Strassberg, Z. (1998). Specificity of dating aggression and its justification among high-risk adolescents. *Journal of Abnormal Child Psychology*, 26, 467-473.
- Center for Teaching and Learning; Indiana University-Purdue University (n.d.). Tips for Combined Graduate and Undergraduate Classrooms. Retrieved June 1, 2009, from <http://ctl.iupui.edu/common/uploads/library/CTL/CTL907824.pdf>
- Council for Standards in Human Service Education (n.d.). Overview of the CSHSE national standards. Retrieved April 18, 2009, from <http://www.cshse.org/overview.html>.
- Craigien, L. M., & Hays, D. M. (2009). Examining the effectiveness of a self-injury specific pilot training program. Manuscript submitted for publication.
- Craigien, L. M., Sikes, A., Healey, A., & Hays, D. G. (2009, March 4). School counselors' role in dating violence intervention. *Journal of School Counseling*, 7(18). Retrieved April 5, 2009, from <http://www.jsc.montana.edu/articles/v7n18.pdf>
- Decker, D. J., Lassoie, J. P., Goff, G. R., & Parrish, K. (1988). Do workshops work? *Journal of Extension*. 26, 333-338.
- Hays, D. G., Craigien, L. M., Knight, J., Healey, A., & Sikes, A. (2009, February 9). Duty to warn and protect against self-destructive behaviors and interpersonal violence. *Journal of School Counseling*, 7(11). Retrieved April 12, 2009, from <http://www.jsc.montana.edu/articles/v7n11.pdf>
- Holt, M. K., & Espelage, D. L. (2005). Social support as a moderator between dating violence victimization and depression/anxiety among African-American and Caucasian adolescents. *School Psychology Review*, 34, 309-328.
- McLeod, A. L., Muldoon, J., & Hays, D. G. (2010). Intimate partner violence. In L. Jackson-Cherry & B. T. Erford (Eds.), *Crisis intervention and prevention*. Upper Saddle River, NJ: Pearson Merrill Prentice Hall.
- Neukrug, E. (2008). *Theory, Practice, and Trends in Human Services*. Pacific Grove, CA: Brooks/Cole.
- Patton, M.Q. (2002). *Qualitative evaluation and research methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*, 286, 572-9.

**Review of *Career Interventions and Techniques: A Complete Guide for Human Service Professionals* (2007)
by Molly S. Duggan and Jill C. Jurgens**

Shawn Ricks
Winston-Salem State University

Beginning in early childhood people are faced with the question of deciding their career path. In fact, our educational system is designed to train citizens to become productive members of the workforce. What has been missing, however, is an integrated approach to career development across the lifespan. In *Career Interventions and Techniques: A Complete Guide for Human Service Professionals*, Duggan and Jurgens fill this gap by addressing career theories, interventions, and techniques that provide human service faculty, students, and practitioners with a resource that is both comprehensive and user friendly.

The book is divided into three easy-to-navigate sections. Part I, “Career Development and the World of Work,” deals with the history of career development, career-related assessments, career information resources, employment search, and career intervention program planning, implementation, and evaluation. Part II, “Career Development and Diverse Populations,” takes readers through 12 case studies ranging from displaced workers to immigrant populations and veterans. The third section, “Special Topics for the Human Service Professional,” delves into important ethical and legal issues regarding career assessment, including several ethical decision-making models. The book concludes by addressing workplace issues for the 21st century.

In Part I, the authors share with readers the challenges regarding today’s workforce including: the projected increase in youth ages 16-24, the impact of retiring baby boomers, the increasing diversification of America, socioeconomic status, economic forces, and technological factors. The integration of workforce challenges within a human service perspective can allow helpers to do a more effective job intervening with clients. Industry and occupational projections covered in Chapter 1 help the human service worker develop a full picture to assist in guiding clients toward their preferred career paths.

An essential feature of Part I is that it provides readers with a great deal of information at their fingertips. The early chapters provide a useful reference-like section for both those completely unfamiliar with career development theories, assessments, and resources; as well as those professionals who may just need a brief refresher. While Chapters 3 and 4 address career-related assessments and resources, Chapter 5 provides the basics of beginning a job search, the area in which most people become overwhelmed. For both the first-time job seeker and the

seasoned worker, Chapter 5 covers both protocol issues (job search correspondence) and pragmatic issues (resume types, employment applications, and successful interviewing strategies and tips). For the human service professional looking to design career intervention programs, Chapter 6 provides a road map for preparing a successful program by “following four steps: (1) define the population, (2) conduct a needs assessment, (3) establish goals and objectives, and (4) design the program” (p.111).

In Part II (Chapters 7-18), each chapter explores a particular population and suggests strategies for career development. The authors are to be commended for their broad definition of diversity, and their inclusiveness of many marginal populations throughout Part II. Although each chapter is helpful, several chapters target populations which have been historically overlooked in the literature. The chapters on “Displaced or Dislocated Workers” (Chapter 11), “People with Physical and/or Mental Disabilities” (Chapter 15), “Veterans” (Chapter 17), “People with Chemical Dependency” (Chapter 16), and “The Newly Immigrated” (Chapter 18), provide human service professionals with information in line with current national trends. The first half of each chapter begins by providing general information regarding the population being described, including general background information and statistics; structural, individual, physical, and mental health barriers; and a Career Development Program Model.

The Career Development Program Model walks helpers through a detailed guide to intervening with specified populations. This model includes co-creation of an Individual Success Plan (ISP); determining training and education needs; securing funding/resources; choosing interventions; and initiating the employment campaign. Of particular note is the use of flow charts as a visual outline of the Career Development Program Model as it could be applied to each population. The remainder of each chapter personalizes each population by walking readers through a very detailed case-study specific to that population. The chapters within Part II are organized efficiently and effectively, allowing readers to select a population and quickly find the resources necessary to support them in making an effective career intervention.

Part III, “Special Topics for the Human Service Professional,” explores ethical considerations in working with clients in the 21st century. Helpful reprints of the Ethical Standards of Human Service Professionals, Standards for Human Service Educators, and the National Career Development Association (NCDA) Ethical Standards, provide readers with a framework in which to begin the responsible application of previous chapters. The authors conclude the text by discussing workplace issues for the 21st century, such as technology, diversity, workplace safety, and supervision.

Career Interventions and Techniques: A Complete Guide for Human Service Professionals provides a practical guide on career theory and interventions for both the novice and experienced, supported through relevant case studies to assist in concretizing the material. Key words and terms are highlighted throughout the text, a helpful feature for students, faculty, and practitioners who need information available at their fingertips. This well-researched text is poised to become an invaluable resource for human service professionals in the 21st century.

Review of *Buzzed: The Straight Facts about the Most Used and Abused Drugs from Alcohol to Ecstasy, Third Edition*

by Cynthia Kuhn, Scott Swartzwelder, and Wilkie Wilson

Shoshana D. Kerewsky
University of Oregon

The third edition of *Buzzed: The Straight Facts about the Most Used and Abused Drugs from Alcohol to Ecstasy* (Kuhn, Swartzwelder, & Wilson, 2008) includes updated, current information on the substances commonly used and abused in the United States. *Buzzed* is an accessible and helpful resource for both interventionists and clients. The content revision is very useful and this edition retains the positive aspects of previous editions. However, several problematic aspects of the book's organization and structure have not been updated and thus it remains less useful and more confusing than it could be.

Following a brief introduction, *Buzzed* begins with an essay by two college students on the importance of learning accurate information about drugs, and a short quiz on substances that serves as a teaser for the chapters that follow. Part 1, the bulk of the book, is a series of chapters describing classes of drugs (such as sedatives) or specific substances (such as alcohol) used and abused in the U.S. This includes caffeine, herbal drugs, and steroids as well as signal drugs of abuse such as LSD or heroin. Eight pages of drug identification photos are included in this section. These photos may be triggering for readers working on maintaining their sobriety. Part 2 includes chapters that are functionally appendices describing the brain, basic mechanisms of drug action, addiction, and legal issues, followed by reading suggestions, a glossary, and the index.

Generally, each chapter in Part 1 opens with the effects and dangers of that class or substance. It includes a summary of its key points, a chapter table of contents, a detailed description of the class or drug and its use in the U.S., and varied additional topics. This other information sometimes includes the mechanism of action, route(s) of ingestion and metabolic path, long term effects, and legal and socio-cultural information. The tone of these chapters is conversational yet professional, which models how an interventionist might discuss drugs with clients or in a psychoeducational presentation. There is a great deal of information about the effects of substances that may be less-immediately noticed by users, such as marijuana's effects on motor activity.

This revision includes information about OxyContin, GHB, energy drinks, and other substances that have been in increasing use in the U.S. This is a welcome update and adds to the book's utility and

credibility. However, some content deficits have not been addressed. For example, the coverage of important aspects of the substances, such as their mechanisms of action and interactions with other substances, is not consistent across chapters. In addition, there is no chapter on polysubstance use, which is very common and more dangerous than single-substance use. Finally, though the authors' intention is to present an unbiased view of substances, they consistently include sections on harmfulness, but much less discussion of potential benefits. Notable exceptions are the inclusion of information on medical THC use and the acknowledgement that psychoactive drugs are sometimes used to alter consciousness in ritualized spiritual contexts.

Many structural problems from previous editions have not been addressed. While some are minor, others detract significantly from the book's utility. The chapters are in alphabetical order by class. This is at odds with the practice followed by many textbooks, which is to group classes of substances that have related mechanisms of action, or to present common, legal, and gateway substances before less-common and illegal substances. Material from the introductory chapters and Part 2 is not well-integrated with Part 1's chapters and would benefit from more consistent cross-referencing. The use of slang terms is not consistent and not well-reflected in the index. The next edition would benefit from a thorough structural revision.

With its conversational tone and informative content, *Buzzed* is a very inviting supplementary text for courses that teach substance effects and identification. The language and content are appropriate for community college through graduate courses, as well as agency training. At the same time, the language is not very technical, making it a good reference book for clients as well. *Buzzed* does not address intervention, but could be used in conjunction with role-playing to provide students and staff with respectful and accessible language for discussing substance use with their clients. Instructors may wish to teach the "Brain Basics" and "Drug Basics" chapters from Part 2 before the classes of substances, and to order the chapters in Part 1 in keeping with their primary textbook.

Guidelines for Authors

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

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

Directions for each type of submission include the following:

1. **Articles.** Manuscripts for articles should not exceed fifteen (15) typed pages. The page limit includes all pages of the manuscript excluding the title page (i.e., abstract, reference pages, tables, and graphs).

Manuscripts may not exceed this page limit. Following the title page include an abstract of not more than 100 words. This statement should express the central idea of the article in non-technical language and should appear on a page separate from the text.

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

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

The following instructions apply to all three types of submissions:

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

2. Manuscripts should be typed in 12-point type with margins of at least one inch on all four sides. All materials should be double spaced including references, all lines of tables, and extensive quotations.

3. All material should conform to the style of the sixth edition of the Publication Manual of the American Psychological Association.

4. Avoid footnotes wherever possible.

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

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

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

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

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

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

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

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

Editor
Human Service Education (HSE)
EditorHSE@yahoo.com