



INTRODUCTION TO
**HUMAN
SERVICES**

Through the Eyes of Practice Settings

Third Edition

MICHELLE MARTIN

STANDARDS FOR EXCELLENCE SERIES

Designed to help students advance their knowledge, values, and skills, the *Standards for Excellence Series* assists students in associating CSHSE's National Standards to all levels of human service practice.

FEATURES INCLUDE

- Standards for Excellence critical thinking questions tied to the Standards appearing throughout the chapters
- Chapter reviews with scenario-based multiple choice and essay questions
- Links to correlated web-based assets

Council for Standards for Human Service Education (CSHSE) Standards Covered in this Text

STANDARD	CHAPTER
Professional History	
<i>Understanding and Mastery...</i>	
Historical roots of human services	2, 5, 8, 9, 10, 11, 12
Creation of human services profession	2, 5, 8, 9, 10, 11, 12
Historical and current legislation affecting services delivery	2, 5, 8, 9, 10, 11, 12
How public and private attitudes influence legislation and the interpretation of policies related to human services	2, 5, 8, 9, 14, 15
Differences between systems of governance and economics	2, 14, 15
Exposure to a spectrum of political ideologies	1, 2, 15
Skills to analyze and interpret historical data application in advocacy and social changes	1, 2, 15
Human Systems	
<i>Understanding and Mastery...</i>	
Theories of human development	1, 2, 3, 4, 5, 6
How small groups are utilized, theories of group dynamics, and group facilitation skills	4
Changing family structures and roles	4, 5, 6, 7, 12
Organizational structures of communities	2, 4, 5, 6, 7, 13, 14, 15
An understanding of capacities, limitations, and resiliency of human systems	1, 4, 13, 14, 15
Emphasis on context and the role of diversity in determining and meeting human needs	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Processes to effect social change through advocacy (e.g., community development, community and grassroots organizing, local and global activism)	1, 2, 8, 9, 13, 14, 15
Processes to analyze, interpret, and effect policies and laws at local, state, and national levels	2, 4, 5, 6, 7, 13, 14, 15
Human Services Delivery Systems	
<i>Understanding and Mastery...</i>	
Range and characteristics of human services delivery systems and organizations	1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14,
Range of populations served and needs addressed by human services	1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Major models used to conceptualize and integrate prevention, maintenance, intervention, rehabilitation, and healthy functioning	1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14
Economic and social class systems including systemic causes of poverty	1, 2, 9, 14, 15
Political and ideological aspects of human services	2, 4, 5, 6, 7, 13, 14, 15
International and global influences on services delivery	1, 2, 4, 5, 6, 7, 13, 14, 15
Skills to effect and influence social policy	1, 2, 4, 5, 6, 7, 13, 14, 15

Council for Standards for Human Service Education (CSHSE) Standards Covered in this Text

STANDARD	CHAPTER
Information Management	
<i>Understanding and Mastery...</i>	
Obtain information through interviewing, active listening, consultation with others, library or other research, and the observation of clients and systems	
Recording, organizing, and assessing the relevance, adequacy, accuracy, and validity of information provided by others	
Compiling, synthesizing, and categorizing information	
Disseminating routine and critical information to clients, colleagues or other members of the related services system that is provided in written or oral form and in a timely manner	
Maintaining client confidentiality and appropriate use of client data	
Using technology for word processing, sending email, and locating and evaluating information	
Performing elementary community-needs assessment	
Conducting basic program evaluation	
Utilizing research findings and other information for community education and public relations and using technology to create and manage spreadsheets and databases	
Planning & Evaluating	
<i>Understanding and Mastery...</i>	
Analysis and assessment of the needs of clients or client groups	
Skills to develop goals, and design and implement a plan of action	
Skills to evaluate the outcomes of the plan and the impact on the client or client group	
Program design, implementation, and evaluation	
Interventions & Direct Services	
<i>Understanding and Mastery...</i>	
Theory and knowledge bases of prevention, intervention, and maintenance strategies to achieve maximum autonomy and functioning	
Skills to facilitate appropriate direct services and interventions related to specific client or client group goals	
Knowledge and skill development in: case management, intake interviewing, individual counseling, group facilitation and counseling, location and use of appropriate resources and referrals, use of consultation	

STANDARD	CHAPTER
Interpersonal Communication	
<i>Understanding and Mastery...</i>	
Clarifying expectations	
Dealing effectively with conflict	
Establishing rapport with clients	
Developing and sustaining behaviors that are congruent with the values and ethics of the profession	
Administration	
<i>Understanding and Mastery...</i>	
Managing organizations through leadership and strategic planning	
Supervision and human resource management	
Planning and evaluating programs, services, and operational functions	
Developing budgets and monitoring expenditures	
Grant and contract negotiation	
Legal/regulatory issues and risk management	
Managing professional development of staff	
Recruiting and managing volunteers	
Constituency building and other advocacy techniques such as lobbying, grassroots movements, and community development and organizing	
Client-Related Values & Attitudes	
<i>Understanding and Mastery...</i>	
The least intrusive intervention in the least restrictive environment	
Client self-determination	
Confidentiality of information	
The worth and uniqueness of individuals including: ethnicity, culture, gender, sexual orientation, and other expressions of diversity	
Belief that individuals, services systems, and society change	
Interdisciplinary team approaches to problem solving	
Appropriate professional boundaries	
Integration of the ethical standards outlined by the National Organization for Human Services and Council for Standards in Human Service Education	
Self-Development	
<i>Understanding and Mastery...</i>	
Conscious use of self	
Clarification of personal and professional values	
Awareness of diversity	
Strategies for self-care	
Reflection on professional self (e.g., journaling, development of a portfolio, project demonstrating competency)	

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THIRD EDITION

Introduction to Human Services

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Through the Eyes of Practice Settings

Michelle E. Martin

Dominican University

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Preface

The third edition of *Introduction to Human Services: Through the Eyes of Practice Settings* includes many important additions. When I reflect back on all of the changes that have occurred since I began writing the first edition, I am in awe. Never could I have imagined the various tragedies that would unfold in the last decade! An agonizingly long war in the Middle East; a globalized economic crisis as we have not seen in decades; political and religious polarization that threatens to further fragment the social, political, and economic landscape in the United States; and “culture wars” that have pitted “social conservatives,” including those on the religious right against social progressives, including many social advocates. But there were so many good things that happened as well—the first African American president was elected to office in the United States, and sexual orientation was included in hate crimes legislation, followed by increasing momentum gained in the marriage equity movement. We’ve also seen a dramatic increase in the effects of globalization fueled at least in part by the globalization of communication technologies. Do you want to start a social movement? Create a Facebook page and mobilize thousands of people globally, creating social awareness through the posting of status updates, online news articles, blogs, and YouTube videos!

What you’ll notice throughout the third edition of this book is an exploration of all of these events, their precursors, and some of their consequences. You’ll also notice a reflection of the effects of our ever-shrinking world—what we call globalization. I have updated all chapters with regard to research, terminology, and applicable legislation. In particular, I have made significant changes in Chapter 1 where I’ve included some exciting information about the continued growth of the human services profession, including information on the new certification process for human service professionals. Because of the continued professional development within the human services field, I have reduced the material focusing on related fields, such as the social work profession, and increased the focus on the human services profession. In Chapter 2 I explored numerous changes in social welfare legislation and policies that took effect under the Obama administration, including discussions on increasing rights afforded to the LGBTQ population, challenges facing migrant populations and the poor, and the most recent information on the healthcare debate. In Chapters 3 and 4 I have enhanced the focus on the human services profession. In Chapter 5 I included a section on the history of child labor, making a connection between this dark part of U.S. history and current patterns of abuse of vulnerable children in the United States, and around the world. I also explored recent changes in child welfare legislation. In chapters 6 through 12 I have updated the research and theories, and in chapter 13 I have increased interfaith content. In Chapter 14 I’ve added content on batterers intervention services, including information on the efficacy of these programs. In Chapter 15 I’ve added content on viewing global social problems from a human rights framework, as well as very important content on refugees, genocide, and other at-risk populations. Overall I hope I have captured the most recent trends, research, and contemporary issues on a local and global level that are important to human service professionals.

I would like to thank several people who helped make this edition possible. First, and foremost, I would like to thank my family—my son Xander, who was only 9 when I started writing this book, and is now 17. I'd also like to thank my two surrogate Rwandan daughters, Elodie Shami and Annabella Uwineza, who have shared my life, my home, and my family for the last three years. My aunt Jeri Serpico has always been my rock. My dear friend Karen Acevedo was a constant support for me throughout the writing of this edition. I would like to thank my colleagues at Dominican University's Graduate School of Social Work—Kim Kick, Myrna McNitt, Leticia Villarreal Sosa, and Charlie Stoops—for their professional insights and perspectives; they helped to sharpen my thinking. I would like to thank Asma Yousef with Islamic Relief USA for her insights on the Muslim faith. Finally I'd like to thank my social work students who sharpen my mind, and give me new ways to think about this wonderful profession.

Introduction to the Human Services Profession

Purpose, Preparation, Practice, and Theoretical Orientations

The Many Types of Human Service Professionals

Sara works for a hospice agency and spends one hour twice a week with Steven, who has been diagnosed with terminal cancer of the liver. He has been told he has approximately six months to live. He has been estranged from his adult daughter for four years, and Sara is helping him develop a plan for reunification. Sara helps Steve deal with his terminal diagnosis by helping him talk through his feelings about being sick and dying. Steve talks a lot about his fear of being in pain and his overwhelming feeling of regret for many of the choices he has made in his life. Sara listens and also helps Steve develop a plan for saying all the things he needs to say before he dies. During their last meeting, Sara helped Steve write a list of what he would like to say to his daughter, his ex-wife, and other family members. Sara is also helping Steve make important end-of-life decisions, including planning his own funeral. Sara and Steve will continue to meet until his death, and if possible, she will be with him and his family when he passes away.

Gary works for a public middle school and meets with six seventh graders every Monday to talk about their feelings. Gary helps them learn better ways to explore feelings of anger and frustration. During their meetings, they sometimes do fun things like play basketball, and sometimes they play a board game where they each take turns picking a “self-disclosure” card and answering a personal question. Gary uses the game to enter into discussions about healthy ways of coping with feelings,



Courtesy of Michelle Martin

Learning Objectives

- Identify and describe the varied reasons why people may need human services intervention
- Describe the various ways one can enter the field of human services, and the various types of careers within the human services profession
- Identify the most common degree and licensure requirements associated with the human services profession
- Describe the new human services certification process developed by the Council for Standards in Human Service Education
- Identify and describe the most common theoretical frameworks used in the human services discipline

particularly anger. He also uses the game to get to know the students in a more personal manner, so that they will open up to him more. Gary spends one session per month to discuss their progress in their classes. The goal for the group is to help the students learn how to better control their anger and to develop more prosocial behavior, such as empathy and respect for others.

Cynthia works for her county's district attorney's office and has spent every day this past week in criminal court with Kelly, a victim of felony home invasion, aggravated kidnapping, and aggravated battery. Cynthia provides Kelly with both counseling and advocacy. Kelly was in her kitchen one morning feeding her baby when a man charged through her back door. The offender was recently released from state prison, had just robbed a gas station, and was running from the police in a stolen car. He ran from home to home until he found an unlocked door and entered it, surprising Kelly. Kelly immediately started screaming but stopped when he pulled a gun out and held it to her baby's head. During the next hour the defendant threatened both Kelly and her infant son's life and at one point even threatened to sexually assault Kelly. The offender became enraged and hit Kelly several times when she couldn't find any cash in her home. The police arrested him when he was attempting to force Kelly to drive him to an ATM to obtain money. Cynthia keeps Kelly apprised of all court proceedings and accompanies her to court, if Kelly chooses to assert her right to attend the proceedings. She also accompanies Kelly during all police interviews and helps her prepare for testifying. During these hearings, as well as during numerous telephone conversations, Cynthia helps Kelly understand and deal with her feelings, including her recent experience of imagining the violent incident again and again, her intense fear of being alone, and her guilt that she had not locked her door. Lately, Kelly has been experiencing an increasing amount of crying and unrelenting sadness, so Cynthia has referred her to a licensed counselor, as well as to a support group for Kelly and her husband.

Frank works for county social services, child welfare division, and is working with Lisa, who recently had her three young children removed from her home for physical and emotional neglect. Frank has arranged for Lisa to have parenting classes and individual counseling so that she can learn how to better manage her frustrations with her children. He has also arranged to have her admitted to a drug rehabilitation program to help her with her addictions to alcohol and cocaine. Frank and Lisa meet once a week to talk about her progress. He also monitors her weekly visitation with her children. Frank is required to attend court once per month to update the judge of Lisa's progress on her parenting plan. Successful completion of this plan will enable Lisa to regain custody of her children. Frank will continue to monitor her progress, as well as the progress of the children, who are in foster care placement.

Allison is currently lobbying several legislators in support of a bill that would increase funding for child abuse prevention and treatment. As the social policy advocate for a local grassroots organization, Allison is responsible for writing position statements and contacting local lawmakers to educate them on the importance of legislation aimed at reducing child abuse. Allison also writes grants for federal and private funding of the organization's various child advocacy programs.

What do all these professionals have in common? They are all human service professionals working within the interdisciplinary field of human or social services, each

possessing a broad range of skills and having a wide range of responsibilities related to their roles in helping people overcome a variety of social problems. The National Organization for Human Services (NOHS) defines the human services profession as follows: “The Human Services profession is one which promotes improved service delivery systems by addressing not only the quality of direct services, but by also seeking to improve accessibility, accountability, and coordination among professionals and agencies in service delivery.” *Human services* is a broad term covering a number of careers, but all have one thing in common—helping people meet their basic physical and emotional needs that for whatever reason cannot be met without outside assistance. The human services field can include a variety of job titles, including social worker, caseworker, program coordinator, outreach counselor, crisis counselor, and victim advocate, to name just a few.

Why Is Human Services Needed?

All human beings have basic needs, such as the need for food, health, shelter, and safety. People also have social needs, such as the need for interpersonal connectedness and love, and psychological needs, such as the need to deal with the trauma of past abuse, or even the psychological ramifications of disasters such as a hurricane or house fire. People who are fortunate have several ways to get their needs met. Social and psychological needs can be met by family, friends, and places of worship. Needs related to food, shelter, and other more complicated needs such as healthcare can be met through employment, education, and family.

But some people in society are unable to meet even their most basic needs either because they do not have a supportive family or because they have no family at all. They may have no friends or have friends who are either unsupportive or unable to provide help. They may have no social support network of any kind, having no faith community, and no supportive neighbors, perhaps due to apartment living or the fact that many communities within the United States tend to be far more transient now than in prior generations. They may lack the skills or education to gain sufficient employment; thus, they may not have health insurance or earn a good wage. Perhaps they’ve spent the majority of their lives dealing with an abusive and chaotic childhood and are now suffering from the manifestation of that experience in the form of psychological problems and substance abuse and, thus, cannot focus on meeting their basic needs until they are able to deal with the trauma they had been forced to endure.

Some people, particularly those who have good support systems, may falsely believe that anyone who cannot meet their most basic needs of shelter, food, healthcare, and emotional needs must be doing something wrong. This belief is incorrect because numerous barriers exist that keep people from meeting their own needs, some of which might be related to their own behavior, but more often, the reasons why people cannot meet their needs are quite complicated and often lie in dynamics beyond their control. Thus while some people who are fortunate enough to have great families, wonderfully supportive friends, the benefit of a good education, not faced racial oppression or social exclusion, and no significant history of abuse or loss may be self-sufficient in meeting

their own needs. This does not mean that others who find themselves in situations where they cannot meet their own needs are doing something wrong. Human service agencies come into the picture when people find themselves confronting barriers to getting their needs met and their own resources for overcoming these obstacles are insufficient. Some of these barriers include the following:

- Lack of family (or supportive family)
- Lack of a healthy support system of friends
- Mental illness
- Poverty
- Social exclusion (due to racial discrimination for instance)
- Racism
- Oppression (e.g., racial, gender, age)
- Trauma
- Natural disasters
- Lack of education
- Lack of employment skills
- Unemployment
- Economic recession
- Physical and/or intellectual disability

A tremendous amount of controversy surrounds how best to help people meet their basic needs, and various philosophies exist regarding what types of services truly help those in need and which services may seem to help initially but may actually create more problems down the road, such as the theory that public assistance creates dependence. For instance, most people have heard the old proverb, “Give a man a fish

Human service professionals are committed to helping people develop the necessary skills to become self-sufficient and function at their optimal levels, personally and within society.

and he will eat for a day. Teach a man to fish and he will eat for a lifetime.” One goal of the human services profession is to teach people to fish. This means that human service professionals are committed to helping people develop the necessary skills to become self-sufficient and function at their optimal levels, personally and within society. Thus although an agency may pay a family’s rent for a few months when they are in a crisis, human service professionals will then work with the family members to remove any

barriers that may be keeping them from meeting their housing needs in the future, such as substance abuse disorders, a lack of education or vocational skills, health problems, mental illness, or gaining self-advocacy skills necessary for combating prejudice and discrimination in the workplace.

In addition to a commitment to working with a broad range of populations, including high-needs and disenfranchised populations, and providing them with the necessary resources to get their basic needs met, human service professionals are also committed to working on a *macro* or societal level to remove barriers to optimal functioning that affect large groups of people. By advocating for changes in laws and various policies, human service professionals contributed to making great strides in reducing prejudice and discrimination related to one’s race, gender, sexual orientation, socioeconomic status

(SES), or any one of a number of characterizations that might marginalize someone within society.

Human service professionals continue to work on all social fronts so that every member of society has an equivalent opportunity for happiness and self-sufficiency. The chief goal of the human service professional is to support individuals as well as communities function at their maximum potential, overcoming personal and social barriers as effectively as possible in the major domains of living.

Human Service Professionals: Educational Requirements and Professional Standards

Each year numerous caring individuals will decide to enter the field of human services and will embark on the confusing journey of trying to determine what level of education is required for specific employment positions, when and where a license is required, and even what degree is required. There are no easy answers to these questions, because the human services profession is a broad one encompassing many different professions, including human service generalist, mental health counselor, psychologist, social worker, and perhaps even psychiatrist, all of whom are considered human service professionals if they work in a human service agency working in some manner with marginalized, disenfranchised, or other individuals who are in some way experiencing problems related to various social or systemic issues within society.

Another area of confusion relates to the educational and licensing requirements needed to work in the human services field. Determining what educational degree to earn, the level of education required, and what professional license is needed depends in large part on variables such as specific state and federal legislation (particularly for highly regulated fields, such as in the educational and healthcare sectors), industry-specific standards, and even agency preference or need. To make matters even more confusing, these variables can vary dramatically from one state to the next; thus, a job that one can do in one state with an Associate of Arts (AA) degree may require a Master of Social Work (MSW) degree and a clinical license in another state. In addition, many individuals may work in the same capacity at a human service agency with two different degrees.

According to the NOHS website, a “human service professional” is

[a] generic term for people who hold professional and paraprofessional jobs in such diverse settings as group homes and halfway houses; correctional, mental retardation, and community mental health centers; family, child, and youth service agencies, and programs concerned with alcoholism, drug abuse, family violence, and aging. Depending on the employment setting and the kinds of clients served there, job titles and duties vary a great deal. (National Organization for Human Services, 2009, para.11)

Within this text, I use the title *human service professional* to refer to all professionals working within the human services field, but if I use the term *social worker*,

Human Services Delivery Systems

Understanding and Mastery of Human Services Delivery Systems: Range of populations served and needs addressed by human services

Critical Thinking Question: Human service professionals often—but not always—work with the most disadvantaged members of society. What are some roles in which they serve the most vulnerable populations? What are some roles in which they might serve more affluent clients?



then I am referring to the legal definition and professional distinction of a licensed social worker, indicating either a Bachelor of Social Work (BSW) or an MSW level of education. Also, I use the term *human service agency*, but this term is often used synonymously in other literature with *social service agency*. One reason for the dramatic variation in educational and licensing requirements is that the human services field is a growing profession, and with the evolution of professionalization comes increasing practice regulations. Yet, issues such as the stance of legislators in a particular state regarding practice requirements, the need for human service professionals within the community, or even whether the community is rural or urban can affect educational and licensing requirements for a particular position within the human services profession (Gumpert & Saltman, 1998).

Some human service agencies are subject to federal or state governmental licensing requirements, such as the healthcare industry (hospitals, hospices, home healthcare), government child welfare agencies, and public schools, and as such may be required to hire a professional with an advanced degree in any of the social science fields, or a particular professional education requirement might be specified. For instance, in many states, school social workers must have an MSW degree and educational credentials in school social work, and school counselors must have a master's degree in educational counseling.

There is still considerable variability among state licensing bodies in terms of how professional terms such as *counselor*, *social worker*, and *related field* are defined. For instance, most states require hospice social workers to be licensed social workers, thus requiring either a BSW or an MSW degree. But in Illinois, for instance, the Hospice Program Licensing Act provides that a hospice agency can also employ bereavement counselors who have a bachelor's degree in counseling, psychology, or social work with one year of counseling experience. Some states require child welfare workers to be licensed social workers with an MSW, whereas other states require child welfare workers to have a master's degree in any related field (i.e., psychology, human services, sociology). In states where there is a significant need for bilingual social workers, such as California, educational requirements may be lowered if the individual is bilingual and has commensurate counseling and/or case management experience.

Keeping such variability within specific human services fields in mind, as well as differences among state licensing requirements, Table 1.1 shows a very general breakdown of degrees in the mental health field, their possible corresponding licenses, as well as what careers these professionals might be able to pursue, depending on individual state licensing requirements.

Human Service Education and Licensure

The Council for Standards in Human Service Education (CSHSE) was established in 1979 for the purposes of guiding and directing human service education and training programs. This organization has developed national standards for the curriculum and subject area competencies in human service degree programs and serves as the accreditation body for colleges and universities offering degrees in the growing human services discipline at the associate's, bachelor's, and master's levels.

Table 1.1 Multiple Discipline Degree Requirements

Degree	Academic Area/Major	License/Credential	Possible Careers
BA/BS	Human Services	BS-BCP	Caseworker; youth worker; residential counselor; behavioral management aide, case management aide, alcohol counselor; adult day care worker; drug abuse counselor; life skills instructor; social service aide, probation officer; child advocate, gerontology aide, juvenile court liaison, group home worker; child abuse worker; crisis intervention counselor; community organizer; social work assistant, psychological aide
BA/BS	Psychology, Sociology	N/A	Same as above, depends on state requirements
BSW	Social Work (program accredited by CSWE)	Basic licensing (LSW) depends on state	Same as above, depends on state requirements
MA/MS	Counseling Psychology	LCP (Licensed Clinical Professional—on graduation)	Private practice, some governmental and social service agencies
30–60 credit hours		LCPC (Licensed Clinical Professional Counselor—~3,000 postgrad supervised hours)	
MSW	Social Work (program accredited by CSWE)	LSW (on graduation)	Private practice, all governmental and social service agencies (some requiring licensure)
60 credit hours		LCSW (Licensed Clinical Social Worker—~3,200 postgrad supervised hours)	
PsyD 120 credit hours	Doctor of Psychology	PSY# (Licensed Clinical Psychologist—~3,500 postgrad supervised hours)	Private practice, many governmental and social service agencies, teaching in some higher education institutions
PhD (Psychology)	Doctor of Philosophy in Psychology	PSY# (~3,500 postgrad supervised hours)	Private practice, many governmental and social service agencies, teaching in higher education institutions
120 credit hours			

The CSHSE requires that curriculum in a human services program cover the following standard content areas: *knowledge* of the human services field through the understanding of relevant *theory, skills, and values* of the profession; *history* of the profession; *human systems*; *scope* of the human services profession; standard clinical *interventions*; common *planning and evaluation* methods; and information on *self-development*. The curriculum must also meet the minimum requirements for *field experience* in a human service agency, as well as appropriate *supervision*.

The term *human services* is new compared to the title *social work* or *mental health counselor*, and grew in popularity partly in response to the narrowing of the definition and increasing professionalization of the social work profession. For instance, in the early 1900s many of those who worked in the social work field were called social workers; yet, as the social work field continued to professionalize, the title of social worker eventually became reserved for those professionals who had either an undergraduate or a graduate degree in social work from a program accredited by the Council on Social Work Education (CSWE), the accrediting body responsible for the accreditation of social work educational programs in the United States.

There is a wide variation between states with regard to what types of degrees are required; education levels required; what careers require licensing, certifications, or credentials as well as the variation in titles used to identify social workers, human service professionals, and counselors (Rittner & Wodarski, 1999). In many states, the human services profession is still largely unregulated, but this is quickly changing for several reasons, including the fact that many third-payer insurance companies will not reimburse for services unless rendered by a licensed mental health provider (Beaucar, 2000).

In 2010, the CSHSE and the NOHS in collaboration with Center for Credentialing & Education took a significant step toward the continuing professionalization of the human services profession by developing a voluntary professional certification called the Human Services Board Certified Practitioner (HS-BCP) (2009 was a “grandfather” year that allowed human service practitioners to apply for the certificate without taking the national exam). In order to take the national certification exam, applicants must have earned at least a “technical certificate” in the human services discipline from a regionally accredited college or university and completed the required amount of post-graduate supervised hours in the human services field. The number of required hours worked in the human services field ranges based upon the level of education earned, from 7,500 hours required for those applicants with a technical certificate, 4,500 hours required for those applicants with an associate degree, 3,000 hours for those applicants with a bachelor’s degree, and 1,500 hours for those applicants with a master’s degree. Applicants who have earned degrees in other than a CSHSE-approved program, such as in counseling, social work, psychology, marriage and family therapy, or criminal justice, must complete coursework in several different content areas related to human services, such as “ethics in the helping professions,” “interviewing and intervention skills,” “social problems,” “social welfare/public policy,” and “case management.” The implementation of the HS-BCP certification has moved both the discipline and the profession of

In many states the human services profession is still largely unregulated, but this is quickly changing.

human services toward increased professional identity and recognition within the larger area of helping professions (for more information on the HS-BCP certification, go to <http://www.nationalhumanservices.org/certification>).

Duties and Functions of a Human Service Professional

Despite the broad range of skills and responsibilities involved in human services, most human services positions have certain work-related activities in common. The NOHS describes the general functions and competencies of the human service professional on its website located at www.nationalhumanservices.org. These include the following:

1. Understanding the nature of human systems: individual, group, organization, community and society, and their major interactions. All workers will have preparation which helps them to understand human development, group dynamics, organizational structure, how communities are organized, how national policy is set, and how social systems interact in producing human problems.
2. Understanding the conditions which promote or limit optimal functioning and classes of deviations from desired functioning in the major human systems. Workers will have understanding of the major models of causation that are concerned with both the promotion of healthy functioning and with treatment rehabilitation. This includes medically oriented, socially oriented, psychologically-behavioral oriented, and educationally oriented models.
3. Skill in identifying and selecting interventions which promote growth and goal attainment. The worker will be able to conduct a competent problem analysis and to select those strategies, services, or interventions that are appropriate to helping clients attain a desired outcome. Interventions may include assistance, referral, advocacy, or direct counseling.
4. Skill in planning, implementing, and evaluating interventions. The worker will be able to design a plan of action for an identified problem and implement the plan in a systematic way. This requires an understanding of problems analysis, decision-analysis, and design of work plans. This generic skill can be used with all social systems and adapted for use with individual clients or organizations. Skill in evaluating the interventions is essential.
5. Consistent behavior in selecting interventions which are congruent with the values of one's self, clients, the employing organization, and the human services profession. This cluster requires awareness of one's own value orientation, an understanding of organizational values as expressed in the mandate or goal statement of the organization, human service ethics, and an appreciation of the client's values, life style and goals.
6. Process skills which are required to plan and implement services. This cluster is based on the assumption that the worker uses himself as the main tool for responding to service needs. The worker must be skillful in verbal and oral communication, interpersonal relationships, and other related personal skills, such as self-discipline and time management. It requires that the worker be interested in and motivated to conduct the role that he has agreed to fulfill and to apply himself to all aspects of the work that the role requires.