



2009 NOHS National Conference Proceedings

**People in Contexts:
Families, Schools, Community, and Cultures**

Portland, Oregon – October, 2009

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The Death of the Professor: Dialogue Education's Learning Focus

Debra Minar Driscoll, MS

Abstract

Are your learners happy with their experiences in your workshops and classes? Are they learning? The Dialogue Education approach is a unique way of designing educational experiences for Extension audiences. It was developed by Professor Jane Vella, and inspired by the works of Paulo Freire, Malcolm Knowles, Kurt Lewin and other pioneers of adult education. Design questions focus on the needs of the learners and promote dialogue among participants. Principles such as safety, respect, immediacy, and sound relationships enhance learning. Extension educators can structure specific learning tasks that allow learners to connect new information to their lives in meaningful ways.

Introduction

With a 25-year history as a county Extension educator, you might assume that I have picked up some effective educational techniques along the way. I have, but in the past year the way I think about developing educational programs and teaching them to adults has taken a turn for the better. I have entered the world of Dialogue Education, and there's no turning back!

As Extension educators, we spend a lot of time developing and distributing content. While we are busy showing our PowerPoint presentations or sharing our knowledge, what is happening with the learners? Are they fully engaged in learning? Are they zoning out? Are they bored? Do we as educators subscribe to the "banking" approach, where we attempt to deposit lots of information into the brains of our clients so they can make withdrawals later (Freire, 1993, p.72)?

What is Dialogue Education?

The Dialogue Education approach was developed by Professor Jane Vella of the University of North Carolina, Chapel Hill. It is a carefully structured way to enhance learning, inspired by the work of Brazilian educator Paulo Freire. It builds on the theoretical adult education work of Malcolm Knowles, Kurt Lewin and David Bohm. The aim of the approach is not "teacher-centered" learning, but rather "learning-centered" learning that gets to the core of what is happening at the time of the interaction among the learners, the teacher, and the subject matter content (Vella, 2002, p. xv). After reading some of Vella's books and a JOE article on the topic (Gillis and English, 2001), I attended an intensive training presented by Global Learning Partners, the training company Vella founded, to learn more.

The main theme of the approach is to change the "top-down", mainly monologue structure of teacher-learner interactions and develop an educational design that promotes dialogue, not only between the teacher and the learner, but also among the learners themselves. Getting rid of the podium, re-arranging the seating, and shortening those lengthy PowerPoint presentations can be good places to start, but the approach goes deeper.

Design Steps

When designing educational programs, dialogue education practitioners use the common guiding questions of *Who? Why? When? Where? What?* and *How?* as starting points. Most of us

would begin our planning by fleshing out answers to the last two questions: the *What?*--- the content that we will be teaching, and then the *How?*---the development of the materials and methods.

In dialogue education, much more emphasis is placed on clarifying what is known about the *Who?*---the learners, and the *Why?*---the situation that calls for the learning event. Then, the *When?*---the time frame, and the *Where?*---the site, are carefully considered to be sure that there is enough time to cover the materials adequately and that the meeting space is conducive to dialogue among the learners. Many Extension educators, myself included, give in to the urge to cram as much information into the allotted time as possible. In the dialogue education approach, educators are encouraged to pare down the content significantly, or negotiate for a longer time span in which to teach it.

Another design question that is added in this approach is *What For?* This question encourages the educator to develop achievement-based objectives using action verbs. An example of an achievement-based objective might be "By the end of this workshop you will have critiqued three methods to use when making major financial decision." Finding appropriate action verbs has helped me to apply different methodologies that increase dialogue in the groups I teach.

Learning Tasks

A core concept of the Dialogue Education approach, and the answer to the *How?* design question is the development of learning tasks. Learning tasks are not necessarily activities or games, although they can include those. Vella states that "A learning task is a way to structure dialogue. It is an open question put to members of a small group, who have been given all the resources they need to respond." (Vella, 2001, p xiii). Vella confessed that it took her a long time to move from *teaching* tasks to *learning* tasks. When she was preparing *teaching* tasks, she was not inviting dialogue, but rather, was structuring her monologue.

Learning tasks usually include four components:

- a way for the learner to access their previous knowledge about the topic,
- a way to introduce new content,
- an opportunity to immediately use the new content in some way, and
- a way to connect the new learning to the current life of the learner.

The ability to write clear open questions is a necessary skill for the development of learning tasks.

Principles of Effective Adult Learning

In addition to the concepts described above, here are some of the principles that are emphasized in Dialogue Education work (Vella, 2002, p.4):

- Needs Assessment: participation of the learners in naming what is to be learned.
- Safety in the environment and the process.
- Sound relationships between teacher and learner and among learners.
- Sequence of content and reinforcement.
- Praxis: action with reflection or learning by doing.
- Respect for learners as decision makers.
- Immediacy of learning.
- Clear roles and role development.
- Engagement of the learners in what they are learning.

- Accountability: how do they know they know?

Learning more about each of these principles has helped me clarify my goals for any educational program I design.

Paolo Freire once said to Jane Vella, "Only the student can name the moment of the death of the professor." He meant that if a teacher is in dialogue with a learner, but the ". . . learner still sees the teacher as the *professor* with whom there is no possibility of disagreement, no questioning, no challenge, the dialogue is dead in the water." (Vella, 2002, p.20). Vella suggests that "the professor herself can in fact name the moment when she realized that she too is a student, learning from the adults in the highly structured dialogue she has designed." (Vella, 2008, p. xxi). By dying as the professor, I am beginning to develop exciting new ways of structuring learning experiences for my audiences while enhancing my joy in teaching. I invite you to join me in exploring the Dialogue Education approach. Your learners will thank you.

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References

- Freire, P. (1993). *Pedagogy of the oppressed (30th anniversary edition)*. New York: The Continuum International Publishing Group.
- Gillis, D.E., & English, L. M. (2001) Extension and health promotion: An adult learning approach. *Journal of Extension* [On-Line]. 39(3). Available at: <http://www.joe.org/joe/2001june/a4.html>
- Global Learning Partners. www.globalelearning.com
- Vella, J. (2001) *Taking learning to task*. San Francisco, CA: Jossey-Bass, John Wiley & Sons.
- Vella, J. (2002). *Learning to listen, learning to teach (revised edition)*. San Francisco, CA: Jossey-Bass, John Wiley & Sons.
- Vella, J. (2008) *On teaching and learning*. San Francisco, CA: Jossey-Bass, John Wiley & Sons.

Human Services-Board Certified Practitioner Ethics

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Abstract

Dr. Kerewsky of the National Organization for Human Services Ethics Committee and Dr. Hinkle of Center for Credentialing and Education (CCE) presented summaries of the new Human Services-Board Certified Practitioner Code of Ethics and Ethics Case Procedures. They discussed areas of particular importance or interest to Human Services-Board Certified Practitioners (HS-BCPs). For reasons of brevity, the material below has been modified slightly from the presentation. However, given the technical and detailed nature of the information presented, this outline generally follows the format of the PowerPoint slides. Part 1 identifies highlights and important areas of the new ethics code. Part 2 extracts the critical features of CCE's grievance procedures. Please refer to CCE's documents for official standards and procedures.

Introduction to the New Ethics Code

Why a New Ethics Code?

- The Code appears in its entirety at http://www.cce-global.org/extras/cce-global/pdfs/HS-BCP_codeofethics.pdf
- New HS-BCP credential
- Accountability of and to CCE – Minimum standards of ethical practice

The Code of Ethics

- CCE and NOHS collaboration
- Balance of legal and other considerations
- Balance of multiple professions and licenses/certificates
- Enforceable vs. non-enforceable standards
- Code vs. aspirational and best practice statements
- Scope - Occupational activities “including relationships with employers, clients, and colleagues” with a focus on practitioners
- Intersections - Additional license or certificate codes of ethics
- Legal standards

Highlights

- Introduction – General assertion of high standards
- **Section A:** Compliance with Legal Requirements and Conduct Standards
Comply with laws related to your occupational activities.
Refrain from contrary behavior, deceptiveness.
Don't unlawfully discriminate or harass.
Maintain accurate records.
Make appropriate disclosures of client dangerousness.
- **Section B:** Compliance with CCE Organizational Policies and Rules

Comply and cooperate with CCE.

Don't share confidential CCE information.

Report violations of the code.

- **Section C:** Performance of Services and Other Occupational Activities

Scope of practice.

Privacy and consent.

Self-representation.

Match intervention to client's needs.

Avoid harm.

Consultation, supervision, and referrals.

- **Section D:** Avoidance of Conflicts of Interest and the Appearance of Impropriety

Identify conflicts of interest.

Avoid multiple role relationships with clients.

Avoid sexual/romantic relationships with current clients.

Don't take large gifts.

Respect intellectual property.

Implications of the Code

- How the code helps HS-BCPs and clients.
- What isn't in the code.
- Supporting colleagues and others who need assistance.

CCE Ethics Case Procedures

Introduction

- The Case Procedures appears in their entirety at <http://www.cce-global.org/extras/cce-global/pdfs/ethicscaseprocedures.pdf>
- CCE requires that HS-BCPs and applicants for certification meet high ethical standards.
- Disciplinary procedures are the rules for processing possible violations of the ethical standards.
- The rules are applicable to certificants and those who are seeking certification.
- When candidates apply for certification or recertification, they agree to abide by the CCE policies, including the HS-BCP *Code of Ethics* and the *CCE Ethics Case Procedures*.
- HS-BCPs and those seeking certification agree that these procedures are a fair process for resolving all ethics matters.
- Procedures are governed by the principles of the laws of the State of North Carolina.
- Does not constitute a contract between CCE and the HS-BCP or applicant.

General (refer to Code of Ethics above for complete listing and explanation)

- A.1. Cases Appropriate for Mediation. CCE will receive all charges, complaints, and Ethics Charge Statements.
- CCE will consider the seriousness of the allegations, the respondent's background, prior conduct, and any other pertinent material, and make a decision concerning the likelihood that the matter can be resolved fairly without formal disciplinary proceedings as described in the rules.
- Ethics cases concerning charges issued by a regulatory agency or professional body, and those involving criminal or civil litigation, are not appropriate for mediation.

- A.3. Any person, group, or CCE may initiate an ethics case and act as a complainant. A complainant other than CCE must contact CCE and request an Ethics Charge Statement form.
- Each Ethics Charge Statement must include a detailed written description of the factual allegations supporting the ethics charge(s).
- A.5. CCE may accept and resolve ethics complaints when civil, criminal litigation or other proceedings related to the complaint have been, or are presently, before a court, regulatory agency, or professional body. CCE also may continue or delay ethics complaints in such cases.
- A.7. Any failure to disclose pertinent information or misleading disclosure by a CCE certificant or applicant with respect to an ethics charge, criminal case, disciplinary proceeding, or similar matter may constitute a violation, and may result in certification ineligibility.
- A.6. Complaints Concerning Non-Certificants and Non-Applicants - in the event that CCE receives an ethics inquiry concerning an individual who does not hold any CCE credential, or who is not a CCE applicant, a representative of CCE will inform the complainant and may refer the complainant to an appropriate authority.
- A.9. Until an ethics case has been closed or finalized, *all* parties must maintain the confidentiality of *all* information related to the ethics case, including its existence, consistent with the rules. If any party discloses information related to the ethics case contrary to these rules, CCE may terminate the ethics complaint if such disclosure is by the complainant; or may impose any sanction included within these rules if such disclosure is by the HS-BCP or applicant.
- A. 10. If any party refuses to fully cooperate or participate with CCE or its representatives, and it is determined that the lack of cooperation was without good cause, CCE may take the following actions: (a) may terminate the ethics complaint of an uncooperative complainant; (b) if a respondent is uncooperative - may impose any sanction included within the rules. No appeal of such CCE actions is permitted.
- A.11. Should an HS-BCP attempt to relinquish CCE certification or applicant withdraw an application during the course of any ethics inquiry or case, CCE reserves the right to continue the matter to a final resolution according to the rules.

Mediation

- B.3. In the event of successful mediation, the Ethics Officer will prepare a report summarizing the terms of each mediated resolution of an ethics case and forward it to the parties. A mediated resolution of an ethics matter may not be appealed after the acceptance of the mediation report by all parties.
- B.4. In the event of unsuccessful mediation, CCE will refer the case for resolution consistent with these procedures.

Ethics Inquiries and Charge Statements

- C.1. Any person or group seeking to file a complaint concerning an HS-BCP or applicant should contact the CCE. CCE will forward to the complainant a copy of the applicable *Code of Ethics*, *CCE Ethics Case Procedures* and the Ethics Charge Statement form.
- CCE will record all ethics inquiries and identify: the person(s) making the inquiry; the HS-BCP or applicant; the State from which the inquiry originates; and the nature of the problem. This case log will remain confidential, and will be available only to authorized representatives of CCE, or released for review to cooperating agencies and organizations.
- C.2. When an Ethics Charge Statement is received by CCE, CCE will: (a) review the

allegations made concerning the charges; (b) determine whether the charges are presented in sufficient detail to permit CCE to conduct a preliminary investigation; and, if necessary, (c) contact the complainant and request additional factual material. CCE will send a letter to the complainant and respondent stating whether the charges submitted are accepted or rejected for a formal ethics investigation.

Acceptance/Rejection of Charges

- D.1. CCE will review each charge and determine if it will become the subject of a formal Ethics Complaint and Investigation. The following criteria will be considered to determine if a charge is accepted or rejected: (a) whether the respondent is an HS-BCP or applicant; (b) whether a proven charge would constitute a violation of the applicable *Code of Ethics*; (c) whether the passage of time since the alleged violation requires that the complaint be rejected;
- CCE will determine whether the charge(s) and available proof support a formal ethics complaint, and upon such determination, will issue a formal Ethics Complaint and Investigation Notice.
- D.2. If CCE determines that an allegation should not become the subject of a formal ethics complaint, CCE will reject the charge(s). CCE will notify the complainant and HS-BCP or applicant of the rejection in writing, including the reason(s) for the rejection.
- D.3. Within thirty (30) days of the mailing date of a charge rejection letter, the complainant may appeal to the Ethics Hearing Committee. In order to have the Ethics Hearing Committee reconsider the rejection, a complainant must state in writing the following: (a) the procedural errors possibly made by CCE with respect to the charge rejection; (b) the specific provisions of the applicable *Code of Ethics* believed violated; and (c) the specific information believed to support the acceptance of the charge(s).
- The Ethics Hearing Committee will consider and decide any charge rejection appeal at the next scheduled committee meeting, and such decision cannot be appealed.

Ethics Complaints and Investigation

- E.1. After an ethics charge is accepted, CCE will issue a formal Ethics Complaint and Investigation Notice identifying each *Code of Ethics* violation alleged and the supporting factual basis for each complaint.
- This Notice will be delivered to the HS-BCP or applicant at the last known address(es) by regular mail and other verifiable delivery service, return receipt requested, and marked, "Confidential."
- The Notice will also state that the HS-BCP or applicant may submit the case for review and resolution - which may include a hearing. If the HS-BCP or applicant does not request a hearing, the complaint will be resolved by CCE under Section H of these procedures.

Ethics Complaint Response

- F.1. Within thirty (30) days of the mailing date of an Ethics Complaint and Investigation Notice, the respondent must submit an Ethics Complaint Response according to the instructions in the notice.
- F.3. CCE will forward a copy of the Ethics Complaint Response to the complainant within approximately ten (10) days following the receipt of the response by CCE. The complainant may submit a reply to the respondent's Ethics Complaint Response by letter or similar document within ten (10) days.

Preliminary Actions and Orders

- G.1. At any time following the issuance of an Ethics Complaint and Investigation Notice, the HS-BCP may be asked to agree to a temporary suspension of any CCE certification, pending the final resolution of the ethics complaint.
- G.2. If a respondent fails to agree to and sign a Voluntary Suspension Agreement, CCE may issue an order suspending the HS-BCP's certification(s). This suspension order will stay in effect until the final resolution of the complaint.
- G.3. Suspension orders are authorized where: (a) the HS-BCP has been convicted of a criminal or quasi-criminal act; or has not contested a criminal indictment under any statute, law or rule; (b) the HS-BCP has been indicted or similarly charged with any criminal act or violation of criminal law under statute, law or rule; (c) the HS-BCP has been found in violation of any law, regulation or rule by a professional regulatory body, or has been sanctioned or disciplined by such a regulatory body; (d) the HS-BCP is the subject of a formal complaint or similar charge or investigation by a professional regulatory body; (e) the HS-BCP has been found in violation of an ethics code of a professional association or certifying body; (f) the HS-BCP is the subject of a formal complaint or similar charge and investigation by a professional association or certifying body concerning ethics or disciplinary matters, or (g) the HS-BCP is the subject of litigation or a petition relating to his or her professional practice.
- G.4. CCE may require the HS-BCP to do or to refrain from doing certain acts by preliminary and temporary Order, including the disclosure/submission of documents relevant to review of an ethics investigation.
- G.5. The CCE Ethics Appeals Committee will consider the severity of the failure to comply and other relevant factors in determining the discipline. Preliminary and temporary orders cannot be appealed.

Complaint Resolution

- H.2. The final resolution, decision and order of CCE is binding on the parties, but may be appealed to the CCE Ethics Appeals Committee, consistent with the requirements of these procedures.

Ethics Officer/Complaint Resolution

- In the event that the HS-BCP requests a hearing, the Ethics Hearing Committee will conduct an Ethics Complaint Hearing designed to collect and weigh all of the available information and proof.

Hearings

- I.8. All hearings are confidential and private.
- I.9. The Ethics Hearing Committee will receive and consider all information appearing to be relevant to an ethics complaint, including any information which may be helpful to a complete understanding of the case. The Ethics Hearing Committee may consider information concerning relevant prior conduct.
- I.11. Parties will be responsible for their expenses associated with the case hearing.

Hearing Decisions and Orders

- J.3. The following information will be included in the ethics case decision: (a) a summary of the case, including the positions of the parties; (b) a summary of all relevant factual findings based on the record; (c) a final ruling on each applicable *Code of Ethics* violation charged; (d) a

statement of any disciplinary action(s) or sanction(s) issued; and (e) any other material that CCE determines to be appropriate.

Disciplinary Actions

- K.1. When an HS-BCP or applicant has been found to have violated one or more provisions of the *Code of Ethics*, CCE may issue and order one or more of the following disciplinary and remedial actions: (a) a recommendation that the HS-BCP or applicant be ineligible for recertification or certification, and that any reapplication of the respondent for any CCE certification be denied; (b) a requirement that the respondent take corrective action(s); (c) a private reprimand and censure of the respondent concerning ethics violation(s) found; (d) a public reprimand and censure of the HS-BCP concerning ethics violation(s) found; (e) a term of certification probation for a period of not less than six (6) months and not more than two (2) years, which may include conditions on the HS-BCP's conduct during that period, such as the condition that the HS-BCP be monitored with respect to activities related to their CCE certification; (f) the suspension of any CCE certification held by the HS-BCP for a period of not less than six (6) months and not more than two (2) years, which shall include the requirements that the respondent return to CCE all original or copied credential materials for the suspension period, and immediately stop any professional identification or affiliation with the HS-BCP credential, or CCE during the suspension period; and (g) the revocation of any CCE certification held by the HS-BCP which shall include the requirements that the HS-BCP return to CCE all original or copied credential materials, and to immediately stop any and all professional identification or affiliation with any CCE credential, or CCE.

Appeals

- L.3. An adverse decision and order of CCE may be affirmed, reversed, or otherwise modified by the Ethics Appeals Committee on appeal.
- However, the grounds for appeal of an adverse decision are strictly limited to the following: (a) procedural error; (b) new or previously undiscovered Information; (c) misapplication of the ethics code; (d) contrary to the information presented: CCE's information is found contrary to the most substantial information provided in the record.

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The Challenges of Transition for Newly Arrived Youth and Families

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Abstract

Human service practitioners are faced with assessing and working with youth and families who come from a variety of cultural backgrounds. With the number of diverse youth and families coming to this country it is difficult for a practitioner to have a deep appreciation for the range of cultures. Yet we are expected to assist these youth and their families, who are either referred or come in voluntarily, because they are in need of help with their problems.

This article will identify various areas to explore with the youth and their families that will provide improved assessments and thereby empower them. Areas that will be addressed include their experience with trauma as related to their immigration, school, health beliefs and practices, and values concerning family and gender roles.

“I can’t say who I am unless you agree I’m real” (Imamu Amiri Baraka).

The Trauma of Immigration

Many of us may think that moving to the United States is a gift to those who migrate to this country. We forget that there is not only a physical component, but the emotional issues that come with the geographic, cultural and emotional change. There is a certain amount of trauma that comes with this movement.

Working with a newly arrived immigrant youth and their families requires that we explore with them various circumstances that initiated their move to this country. Understanding their past experiences gives us a window into the emotional issues they may now be facing. The Human Service professional must learn the circumstances under which the youth and the family left their country of origin. Some questions are: was the immigration forced, are they seeking asylum, running for fear of their lives? Their immigration may not have been directly to the United States. They may have spent time in a refugee camp of another transient country. If they have come from a country ravaged by war they may have seen violence that few of us have had to witness. Our purpose is learning from them the impact of those experiences.

If the immigration was voluntary are they following family members? Will they have a “host” in their new community? By “host” I mean a family member or individual from their homeland who can assist in their adjustment to the new environment. Often we see that voluntary immigration also means that the family may have been separated, one parent coming ahead to develop a home base as well as to make money so that other members can be sent for. Even after the arrival of the immediate family members, others of significance (siblings, grandparents, aunts, uncles and cousins) may have been left behind. With today’s transportation, documented immigrants have an opportunity to return to their country of origin for visits. Those without documentation face lengthy periods of separation. Telephones, internet access and other forms of communication may help to alleviate the separation. That type of communication does not substitute for being physically with loved ones.

Many newly arrived immigrants are not able to afford housing in a middle class neighborhood. Their new neighborhood may be in an economically deprived area which is not

viewed as safe. Coupled with that is the question of are they welcome in their new environment? Their clothing, religious practices, skin color may make them feel all the more like “outsiders”, different and not part of the community. Issues of racism that affect the society of this country may be unknown to them. This may leave them confused and feeling rejected for reasons unfamiliar to them.

School

Education is considered a key to success in this country as well as others. Many parents will immigrate to give their children the opportunity of this benefit. The school environment is another area can prove challenging. Many newly arrived youth, of middle school or high school age, may not have been able to have continuity of their education in their country of origin. If they are placed in an age appropriate grade they may not have had the educational tools to compete with their peers. Conversely, some of these youth may have been able to attend school in their homeland where the academic standards differ. The new student may have feelings of isolation due to language, a limited vocabulary or because they speak with an accent. A teacher may see them as slow or dull due to the language barrier. Again, they may face the challenge of being made to feel different.

Aside from academics there is a culture in schools that students want to conform with. There are issues of culture that can be as simple as clothing and as complicated as expecting parents to buy them all the American products.

“Immediately they changed. They wanted to wear shorts. They’d say ‘buy me this.’ I asked where did you get this idea you can control me?” stated by Fartum Warsame, a Somali immigrant who lives in Minneapolis. (New York Times, Jan. 10, 2009, p. A11).

Although the youth may seek it, often parents believe that becoming “Americanized” means that you lose your culture of origin.

“Getting lost in America means losing your culture, your language, your identity. It means acting like the teenagers the parents see on the street – wearing baggy jeans, smoking, using drugs, and disrespecting elders. (New York Times, Jan. 10, 2009, p. A11).

For those seeking higher education the barriers may include their legal status – which disqualifies undocumented youth from federally funded grants or loans. This is the educational ceiling for many of them. Without the ability to obtain loans the cost of college is prohibitive for them to continue.

Healthcare and Health Practices

The health status of a newly arrived immigrant must be explored. Have children received vaccinations or ever been examined by a medical practitioner. The health beliefs of the youth and their family may differ from what is seen as the norm in the United States. The belief in “home” remedies may be seen as more effective than Western medicine. Other issues of culture may also influence seeking treatment, i.e., can women be examined by male physicians; can a family seek care without the permission of an elder.

Even citizens are aware that preventive healthcare without health insurance is a luxury for those who must pay out of pocket. This may mean that physicians are only consulted when the individual is quite ill. If the family is not documented emergency department treatment may be their only recourse. Medical institutions may not be accessible or welcoming. Is the language

of the patient spoken in the facility? The concern as to whether an undocumented person will be reported to authorities can be another barrier to receiving treatment.

Mental hygiene is an area that may not be recognized by those from countries with limited resources in this area. Mental illness may not be understood or be viewed as a stigma. Being an “outsider” and having a mental illness is doubly stigmatizing.

Family and Gender Roles

Young members of the family may be in a power position if they are the family translator and mediator to the new country. This disrupts the roles that had previously existed; the parent now is in a role of being dependent. There is potential for the youth to challenge the authority of their parents or even feel that the rules and roles that had worked in their country of origin are no longer relevant in their current environment. According to Falicov (2003) helping the youth “mix continuity with change in their language, values, and identities. ...they co-construct with the parents and with society the family’s transformations.”

The roles of males in the family may greatly differ than that of women. Men may be given priority in receiving education. It may not be seen as important for women to be educated beyond their responsibilities in the home. Sons may be allowed more privileges with the expectation that daughters are more home centered.

Dating may challenge the societal roles of their country of origin. The first question is: is dating, as Americans know of it, allowed? “...in some immigrant communities becoming “Americanized” is synonymous with becoming sexually promiscuous.” (Suarez-Orozco, 2001, p. 78).

Some of the newly arrived immigrants may come from countries torn by war. We are aware that rape has continued to be a consequence of war. Families where a daughter has been assaulted may see her as damaged and unable to marry. This was the case of a eight year old girl, living with her family in Arizona, who was gang raped by four boys from her homeland of Liberia. After the assault the child had to be removed from her parents because they blamed her for the attack.

Recommendations

Working with families, as we have discussed, poses layers of challenges for the practitioner. The likelihood of working with an immigrant youth and or their family is very high. In New York City one in three residents were not born in the United States. The possibility of working with a family from another country and culture has increased throughout the states.

As the professional works with a youth and their family we must look at assisting them in becoming part of the new community. Interventions that are used need to empower. Human Service professionals may want to help the family externalize problems so that they do not blame one another. A key factor is helping the family address the external issues that may be related to their immigration, their social and economic environment and racism (Mirkin, 1998).

We must begin by addressing the needs of the youth and family on multiple levels. The practitioner should have interventions, that may be “out of the box”, to assist in the process of empowerment.

Most important is for the professionals to listen to the stories of the lives and experiences of these newly arrived immigrants. “... marginalized populations whose experiences had been described, defined, and categorized by powerful experts rose up to tell their own stories, to bear witness to their own experience, and to define themselves.” (Hartman, 1982).

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References

- Congress, E. (Ed.). (1997). Multicultural Perspectives in working with Families. New York: Springer Press.
- Delgado, M., Jones, K. and Rohani, M. (2005). Social Work Practice with Refugee and Immigrant Youth. New York: Allyn and Bacon.
- Devore, W. and Schlesinger, E. (1999). Ethnic-Sensitive Social Work Practice. New York: Allyn and Bacon.
- Dinnerstein, L., Nicholas, R.L., and Reimers, D.M. (1979). Natives and Strangers: Ethnic Groups and the Building of America. New York: Oxford Press.
- Fix, M. and Passel, J.S. (1994). Immigration and Immigrants: Setting the Record Straight. Washington, D.C.: The urban Institute.
- Hartman, A. (1992). In Search of Subjugated Knowledge. Social Work, vol. 37, no. 6.
- Semple, Kirk. (2009). From Bhutan to the Bronx: Sticking Together, Forging a Life. The New York Times. September 25, p. A. 22

Integrating Human Services Skills Using Autobiographical Graphic Novels

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Abstract

This poster presented suggestions for incorporating graphic memoirs into human services teaching. In addition to the text below, images from the cited books were presented. Some textual material below was altered slightly to conform to a strictly textual format.

Introduction

Autobiographies in graphic novel format can be used as extended case studies to integrate and consolidate students' human services-related skills. Materials in this format are not purely language-based and may be more accessible to kinesthetic learners. They also evoke more immediate emotional responses. This poster presents a basic strategy for a 3-credit undergraduate course intended to integrate skills (including intake/evaluation, case conceptualization, intervention, and referrals) using graphic memoirs as the primary texts. Graphic memoirs by several authors representing a range of human diversity are highlighted, as well as one fictional work that uses no language at all and one example of pastiche text and images.

Rationale

Using memoirs as extended case studies highlights the importance of learning about clients' multiple identities and incorporating this knowledge into effective evaluation, intervention, and referral. Autobiographies are first-person narratives that provide students with life stories as the "clients" tell them, in their own words and with their own emphasis and interpretation. Using autobiographies as case materials highlights the narrators' cultural and interpersonal contexts and other diversity factors.

Autobiographies in a graphic format present rich visual information that may otherwise not be as evident for a reader. This includes representations of environments, architecture, clothes, emotions conveyed by facial expressions and postures, and kinetic depictions of interpersonal relationships, all of which convey cultural and contextual information.

Learning Styles

Graphic texts are not the standard medium of instruction even for courses with similar objectives, which leads to orienting discussions about students' own learning styles, how clients tell their stories in different ways, and how in our interactions with clients, visual cues (such as meeting a person) provide different information from purely linguistic cues (such as reading an intake form).

General Course Construction

- Choose 4-6 texts depending on course length and other considerations
- Supplementary materials may be added (such as the film *Persepolis*, based on the graphic autobiography)
- Focus on clinical skills training or consolidation by having small groups, or the whole class, prepare materials based on all or part of each text:

- The client's genogram at two points in the narrative (McGoldrick, Giordano, & Garcia-Preto, 2005)
- Intake demographics, history, and presenting concerns using forms from students' practicum sites
- Risk and resilience assessment using Bronfenbrenner's Ecological Model (Chronister, McWhirter, & Kerewsky, 2004)
- Identification of diversity and identity factors using Hays's (2007) ADDRESSING Framework
- Strength-based or solution-focused assessment of the client (Walter & Peller, 1992)
- A problem list based on nursing models, evaluated at three points in the narrative
- A referral list for appropriate local, state, national, or international agencies
- Identification of ethical considerations
- Role plays of intake and ongoing case assessment
- Discussion questions to help classmates integrate the case and clinical materials)

Human Diversity Represented in Graphic Autobiographies

- *Epileptic* - International, disability
- *Fun Home: A Family Tragicomi* - Lesbian/gay
- *Jobnik! An American Girl's Adventures in the Israeli Army* - International, cross-cultural, military, women
- *Persepolis: The Story of a Childhood* - International, cross-cultural, war, girls
- *Persepolis 2: The Story of a Return* - International, cross-cultural, war, women, economics
- *In the Shadow of No Towers* - Terrorism

Related materials

- *Sunnybrook: A True Story with Lies* - Lesbian, psychiatric
- *The Arrival* - International, cross-cultural, immigration, economic

Orienting Activity: Shaun Tan's Fictional *The Arrival*

- *The Arrival* is a fictional account of an immigrant's experience. The only written language cannot be read by the protagonist or the reader
- Draw an image that captures an emotion from the novel
- Do you learn best by seeing, hearing, or doing? Was this novel easier than your usual textbooks? Harder? How does it match (or not) your preferred learning style?
- Create a non-linguistic getting-to-know-you activity for clients who do not speak English

Activity: *In the Shadow of No Towers*

- Research the technique of kinetic family drawing
- Describe how this drawing-based technique might be useful for interpreting emotions and attachments in this memoir

Additional Resources

- Other graphic memoirs are available
 - Some are drawn by the author, others are illustrated by a second person
 - Some present a less-linear text using linguistic/visual pastiche

- Always preview completely for appropriate content

Related Resources

- Kennedy, K., Jousset, M., Robert, M.-A., Grace, T. (Producers), Satrapi, M., & Paronnaud, V. (Directors). (2007). *Persepolis* [Motion picture]. USA: Sony Pictures Classics.
Animated movie of *Persepolis*.
- Brabner, J., Pekar, H. (Authors), & Stack, F. (Illustrator). (1994). *Our cancer year*. Philadelphia: Running Press.
Autobiography with illustrator.
- Hall, J. (2006). La rubia loca. In A. E. Moore & H. Pekar (Eds.), *The best American comics 2006* (pp. 55-102). New York, NY: Houghton Mifflin Harcourt.
Graphic novella based on another person's narrative of a woman who has a psychotic episode on a tour bus.

Selected Graphic Memoirs

- B., David. (2005). *Epileptic*. New York, NY: Pantheon.
- Bechdel, Alison. (2006). *Fun home: A family tragicomic*. New York, NY: Houghton Mifflin Harcourt.
- Libicki, Miriam. (2008). *Jobnik! An American girl's adventures in the Israeli army*. Vancouver, BC: real gone girl studios.
- Satrapi, Marjane. (2003). *Persepolis: The story of a childhood*. New York, NY: Pantheon.
- Satrapi, Marjane. (2004). *Persepolis 2: The story of a return*. New York, NY: Pantheon.
- Spiegelman, Art. (2004). *In the shadow of no towers*. New York, NY: Viking.

Other Graphic/Pastiche Novels Cited

- Blackbridge, Persimmon. (1996). *Sunnybrook: A true story with lies*. Vancouver, BC: Press Gang Publishers.
- Tan, Shaun. (2007). *The arrival*. New York, NY: Arthur A. Levine Books.

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References

- Portions of this poster appeared in slightly different form in Kerewsky, S. D. (2009). Teaching Basic Case Conceptualization and Management Skills Using Autobiographical Accounts of War. Poster presented at Oregon Psychological Association Conference.
- Chronister, K. M., McWhirter, B. T., & Kerewsky, S. D. (2004). Prevention from an ecological framework. In R. K. Coyne & E. P. Cook (Eds.), *Ecological counseling: An innovative approach to conceptualizing person-environment interaction* (pp. 315-338). Alexandria, VA: ACA Press.
- Hays, P. A. (2007). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd ed.). Washington, DC: American Psychological Association.
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy* (3rd. ed.). New York, NY: Guilford.
- Walter, J. L., & Peller, J. E. (1992). *Becoming solution-focused in brief therapy*. New York: Routledge.

Arab-Muslims in America: An Intersection of Gender, Religion, and Culture

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Abstract

Arab-Americans maintain a unique place in the cultural landscape of the United States, identified with Islam, the Middle East, and American culture and its values. Dearborn Heights, Michigan serves as an enclave for Arab-Muslims and Arab immigrants. This workshop uses a case study of an Arab-Muslim client from Dearborn Heights to introduce and explore the complexities and influences of service delivery that are related to gender, religion, and culture. Handouts include references for future study of this topic.

Case Study

Ten years ago, Ahmad, aged thirty-five, and Ameena, aged seventeen, came to the United States from Iraq. They brought their two youngest children to the United States, while two other wives remained in Iraq with five children. With the help of the community and two agencies, Ahmad and Ameena hope to bring them to the United States in the next year or two. This extended family lived in a small rural town in Southern Iraq earning a living as farmers on land the family had worked for generations. Ahmad had opposed the government policies and was a victim of torture and imprisonment. He applied to the United States for asylum and waited five years before it was granted. The family entered the United States through Los Angeles and resided first in a small town in the Southwest; but adjustment was difficult. There were few other Arab Muslims living near and it was difficult to live without support from others who shared his values and culture. The closest mosque was fifty miles away. Since no one in the family could read or write in Arabic or English, communication with others was difficult. Feeling isolated and lonely and unable to find work, Ahmad moved his family to Detroit, a city with established enclaves of Arab Muslims and Arab American Muslims.

Ahmad and Ameena and the two children stayed with Ahmad's cousin's wife's family for eight months until they were able to apply for and gain housing of their own. Life was difficult for them. Ahmad continued to deal with physical and psychological injuries incurred while he was a victim of torture, while Ameena experienced isolation and fear. Both were forced to construct a new identity in this very different American culture. One example of this new identity relates to naming. Early in the immigration process, Ahmad and Ameena had to change their names from traditional Muslim chain of names to the first, middle, and last name required on the immigration papers. Within the Arabic culture, multiple names represent an individual's a) place in the family (e.g. son of...), b) a proper or personal name (that describes a component of his or her character), c) a servant of Allah using one of the 99 Names of God, d) the person's heritage, and e) the occupation held by the individual or geographic area from which he or she lives. He entered the country as Ahmad El Sayed.

Ahmad had difficulty finding work to support himself and his family; supporting the family represents a cultural responsibility he assumes when he marries and has children. Although he was able to find temporary housing with relatives, there was no extended family to provide support while he found work. Because his language skills were limited and his knowledge and skills as a farmer did not translate to the urban setting, jobs for which he was

eligible were limited to working as an unskilled laborer. Experiences as a victim of torture continued to haunt him. At night he would wake from bad dreams, drenched with sweat and shaking. Then he had trouble returning to sleep. Although he could not name the feeling, he felt the weight of the world on him. Some days he had difficulty getting out of bed; other days he struck out at Ameena and the kids with unkind words and his fist. In the afternoons he remembered his imprisonment and the torture he endured.

The imam recommended the family request help for services from the local Department of Human Services and the local agency whose mission it was to assist Arab Muslims. At first Ahmad was resistant to seeking help. Ameena finally convinced him to visit both agencies. A neighbor agreed to accompany him; his first visit was without Ameena and the children. He provided information to individual workers at each of the two agencies, but both insisted they could not move forward until Ameena visited the agency too. This request made no sense to him. He left not knowing whether he would comply with the request or not.

He believed that Ameena and the children should stay home, reflecting the customs of Southern Iraq. The wives and children constructed their own social system. The larger family setting provided housing, child care, and roles and responsibilities within the family hierarchy. In Detroit this meant that Ameena and the children were not allowed to leave the house. The exception was a once a week trip to the local grocery store; Ahmad took his family to the store, but Ameena and the children were not allowed to speak to anyone. Ameena was not allowed to leave her home during the day, nor was she allowed to talk with her neighbors.

Although Ahmad was troubled by requests by both agencies to see Ameena and the children and to assess the needs of the entire family, finally, Ahmad relented and brought the family to the agency dedicated to serving Arab Muslims. He did not allow Ameena or the children to speak while there; he would not allow the agency workers to talk with Ameena or the children alone. Even though Ahmad answered all of the questions asked and spoke for Ameena, Ameena was stunned to hear the Arab Muslim case worker suggest that both she and Ahmad go to work in order to receive services. Life work for Ameena was to care for her husband, her children, and her home. How could she work and perform the responsibilities for which she was born to assume? She could not imagine how she would find a job, speak the language, use public transportation, find day care, and keep her children safe. Coming from a war zone, she had a first hand understanding about how dangerous the world was. One of her concerns focused on the health and happiness of Ahmad. He had been through so much and she knew he was ill and troubled.

Ameena was frightened that someone would ask her questions about her home life and her life with Ahmad. How could she explain exactly how difficult her life was? Women were meant to bear the burdens of the husband. She knew that Ahmad had a right to punish her if she left the house; punishment at his hands, evidenced by the bruises on her stomach, back, and arms, was nothing compared to sharing this information with others. And Ameena knew that she was but a small part of a larger family unit. She could never talk about her struggles at home and bring shame to her family. She also knew how alone she was in this country; she depended upon Ahmad and his care for her and her children.

Discussion

1. Describe what you learned about culture, religion, and gender.
2. Outline what you see as the challenges for the human services profession.
3. Explain the challenges for you.

4. Identify the values that would guide your professional practice.
5. Describe the ethical dilemmas related to culture, religion, and gender or their integration.

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For Further Information

- Armstrong, K. (2007). *Mohammed: A prophet for our time*. NY: HarperOne.
- Barry, D., Elliott, R., & Evans, E. M. (2000). Foreigners in a strange land: Self-construal and ethnic identity in male Arabic immigrants. *Journal of Immigrant Health*, 2 (3), 133-144.
- Burnett, J. W., Anderson, W. P., & Heppner, P. P. Gender roles and self-esteem: A consideration of environmental factors. *Journal of Counseling and Development*, 73, 323-326.
- DeParle, J. (August 6, 2007). *Fearful or restive foreign labor, Dubai eyes reform*. Retrieved April 22, 2009 from <http://www.nytimes.com/2007/08/06/world/middleeast/06dubai.html>
- Editors of Time Magazine. (2006). *Time: The Middle East: The history, the conflict, the cultures, the faiths*. NY: Time.
- Gilsenan, M. (2000). *Recognizing Islam: Religion and society in the modern Middle East*. London: I. B. Tauris.
- Ham, A. & Burke, A. (2006). *Lonely Planet Middle East*. Oakland, CA: Lonely Planet Publications.
- Heard-Bey, F. (2004). *From trucional states to United Arab Emirates*. Dubai: Motivate Publishing.
- Hikmet, J., Hakim-Larson, J., Farrag, M., Kafaji, TK., Duqum, I., & Jamil, L. H. (2002). A retrospective study of Arab American mental health clients: Trauma and the Iraqi refugees. *American Journal of Orthopsychiatry*, 72, 355-361.
- Kobeisy, A. N. (2004). *Counseling American Muslims: Understanding the Faith and Helping the Poepel*. Westport, CT: Praeger.
- 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>
- Moradi, B., & Hasan, N. T. (2004). Arab American persons' reported experiences of discrimination and mental health: The mediating role of personal control. *Journal of Counseling Psychology*, 51, 418-428.
- Nassar-McMillan, S. C., & Hakim-Larson, J. (2003). Counseling considerations among Arab Americans. *Journal of Counseling & Development*, 81, 150—159.
- Nieto, Sonia, & Bode, Patty. (2008). *Affirming diversity: The sociopolitical context of multicultural education* (5th edition). Boston: Pearson Allyn & Bacon.
- Nobles, A. Y., & Sciarra, D. T. (2000). Cultural determinants in the treatment of Arab Americas: A primer for mainstream therapists. *American Journal of Orthopsychiatry*, 70, 182—191.

- Nydell, M. K. (2004). *Understanding Arabs: A guide for modern times*. Boston: Intercultural.
- Omstad, T. (May 9, 2005). The Casbah Connection. *U.S. News & World Report*, 28.
- Patai, R. (2007). *The Arab mind*. Long Island City, NY: Hatherleigh Press.
- 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.witness-pioneer.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.
- Sardar, Z. (2002). *What do Muslims believe: The roots and realities of modern Islam*. NY: Walker & Co.
- 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>
- Trofimov, Y. (2005). *Faith at war: A journey on the frontlines of Islam, From Baghdad to Timbuktu*. NY: Henry Holt.
- Williams, J. (1998). *Don't they know it's Friday: Cross-cultural considerations for business and life in the Gulf*. Dubai: Motivate Pub

Increasing the Academic Rigor of the Human Services Practicum

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Abstract

This paper focuses on the results of a recently piloted Human Services practicum in which students attended four 3-hour classes, team-taught in conference format, in addition to their practicum fieldwork. The class meetings covered Bronfenbrenner's Ecological model and the biopsychosocial approach to helping, in addition to covering ethical issues and other professional issues related to the practicum experience. Pre- and post-test measures in the form of case study analyses revealed a tendency of students to omit focus on the biological aspects of human problems.

Description

The field experience, or practicum, is the ideal chance for students to apply what they've learned in the classroom and in course readings to real life people and real life problems. Though Human Services educators might assume that their students are learning and synthesizing what they learn in their courses prior to beginning their field experiences, conceptual knowledge retention can be limited without the practical experiences accompanying the concepts (Bringle & Kremer, 1993). Additionally, the student definition of the field experience varies widely, ranging from something akin to a community service event or "mission trip" to a full-time professional placement. In fact, over the years the authors had received multiple requests from students to grant course credit for spring break mission trips, summer retail jobs and other inappropriate activities. Our students were also frequently surprised at the amount of classroom and written work required of the course, as they had assumed they would be spending all of their time in the field. Because of this, we decided to revise the practicum course, which included giving it a new title, new course material, and particular emphasis on the multidisciplinary approach to helping as a major component of our practicum course.

The practicum course covered an intense four-week period. To give students a feel for a professional career environment, the classroom experience was given a unique twist to mimic a conference setting to include continental breakfast, time to network and mingle, break-out sessions, and wearing of nametags. The students attended class one morning a week and then proceeded to their field site for the remainder of the week. Three professors participated, each teaching a specific aspect of the course. One professor focused on teaching parts of the biopsychosocial model each week and the other two professors led discussion groups, explained assignments, and conducted agency visits. Each class period was divided into three distinct segments which included first meeting as a large group to address broader issues, and then the class transitioned to assigned smaller groups to allow for a more intimate environment to foster discussion. The small group format, a powerful learning platform, was emphasized in this course, allowing the students to hear the experiences of their peers and process elements of their experience together. For the final segment of each class, students were brought back together as a large group for the third segment, when various aspects of the Ecological model were presented.

To assess student learning from the new course format, students enrolled in the Winter Term practicum course were given two case studies to analyze. The first case study (A) involved an overweight boy who was being bullied at school. The second case study (B) focused on a severely neglected boy who was removed from his parents' custody. Students were asked to identify what, from the case study, they knew about each child and what additional information they would like to have. Thirty-eight (38) responses were analyzed for content addressing three areas: biological/[physical traits and conditions, psychological factors, and sociological aspects that were effecting the child in each case,. Two of the faculty teaching the course conducted the content analysis after the course was completed, with inter-rater reliability of $r=.848$, which was significant at the .05 level.

In examining the case studies, students were able to identify a mean of 3.29 biological/physical factors per case, with a range of 0 factors identified to a high of 7 factors identified. This is quite low when compared to the students' abilities to identify psychological and sociological information in the case studies. Students were able to identify a mean of 9.19 psychological factors and 8.76 sociological factors, each with a range of 3 to 16.

Paired-sample t-tests were conducted to determine if any significant changes had occurred in the students' ability to identify material from the cases between the pre-course and post-course case studies. The results are found in Table 1. As this table indicates, students identified more biological and sociological factors in the second case study, while the number of psychological factors identified remained fairly constant. The increase in biological and sociological aspects identified by students between the two case studies was significant at the .05 and .01 levels respectively.

Table 1. Paired sample t test results comparing the mean number of responses for each factor.

Factor	Case A (pre)	Case B (post)	t value	significance
Biological factors	2.00	3.93	2.33	0.031
Psychological factors	9.29	9.14	0.09	0.931
Sociological factors	5.57	10.36	3.31	0.004

Discussion

As indicated in the findings, the student responses were clearly more focused on the psychological and sociological aspects of case studies than they were on the biological/physical ones. While the psychological factors noted by students in the two case studies did not change significantly, students still identified more than twice the number of psychological factors than biological ones. Similar ratios were found for the comparison of sociological and biological factors; students were two to three times more likely to identify psychological and sociological aspects of the case scenario than to identify biological/physical components of the same case.

These findings are in many ways not surprising. Students interested in human services, or the helping professions more broadly, have often taken a number of psychology and sociology courses – some may even be prerequisites for taking courses in a major in the helping professions. (Warner and Koepfel, 2008) Students find the courses interesting and directly

connected to their own experience. It is easy to create connections between psychological and sociological theories and the lives of both the students themselves and client situations. Additionally, there is a certain level of intrigue that is involved in applying psychological and sociological theories to clients' lives; there is almost a detective-like quality about trying to determine the psychological and sociological aspects that have influenced a person's life and actions.

Conversely, students may take a required course in biology or human anatomy but may fail to make the connections between course content and helping others. Learning about biological influences or determinants of behavior may imply that the treatment for those behaviors might also be biological in nature, removing the helping professional from the process. Students may feel threatened that their very career choice is less relevant if problems in living can be "fixed" through biological interventions rather than ones that involve social and psychological dimensions. Faculty, by giving less attention to biological and physical factors that influence behavior or contribute to problems of living, may inadvertently contribute to this perception.

These findings suggest important implications for teaching students in the helping professions. Two broad areas to consider are 1) helping students to understand all three domains of the bio-psycho-social model and their implications, and 2) assisting students to better understand the ecological model concept of person in environment and the framework for using the bio-psycho-social model in working with clients.

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PTSD and Depression Symptoms in Veterans of the Iraq and Afghanistan Wars who are Enrolled at California State University, Fullerton

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Abstract

To help mental health professionals and college counselors and advisors better understand the current mental health needs of the returning veterans of the Iraq and Afghanistan wars, 39 veterans enrolled at CSUF completed questionnaires that surveyed their symptoms related to PTSD, Acute Stress Disorder, and Depression. The most frequently reported symptoms of PTSD were “irritability or outbursts of anger, feeling detached or estranged from others, recurrent recollections of the event, restricted range of feelings, sense of not having a normal future, efforts to avoid thoughts, feelings or conversation associated with the event, and physiological reactivity on exposure to cues that symbolize the event.” The symptoms of depression most frequently reported were “depressed mood most of the day, insomnia or hypersomnia, fatigue or loss of energy nearly every day, diminished ability to think or concentrate, and feelings of worthlessness or guilt.”

Participants

From the roughly 300 veterans of OIF and OEF enrolled at the University, a sample of 39 was surveyed. These participants anonymously completed the questionnaires and were enrolled in a variety of majors. Though not entirely unexpected, all of the participants were men. This was not a prerequisite, and it is unfortunate that data on women veterans were not collected. Most of the men were single, between the ages of 25-30, and served exclusively in Iraq for one year or less.

Materials

The author developed the first questionnaire that included demographic information and questions about various symptoms and complaints each participant may have experienced. The items are based on the categories of symptoms included in the Diagnostic and Statistical Manual of Mental Disorders IV Ed. (DSM IV), (APA, 1994, p.428) related to three clinical syndromes; PTSD, Acute Stress Disorder, and Major Depression.

Data Analysis

The most commonly reported symptoms for PTSD and Acute Stress Disorder were “recurrent recollections of the event”(31%), feeling “detached or estranged from others, restricted range of feelings, and a sense of not having a normal future;” (41%, 36%, and 33%), “irritability or outbursts of anger”, (46%). Fifty-four percent reported the symptoms occurred for more than 1 month, and 33% said they experienced some type of impairment in functioning. Based on the criteria set forth in the DSM IV, 21% of participants qualified for a diagnosis of PTSD, and 49% met the criteria for Acute Stress Disorder. A high percentage of participants

met the criteria for many of the categories, and 77% reported they experienced one of the symptoms related to re-living the traumatic event.

The symptoms of Depression most frequently reported were “depressed mood most of the day, fatigue or loss of energy nearly every day, and insomnia or hypersomnia”, with 50%, 45%, and 50% reporting these symptoms respectively. To meet the DSM criteria for Major Depression, at least five symptoms must be reported. Twenty-seven percent of respondents answered Yes to at least five symptoms.

Two demographic variables were significantly correlated to items on either questionnaire. Being single was related to whether symptoms lasted more than 1 month, whether the participant had seen a counselor, and whether the participant experienced depressed mood, feelings of worthlessness and guilt, and low self esteem. The amount of time served was found to be related to experiencing depressed mood and suicidal thoughts in that those serving for 1 year were more likely to respond yes to these two items.

Thirty-one percent of participants said they had seen a counselor, and the most commonly reported factor that was said to be helpful was “having someone just listen”. A few subjects stated that the following were helpful: expressing how helpless they felt, being in a relationship, being able to talk honestly and face the truth, reassurance, and just allowing myself to explain what I am thinking and going through. A few participants said the following were least helpful: watching the President talk about the troops, reliving the experience, group counseling and having to explain themselves. Only 5% admitted taking psychiatric medication which they reported as either an anti-depressant or a sleep aid.

Of the 59% of subjects who had not seen a counselor, 26% said at least one of the following helped them overcome negative experiences: dealing with it, driving on, family, just live life without much thought of it, getting involved with a veterans group, family planning life in a forward moving direction, having a buddy or mate, ignore negative feelings, wife, and reading the Bible.

Discussion

From these results, it is clear that this non-clinical sample of Iraq and Afghanistan war veterans have experienced many symptoms indicative of both PTSD and Depression. Despite the fact they experienced these symptoms, only 31% sought the services of a counselor. This may be due to the military training that teaches soldiers to “deal with it” and “be strong” which was indicated by those who hadn’t seen a counselor. It is also likely due to marital status. Being single was significantly correlated with seeing a counselor. From the 31% who saw a counselor, 20.5% of them were single. Perhaps the married veterans were able to overcome symptoms and problems with the support of their wives, therefore perceiving it unnecessary to see a professional counselor. Interestingly, even though this was not a clinical sample, 21% met the criteria for a formal diagnosis of PTSD, 15% met the criteria for Major Depression, and 49% met the criteria for Acute Stress Disorder. The fact that only two participants were taking medication indicates that they may be lacking appropriate intervention. Clearly, these veterans have many symptoms, and this must not be ignored by mental health practitioners or physicians.

Completing higher education may help returning veterans join mainstream society and avoid the social alienation experienced by Vietnam veterans (Luchins, 2008). Lack of completing higher education may have contributed greatly to these veterans’ inability to function without disability assistance. This study reinforces the need for mental health professionals and those working with veterans at colleges to keep in mind the amount and types of struggles and

emotional problems these students have, even if they openly discuss them. The results of this survey show that veterans have special problems. They need assurance and someone to listen to them without feeling they have to explain themselves. Moreover, they need to belong to support groups and deal with their anger. The fact that 46% reported they experienced irritability or outbursts of anger shows a need for anger management services for this population. This is something that college veterans' centers or other counseling services might provide.

To help these veterans, the main focus should be to keep them in college and assist them in attending classes and concentrating on their studies. This will help them stay involved in their community and socially. It is disconcerting that 41% of those surveyed reported feeling detached or estranged from others. If they don't have a way to feel involved, they may withdraw from school. Other factors that may lead to failure in school are: high rates of reported fatigue or loss of energy (45%); diminished ability to think or concentrate (36%); feelings of hopelessness (41%); depressed mood most of the day (50%); diminished interest or pleasure in all activities most of the day (41%); and poor sleep patterns (50%). These symptoms of depression must be dealt with to ensure these veterans stay connected to their social world and establish an identity after completing their military service. Only 31% reported seeing a counselor; therefore, it's vital we create programs that entice these veterans. Creative promoting by former veterans, counselors, and advisors might encourage these new veterans to join some type of socially-oriented therapeutic group (McDowell & Chang, 2008). This is especially important for those veterans who are single and living alone because their natural support systems probably aren't as strong as for those who are married or living with friends.

If we do not take a proactive stance for the many veterans who will return to our communities over the next two years, they may endure the many hardships of their Vietnam comrades. That would be immoral and unacceptable. These veterans will suffer from symptoms of PTSD and Depression, even if they do not seek help for these conditions. We cannot assume that if they don't seek support they don't need it. They do, and we must provide assistance that they see as helpful, especially in non-clinical settings such as universities and colleges.

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References

- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, D. C.: Author.
- Luchins, D. J. (2008). Social Disadvantage and the Mental Health of Military Personnel Returning from Iraq and Afghanistan. *Administration and Policy in Mental Health and Mental Health Services Research*, 35, 4, 270-271.
- McDowell, B., & Chang, J. (2008). Supporting Student Veterans. *Spotlight on Student Affairs*, Fall.

An Exploratory Study of Adolescents' Experiences with their Divorced Parents' Parenting Plans

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Abstract

Divorce is almost the norm for children. Adolescents whose parents divorce are mandated to share time with each parent as outlined in their parents' or court-imposed parenting plans. It is not known how these adolescents experience their divorced parents' parenting plans. Using attachment and family systems theory in a phenomenological design, four adolescents, aged 14 and 16, in Oregon's Sixth Judicial District participated in a focus group. The primary research question was, how do adolescents experience their divorced parents' parenting plans? Nine themes emerged. Results suggest adolescents lack information about parenting plans and their nexus to divorce. Recommendations include the need for (a) better communication between parents and adolescents about the legal implications of divorce and parenting plans, (b) renegotiation of family boundaries, and (c) giving adolescents' voice in the development of their parents' parenting plans. This research could contribute to policy and practice revisions.

The Gap in the Research

Oregon statute mandates that divorcing parents have parenting plans to insure their children receive adequate care and financial support until adulthood (OJD, 2007). With a nationwide divorce rate of approximately 50% (Adams & Coltrane, 2007; Demo, 2000; Raley & Bumpass, 2001), parenting plans affect the lives of a large number of Oregon's children. Yet information about their experiences comes primarily from parents (Ahrons, 2007; Amato, 1987; Kelly, 1994; Moxness, 2003; Pruett & Pruett, 1999) and other third parties (Ahrons, 2007; Allen, 1993). It is not known how these children feel about their divorced parents' parenting plans.

Definition of Terms

Court-ordered parenting plan - parenting plan ordered by the judge when parents are unable to resolve custody and parenting time issues themselves

Divorce - legal termination of a marriage or cohabitation relationship of a man and woman

Parenting plan - legal document that details the minimum amount of time the nonresidential parent is guaranteed to have with his/her children

Parenting time - visitation between parent and child following divorce

Research Question

How do adolescents experience or feel about their divorced parents' parenting plans?

Theoretical Framework

Family systems and attachment theories provided the theoretical basis because divorce is life transforming for the entire family. The attachment relationship is particularly prone to damage (Peris & Emery, 2005). Additionally, the image adolescents' have of their parents as a couple guides their developing attachment relationships (Wallerstein & Lewis, 2004).

Methodology

This was a phenomenological study, as the true meaning of a phenomenon is known only through the experiences as described by the individual (Neuman, 2006). Data came from a focus group because it is ideal for exploratory research (Bertrand, Brown, & Ward, 1992), allowed for interviewing a number of people quickly (Berg, 2007), gave voice to a marginalized group (Lewis, 1992), and is practical for ascertaining experiences of children (Berg).

Sample

The sample ($n = 4$) came from the population ($N = 41$) of 14- to 17-year-olds in Oregon's Sixth Judicial District whose parents divorced while they were in this age group and who are bound by their divorced parents' parenting plans. Sample size was small.

Assumptions

Several assumptions guided this study. First, participants would welcome the opportunity to give their opinions. Second, they would not fully agree with the conditions of their parents' parenting plans. Third, they would offer suggestions for improving parenting plans. Fourth, their desire to spend time with each parent would be overridden by their developmental needs for independence and autonomy. Lastly, participants would renegotiate missed parenting time.

The assumptions were partially confirmed. Adolescents willingly offered opinions and did not fully agree with parenting plan conditions, but had no suggestions for improving parenting plans. Rescheduling missed parenting time was not an option.

Emergent Themes

Nine themes emerged from the study. These themes were empowerment versus disempowerment, abandonment, anger, communication, de facto living arrangements, feelings of responsibility, parentified child, supportive family, and vulnerability.

Conclusions

Participants were ill informed about parenting plans and their nexus to divorce. They were excluded from development, were not informed about, and their lives were disrupted by parenting plans they see as no benefit. They do as they please, and thus have no suggestions as to how to improve parenting plans.

Recommendations include the need for better parent/adolescent communication regarding the legal implications of divorce and parenting plans, renegotiation of family boundaries, and giving adolescents voice in the development of their parents' parenting plans. Adolescents are the heart of their parents' parenting plans, but have no legal standing in divorce. They must have the opportunity to offer input and their views considered. Despite current societal thinking, children are people too.

Future Research

The research suggests replication in other judicial districts in Oregon and other states, after basic information about parenting plans is provided to adolescents. The sample needs to control (a) for time elapsed since parental separation, not divorce finalization, and (b) by using the date the parenting plan became legally enforceable, not divorce finalization.

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References

- Adams, M., & Coltrane, S. (2007). Framing divorce reform: Media, morality, and the politics of family. *Family Process, 46*(1), 17-34. Retrieved July 9, 2008, from Academic Search Premier database.
- Ahrons, C. R. (2007). Family ties after divorce: Long-term implications for children. *Family Process 46*(1), 53-65. Retrieved April 23, 2008, from Academic Search Premier database.
- Allen, K. R. (1993). The dispassionate discourse of children's adjustment to divorce. *Journal of Marriage & Family, 55*(1), 46-50. Retrieved October 13, 2008, from SocINDEX with Full Text Publications database.
- Amato, P. R. (1987). Family processes in one-parent, stepparent, and intact families: The child's point of view. *Journal of Marriage & Family, 49*(2), 327-337. Retrieved July 5, 2008, from PsycARTICLES Publications database.
- Berg, B. L. (2007). *Qualitative research methods for the social sciences*. Boston: Allyn and Bacon.
- Demo, D. H. (2000). Children's experience of family diversity. *National Forum, 80*(3), 16-19. Retrieved April 24, 2008, from Academic Search Premiere database.
- Kelly, J. B. (1994). The determination of child custody [Electronic Version]. *The Future of Children, 4*, 121-142. Retrieved July 5, 2008, from http://www.futureofchildren.org/information2826/information_show.htm?doc_id=75568
- Lewis, A. (1992). Group child interviews as a research tool. *British Educational Research Journal, 18*(4), 413-424. Retrieved July 17, 2008, from Academic Search Premier database.
- Moxnes, K. (2003). Risk factors in divorce: Perceptions by the children involved. *Childhood, 10*(2), 131-146. Retrieved May 21, 2008, from Sociology: A SAGE Full-Text Collection database.
- Oregon Judicial Department (2007). Marital dissolution, annulment, and separation; Mediation and conciliation services; Family abuse prevention § 3.107.
- Peris, T. S., & Emery, R. E. (2005). Redefining the parent-child relationship following divorce: Examining the risk for boundary dissolution. *Journal of Emotional Abuse, 5*(4), 169-189. Retrieved September 3, 2008, from Academic Search Premier database.
- Pruett, K. D., & Pruettt, M. K. (1999). "Only God decides": Young children's perceptions of divorce and the legal system. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(12), 1544-1550.
- Raley, R. K., & Bumpass, L. (2003). The topography of the divorce plateau: Levels and trends in union stability in the United States after 1980 [Electronic Version]. *Demographic Research, 8*(8), 245-260. Retrieved March 8, 2008, from www.demographic-research.org/Volumes/Vol8/8/
- Wallerstein, J. S., & Lewis, J. M. (2004). The unexpected legacy of divorce: Report of a 25-year study. *Psychoanalytic Psychology, 21*(3), 353-370. Retrieved October 30, 2008, from PsycARTICLES Publications database.

Beyond the Burqa: Embracing Muslim Women's Culture

Tammi F. Milliken, PhD

Abstract

For many Muslim women, their cultural identity is extremely important, yet since 9/11 and with the ongoing unrest in the Middle East, many non-Muslims in our society misjudge and discriminate against anyone who is Muslim, particularly Muslim women wearing burqas. To meet the needs of these clients, helpers must understand, not only the culture of these women, but also their experiences in multiple contexts and strategies to assist in empowering them and promoting system change.

This presentation aimed to provide attendees with a heightened understanding of the experiences of Muslim women in America and effective strategies for helping. An overview of the generalized American perspective pertaining to Muslims and facts to challenge these perspectives were provided. Information was presented pertaining to cultural variations in the Muslim experience that potentially impact the approach to helping. Specific strategies for promoting a healthy self-concept, advocating for supportive resources, and inciting acceptance in society were discussed. Additionally, implications for human services education and practice were explored.

Introduction

- Outer Identity:
 - What is your immediate reaction to a burqa veiled woman?
 - What inferences might be made about how they live their life?
- Stereotypes
 - Where do negative inferences stem from?
- Common Western Reaction
 - Bad Math: Middle Eastern + Muslim = Terrorist!!
- U.S. Examples: Popular news stories- angry looking Middle Eastern men with beards; Presidential Campaign for Obama- “He’s an Arab...”
- What is the difference between a Muslim and a Terrorist?
 - HOW MUCH HAVE YOU HEARD ABOUT OSAMA BIN LADEN?
 - HOW MUCH HAVE YOU HEARD ABOUT KAREEM R. KHAN?
 - Kareem was a U.S. Army Specialist who served in Operation Iraqi Freedom.
 - He was killed while on duty in Iraq.
 - He was a 20 year old man willing to sacrifice his life for his country...
 - Kareem is buried in Arlington National Cemetery alongside many of America’s honored veterans.
 - His grave bears neither a crucifix nor a Star of David.
 - ... Kareem Khan was a Muslim.

- Portrait of a Muslim Woman: Traditionally veiled, modernly veiled, non-veiled
- Portrait of a Muslim Woman: Benazir Bhutto
 - Shiite Muslim
 - Harvard graduate
 - Twice elected Prime Minister of Pakistan
 - Mother of three
 - First female leader of a Muslim nation
 - Assassinated in Dec. 2007
- Portrait of a Muslim Woman: White American student immersed in Muslim culture by wearing a burqa in various settings and assessing others' reactions
 - Qualitative Study
 - Hypothesis
 - Diverse locations will be more tolerant of Muslims
- Three Days As A Muslim Woman:
 - Day 1: Downtown Norfolk, VA
 - one of the most diverse areas in Virginia
 - Day 2: Poquoson, VA
 - the **least** diverse city in Virginia
 - Day 3: Larchmont, Norfolk, VA
 - an upper/middle class Norfolk neighborhood
- Emerging Themes
 - People kept at greater distance
 - Eye-contact was more difficult to make
 - Interaction was less casual; less friendly
 - Non-verbal communication less welcome
 - Aggressive physical/verbal interactions
 - Hostility expressed openly; not deviant
 - People more aggressive in groups
 - Men more aggressive than women
 - Education and aggression correlation
- Implications?
- Imagine waking up, knowing that day you would be the constant target of brazen discrimination, hatred, and even violence. How might that experience affect you?
- Incessantly being treated with contempt =
 - Depression
 - Lowered self-esteem
 - Anxiety
 - Post traumatic stress
 - Bereavement
 - Substance abuse
- Other possible contributing factors to socioemotional discord include:
 - Acculturation stress

- Language barriers
- Intergenerational conflict
- Socioeconomic status
- Marital and family conflicts
- Helping Response
- As a Human Services provider working with a Muslim client, what things might you keep in mind to help best meet the client's needs?
 - Overall, recognize complexity of Middle Eastern Muslim Identity
 - Experience varies by...
 - Country of origin (Afghanistan, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Palestine, etc.)
 - Gender
 - Socioeconomic status
 - Reason for immigration (asylum, refugee, seeking employment)
 - Level of acculturation
 - Level of religiosity
 - Develop Awareness, Knowledge, and Skill
- Awareness
 - Self awareness includes...
 - Examination of biases
 - Examination of Racial/Cultural Identity Development
 - Examination of values
 - Acknowledgement of privileged statuses
 - Immersion in culture
 - Use of cultural informants
 - Recognition of limitations
 - Quality referral sources if necessary
- Knowledge
 - Important cultural characteristics:
 - Collectivism
 - Family cohesion and loyalty (multigenerational households)
 - Community ties
 - Arranged marriages
 - Paternalism for affairs external to family
 - Maternalism for affairs within the family
 - Modesty (one reason some wear hijab)
 - Commitment to religion- Islam (Religious practices direct personal behavior)
 - Education highly valued
 - Gender differences
 - Male = wage earner
 - Female = home manager
 - Males more autonomy
 - Gender segregation in public
 - Greater pressure on females to stay enculturated

- Communication norms:
 - Minimal verbal expression of feelings
 - Vivid nonverbal communication
 - Comfortable with close physical proximity
 - Touch often used in communication
- Skills
 - Take time to build rapport and trust (use some Arabic)
 - Build on strengths (survived war!)
 - Utilize family
 - Connect to community and national resources (Mosques, Arab American Institute, Arab Community Center for Economic and Social Services)
 - Utilize creative arts therapy (dance, music, art) as culturally sanctioned remedy and helping intervention
 - Use directive, short-term approaches (cognitive-behavioral)
 - Incorporating Islamic Beliefs and practices into counseling:
 - Become familiar with Quran
 - Ask client to explore how problems perceived in Quran and how Allah would want them to handle their situation
 - Replace unproductive beliefs with beliefs derived from Islam
 - Encourage to cultivate ideal religious values in their lives
 - Encourage struggling clients to engage in daily remembrance of Allah to attain peace
 - Encourage prayer as a form of relaxation
 - Because mistakes perceived as normal in Islam, encourage engagement in repentant prayer for forgiveness
 - Reframe problems as tests to bring them closer to Allah as opposed to punishment
 - Remind that the body is a gift from God and must be cared for
 - Advocacy
 - Move beyond helping individual clients to social justice for Muslim Women
 - Be the voice of the voiceless/powerless
 - Shatter misconceptions of clients who aren't Muslim
 - Advocate for protection, resources, knowledge and acceptance in your agency, community, country, and world!

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Bibliography

- Hakim-Larson, J. & Nassar-McMillan, S. (2007). Middle Eastern Americans. In G. McAuliffe (Ed.), *Culturally Alert Counseling* (pp. 293-322). Thousand Oaks, CA: Sage Publications.
- Hamdan, A. (2007). A case study of a Muslim client: Incorporating religious beliefs and practices. *Journal of Multicultural Counseling and Development*, 35, 92-100.
- Hamden, A. (2008). Cognitive restructuring: An Islamic approach. *Journal of Muslim Mental Health*, 3(1), 99-116.
- Hays, P. A. (2007). Commentary: A strengths-based approach to psychotherapy with Middle Eastern People. In J. C. Muran (Ed.), *Dialogues On Difference: Studies of Diversity in the Therapeutic Relationship* (pp. 243-250). Washington, DC: American Psychological Association.

Assessment and Reflectivity of Self: Exploring, Developing and Matching One's Identity as a Human Services Professional with the Populations, Institutions, and Cultures of Human Service Practice

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Abstract

Preparing human service professionals to offer services in a variety of contexts often begins with an exploration of the unique identities of the providers themselves. At Stevenson University, human service students begin this process in an internship class which involves the exploration of 10 contextual traits, including assessments of their personality, decision-making style, team role preference, communication style, and preferred organizational structure. They explore, reflect, and write on how these traits inform them about their current internship, the practicum they will soon select, and their career objectives. Emphasis is on student interactions with other people, institutions, and society.

Information Presented

This poster presentation was about equipping human service students to live and work in multiple contexts. The presentation highlighted several assessments and approaches designed to help student assess, evaluate, and explore their unique individual traits within the context of the environment in which they live and work. It provided a brief summary of each assessment (personality, decision making style, group role preference, communication style, locus of control, flexibility with others, preferred work organization structure, conflict resolution style, etc.). Furthermore, the presentation elucidated ways in which students integrated their unique tendencies with their current internship sites. Applying their new self-insights, they also explored what populations, institutions, and communities they hope to involve themselves with as human service professionals.

The poster provided a brief overview of an instructional approach designed to help human service students contextualize their unique attributes and traits with populations, institutions, and cultures they are apt to experience as professionals. Students completing their internship in Human Services concurrently took several self-assessment tests and applied the results in a reflexive, comprehensive paper by addressing the following areas: My Locus of Control; How Flexible am I; My Team Role Preference; My Decision Making Style; My Communication Style Under Stress; My Preferred Conflict Handling Style; What Type of Organization Structure Do I Prefer; and, Am I a Type A. In addition, students took the Myers-Briggs personality tests and addressed the results in their papers.

The results of the aforementioned tests were explored in four contextual domains as each student responded to the following questions:

- a. Is your internship an appropriate setting? Why or why not?
- b. What kind of setting would be a good fit for your practicum? Explain.
- c. What types of setting(s) and position(s) would be a good fit for your career?
- d. How can the attributes identified in your self-assessments contribute to your effectiveness in the field of human services?

A committee of Human Services Faculty reviewed several papers written by the students for this assignment and selected by the course professor. The authors of the top two papers, as determined by the committee, attended the NOHS Annual Conference and prepared a poster presentation. The 2009 winners and authors of this poster presentation were Lauren Schroyer and Courtney Zilonis, two seniors majoring in Human Services at Stevenson University.

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Ageism: Confronting its Effects on Services

Mary Russell-Miller, PhD

Echo E. Fields, PhD

Abstract

Ageism, as a form of disempowerment, plays a significant role in both the opportunities and resources available to our elderly creating the need for an awareness of what ageism is and what role it can play in creating barriers to service. As our aging population grows, service to elders is becoming a growth area for employment. More and more human service workers will find themselves employed in elder services. In this interactive workshop, you will learn how to identify ageism and how to counteract its effects.

Presentation Outline

Ageism Defined:

"Any attitude, action, or institutional structure which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age"

Ageism reflects a prejudice in society against older adults.

Ageism is different from other "isms"

- Age classification is not fixed.
- Only some exempt from achieving status of old and experiencing ageism.

Ageism also differs due to effects on individuals:

- First, individual may be ageist with respect to others - Stereotypes people on basis of age.
- Second, individual may be ageist with respect to self - Ageist attitudes affect self concept.

How is ageism manifested?

Most frequently = persons showing disrespect AND making assumptions about ailments or frailty caused by aging...

What is the prevalence of ageism?

- Research indicates prevalence is widespread – over 77% elderly questioned reported several incidents and consistently reported over 50% occurred repeatedly...
- Respondents with less education tended to report more experiences of ageism than those with more education...

Why are we ageist?

- Roots of ageism date back to close of Western Frontier
- 1890's National Emphasis = productivity and independence
- Psychological: fear/anxiety about one's own mortality
- Socio-cultural: aging culturally defined as negative - leading to loss of status, esteem

Social ideologies about aging

- Generic definition of ideology: set of beliefs have consequence of justifying and maintaining inequalities

- Two categories of ideology:
 1. about aging persons, process
 2. about working with elders, geriatric career choice

Ideology about aging person

- “Healthism:” aging associated with sickness, disability, “old”
- Elders stereotyped as: non-productive, useless, dependent, unhealthy, vulnerable, not self-sufficient, frail, weak, unattractive, pessimistic, complaining, inflexible, resistant to help, cranky, whining, attention-seeking...
- Elders as non-sexual/neutered
- Jokes rooted in stereotypes—focus on losses of sexual attractiveness, ability to think/remember, bodily control
- Notions of “age appropriate” behaviors for elders
- Lack of awareness of counter-models for “successful aging” or a “growth model”
- Ideology gets internalized—internalized oppression—and becomes “self-disqualifying” AND self-fulfilling. May result in elders fatalism, resignation, reification of inevitable decline, and affect longevity

Ideology about working with elders, geriatric career choice

- Social/human service workers/students say “it’s depressing” to work with seniors
- Courses that talk about ageism/age discrimination/inequality are “depressing”
- Belief that elders have little future, little capacity for growth or change; little capacity for autonomy

The Reality - Employment Projections

- Social & Human Service Assistants:
 1. Employment growth by apx 34% thru 2016 - Excellent job prospects
 2. Much of the demand/growth due to growing elderly population...
- Social Workers:
 1. Employment growth by apx 22% through 2016 - Job prospects favorable
 2. Expanding senior population is largest factor...

Consequences of ageism on human service work(ers)

- Many studies show geriatric career choices are unpopular - despite market demand
- Students tend to avoid gerontology curriculum
- Gerontology careers as “last choice” - a job one does if there’s nothing else available
- “Forced” into gerontology career/job without adequate training
- Lower academic/credential standards in agencies/facilities working with elders
- Elderly clients unable/unwilling to utilize services

Additional impacts on practice with elders:

- Positive bias impact: may lead to minimizing need, “strengths perspective” may perversely stigmatize elders with unrealistic models of “successful aging”
- Negative bias impacts: Interpersonal - “disabling support” reinforces dependence - “expectation of disability becomes disabling” - Self-fulfilling - Decline seen as

inevitable/acceptable - Assumptions that elders won't seek/comply with treatment OR be able to benefit institutional - "Age segregation" in housing - Results in lack of contact with seniors - Social invisibility exacerbates stereotyping

Recommendations – Solutions: How do we get past Ageism???

- Curriculum/Training Changes:
 - Require coursework focused on elderly/psychology/sociology/economics
 - Expand meaning of "diversity training" to include elderly
 - Recognize myths about aging and negative attitudes about older adults
 - Utilize simulations to create awareness of bias/stereotypes/ageism
 - Increase contact with elders in practica/coursework
- Structural/Political/Public Policy Changes:
 - Challenge age segregation
 - Involve elderly in development of programs that serve them
 - Become more aware of institutionally embedded ageism
 - Engage in critical analysis of elder care industry

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Bibliography

- Allen, P., Cherry, K., and Palmore, E. (2009). Self-reported ageism in social work practitioners and students. *Journal of Gerontological Social Work* 52:124-134.
- Bureau of Labor Statistics. *Occupational Outlook Handbook, 2008-2009*. "Social and Human Service Assistants." <http://www.bls.gov/oco/ocos059.htm> (accessed *October 09, 2009*).
- Chand A., Clare, J. and Dolton, R. (2002). Teaching anti-oppressive practice on a diploma in social work course. *Social Work Education* 21(1): 7-22.
- Cohen, E.S. (2001). The complex nature on ageism: What is it? Who does it? Who perceives it? *The Gerontologist*, 41, 576-577.
- Cummings, S. and Adler, G. (2007). Predictors of social workers employment in gerontological work. *Educational Gerontology*. 33:925-938
- Grant , L. (1996). Effects of ageism individual and health care providers' responses to healthy aging. *Health and Social Work*. 21(1):9-16.
- Harbison, J. (2008). Stoic heroines or collaborators: Agism, feminism, and the provision of assistance to abused old women. *Journal of Social Work Practice*. 22(2):221-234.
- Jonsön, H. and Larsson, A. (2009). The exclusion of older people in dsability activities and oolicies. *Journal of Aging Studies*. 23:69-77.
- Kane , M. (2007). Social work and criminal justice students' perceptions of eders. *Journal of Social Service Research*. 34(1):13-26.
- Kane, M. (2008a). How are sexual behaviors of older women and older men perceived by human service students? *Social Work Education*, (27)7:723-743.

- Kane, M. (2008b). When I'm 75 years old: Perceptions of social work students. *Social Work in Health Care*, 47(2):185-213.
- Kane, M., Lacey, D., and Green, D. (2009). Investigating social work students' perceptions of elders' vulnerability and resilience. *Social Work in Mental Health* 7(4):307-324.
- Kelchner, E. (1999). Ageism's impact and effect on society. *Journal of Gerontological Social Work*. 32(4):85-100.
- Levy, B. R., Slade, M. D., Kunkel, S. R., & Kasl, S. V. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology*, 83, 261-270.
- Nelson, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues*, 61, 207-221.
- Patterson, S. (1981). Using naturalistic research on the elderly to change student attitudes and improve helping behavior. *Journal of Education for Social Work*. 17(2):12-18.
- Quinn, A. (1999). The user of experiential learning to help social work students assess their attitudes towards practice with older people. *Social Work Education*. 18(2):171-182
- Reeve, P. (1999, July). *Overcoming ageism in service design and delivery*. Paper presented at Aged Care for the New Millennium Aged Care Conference, Melbourne, Australia.
- Roberts, J. (2008). Parameters of prejudice: Knowledge of ethics and age bias. 50(3/4):65-79
- Schope, R. (2005). Who's afraid of growing old?: Gay and lesbian perceptions of aging. *Journal of Gerontological Social Work*. 45(4):23-39
- Schuldberg, J. (2005). It is easy to make judgments if it's not familiar: The use of simulation kits to develop self-awareness and reduce ageism. *Journal of Social Work Education*. 41(3):441-455.
- Sneed, J. R., & Whitbourne, S. K. (2005). Models of the aging self. *Journal of Social Issues*, 61, 375-388
- Von Dras, D. D., & Lor-Vang, M. N. (2004). Using an internet activity to enhance students' awareness of age bias in social perceptions. *Educational Gerontology*, 30, 261-273.

Aging Quiz	True/False
1. The majority of older adults will become senile (defective memory, disoriented, demented) during old age.	False
2. Most older adults have no desire or capacity for sexual relations. In other words, most older adults are asexual.	False
3. Chronological age is the most important determinant of age.	False
4. Most older adults have difficulty adapting to change; they are set in their ways.	False
5. Physical handicaps are the primary factors limiting the activities of older adults.	False
6. Declines in all five senses normally occur in old age.	Mostly true
7. Older adults are incapable of learning new information; you can't teach "an old dog new tricks."	False
8. Physical strength tends to decline in old age.	True
9. Intelligence declines with old age.	Mostly false
10. The majority of older adults say that they are happy most of the time.	True
11. The vast majority of older adults will at some point end up in a nursing home.	False
12. About 80% of older people say they are healthy enough to carry out their normal daily activities independently.	True
13. Most older adults are rejected by their children.	False
14. In general, most older adults tend to be pretty much alike.	False
15. The majority of older adults say that they are lonely.	False
16. Old age can be best characterized as a second childhood.	False
17. Over 15% of the population of the United States is over the age of 65.	True
18. Most older adults tend to be preoccupied with death.	False
19. Most older adults have incomes well below the poverty level.	False
20. Older people tend to become more religious as they age; as they deal with their own mortality.	False
21. Retirement is detrimental to an individual's health; six months ago he retired and now he's dead, retirement killed him.	False
22. Pain is a natural part of the aging process.	False
23. The majority of older adults say that they feel irritated or angry most of the time.	False
24. Rarely does someone over the age of 65 produce a great work of art, science, or scholarship.	False
25. With age comes wisdom.	Mostly false

Surfacing Diverse Concepts of Family, School, Community, and Collaboration: Taiwan and American Indian Reservation

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Abstract

Familiar concepts have different meanings across cultures, a phenomenon that new instructors quickly discover. A class entitled *Family, School, Community Collaboration* (FSCC) that was taught in consecutive terms in two very different environments reportedly helped all participants to understand their similarities and differences, broadening their world views. The class involved careful selection of diverse team members who worked together across the entire term. The conversational team approach may be valuable in many different settings, including traditional American campuses.

Two Contexts for Family, School, Community Collaboration (FSCC)

Class #1

For three years, Oregon State University (OSU) and FuJen Catholic University of Taiwan (FJ) have sent groups of students and faculty to study on one another's campuses. OSU students in human services and early childhood education earn four credits during Study Abroad for the FSCC class, which parallels in objectives and desired outcomes a course that is offered on the campus in Oregon, though teaching methods differ. See Figure 1 for additional information.

Class #2

The Confederated Tribes of the Warm Springs (CTWS) reside on their large Indian reservation in north central Oregon. With numerous community partners, CTWS supports University classes, including FSCC, that are taught on the reservation to anyone who enrolls.

Figure 1

Characteristics of Two Classes and Their Settings

Characteristic	Taiwan Class	Indian Reservation Class
Location of class	Campus in a city of 14.5 million	Workplace on reservation in a highly rural area
Instructors	Two Taiwanese and two American faculty	One non-Indian faculty member
Time frame	Once weekly for 3 hours for 10 weeks	Intensive format of two, 2-day blocks
Class membership	13 OSU students; 26 FJ students; divided into mixed teams of 3, formed into groups of 6	7 Native Americans living on the Reservation; 2 Spanish heritage/language employees of the Tribe; 2 Anglos; formed into mixed teams of 3
Language of class	English	English

Again, the reservation FSCC class parallels in objectives and outcomes the FSCC course on the OSU campus, but its teaching methods differ considerably from the campus class while they parallel those from the class that is taught in Taiwan. See Figure 1 for additional information.

Class Organization and Activities

Students in each class were formed into ongoing 3-person teams of mixed ethnicity for the small group discussions that are at the heart of the course. A consistent format for both classes is a short lecture with Power Point slides followed by team or group discussion that requires participants to explain their meaning by providing examples from their own family, school, or community; e.g., (a) Describe your high school. What was your schedule during adolescence? (b) When did you see friends? What did you do together? (c) How did your family relate to your school? After each discussion, team members summarized their findings. To aid the discussion of *family*, students prepared ecomaps (Christian, 2007), which they used to explain their own family relationships to their teams. Students observed that the extended family is the heart of social life for Taiwanese and Indian participants while American adolescents typically spend less time with their extended family members and more with their friends.

Information gathering occurred in both classes via interviews. Each student from Taiwan in Class #1 or of any ethnicity in Class #2 was asked to interview a parent from a group that is frequently discriminated against or marginalized: a) a racial, ethnic, or linguistic group other than the dominant one (also not of their own ethnicity); b) a foster-parent; c) a single parent; d) the parent of a child with a significant disability; e) a gay or lesbian parent; f) a parent receiving public assistance because of poverty, or g) a parent who has a significant disability. Taiwanese students needed faculty assistance to locate a parent eligible to be interviewed because the target groups are stigmatized and remain separate or underground in their culture. Sample questions were provided. The interview could be conducted in another language, but the 3-4 page report was required to be written in English.

Due to linguistic challenges, American students in Class #1 substituted for the parent interview an interaction with a middle school student fluent in English. The assignment was to tour a typical middle school, observe a field day, and then interview for 45 minutes a pre-selected student at the school. Again sample questions were offered, and students wrote individual reports with reflections about cultural similarities and differences that were observed at the school.

In both classes, five key points were stressed about culture: (a) Cultures are very broad, covering all areas of life. (b) Cultures change constantly. (c) Individuals participate at different levels in each of their own several cultures. (d) There are many variations within any cultural group. (e) Visible aspects are indicative of deeper values and history of the culture. Each student was given a colored paper with one of the five key points printed on it and asked to find a student with another color of paper, share the key point, provide a personal example, and then hear the key point and personal example of the peer. This activity consumed nearly an hour of time but reportedly led students to grasp the meaning of the rather abstract key points about culture.

Both classes encouraged students to seek and share additional resources related to families, schools, communities, and collaboration. Further, given a list of relevant websites in English, students were assigned to choose at least five web sites, survey them, type notes on contents plus at least one interesting idea gleaned from each, and bring notes to class to share with their teams.

For Class #1, students and faculty took a day-long field trip to two neighborhoods in urban Taipei. In each community, we toured an exemplary preschool and interacted with staff about its relationship to the neighborhood. Then teams of students traveled about the neighborhood, visiting museums, schools, small businesses, human services agencies, medical facilities, and markets, seeking to describe the community and its services for children and families. Written reports summarized the field trips. Class #2 made no field trips but instead invited the Reservation's elementary school principal to interact regarding the needs of local children and families and the ways in which community personnel are working to address those needs.

Communication skills are an important part of any FSCC class, including these two. To address communication, teams practiced reflective listening, 5-step problem solving, constructive feedback, and asking open-ended questions via the use of role plays within the teams.

Student Evaluations

In the OSU/FJ class, students from both Taiwan and the U.S. reported that they learned a great deal: Americans began to grasp how to communicate across the cultural and linguistic divide, they perceived family and school customs different from their own, and they built solid friendships. Taiwanese students emphasized their growth in English skills, their amazement at the importance of friendships and extracurricular activities in American schools, and their delight in making new American friends. In the future the class will be restructured to put Taiwanese in charge of certain questions to equalize leadership in small group discussions.

Students in the class on the Warm Springs Indian Reservation rated it 5.0 on a 6-point scale, better than the department's mean for its classes. In future sections, the instructor will create a shared class project relevant to the reservation elementary school that allows Anglo and Indian students to engage with the culture and the local community and then reflect on their process.

Discussion

In both of these settings, academic language and lengthy reading assignments would have been problematic, and so the departure point was the extensive knowledge and experience of the students themselves. The result for each class reportedly was learning based on cultural similarities and differences in a newly created community of learners.

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Reference

Christian, L. G. (2007). Understanding families: Applying family systems theory to early childhood practice, in D. Koralek (Ed.) (2007). *Spotlight on young children and families*. Washington, DC: National Association for the Education of Young Children

Standards for Culturally Competent Human Service Practice: Moving Forward

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Abstract

The demand for cultural competence standards in the ethical guidelines for The National Organization of Human Services (NOHS) first surfaced at the organization's national conference in 2003. The dialogue ended with the establishment of two work groups: a student group made up of students from Tulsa Community College and Illinois Valley Community College and a NOHS volunteer work group. The student's drafted initial standards which were presented to the volunteer work group at NOHS conference in 2005. The NOHS work group has been zeroing in on goals, developing resources and identifying needs that are vital to drafting competencies for inclusion in NOHS ethical guidelines for service provision. The TCC/IVCC group has identified three areas of importance that cultural competence standards should cover: self-awareness and attitude, knowledge, and skills. Each of these areas is further broken down to outline specific practices that should be developed to ensure competent cross-cultural service provision. Outcomes of this initiative have resulted in a promising start, but the need for an institutional commitment is apparent in order to facilitate the process of producing cultural competence standards for human services.

Introduction

The field of human services has undergone an evolutionary process which has resulted in a strong community of practitioners whom operate under a strict code of ethical guidelines. This process is continuing as the focus of need shifts to the diversity of service providers and receivers and how to produce the best service outcomes. In 2003, the inclusion of cultural competent guidelines in the Ethical Standards of Human Services was discussed at the National Organization for Human Services (NOHS) Education conference. The volunteer work group has taken steps to solidify the standards of culturally competent practice but has come to a road block. This group has maintained that in order for real change to occur in a timely manner, it has become apparent that a volunteer-only basis is not sufficient, that an institutional commitment must be made in order to facilitate this process.

The intended outcomes of this report entail the importance of solidifying cultural competence guidelines in the National Standards for Human Services. The timeline and steps that have been taken to establish these standards will be reviewed. The rationale for developing these standards is focused on providing best practice service provision to clients, identified components of standards and choices of how to move forward will be discussed.

History of Standards Development

The development standards for Culturally Competent Human Service Practice were initially proposed to the Council on Standards for Human Service Education at the 2003 National Organization for Human Service Education conference. This dialogue resulted in a student group from the Tulsa Community College (TCC) and Illinois Valley Community College (IVCC) which reviewed cultural competence standards from professional organizations similar to NOHS.

The initial draft of standards developed by this group was presented to the NOHS volunteer work group dedicated to this mission at the 2005 NOHS National Conference. The proposed goals for this work group was to identify component parts of standards and assign these components to individual group members for further examination and development, to review and refine the preliminary standards for inclusion into the draft document. In order to meet these goals the work group developed a listserv to connect human service educators on a national level, maintained membership lists and contact information of members, facilitated monthly conference calls with work group members and drafted work group goals. Additional steps the group had taken include established meeting agendas and conference call notes, the identification of component parts of the standards which were assigned to individual members.

Cultural Competence Standards Rationale and Components

NOHS is a professional organization that provides counseling and helping services to a widely diverse clientele. It is necessary that human service practitioners are able to competently serve people from all cultures in the best manner possible. The necessity of cultural competence standards inclusion in the NOHS code of ethics serves a quality control method of service provision. The TCC/IVCC student group has reviewed cultural competency models from similar service providing organizations and identified three categories in which human service providers should continue to develop in order to be the most efficacious practitioner possible. The focus areas have been expanded on to include specific component parts which are continually revised as needed.

Self-awareness and Attitude

The human services professional should be aware of one's own background, attitudes and biases and be willing and able to conduct a self-assessment to determine if any changes need to be made to provide optimal services. Practitioners should be able to accept, acknowledge and appreciate each client's diversity in order to strengthen a working relationship. The ability to recognize dynamics between individuals from different groups and how this may influence interactions with clients should be developed.

Knowledge

A culturally competent human service practitioner should continually seek knowledge and understanding about characteristics inherent to specific populations and recognize one's own limitations regarding specific diversity. A practitioner should be knowledgeable about resources needed to provide access to services and have an understanding of methods that can be used to adapt testing, intake or evaluations for individuals with specific needs. Human service professionals should be aware of stereotypes and preconceived notions that are held towards specific populations.

Skills

The ability to communicate with all persons in a manner that appreciates the individual and removes barriers is a skill that a human service practitioner should hone. By creating an environment in which cross-cultural barriers are non-existent a professional can achieve an optimal comfort level for the client. When working with a client the professional should continue to advocate for the client's rights and establish service delivery that is compatible to a client's own culture and life experience and available in the clients preferred language. An additional skill that should be strengthened by human service providers is the ability to be cognizant of the client's cross-cultural comfort zone and the adaptation of interactions to meet clients at their level.

Moving Forward: How? Why?

In 2009, Susan Kincaid of the Council for Standards in Human Service Education (CSHSE) gave an analysis of the National Standards for Human Service Education. She identified that programs which show no evidence of support for diversity and social justice will not be accredited.

At this point in the development process the work group has deemed the volunteer based initiative is insufficient to establish cultural competence components in the Standards for Human Services. The work group has identified that a commitment needs to be made at an institutional level. The costs for proceeding include time, money and further coordination. The costs for not proceeding entail lack of workforce preparation and lack of professional credibility.

The field is now faced with choices: Which direction to move in? The ability to develop stand alone, measurable standards for culturally competent practice can take the place of drafting a whole new set of standards. The revision of the current ethical standards can be an option. There may be another path that has not been critically investigated. Should the entire initiative be thrown away and allow the field to be in a standstill in the area of cultural competent standards?

Conclusion

The work group dedicated to establishing these standards and the student groups from TCC and IVCC have introduced promising beginnings but a deeper commitment is needed to further realize the desired change. An option the volunteer group has looked into is making a formal request to NOHS for these standards which include a connection to Human Service-Board Certified Practitioner standards. Without these standards in place human service practitioners may be unable to live up to the most efficacious professionals as possible and that is an injustice not only to the clients being served but to the service providers themselves.

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The End