here I was, entering college as an idealistic, energetic young man trying to decide which major to pursue. I started out as a biology major, but after a couple of years realized that as much as I liked the sciences, this was not the direction I wanted to take in life. I wanted to do something where I would be helping people, or at least engaged with people in some manner. I started asking around. I met with friends, met with professors, and met with advisors. I told them I wanted to be a helper in some fashion. I always got the same answer—switch your major to psychology. They offered no alternatives; there were no alternatives as far as they were concerned. I thought there must be some other options, so I went to the career center, where I was given the same advice. During the 1970s, these advisers felt there was only one choice for men going into the helping professions—psychology. Now I realize that these well-intentioned advisers were likely sexist, uninformed, and perhaps a little elitist in their views about the helping professions. For them, men became psychologists,
In this chapter, we will explore the history of psychology, social work, and counseling; examine some of the stereotypes that have emerged based on their histories; and look at how these three fields have greatly affected the emergence of the human service profession. We will then examine the relatively short history of the human service profession and try to forecast some of the major trends for human service professionals in the future.

LO 1

CHANGE AND PARADIGM SHIFTS

Can you imagine a woman being burned as a witch because she was mentally ill, or placed in a straitjacket and thrown into a filthy, rat-infested cell for the remainder of her life? Can you envision a man being placed in a bathtub filled with iron filings to cure him of mental illness, or bled to rid him of demons and spirits that caused him to think in "demonic ways"? What about having a piece of your brain scraped out to change the way you feel? These gruesome scenarios are an unfortunate part of the history of our profession.

I’ve taught long enough to know that when history is discussed, it is often not as interesting as what you just read. In fact, my experience has been that half the class mentally steps out when the topic is the past. Why is this so? Learning names, dates, and a few facts is just plain boring for many people. If you’re a student who is dreading this chapter, you may be asking yourself, “Why learn this information?” To answer this question, let me introduce a concept that can help shed light on why historical events are important.

In 1962, T. S. Kuhn wrote a book called *The Structure of Scientific Revolutions*. This book had a profound effect on me because it helped put my ideas about knowledge and change in perspective. In particular, Kuhn’s concept of the paradigm shift intrigued me. According to Kuhn, knowledge builds upon itself and new discoveries are based on the evolution of past knowledge. However, sometimes current knowledge does not adequately explain the way things work. When this is the case, circumstances are ripe for a change in our understanding of the world—that is, ripe for a paradigm shift. For instance, for hundreds of years individuals were at ease with the concept that the earth is flat. However, the advent of new scientific equipment contradicted this model of viewing the world. A new explanation was needed. Thus, scientists hypothesized that the earth must be round. Similarly, in the social sciences, past theories worked adequately for a while. For instance, for many years psychoanalysis was the treatment of choice for mental illness. However, research on the effectiveness of treatments and the advent of new theories and new treatment procedures revealed that psychoanalysis often
should not be the treatment of choice. In other words, a paradigm shift took place in the mental health field.

The human service field has undergone, and will continue to undergo, paradigm shifts. By studying the history of the field and gaining knowledge about its roots, perhaps you will be the person to initiate the next paradigm shift!

**LO 2**

**PSYCHOLOGY, SOCIAL WORK, AND COUNSELING AND THEIR IMPACT ON HUMAN SERVICES**

Since the dawn of time, people have attempted to understand the human condition. Before the advent of religion, people used myths, magic, beliefs in spirits, ritualism, and sacred art as implements for thought and introspection and to make sense out of this complex world (Ellwood & McGraw, 2014). Over the centuries, shamans—individuals who had special status because of their mystical powers—were considered to be caretakers of the soul and were thought to have knowledge of the future. Later in history, the concept of soul paved the way for the concept of psyche.

The modern-day understanding of the psyche began to emerge in the last 200 years and has been applied by a number of mental health professions, including counseling, social work, and psychology. The human service profession emerged much more recently than these other professions and has drawn heavily from these three fields.

The human service knowledge base is derived as much from psychology, guidance and counseling, nursing, etc., as it is from social work. (Clubok, 1984, p. 3)

From the field of psychology, the human service profession borrowed an understanding of the counseling process and a rich appreciation for testing and research; from the social work field, it embraced a deep caring for the underprivileged and an awareness of the power of social and family systems; and from the counseling profession, it incorporated a holistic and wellness approach that attempts to understand the individual within the context of his or her career, love relationships, and group interactions. Although, today these fields share much in common, their somewhat divergent histories have strongly affected the roles of human service professionals. In the following sections, we will briefly examine the history of these three fields, discuss how they affect today’s human service professionals, and examine the recent history of the human services.

**A Brief History of the Psychology Profession**

The field of psychology has a rich history rooted in religion, philosophy, and science, and the concepts that have evolved from psychology are often seen as representing the underpinnings of many, if not all, of the social service fields today. As you review the following condensed history of the field of psychology, consider how much of what you read may have affected the work of today’s human service professional.

Hippocrates (BCE 460–377) was one of the first individuals in recorded history to reflect on the human condition. Whereas many of his contemporaries believed that possession by evil spirits was responsible for emotional ills, Hippocrates advocated a different view, and some of his suggestions for the treatment of the human condition might even be considered modern by today’s standards. For instance, for melancholia he recommended sobriety, a regular and tranquil life, exercise short of fatigue, and bleeding, if necessary. For hysteria, he recommended marriage—an idea with which many in today’s world would certainly argue.
As with Hippocrates, one might think that some of the ideas espoused by Plato (BCE 427–347) came right out of a text on modern psychoanalysis. Plato believed that introspection and reflection were the keys to understanding knowledge and reality and that dreams and fantasies were substitutes for desires not satisfied. In addition, he considered problems of the human condition to have physical, moral, and spiritual origins. Although Plato’s views were enlightening, some consider his student, Aristotle (BCE 384–322), to be the first psychologist because he attempted to objectively study knowledge and his writings were psychological in nature (Wertheimer, 2012). In fact, Aristotle wrote essays on how people learn through association and the role that the senses play in learning.

Although individuals such as Augustine (354–430 CE) and Thomas Aquinas (1225–1274 CE) highlighted consciousness, self-examination, and inquiry as philosophies that dealt with the human condition, there is very little written of a psychological nature during the 800 years between the dates when they lived. This was partly the result of the rise of Christianity, which renewed the focus on the supernatural and advanced a movement away from any attempts to view the person objectively, as Aristotle had proposed. Following this quiet period in the history of science, the Renaissance and the era of modern philosophy arose in Europe. This period featured a rediscovery of the Greek philosophies and a renewed interest in questions regarding the nature of the human condition.

Soon after the Renaissance, modern psychology first emerged. In the early to mid-1800s, individuals like Wilhelm Wundt (1832–1920) and Sir Francis Galton (1822–1911), two of the first experimental psychologists, developed laboratories in which they explored differences among people—such as variations in height, head size, and reaction time (Gillham, 2001; Green 2009). The natural outgrowth of this movement was the testing era, where individuals’ traits and abilities were compared using assessment instruments. The rise of the testing movement saw individuals like Alfred Binet (1857–1911) develop the first individual intelligence test, which was used to help the French Department of Education separate those children who were of average intelligence from those who were “feeble-minded” (intellectually disabled) (Binet & Simon, 1916; Neukrug & Fawcett, 2015). Later, ability tests such as school achievement tests and personality tests were developed. Today, tests are found everywhere and are often an important vehicle for obtaining a deeper understanding of our clients.

The beginnings of the testing movement paralleled the rise of psychoanalysis, the first comprehensive approach to doing therapy. Developed by Sigmund Freud (1856–1939), psychoanalysis held the view that an individual’s problems may in part have psychological origins (Hopkins, 2015). Freud was greatly influenced by people like Franz Mesmer (1734–1815) (from whom the word mesmerize was derived), who was practicing a new phenomenon called hypnosis. Until this time, mental illness was generally thought to be of a physical nature, and treatments for mental illness often were quite odd (see Reflection Exercise 2.1). However, when some individuals with certain kinds of physical illnesses were placed under a hypnotic trance, their ailments would disappear, suggesting the illness had psychological origins. Freud later abandoned the use of hypnosis in favor of psychoanalysis, which attempted to explain human behavior and understand the person through “talking therapy.” His new view on mental health and mental illness was revolutionary and continues to profoundly affect the ways in which we conceptualize client problems.

Freud’s theory, which tended to be somewhat pessimistic concerning the nature of the individual and the ability of people to change, emphasized instincts and early child-rearing patterns in explaining personality development. Partly in response to Freud’s bleak views concerning the individual’s development, his contemporaries and students of his, such as Alfred Adler (1870–1937) and Erik Erikson (1902–1994), developed theories that were humanistically based and stressed the influences of social forces on the development of the individual.
In 1773, the “Public Hospital for Persons of Insane and Disordered Minds” admitted its first patient in Williamsburg, Virginia. The hospital, which had 24 cells, took a rather bleak approach to working with the mentally ill. Although many of the staff of these first hospitals had good intentions, their diagnostic and treatment procedures left much to be desired. For instance, some of the leading reasons that patients were admitted included masturbation, womb disease, religious fervor, intemperance, and domestic trouble—hardly reasons that would be considered valid for admission to a mental institution today. Normal treatment procedures were to administer heavy dosages of drugs, to bleed or blister individuals, to immerse individuals in freezing water for long periods, and to confine people with straightjackets or manacles. Bleeding and blistering were thought to remove harmful fluids from the individual’s system (Zwelling, 1990). It was believed important to cause fear in a person, and even individuals like Dr. Benjamin Rush, known for his innovative and relatively benign treatment of the mentally ill, spoke of the importance of staring a person down:

The first object of a physician, when he enters the cell or chamber of his deranged patient, should be, to catch his EYE…. The dread of the eye was early imposed upon every beast of the field…. Now a man deprived of his reason partakes so much of the nature of those animals, that he is for the most part terrified, or composed, by the eye of a man who possesses his reason. (cited in Zwelling, 1990, p. 17)

Although many believed in the value of these rather extreme procedures in treating the mentally ill, some tirelessly tried to employ more humane methods. For instance, John Minson Galt II, the Williamsburg hospital’s administrator from 1841 to 1862, believed that comfortable surroundings, social interaction, and job-related activities could help the mentally ill get better. Dorothea Dix also fought for humane treatment of the mentally ill and helped to establish 41 “modern” mental institutions.

Do you think some mental health procedures used today are barbaric? In 100 years, will people look back and say, “I can’t believe they treated people in that fashion?”

Today, many approaches to psychotherapy exist, a good number of which are an outgrowth of or a reaction to Freud’s psychoanalytic approach (Neukrug, 2011, 2015a) (see Chapters 4 and 6 for a further discussion of Freud and psychoanalysis).

The 20th century saw a great expansion in the field of psychology. Today, we still find experimental psychologists working in laboratories trying to understand the psychophysiological causes of behavior and clinical psychologists working directly with clients doing therapy (American Psychological Association, 2011). In addition, other highly trained psychologists do testing in schools, work for business and industry on organizational concerns, and apply their knowledge in many other areas.

The American Psychological Association (APA), which was founded by G. Stanley Hall more than 100 years ago, has expanded dramatically and today is a major force in the social service field (Sokal, 1992). For instance, APA offers divisions for individuals who have an interest in just about any aspect of psychology, lobbies for a wide array of mental health concerns, and publishes numerous research journals through which an attempt is made to understand human behavior (Pepinsky, 2001; Routh, 2000). Psychologists play an important role in describing and using diagnoses when working with individuals with mental disorders. Thus, psychologists can often be found working with the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders, which is currently in its fifth edition (DSM-5; APA, 2013). This manual can be instrumental in helping the clinician understand the individual, and insurance companies use clinicians’ diagnoses based on its categories when processing mental health claims.

Although the field of psychology was initially dominated by White men, in recent years many women and minorities have emerged as prominent psychologists. Together with the
field of psychiatry, psychology has attempted to unravel some of the mysteries surrounding mental health and mental illness. Today, the field of psychology continues to lead the way in the development of new theories that serve as the basis for working with individuals and attempting to explain normal and abnormal behavior.

**Psychology's Impact on the Human Service Field.** For the human service professional, the evolution of the field of psychology has had many practical implications. From developing tests and research methods, to providing the theoretical underpinnings that help us understand the nature of the person, to helping us find better ways of working with our clients, the field of psychology has been a major force in the social sciences. Psychologists are often our employers, our supervisors, our colleagues, or individuals with whom we consult. Acknowledging how psychology has impacted human service work is critical to understanding our profession.

**A Brief History of the Social Work Profession**

The emergence of the social work field grew out of concern for the underprivileged and deprived in society. In contrast to psychology, which focused more on understanding the nature of the person, social work originated with the desire to help the destitute.

In England prior to the 17th century, providing relief to the poor was a voluntary activity, which was usually overseen by the church. However, given the dismal social conditions that prevailed, the English government under Henry VIII established one of the first systems of social welfare (Burger, 2014). Known as the Poor Laws of 1601, this government-initiated social welfare system established local “ overseers of the poor” within each parish. These individuals were responsible for finding work for the poor, aiding those individuals who could not work, and providing shelter or “almshouses” for those persons who were incapable of taking care of themselves. Although crude in their initial establishment, the Poor Laws later became a model for social welfare programs. As a carryover from the English system, during the colonial period, local governments in the United States enacted laws to help the poor. During the same time, organized charities, usually affiliated with a religious group, arose in the United States.

During the 1800s, as populations in cities grew, an increasingly large underclass developed in the United States. Because the traditional charitable organizations could not meet the needs of these individuals, politicians faced mounting pressure to create specialized institutions to address their circumstances. Thus, “reform schools,” “lunatic asylums,” and other specialized institutions were established.

Two major movements arose to help the underprivileged who were not institutionalized. Charity organization societies (COSs) maintained lists of volunteers who would enter the poorer districts of cities, become acquainted with the people, aid in educating the children, give economic advice, and generally assist in alleviating the conditions of poverty (Popple & Leighninger, 2011). Usually, the poor were not given money but rather advice, support, and, at times, a few “necessities.” The volunteers, who were often called friendly visitors, also stressed the importance of moral judgment and religious values. Sometimes these friendly visitors would spend years assisting one family. The COSs are seen as the beginning of social casework, the process by which the needs of a client are examined and a treatment plan is designed.

In contrast to the COSs, the settlement movement was instigated by staff members who actually lived in the communities in which they sought to help the poor and immigrants:

The settlements claimed to deal in brotherhood, not philanthropy; their spirit was fraternalistic, not paternalistic. . . . The settlement worker . . . learned not alone from firsthand observation and the compiling of evidence but from sharing the common lot of the disinherited; the resident
must “have genuine sympathy and continued relations with those who work
day after day, year after year.” Through a shared life, the settlement workers
would come in time, not to speak for the slum dwellers, but to help them
“express themselves and make articulate their desires.” (Chambers, 1963, p.
15; quotes by Addams as cited in Chambers)

These idealistic young staff members believed in community action
and tried to persuade politicians to provide better services for the poor.
One of the best-known settlement houses was Hull House, established
by Jane Addams in 1899 in Chicago (Addams, 1910/2012; Macht,
1990). Addams, the first American woman to receive the Nobel Peace
Prize, was known for her compassion, social activism, feminist views,
and progressive ideas (Dieser, 2005).

Out of this involvement with the underprivileged came articles
and books concerned with methods of adequately meeting the needs
of the underclass. Following the development of these “casebooks,”
and spearheaded by Mary Richmond at the turn of the century, the first
social work training program was established at Columbia University.
By 1919, there were 17 such programs in the United States. During the
next 30 years, the social work field grew in many different directions,
with some of its main areas focusing on social casework, social group
work, and community work (Richmond, 1922/2012).

Starting in the 1940s and continuing to the present, an increased emphasis on under-
standing social and family systems emerged in this country. Because social workers had
already been intimately working with social systems and with families, the functioning and
dynamics of these systems became a natural focus for many social work programs. Such
programs were the first to view the individual in a contextual or systems framework, rather
than seeing the individual in isolation, as did many of the early philosophers and psycholo-
gists. One social worker in particular, Virginia Satir (1967; Banmen, 2015), was instrumental
in reshaping some of the practices of the mental health profession by including a greater
systems focus.

In 1955, a number of social work organizations combined to form the National
Association of Social Workers (NASW). Then, in 1960, NASW established the Academy of
Certified Social Workers (ACSW), which sets standards of practice for master’s-level social
workers. Today, NASW has approximately 132,000 members, the vast majority of whom
hold a credential in the state in which they work (NASW, 2015a, 2015b). Social workers
can be found in a variety of social service settings, ranging from hospitals to mental health
centers to homeless shelters—the roots of the social work profession. In addition, although
many social workers today do individual psychotherapy and family therapy, some work in
community settings, doing advocacy, and others administer social service organizations.

Because the social work field grew out of charity organizations and volunteerism, and
because women in the 1800s did not work outside the home, many women found their sense
of meaning through these charitable efforts. Thus, for many years, the human service field
had the reputation of being a “woman’s occupation.” Recently, this perception has dramati-
cally changed as both the field and American values have been transformed.

Social Work’s Impact on the Human Service Field. The field of social work brings much to
the human service profession. In many ways, the beginning of this field echoes the essence of
what today’s human service professional does. Like the early social worker, today’s human
service professional helps the poor, the deprived, the underprivileged, and the mentally ill.
Also like the early social worker, much of the human service professional’s major emphasis
A Brief History of the Counseling Profession

The Industrial Revolution, which began in the United States after the Civil War, changed the social and economic structure of the country. Many rural Americans, as well as immigrants—most of whom came from Europe to escape oppression—were drawn to urban factory centers in search of a better life. By the turn of the 20th century, the use of tests had also become more widespread. These events set the stage for the very beginning of the counseling profession, which at that time was focused on vocational guidance (Herr, Cramer, & Niles, 2004).

Teachers and administrators were soon using tests in the schools to help individuals understand their skills and abilities and to “guide” them toward appropriate professions. One of the leaders of this guidance movement was Frank Parsons, often said to be the founder of vocational guidance (Bridick, 2009; Parsons, 1909/2009; Pope & Sveinsdottir, 2005). These events led to the founding, in 1913, of the National Vocational Guidance Association (NVGA), considered the forerunner of the American Counseling Association (ACA). As early as 1911, Harvard University offered the first graduate courses for guidance specialists; soon thereafter, in Boston and New York, counselors were certified (Gladding, 2013).

Until the 1940s, most “counselors” were still doing vocational guidance. During that decade, however, Carl Rogers (1942, 1951; Kirschenbaum, 2015a) and his nondirective, humanistic approach greatly affected the field of counseling. The client-centered revolution spurred by Rogers’s efforts dramatically changed the way counselors were working. Soon, they were giving less advice, focusing more on the “here and now,” doing less testing and evaluation, and doing more facilitating. This humanistic approach to counseling stood in stark contrast to the psychoanalytic approach advocated by Freud. With the advent of World War II came an increased need for counselors and psychologists to work with war veterans. In turn, counselors began working outside the schools and more broadly practicing this new humanistic approach to counseling.

Probably the decade in which the counseling field experienced its most dramatic changes was the 1950s (Neukrug, 2016). The National Defense Education Act (NDEA) of 1958 was a direct response to the Soviet Union’s launch of the world’s first satellite, Sputnik, and funded the expansion of school counseling programs to identify gifted students. As a result, school counselors at the middle and secondary levels proliferated. The American Personnel and Guidance Association (APGA) was also founded during that decade. APGA was formed out of NVGA and other related counseling associations that were prevalent at that time.

During the 1960s, President Lyndon Johnson’s Great Society initiatives funded many social service programs (Zelizer, 2014). Partly in response to the growing need for counselors, the field diversified and counselors were increasingly found working in mental health, rehabilitation, higher education, and other related disciplines. In that decade, the Association for Counselor Education and Supervision (ACES), a division of APGA, delineated standards for master’s-level counseling programs (Sweeney, 1992). Also in that decade, differing types of group counseling were developed.
The end of the 1960s and the beginning of the 1970s saw a new approach to training counselors, known as **microcounseling skills training** (Carkhuff, 1969; Egan, 1975; Ivey & Gluckstein, 1974). These packaged ways of training helpers focused on learning specific skills, one at a time. It was quickly shown that basic helping skills could be learned in this manner in a relatively short amount of time and that the practice of such skills would positively affect the counseling relationship (Neukrug, 1980).

During the 1980s and into the 1990s, the counseling field continued to expand. Eventually, its leading professional organization changed its name to the American Association for Counseling and Development (AACD) to stress the importance of how development impacts the person and how prevention and education can be used to assist clients through normal developmental crises. Later, this group again changed its name to the more streamlined American Counseling Association (ACA).

In recent years, the importance of cultural competence and social advocacy in the counseling relationship has been more strongly emphasized (D’Andrea & Heckman, 2008; Niles, 2009). Today, counselors can be found in almost any setting in which mental health professionals work, and ACA now has 20 divisions that represent a number of specialty areas in counseling (ACA, 2015a).

**Counseling’s Impact on the Human Service Field.** The counseling field has had a major impact on the human service field. The humanistic approach to the individual, which tends to be the focus of most counseling programs, is also pervasive in human service education. The concept that counseling skills or techniques can be taught in a systematic and focused manner is the foundation of training in most human service programs. In addition, counseling programs and many human service programs stress the importance of career as a major life force. Finally, other concepts that the human service field has borrowed from counseling include a developmental focus on understanding clients, the importance of prevention and education, and an emphasis on cross-cultural issues and social advocacy.

**HISTORY OF THE HUMAN SERVICE PROFESSION**

**The Emerging Need for Human Service Practitioners**

In 1946, Congress passed the **National Mental Health Act**, which led to the creation of the **National Institute of Mental Health (NIMH)** (Grob, 1996; NIMH, 2013). Its founding represented the first real effort by the federal government to examine mental health issues, and it resulted in increased research and training in the mental health field. On the heels of the creation of NIMH came the **Mental Health Study Act of 1955**, which was a broad-based effort to study the diagnosis and treatment of mental illness. One result of the research stemming from this act was Congress’s passage of the **Community Mental Health Centers Act of 1963**. This legislation greatly changed the delivery of mental health services in the United States by providing federal funds for the creation of comprehensive mental health centers across the country.

Although mental health centers may seem commonplace in today’s society, the concept of having treatment centers available to the general public for mental health concerns is actually a relatively new one. Community mental health centers have greatly changed the face of mental health services across the country by engaging associate- and bachelor-level professionals in the delivery of some services, by advocating for deinstitutionalization and care of the chronically mentally ill within local municipalities, and by supporting the
concept of primary prevention, which involves educating the public about mental health problems before they arise. Today, many human service professionals work at community mental health centers.

The 1960s saw great upheaval in American society. Unrest fomented within the inner city, and the country faced bitter turmoil over the Vietnam War. The civil rights movement was growing in momentum. Dr. Martin Luther King, Jr., and Robert Kennedy, among others, were advocating new directions for the country. Both King and Kennedy were assassinated in 1968, and their deaths served as a sad reminder that changes often do not occur without pain. Ultimately, out of the turmoil of the 1960s came landmark civil rights and social change legislation, such as President Johnson’s Great Society legislation (Kaplan & Cuciti, 1986; Zelizer, 2014). As a result of this broad federal program, a large number of civil rights laws were passed and numerous economic and social programs were launched, including the Manpower Development and Training Act, Job Corps, the Elementary and Secondary Education Act, Head Start, the Work Incentive Program, the War on Poverty Program, Medicare and Medicaid, the Voting Rights Act, and more. As you might imagine, collectively, these initiatives resulted in a need for highly trained professionals, with associate- and bachelor-level human service programs being developed to meet this demand (Diambra, 2001; McClam, 1997b).

The Development of Associate- and Bachelor-Level Human Service Programs

With the development of comprehensive mental health services and dozens of new social service agencies, not only was there a need for highly trained master’s- and doctoral-level professionals, but there was also a demand for associate-level human service professionals. Around this time Dr. Harold McPheeters (see Reflection Exercise 2.2) of the Southern Regional

**Reflection Exercise 2.2**

**A Conversation with Dr. Harold McPheeters**

**Question:** I think what is particularly interesting is that when the movement started it really was related to several factors that appeared to be unrelated.

**McPheeters:** Well, there were several things that made it an opportune thing to do. There was rampant professionalism that said “it’s got to be done this way or it won’t be right.” The “great society” with its pressure for more manpower was clearly in conflict with that approach. There were a lot of other things that also came together. The new careers movement, the “hire now, train later” movement, was strong at that point. The movement was seen as a way for minorities and persons from deprived backgrounds to make it into human services. Otherwise, those groups tended to be excluded from the education programs and from the professions. There were civil rights issues that added to the pressure of the development of human services. (McClam & Woodside, 1989, pp. 3–4)

*Which factors, if any, do you think are prevalent today that bolster the need for human service professionals?*
Education Board (SREB) received a grant from NIMH for the development of mental health programs at community colleges in the southern region of the United States (McPheeters, 1990). This was the beginning of the associate-level human service degree in this country, and has led some to consider McPheeters to be the “founder” of the human service field.

During the 1980s and early 1990s, President Ronald Reagan’s administration moved toward funding social service agencies through the use of federal block grants. Block grants gave local and state governments specific amounts of money to fund broad services, such as mental health services, community development, and the police. This approach increased local and state control over which services would obtain funding and resulted in the elimination of some social service agencies while saving federal dollars (Dilger & Boyd, 2014). Despite the elimination of some social service agencies, many of the social programs of the 1960s and 1970s endured. Moreover, even when the U.S. economy slipped into a recession in the 1980s, associate degrees in human services became increasingly popular as human services professionals continued to fill a need at many of these agencies. In fact, there soon came a cry for more highly trained human service professionals.

During the mid-1970s, funding from NIMH and SREB became available that offered workshops and conferences to explore the possibility of offering a bachelor’s degree in human services. Then, during the 1980s, bachelor’s degrees in human services began to proliferate. These degrees offered professional training in human services that borrowed from the knowledge base of psychology, social work, and counseling services (Clubok, 1984, 1997; Diambra, 2001; Fullerton, 1990a, 1990b). Although each of these three fields had explored the possibility of offering a bachelor-level degree in the mental health professions, ACA and APA ultimately moved toward training graduate-level professionals only, and the bachelor-level social worker degree offered by NASW simply did not fill the existing need for bachelor-level mental health workers. Thus evolved the bachelor’s degree in human services (Fullerton, 1990a, 1990b).

Quickly, it became evident that whether trained at the associate or bachelor level, the human service professional was a generalist who drew from all the major mental health fields (Diambra, 2000, 2001; McPheeters, 1990). As stated by McPheeters and King in 1971, this definition still holds:

The human service professional works with a limited number of clients or families in consultation with other professionals to provide “across the board” human services as needed; is able to work in a variety of agencies and organizations that provide mental health services; is able to work cooperatively with all of the existing professions in the field rather than affiliating directly with any one; is familiar with a number of therapeutic services and techniques rather than specializing in one or two areas; and is a “beginning professional” who is expected to continue to grow and learn. (as cited in Clubok, 1984, p. 2)

Professional Organizations in Human Services Arise

With dozens of human service programs being established throughout the country, a professional organization was needed to meet the needs of these new professionals. Thus, in 1975, the National Organization for Human Service Education (NOHSE) (now the National Organization of Human Services [NOHS]) was founded with a mission of strengthening the community of human services through communication among faculty and professionals, development and evaluation of training programs, and support of local, state, and national human services programs (DiGiovanni, 2009).

Soon after NOHS was founded, in 1979, the Council for Standards in Human Service Education (CSHSE) was formed “to give focus and direction to education and training in mental health and human service throughout the country” (CSHSE, n.d., “History,” para. 5).
Today, CSHSE offers a variety of services for associate-, bachelor-, and master-level human service programs. Some of its major functions are as follows (DiGiovanni, 2009):

- Maintaining national standards in human service education
- Accrediting associate-, bachelor-, and master-level human service programs
- Providing a directory of human service education programs
- Providing special reports and a monograph series dealing with the human service field
- Providing workshops and conferences for human service education
- Helping to establish credentialing processes for human service professionals

Human Services at the Turn of the 20th Century

The early 1990s were ushered in with promises by President Bill Clinton to “focus like a laser beam” on the economy. Indeed, the U.S. economy flourished in the mid- to late 1990s. Then, during the first decade of the 21st century, a series of new problems arose. When terrorism struck the American homeland, President George W. Bush committed the United States to the War on Terrorism. Later in that same decade, a serious economic recession hit both the United States and the world. In the face of these stressful events, many were concerned that human service programs would be impacted and that cuts in their funding would deleteriously affect services for the poor, destitute, and mentally ill, as well as the potential for employment for human service professionals. However, although some cutbacks did occur, programs largely remained intact and the need for human service programs was maintained.

During the early part of the 20th century, NOHSE decided to amend its name to better reflect its membership, which comprised a mixture of educators and practitioners. Thus, in 2007 it removed the word “Education” from its name and became known as the National Organization of Human Services (NOHS). Soon after the name change, the association, in consultation with the CSHSE and the Center for Credentialing in Education (CCE), developed its first certification credential: the Human Services—Board Certified Practitioner (HS-BCP). This credential has taken off, and there are already more than 2,300 HS-BCPs.

Current Issues in Human Services

As in the past, today we are faced with a wide variety of social concerns, such as large numbers of homeless people, high poverty rates, poor health care for a substantial number of citizens, mental health concerns, racism, large rates of incarceration, and more. As we move into the 21st century, the work of the human services continues to be generic, interdisciplinary, and wide ranging. When a recent special topics section of the Journal of Human Services requested proposals that focused on current issues, the editors received more than 80 proposals, most of which did not have overlapping content (Neukrug, Gleason, Craigen, Dustin, & Milliken, 2014). The current issues ranged dramatically, and included such topics as the following:

- Accreditation
- Adolescence
- Advocacy
- Case management
- College readiness
- Compassion fatigue
- Creative/expressive helping
- Credentialing
- Crisis, disaster, and trauma training
- Critical incidence stress
- Cultural competence
- Data collection disasters
<table>
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<tr>
<th>Disaster and trauma</th>
<th>Neurobiology</th>
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<td>Ethical codes</td>
<td>Older persons</td>
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<td>Field placements</td>
<td>Parental rights</td>
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<td>Foster care</td>
<td>Perinatal mental health</td>
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<td>Geographic information systems (GIS)</td>
<td>Post-traumatic stress disorder (PTSD)</td>
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<td>Health care reform</td>
<td>Poverty</td>
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<td>Holistic counseling</td>
<td>Report writing</td>
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<td>Homelessness</td>
<td>Rural populations</td>
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<td>Human trafficking</td>
<td>Self-help groups</td>
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<td>Immigration</td>
<td>Service learning</td>
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<tr>
<td>Intellectual disabilities</td>
<td>Sexual abuse/assault</td>
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<td>LGBTQ (lesbian, gay, bisexual, transgender, and questioning) issues</td>
<td>Skill Standards</td>
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<td>Leadership</td>
<td>Substance abuse</td>
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<td>Mental illness</td>
<td>Technology</td>
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<td>Military and their families</td>
<td>Theory of practice</td>
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<tr>
<td>Natural disasters</td>
<td>Wellness</td>
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From this list, you can see that the roles and functions of the human service professional remain broad—a finding that supports the notion that the focus of training programs should be generic and interdisciplinary if human service professionals are to be able to fit into a wide range of job titles. It is clear that the human service professional of the 20th century will need to be well informed in many areas and must be comfortable helping individuals with a wide range of concerns. Although a somewhat subjective and perhaps arbitrary list, some of the more pressing current issues in the field, as I see it, include accreditation; credentialing; crisis, disaster, and trauma training; ethical standards; evidence-based practice and common factors; Skill Standards; social justice, advocacy, and multicultural helping; technology in human service work, and wellness.

**Accreditation**

A major thrust of the Council for Standards in Human Service Education is to provide an **accreditation** process for human service programs (CSHSE, 2013; Kincaid & Andresen, 2010). Accreditation is the mechanism that ensures that programs meet minimum standards and share similar curriculum and values as they train human service professionals. It also helps to delimit the professional identity of the human service professional. Accreditation in human services is relatively new; however, it will likely become increasingly important—if not essential—for human service programs of the future. Although only 41 programs today are accredited, it is likely that more will become so in the near future (CSHSE, 2015). At this point, there is little concern if a program is not accredited, although accreditation offers some advantages, such as graduates receiving waivers for some of the work experience requirements when taking the exam to become an HS-BCP. However, as more programs become accredited, it will become increasingly important for students to attend such programs (see Chapter 3 for a more involved discussion of accreditation).
Chapter 2
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Credentialing

As already noted, after years of discussion, the Center for Credentialing and Education, in consultation with NOHS and CSHSE, developed a credentialing process for human service professionals to become Human Services—Board Certified Practitioners. Discussed more fully in Chapter 3, the HS-BCP credential allows those who hold an associate-, bachelor-, or master-level degree in human services or a related degree to become certified (Hinkle & O’Brien, 2010). This credential has quickly become the hallmark of the field and provides a vehicle for demonstrating that a human service professional has attained minimum competence in the field. It is also a mark of the profession’s maturity. In addition to this national certification, many other local (usually state-sponsored) certifications exist for human service practitioners and will continue to be popular. For instance, certifications in such areas as substance abuse, child protective services, and gerontology are common, are sometimes required for employment, and highlight the fact that a human service practitioner has expertise in that particular area.

Crisis, Disaster, and Trauma Training

The horror of Hurricane Katrina and the September 2001 terrorist attacks on the World Trade Centers and the Pentagon taught us that as a country, the readiness of the U.S. to react to a disaster was not particularly good and many human service professionals were not adequately prepared to conduct crisis, disaster, and trauma counseling. Thus, in recent years there has been a push to have helpers trained appropriately to work with people who have experienced a crisis, disaster, or trauma. Given that human service professionals have often been part of the first responder teams in disaster and crisis situations, ensuring that they are adequately trained in this important area is clearly important. Because professionals need specialized skills in these areas, CSHSE accreditation standards of the future will likely address this important curriculum area (see Fact Sheet 2.1).

Ethical Standards

Ethical codes indicate that there is a unique body of knowledge to which ethical standards can be applied (see Chapter 3 for an involved discussion of the code). The recent 2015 revision of the Ethical Standards of Human Service Professionals (NOHS, 2015b) is an important

**FACT SHEET 2.1**

**Crisis Counseling Principles**

<table>
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<tr>
<th>Training in crisis, disaster, and trauma counseling takes specialized skills. The Federal Emergency Management Agency (FEMA) has identified some key principles for the crisis counselor that need to be expanded upon when working with clients who have experienced crises and disasters. FEMA’s Crisis Counseling Program (CCP) is</th>
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<tr>
<td>• <strong>Strengths based:</strong> CCP services promote resilience, empowerment, and recovery.</td>
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<td>• <strong>Anonymous:</strong> Crisis counselors do not classify, label, or diagnose people; no records or case files are kept.</td>
</tr>
<tr>
<td><strong>Outreach oriented:</strong> Crisis counselors deliver services in the communities rather than wait for survivors to seek their assistance.</td>
</tr>
<tr>
<td><strong>Conducted in nontraditional settings:</strong> Crisis counselors make contact in homes and communities, not in clinical or office settings.</td>
</tr>
<tr>
<td><strong>Designed to strengthen existing community support systems:</strong> The CCP supplements, but does not supplant or replace, existing community systems.</td>
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Source: FEMA, 2015, “Key Principles” section.

Digital Download  Download at CengageBrain.com
step in ensuring that a profession is keeping up with current trends and issues in the field. More recently, in its development of the HS-BCP, CCE created a separate ethical code that is shorter but more narrowly focused on limiting infractions committed by human service professionals (Wark, 2010). As a human service professional, it is important that one adheres to the NOHS ethical standards, and if you are a credentialed HS-BCP, to the CCE code.

Evidence-Based Practice and Common Factors

In recent years, helpers have been challenged to ensure that what they are doing is based on scientific evidence. For instance, recent research on evidence-based practice suggests the importance of matching treatment with the presenting problem of the client (Thomason, 2010). Other research suggests there are common factors in all helping relationships that helpers should strive to attain to increase the likelihood of positive outcomes when working with clients and consumers (Norcross, 2011; Wampold & Budge, 2012). Some of these factors include having a strong working alliance (e.g., good empathy, unconditional positive regard, and so forth) and having a solid theoretical base from which to work, regardless of what that base is. Whether practicing evidence-based helping or ensuring the use of common factors, having a research base to support what one is doing is reinforced in the new NOHS (2015b) ethics code:

- Human service professionals describe the effectiveness of treatment programs, interventions and treatments, and/or techniques accurately, supported by data whenever possible. (Standard 18) and
- Human service professionals continually seek out new and effective approaches to enhance their professional abilities and use techniques that are conceptually or evidence based. When practicing techniques that are experimental or new, they inform clients of the status of such techniques as well as the possible risks. (Standard 31)

Skill Standards

During the 1990s, competencies for human service professionals and the skills needed to implement them were established through a national effort that included feedback from educators and practitioners (Taylor, Bradley, & Warren, 1996). The Skill Standards “define the competencies used by direct service workers in a wide variety of service contexts in community settings across the nation. Designed to be relevant to diverse direct service roles (residential, vocational, therapeutic, etc.), the standards are based upon a nationally validated job analysis involving a wide variety of human service workers, consumers, providers and educators” (NOHS, n.d.a, para. 3). These standards have been critical to the development of accreditation standards and in the credentialing process. A more highly qualified human service professional is expected in the 21st century as a result of these standards. (See Chapter 3 for more information on the Skill Standards.)

Multicultural Counseling and a Global Perspective

The fact that social justice, advocacy, and multicultural counseling are infused throughout this book reflects these concepts’ ever-growing importance in human services. As human service professionals are called upon to work with an increasingly diverse population, they will need to have the attitudes and beliefs, knowledge, and skills to do so competently. And, as agencies increasingly focus on providing a multicultural environment in terms of their approaches and attitude, the people whom they employ, and the types of clients whom they attract, human service students need to be prepared to work effectively within this work environment. Increasingly, human service training programs will respond to this need by infusing into their curriculum and/or offering separate courses on social justice, advocacy, and multicultural counseling (Neukrug & Milliken, 2008; Snow, 2013).
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Being multiculturally aware and attuned also means taking on a global perspective. The world has become much smaller as information today is received, instantaneously, from all parts of the globe. However, great differences continue to distinguish individuals. As human service professionals, we can help bridge these gaps by taking on a global perspective through educating ourselves on international perspectives, learning from one another about how to implement social service programs, and sharing resources (Craigen & Sparkman, 2014; Gray, 2005). Clearly, the human service professional of the 21st century will have to be a culturally competent professional.

Technology in Human Service Work

Technology has quickly—and dramatically—changed the way that human service professionals learn and practice. Today, increasing numbers of online human service programs are becoming available at all levels of training, and we now recognize that helping and supervision can be delivered in unconventional ways, such as via the Internet (Carlisle, Carlisle, Hill, Kirk-Jenkins, & Polychronopoulos, 2013; Craigen, Cole, & Cowan, 2013; Hall, 2014). With these new delivery methods, however, come many questions: How will the privacy of the individual, whether student or client, be protected? Is the delivery of coursework or counseling via remote technologies as effective as in-person teaching and counseling? Which kinds of ethical considerations do we need to consider with these new delivery systems? Will our traditional delivery models of teaching and counseling work well with these new delivery modes?

As the changes have occurred in rapid-fire fashion, accreditation bodies and ethics codes have been challenged to keep up. Thus, we see technology standards infused in the NOHS (2015b) ethics code, and it is likely that updates to the accreditation standards will increasingly include standards that will address online programs and the use of technology when working with clients. As we continue into this century, no doubt there will be a continued expansion of service delivery using technology and a continued struggle to ensure that such services are effective.

Wellness

Listed in Chapter 1 as one of the eight important characteristics of the effective helper, embracing a wellness perspective is crucial to working effectively with clients. Unfortunately, because human service professionals often witness the saddest side of humanity, such as when they work with clients who are homeless, hungry, or dealing with a recent loss, it is not uncommon for them to develop compassion fatigue/vicarious traumatization syndrome (Cole, Craigen, & Cowan, 2014). This syndrome may lead to lack of empathy, exhaustion, stress, cynicism, burnout, and even health problems. It is no wonder that many human service professionals, who are poorly paid, continually deal with high-stress situations, and receive minimal reinforcement for their work, eventually choose to change careers.

Embracing a wellness perspective can help combat compassion fatigue and stress. However, such a perspective takes a deliberate and diligent effort. Although there are many methods for examining your own wellness, Myers and Sweeney (2008) offer one model that was described in Chapter 1. This model, called the Indivisible Self, suggests that we should focus on five factors when reviewing our own wellness: the creative self, the coping self, the social self, the essential self, and the physical self. You are encouraged to reread the section in Chapter 1 on embracing a wellness perspective and complete Exercise VIII, of that chapter, if you have not done so already.
Education never ends. Although you may work hard to obtain a degree, being effective throughout your career as a human service professional will require ongoing learning. Once you are in the field, you will find that there are gaps in your education—things that were not stressed in your courses, but which seem essential for you to know at work. Therefore, obtaining continuing education beyond your degree is crucial. You can accomplish this through a variety of means. By joining the appropriate professional associations, you will be eligible to participate in workshops that keep you current regarding the most recent advances in the field. You can take additional coursework, perhaps to earn an advanced degree. Sometimes agencies will offer staff development workshops aimed at increasing skills in areas deemed important. Increasingly, credentialing boards are requiring continuing education to maintain professional credentials. This ensures that the professional is continuing to learn and that he or she can offer the best services possible to his or her clients.

Human service professionals seek the training, experience, education and supervision necessary to ensure their effectiveness in working with culturally diverse individuals based on age, ethnicity, culture, race, ability, gender, language preference, religion, sexual orientation, socioeconomic status, nationality, or other historically oppressive groups. In addition, they will strive to increase their competence in methods which are known to be the best fit for the population(s) with whom they work. (NOHS, 2015b, Standard 26)

As noted at varying points in this text, change is often not an easy process. It usually requires giving up an old system and accommodating to a new way of viewing the world. However, effective human service professionals, even though they may be anxious about the future, want to take on new challenges, are committed to their profession, and look at change as crucial to their own process of living and critical to the evolution of the profession (Evenson & Holloway, 2003). Human service professionals who are stressed, burned out, cynical, and stagnant do little for themselves, probably provide poor services to their clients, and generally are not involved in positive ways with professional associations. Conversely, human service professionals who are positive, forward looking, and desirous of change are probably the people who work best with their clients and offer the most to the future of the field.

Who is the effective human service professional? It is my friend Bob, who attends workshops, has a positive attitude toward the future, takes care of himself by going to aerobics and meditating, and always has a positive attitude toward his clients. It is Rivers, who is encouraging of all people he meets, is a person you always want to hug, is warm, is caring, and is a great listener. It is Maggie, who is always willing to take a stand, advocate for the underprivileged, and able to love. And it is Steve, who is a leader of others, is willing to confront his colleagues, even those to whom he is close, is constantly working on self-growth, and is always thinking about what he can do differently in the future. And it is you: Within yourself is the potential to be caring, loving, reflective, energized, an advocate, a risk taker, a leader, and a doer!
SUMMARY

In this chapter, we were introduced to the notion of “history as knowledge” and the importance of history in helping us understand the concept of paradigm shifts. We then reviewed some of the antecedents to the human service profession and noted that helpers have been around since the dawn of existence. Moving on to the more recent past, we reviewed the rich history of the fields of psychology, social work, and counseling and examined how each has affected the human service profession. In particular, the field of psychology has given us an understanding of the process of therapy and a rich appreciation for testing and research, the social work field has brought us a deep caring for the underprivileged and an awareness of the power of social and family systems, and the counseling field has conveyed the importance of career as a major life force, a developmental focus in understanding clients, the importance of prevention and education, and a focus on cross-cultural issues and social advocacy.

This examination of the history of closely related professions was followed by a chronology of the more recent events that brought about the actual emergence of the human service field. The National Mental Health Act, and acts and laws that followed in the 1950s and 1960s, greatly impacted the number of social service agencies in society and the need for more mental health professionals. Out of this need came associate-level, then bachelor-level human service programs that trained human service professionals as generalists with interdisciplinary knowledge. This new profession soon had professional organizations, such as NOHS and CSHSE, that helped to focus its professional identity. More recently, NOHS, CSHSE, and CCE developed the first national credential for human service professionals: the Human Services—Board Certified Practitioner (HS-BCP).

As we moved into current times, we highlighted the fact that dozens of current issues now impinge on human service professionals’ work. Somewhat arbitrarily, I picked a few of what I considered to be the most important current issues and gave a brief description of them. This included a discussion of accreditation; credentialing; crisis, disaster, and trauma training; ethical standards; evidence-based practice and common factors; Skill Standards; social justice, advocacy, and multicultural helping; technology in human service work, and wellness. The chapter concluded with a discussion of the importance of continuing one’s education throughout one’s career through a variety of means, and noted the importance of being a vavious and alive human service professional who can be caring, loving, reflective, energized, an advocate, a risk taker, a leader, and a doer.

The following exercises highlight key points in the chapter content. Your instructor might ask you to hand in your responses to the questions and further the discussion in class.

I. Important Names and Terms

This “exercise” is to help you study. Write a brief statement that defines the name or term listed. If you need help, review the chapter or look up the name or term in the glossary.

1. Paradigm shift
2. Hippocrates
3. Plato
4. Aristotle
5. Augustine
6. Thomas Aquinas
7. Wilhelm Wundt
8. Sir Francis Galton
9. Alfred Binet
10. Sigmund Freud
11. Franz Mesmer
12. G. Stanley Hall
13. American Psychological Association
14. DSM-5
15. Poor Laws

* In-class exercises are available for instructors at www.cengage.com.
II. Identifying Positive Qualities

For each of the great historical figures listed here, generate those characteristics that each of them may have embodied that could be considered vital elements of the helping relationship. Add others of your choosing. Write a short paragraph that reflects on which, if any, of the characteristics you identified are characteristics that you have embodied.

<table>
<thead>
<tr>
<th>Jesus</th>
<th>Moses</th>
<th>Muhammad</th>
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<tbody>
<tr>
<td>Gandhi</td>
<td>Martin Luther King, Jr.</td>
<td>Eleanor Roosevelt</td>
</tr>
<tr>
<td>Joan of Arc</td>
<td>Abraham Lincoln</td>
<td>Rosa Parks</td>
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<tr>
<td>Mother Teresa</td>
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III. Are We Ready for Another Paradigm Shift?

Do you think the mental health professions are “primed” for another paradigm shift? If yes, write down which direction you think it will take. Explain why.

IV. Visiting an Institution for the Mentally Ill

Make arrangements to visit a modern mental institution, and then respond to the following questions:

1. How does the current mental hospital differ from early institutions as discussed in the text?

2. Which similarities do you think exist between today’s institutions and those in the 1800s?

3. Which human service characteristics or skills do you think are critical in working with individuals with mental disorders?

4. Other thoughts?
V. Discussing the Problems of the Poor and Destitute

Have a discussion with a homeless person, visit a shelter for the homeless, and/or visit a storefront walk-in center for the underprivileged. Then, respond to the following questions.

1. How did your discussion inform you about the plight of the poor and destitute?
2. Which solutions do you think would work in today’s society?
3. How are your solutions similar to or different from the solutions of the COSs and settlement houses of the 1800s?
4. Other thoughts?

VI. Technology and Human Services

The following highlight how technology has influenced the human service profession in recent years. Respond to each item.

1. **E-mail:** Consider, and write down, your thoughts about how e-mail has changed the way the helping professions offer services.
2. **Social Networking:** Conduct a search for Listservs, Twitter feeds, and Facebook pages in the helping professions. Be prepared to share what you have found with the class.
3. **Technology at Work:** For the following items, reflect on and write a short paragraph on how you think computers may have changed the way that human service professionals conduct work in the following areas:
   a. Client assessment
   b. Diagnosis
   c. Billing
   d. Note taking and case report writing
   e. Supervision
4. **Informed Consent, Confidentiality, and Distance Helping/Learning:** Whether in the classroom or in the helping relationship, providing services to clients or consumers online has its own special concerns. Reflect on the following, and write a response:
   a. Informed consent involves giving clients and consumers knowledge of what will take place in the helping relationship prior to them participating in it, and asking for them to agree to the parameters of the relationship. Given this definition, which special problems does a client or consumer have when giving informed consent online?
   b. Which unique concerns arise related to confidentiality when working with clients or consumers online?
   c. Which unique concerns arise related to confidentiality when working with students online?
   d. Which legal ramifications do you think you might face if working with a client online?
   e. Which legal ramifications might there be if you are working online with a client or a consumer in one state, but the client or consumer is living in another state?
   f. Which differences do you think might exist in regard to being supervised in person as opposed to being supervised online?
   g. How secure is information gathered online from clients, consumers, or students?
5. **Professional Association Web Pages:** Take one or more of the following professional organizations and examine its web page (your instructor might identify
specific web pages). Write a short response that discusses what stands out. The web pages of the following association can be found in Appendix A.

a. American Association of Marriage and Family Therapy (AAMFT)
b. American Counseling Association (ACA)
c. American Psychological Association (APA)
d. American Psychiatric Association (APA)
e. American Psychiatric Nurses Association (APNA)
f. Center for Credentialing and Education (CCE)
g. Counsel for Standards in Human Service Education (CSHSE)
h. National Association of Social Workers (NASW)
i. National Organization for Human Services (NOHS)

6. Technology and Ethical Standards for Human Service Professionals: Now that you’ve examined some of the ethical concerns relative to technology that face human service professionals, come up with your own ethical guidelines relative to technology and human service work. Address each of the following issues:

a. Confidentiality and counseling online
b. Security of records
c. Viewing client social network pages without informing them (e.g., Facebook, blog, web page)
d. Having open access of your social network pages
e. Obtaining informed consent from clients
f. Addressing issues of imminent danger (e.g., client suicide or homicide)

VII. Crisis, Disaster, and Trauma Training

1. Which specific skills do you think you will need to have to be adequately trained in crisis, disaster, and trauma counseling?
2. Which unique ethical dilemmas might you face as a helper who works with those in crisis, those who have faced disaster, and those who are facing a traumatic event?
3. How might crisis, disaster, and trauma counseling affect your ability to cope in the world?

VIII. International Perspectives

Research the following:

1. The varying kinds of human service credentials available in specified countries from around the world
2. The varying kinds of human service degrees available in specified countries from around the world
3. The varying kinds of human service agencies available in specified countries from around the world

IX. Dealing with Stress and Burnout

Respond to each of the following:

1. Discuss the various ways that you deal with stress and burnout.
2. Are your ways of dealing with stress working for you?
3. Are there other ways that you might find to deal effectively with your stress?
4. What would you do if you noticed a colleague of yours was burned out and was working poorly with clients?
5. What would you do if you were burned out and were working poorly with clients?
X. Ethical and Professional Vignettes

Read the following ethical dilemmas, and using the Ethical Standards of Human Service Professionals in Appendix B, write a response to each dilemma.

1. A colleague tells you that he is going to volunteer to take off a few weeks from work and do crisis counseling following the devastation of a tornado in a Midwest town. You admire his earnestness but do not think he has training in crisis, disaster, and trauma work. What is your ethical and professional responsibility to the human service professional? What is your ethical, professional, or legal obligation to his or her potential clients, if any?

2. A classmate tells you that she sells flower extracts to clients to help them heal. She states this is the “wave of the future.” Is this ethical, professional, and legal? Is this reasonable? What, if anything, should you do?

3. A colleague of yours, who has a bachelor’s degree in human services, decides to set up her own web page where individuals can ask personal questions to which she will reply by e-mail. Is this ethical? Professional? Legal?

4. A colleague of yours, who has a degree in human services, decides to set up an online counseling web page that uses instant messaging. Individuals can instant message (IM) the professional and have live counseling sessions through this process. Is this ethical, professional, and legal?

5. You are aware that a colleague is no longer effective with his clients because he is burned out. He does not realize this. What is your responsibility to the colleague? To his clients?

6. A colleague refuses to become involved in any professional associations, read any journals, or keep up with any advances in the field. She states, “I do what has been shown to be tried and true.” Does she have a point? Is what she is doing ethical and professional? What is your responsibility in this situation?

7. A faculty member at your school never acknowledges differences in clients as a function of cultural background. When a student notes this in class, her only response is, “Every helping relationship is a cross-cultural one, so why should I discuss any one culture in particular?” Does she have a point? Do you have any responsibility in this situation?

8. Your human service program is not approved by CSHSE. Do you have a responsibility to advocate for approval? Why or why not?

9. A colleague of yours often uses ethical guidelines from a related social service profession when the Ethical Standards of Human Service Professionals does not offer guidance in the direction he anticipates. Is this ethical, professional, and legal?

10. A colleague offers a primary prevention workshop on avoiding the use of drugs and alcohol. In the past, your colleague used to take drugs and drink heavily, but she has not taken any coursework or workshops in this area, nor has she read the literature on substance abuse. She notes, “I have my own experience; that’s why I can do this workshop.” Is this ethical, professional, and legal?