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Human Services Students’ Perspectives on Death Education: Listening to Their Lived Experiences

Irene S. McClatchey, Steve King

Abstract
Death education for healthcare professionals is rare in spite of the fact that many of them will work with dying and bereaved populations. Researchers have identified the benefits of death education for various helping professionals, but no studies were found describing human services students’ lived experience of participating in death education. Using an inductive constant comparative method, the results from interviews of 14 human services students revealed themes that described the participants’ perceived meanings regarding death education. Study participants reported feeling that death education was beneficial in preparing them personally and professionally for working with dying and bereaved clients.

Introduction
Humans cannot avoid confronting death anxiety, the fear generated by death awareness (Chengti & Chengti, 2012). This anxiety may be more acute for health care workers who come into contact with others who are in the process of dying. Increasingly, helping and health care professionals are faced with the challenge of working with people struggling through the death, dying and bereavement (DD&B) process and the complex interplay of clinical content, personal fears, anxieties, and the meaning of death. This work can provoke confusing, frightening, and painful feelings within a helping professional (Braun, Gordon, & Uziely, 2010) and influence how helping professionals, such as social workers, nurses, doctors, and human services workers approach their work with DD&B clients. Death education may lower death anxiety among these professionals (Barrere, Durkin, & LaCoursiere, 2008), which in turn may improve patient care (Melo & Oliver, 2011). Unfortunately, death education to prepare those working with the DD&B population is rare (Breen et al., 2013) and few qualitative studies that examine students’ experiences of participating in death education could be found in the literature (Adesina, DeBellis, & Zanettino, 2014; Ek, et al., 2014; Harrawood, Doughty, & Wilde, 2011; Mott, Gorawara-Bhat, Marschke, & Levine, 2014). None were found describing the experiences of human services students participating in death education. Given such, further research is warranted to examine the impact of death education on human services students in an effort to address the lack of preparation among these students to work with the DD&B population. The purpose of this study is to explore the perspectives and lived experiences of human services students participating in death education and their perceived comfort level working with DD&B clients after participation in DD&B education.

Literature Review

Death Education
Death education, the teaching of the practical and emotional aspects of death, dying, and bereavement, is scarce among healthcare professionals (Breen et al., 2013). Healthcare
professionals consistently report two common threads that run through their learning needs regarding DD&B: concrete knowledge about the dying process and learning how to manage their own personal reactions and attitudes regarding death (Harrawood et al., 2011). Despite the recognition of the importance of a specialized skill set for working with the DD&B population, Fonseca and Testoni (2011) reported, “…there is still a vast amount of work to be done in the field” (p. 164). For example, according to Cacciatore, Thieleman, Killian, & Tavasolli (2015) social work training programs lack exposure to the issues involved in caring for dying clients, and social workers see themselves as completely unprepared to work with DD&B issues. Nurses also feel unprepared to work with dying patients (Peterson, Johnson, Scherr, & Halvorsen, 2013). Medical residents share similar feelings of lack of preparedness towards end-of-life care for patients (Billings, Randall, & Engelberg, 2009). Csikai and Durkin (2009) further noted that along with the knowledge needed to practice effectively students need to undergo a reflective process of critically evaluating their own personal attitudes about DD&B to be thoroughly prepared to work with the dying client population.

A lack of preparation to work with the DD&B population may lead to feelings of helplessness and guilt (Deffner & Bell, 2005). Wong, Reker, and Gesser (1994) found a significant relationship between the death attitudes of nurses and their personal approach to clinical work with dying patients. Similarly, Braun et al. (2010) discovered that positive attitudes about caring for dying patients are significantly correlated with low levels of negative death attitudes among practicing oncology nurses and directly influence the quality of services they provide to clients. Furthermore, lowered death anxiety has been linked to improved patient care (Melo & Oliver, 2011).

**Outcome Studies**

Researchers have studied the impact of death education among medical, nursing, and social work students using quantitative methods. For example, in a pre-test/post-test study, Smith and Hough (2011) surveyed internal medicine students. Study results revealed that more than 70% of the students felt enhanced comfort working with the DD&B population when death rounds were used as part of their education. Similarly, in a pre-test/post-test study design, Barrere et al. (2008) reported that nursing students participating in death education had lower levels of death anxiety. Social work students participating in a decision case method in a graduate course in death and dying reported that they felt better prepared to work with the dying population (Head, 2008). These participants also stated that death education changed their own personal feelings and attitudes about death and dying for the better.

Other researchers have examined the lived experience of students participating in death education. Mott et al.’s study (2014) involved medical students who served as hospice volunteers. These students shared their experiences in reflective essays. Participants learned about and felt increased ease around hospice patients, expressed normalcy of dying at home, shared personal thoughts around death and dying, and gave suggestions for improving end-of-life care education for medical students. Adesina et al. (2014) and Ek et al. (2014) surveyed and interviewed nursing students and found that they need support and an opportunity to reflect on their work with dying patients. Harrawood et al. (2011) discovered three themes in a qualitative study of a course on death education for graduate level counselors-in-training: an openness to examining death and death constructs; a greater understanding of beliefs regarding death in general and one’s own death; and a reduction in negative emotional state.
Studies on death education have mostly centered on medical and nursing students. The study results show the need for and positive effects of death education on students and their attitudes toward working with the DD&B population. Unfortunately, such education is rare (Breen, et al., 2013). Human services professionals will undoubtedly work with the DD&B population in hospitals, nursing homes, and hospices, but no studies were found exploring the lived experience of human services students participating in a DD&B course. This clearly points to the need to further examine how human services students receiving death education perceive this experience and the development of their professional comfort level for working with DD&B clients. The purpose of this study is to explore the perspectives and lived experiences of human services students participating in DD&B education and their perceived comfort level caring for DD&B clients after participation in DD&B education.

Method
Institutional Review Board approval for the study was obtained from the university, and informed consent was obtained from all study participants. Pseudonyms were used during all of the stages of data collection, transcriptions, analysis, and writing.

Description of the Death Education Course
The Death, Dying, & Bereavement (DD&B) elective class lasted one semester and students earned three credit hours. Using a textbook on DD&B as a basis for the curriculum, classroom discussions centered around topics of death views over time in American society and other cultures. Other discussion topics included euthanasia: the use of life-extending and death-prolonging medical measures; end-of-life choices; suicide; mass violence, and disasters. Theories on death, suicide, and bereavement were reviewed and discussed.

Guest speakers representing various religions were invited to share their respective religions’ views on DD&B. Other speakers included an elder law attorney, a social worker and nurse from a hospice, a social worker from a cancer clinic, and a county coroner, who spoke of their work with the dying and bereaved populations. A visit to a local funeral home where the students were exposed to all aspects of a funeral director’s job was also included. Movies on dying with dignity, such as, The Suicide Tourist, were viewed and discussed by the students.

Students in the class were active participants by contributing to class discussions and writing reflection papers on topics discussed. In addition, the students wrote their own obituaries, funeral arrangements, and a final paper describing a personal loss and applying a self-selected bereavement theory that best described their approach to their loss.

Design and Participants
To allow for multiple experiences and voices to give the study focus, and to allow for triangulation, the researchers used a case study design (Creswell, 2013). A sample from two classes bounded the case study design by time and place. To recruit participants for this purposive sample the researchers asked students to volunteer to participate in the study during the last DD&B class meeting of the semester at which time final grades had already been assigned. Out of 57 students, 14 volunteered to participate. The sample consisted of 12 females and two males ranging in age between 20 and 54. Twelve of the participants were White, one was Black, and one was Biracial. The sample varied from students on financial aid to those who were able to attend school without any financial assistance.
Procedure/Data Collection

The Principal Investigator (PI), who is an Associate Professor of Human Services who specializes in death education and grief issues among children, and the co-PI, who is an Assistant Professor of Human Services with a special interest in undergraduate Human Services pedagogy, developed the interview questions. The questions were drawn from an extensive review of the DD&B education literature and the extensive teaching experience of the DD&B class instructor. Questions posed included: “Describe your experience taking this class.” “How, if at all, has taking the class changed your own personal feelings and attitudes about DD&B?” “How, if at all, has taking the class affected your feelings and attitudes about working with the DD&B population?”

The semi-structured interviews were held in the researchers’ offices and lasted approximately 45 minutes. The constant comparison method as described by Glaser and Strauss (1967) was used as a basis for the data collection. The researchers discussed apparent themes after interviews and occasionally probed further on subjects that had emerged when interviewing subsequent students. Saturation of data (Polit & Beck, 2006) was achieved after ten interviews, however, all 14 interviews were completed. The interviews were audio-recorded by one of the researchers and transcribed by a Graduate Research Assistant.

Analysis

The answers to the interview questions were analyzed looking for themes. The research team used inductive analysis to uncover possible themes trying to “build a systematic account of what has been observed and recorded” (Ezzy, 2002, p. 86). Once all the interviews had been recorded and transcribed into Word documents, the two researchers used Microsoft Word 2013 “track changes” making comments in the margins separately to parcel the interview contents into units of discrete ideas. These discrete ideas served as the main unit of analysis and from these discrete units the researchers developed broad categories. Within the broad categories, responses were organized into subcategories. As the researchers compared these units of data within and between categories, the categories were continuously modified and refined to look for patterns. Thus, themes and categories were extracted from the data. Subsequently, a coding schema was developed. Triangulation was performed using interviews, two researchers and through both inductive and deductive analysis, adding to the credibility of the analysis (Patton, 2015).

Findings

The saturation of qualitative data revealed three themes within the students’ shared experiences during the course. The themes, and the categories of each theme are presented here. The identified themes were Insights, Tolerance/Acceptance, and Personal Meaning. Categories within each theme are described within their themes below.

Insights

The students felt that they gained insights from attending and participating in the DD&B class. Students felt that they gained knowledge in several areas. These areas, or categories, were Theories/Processes, Religion, and DD&B Professions and Services.

Theories/Processes. Most students felt that they learned about DD&B theories and processes. Tom, a male in his forties, came back to school to get his bachelor’s degree in human
services after years of working in business. He appeared surprised that he gained insight. Tom stated:

At first it seemed like I knew everything, I thought I did, OK…I am going to breeze through, but during the course of the class of the material, I learned quite something different that I didn’t know about. The bereavement process when it comes to losing a loved one or anybody for that matter…it was enlightening…

Some students, by gaining insight into the bereavement process, also experienced insight into their own internal processes. Ella, a young mother of four, who lost her mother two years prior to class, and who was still reeling from her loss, commented, “Now I know there is a lot more to it [bereavement process]. I did not really know about uncomplicated grief versus complicated grief. Now I realize that I am going through complicated grief. My knowledge has expanded a lot.”

Religion. Almost all students were impressed by their new insights into various religions’ views on death, dying, and the afterlife. Cayti, a single female in her early twenties, was brought up sheltered in the countryside and was impressed by the various religions: “I learned so many things…listening to people from different religions. I am a southern Baptist from down the road. I had no idea. It’s just a different point of view and that was the best part to me.” Selena, a single woman in her mid-twenties, commented on how she gained knowledge about the Islamic religion that lifted her spirits:

I found the Imam’s lecture to be informative, relatable to my own faith, and endearing…One of my favorite things that he told us was how Muslims believe that the sick are closer to God, and so, everyone comes to visit them and asks them to pray for them. I have to say that made me smile wide.

Death, dying, & bereavement professions and services. Another area in which half of the students felt their knowledge and insights grew was DD&B Services. Cayti commented:

I think after going to the funeral home, I understand better what happens to the body after death…beforehand the funeral home was really scary to me but…everybody gets there at some point…I don’t know, I guess I just look at it more scientifically now.

Another student was impressed by what he learned about hospice services. Sam, a preacher’s son in his early twenties, expressed what he saw as his greatest insight from class:

The hospice was a big one for me, because I’ve heard about hospice, [but] I’ve only heard negative things from people who, I think, were upset at the time, and then when I got to the class, the other side from someone who is actually a part of it, it was actually interesting to me, and …I’m actually thinking about doing my internship at hospice.

Tolerance/Acceptance

Several students said they felt more tolerance and acceptance of working with the DD&B population and in their personal lives. In addition, they felt a newfound tolerance of the act of
suicide and religions. This theme of tolerance and acceptance thus had three categories: Professional and Personal Ease, Suicide, and Religions.

**Professional and personal ease.** More than half of the students felt the class helped them feel more comfortable around people who were dying or who had just lost somebody to death. Meagan, in her early twenties, served as a youth minister at her church, which had just lost a young member. She described how her attitude towards death and dying has changed because of the class in a professional context:

I guess I’ve been somewhat desensitized to it. I hear D&D and I don’t cringe and want to hide in the corner. And I know that will help me with my profession. Once I’ve become a professional I won’t be scared of… I’m not so afraid of people dying…I guess I could handle being around someone who was dying more now than I could prior to the class.

Lola is a single mother in her twenties who is currently working as a home-health aide in a nursing home to help meet her financial obligations while going to school. She commented:

I feel more comfortable about it [DD&B]. I feel like I’m more equipped with those terms to know what they mean and to differentiate between those and I feel like I can help more people now. Like, I don’t feel like it’s something I run away from in the medical setting, now that I know more about the subject.

Students also found increased ease in their personal lives. Melanie, a married mother in her early forties, has a long history working as the administrator of an assisted living facility. Yet, she, along with the majority of the interviewed students, felt her personal life benefitted from the course:

I think we respond to things that we think people want to hear. It [the course] made me a lot more conscious of that and also just listening. I just went to a friend of mine who lost her grandmother, and, ironically I just came off this course. I really made a point just to listen and not say to her, “Oh I understand [how you feel],” or “You should do this or that or the other.” It [course] helped me even on that personal level.

Cayti commented on how the course gave her personal ease around those who mourn:

My grandmother has been living with us for months. First, it was very uncomfortable. I was very uncomfortable with her grief as bad as that sounds. If she got upset, it made me…uncomfortable. But now it’s a little bit easier for me to understand, this is how she feels, this is normal how she feels…I’ll sit there and listen…I think that was one of the lessons I took away: to listen to people.

**Suicide.** Most students expressed their increased understanding and tolerance of individuals who die by suicide. At the onset of the course, some students viewed the act of dying
by suicide as a way to simply avoid dealing with life. Kelly, a female student in her mid-twenties, felt that she learned the most about suicide:

I definitely learned a lot, I would say especially on suicide and things like that where I didn’t have a lot of knowledge and you just kind of assume that people that do that, kill themselves, you know, are taking the easy way out or whatever. I came to look at it in a different way because of the class.

Sam lost one of his best friends to suicide while in high school and had previously viewed suicide as a selfish act:

It [class] changed my thought process to kind of understand not why he did it, the reason. I can understand where he was more, there’s no way out of the situation so he took his own life. I can understand it being a struggle more than I did before. Because I guess before it was “why would you do this to your family and to your friend?” I felt that it was like selfish. That [class] helped me realize a little better.

Religion. Religion constituted as a category of tolerance in addition to insights as noted above. Selena, and most of the students, felt that they now have a newfound acceptance of various religions:

And just to listen to them [religious panel] talk, for me to find that common thread between them, between all of them, it kind a made me feel better…like, everybody else out there is trying to divide and conquer. I just found the common thread…we are the same.

Melanie commented on how excited she was to find similarities between different religions: “Having that panel…the core of all those religions is ultimately the same. I remember discussing that with my friends and family. It was really powerful, Muslim, Jew, Christian, and Buddhist sitting shoulder to shoulder, yes, it was powerful.”

Personal Meaning

All of the interviewed students mentioned that the class had some kind of personal meaning for them. Under this theme three categories were identified: Affirmation of life, Normalization, and Healing.

Affirmation of life. Almost all of the interviewed students commented on their new affirmation of life brought about by the class. Lola expressed how the course taught her what she wants: “It taught me that life can change so fast and drastically and I don’t want that to be the last thought like, ‘Why didn’t I do more or see more?’” Jessica, an unmarried woman in her late twenties whose mother abandoned her when she was six years old, took away from the obituary assignment what she needed to do to fully appreciate life:
If I get to an older age and I do a life review, have I done everything I wanted to do? Have I lived my life to the fullest? And that’s got me to create a bucket list… it [course] has made me think about how I can make my life fulfilling.

**Normalization.** Another aspect of the course that resonated with almost all of the students was the normalization of death and dying. Selena was apparently initially quite apprehensive to take this course, but things changed. She said:

Initially, it was really weird. The first day you [professor] were very like chill about death in general and me and the girl sitting next to me were both like, “Oh my gosh. What is going to happen in this class?” She’s [professor] so comfortable with it and we’re both so uncomfortable with it so initially it was kind of like a culture shock from what we’re used to being all solemn about death to being like “This is what we’re going to talk about the whole semester.” That definitely changed. As the semester went on you become okay with it and you realize it’s part of life and something you can talk about by the end of the semester, it was, whatever…It [course] normalized it a lot for me.

Jessica agreed that class helped her talk about death and dying in a more comfortable way:

Previously I avoided the topic. I almost didn’t talk about it at all, and now, because we talk about it twice a week, it’s easier to talk about it. I realize that death is not a crisis, where before I always thought it was.

**Healing.** By far, the strongest category was the category of healing. Every student commented on the fact that the class had been healing to them in one form or another. Melanie, after suffering the loss of her father at the young age of six, subsequently went through an acting-out phase. Learning in class about children and grief, she came to view her acting-out period differently from before and was able to forgive her own behavior:

So I came out of it [course] with a very positive experience. It just validated that everything was ok, and even though I went through the anger, a pretty extensive phase as a child, that was ok. …I was told that God decided that it was time for my father to go. Telling a six-year-old I became immediately very angry and hated God. Which then began my down spiral and then the physical component of acting out in anger. I feel that probably it [course] gave me that ability to know that I wasn’t a bad kid. Because I went through this period of time when I felt that I was this ill-behaved child who was angry, you know a problem or whatever, but I wasn’t, I was grieving…It [course] brought some closure and validation…

In that same vein, Lola credited the class and the last assignment with helping her forgive herself for not visiting her grandmother before her [grandmother’s] death because of being restricted as a single mother trying to make her way through college. She stated, “…it [assignment] helped me to work through a lot of guilt that I did have associated with that loss…it was healing.”
Discussion

Human services professionals will undoubtedly work with DD&B clients as the aging population increases, and they need preparation to do so in an attempt to lower their own death anxiety (Barrere et al., 2008). However, death education is rare (Breen et al., 2013) and no qualitative study exploring how human services students perceive death education could be found in the literature. This fact and the concept that death attitudes may affect professionals’ work with dying patients (Wong, et al., 1994) led to the current study. In this case study, 14 human services students shared their perspectives on a DD&B class and their perceived comfort level caring for the DD&B population after completing the class. The saturation of qualitative data exposed the themes. These themes were Insights, Tolerance/Acceptance, and Personal Meaning. Each theme also encompassed several categories.

Our findings of insight into theories and processes in regards to DD&B correspond with previous findings (Harrawood et al., 2011). However, insights about religions and DD&B professions and services were new findings. This can, in part, possibly be explained by the inclusion of representatives from various religions who explained their respective religion’s viewpoints on DD&B. Harrawood et al. (2011) included speakers from hospice and a funeral home, as well as a visit to a funeral home; but increased insight among their students in regards to DD&B professions and services was not identified as a theme. This may be due to previous knowledge among the students or fewer students expressing interest in DD&B professions and services.

The current findings of tolerance and acceptance in regards to professional and personal ease are in line with previous findings by Head (2008). Tolerance and acceptance towards the act of suicide was a new discovery. Students in the current study were exposed to a recent shift in society’s growing understanding of the suicide narrative (Caruso, n.d.). This may have had an impact on how the students conceptualized their own thoughts and feelings regarding suicide. Tolerance and acceptance of religions was also a new finding. Religions seem to polarize in many negative ways, yet the students, after hearing about various religions other than their own, were surprised by how similar different religions are in their basic tenets.

Under the theme of personal meaning, normalization corresponds with previous findings among resident care aids that cope with end-of-life care by normalization (Funk, Waskiewich, & Stajduhar, 2013). The current study’s theme of affirmation of life resembles Vachon and colleagues’ (2012) findings that palliative care nurses working closely with the dying expressed the importance of living an authentic life. Every student interviewed for this study mentioned healing, not previously reported in the literature on death education. Students attributed this realization to the final paper assignment where students were asked to write about a personal loss and their own subsequent bereavement process. Coupled with insights from the class, many students could see that their reactions were “normal”, and they could, therefore, let go of lingering feelings of guilt.

Study Limitations

The ascribed meanings related to DD&B revealed by participants in the current study may be unique to this DD&B course. Wide variation in instruction methods, classroom assignments, and curriculum parameters could affect the impact of DD&B education. Also, students who are not preparing for a career in the helping professions may experience DD&B education in very different ways than were revealed here. Students who are unfamiliar and/or uncomfortable with
an intensely self-reflective learning process may have different reactions to DD&B education as taught in this specific course. The majority of the participants in this study were White females. A more culturally diverse pool of study participants could also have revealed unique and important themes not discovered in this study. As students self-selected to participate in this study, those students who did not feel the class was useful or informative may not have wished to share these feelings with the researchers. The nature of the instructor-student relationship could also have influenced how participants responded to the interview questions.

Implications for Further Research and Practice

As the aging population grows, the need for well-trained and self-aware human services professionals will increase as well. Therefore, further study of students’ learning experiences and the ascribed meanings they construct for themselves as a result of DD&B education is warranted in order to assess and improve death education and client services (Melo & Oliver, 2011). A number of important possible research questions emerged from this study that would further the empirical study of DD&B education outcomes, such as: 1) Do students across helping professions report similar attitudes and experiences after DD&B education? 2) How do different pedagogical approaches to DD&B education meet the educational needs of helping professionals across disciplines? 3) What elements of DD&B education best prepare practitioners personally and professionally for working with the DD&B population?

DD&B education is provided on a limited basis (Breen et al., 2013) and is typically not required or offered as an elective. The literature clearly documents the need for this type of education in the helping professions, and students preparing for practice have repeatedly expressed this need (Adesina et al., 2014; Ek et al., 2014). By participating in a death education course as described in this study, human services professionals may gain knowledge about the DD&B process, begin to learn how to manage their own personal reactions and attitudes towards this process, and provide improved services to dying and bereaved clients as suggested in the literature (Melo & Oliver, 2011). Such education may thus benefit human services students both professionally and personally, as well as their future clients.

References


Control Cognitions and Sexual Risk Behaviors in African American Males

Rod Harley

Abstract
This study examined the relationship between locus of control, condom use adherence, and the maintenance of concurrent sexual relationships in African American males. The study yielded a positive correlation between locus of control and condom use adherence and a negative correlation between locus of control and the maintenance of concurrent sexual relationships. The findings can be used to inform the design of STI and HIV prevention programs and provide physicians, clinicians, and other human services professionals with innovative new tools to address the high incidence and poor health outcomes related to STI and HIV within the heterosexual, African-American, male, population.

Introduction
The onset of HIV was initially identified and diagnosed primarily in the young, gay, White male population; however, even in the early years after the disease was identified, there was a disproportionate and distressing rise in incidence among African Americans (Bethel et al., 2003). This disturbing trend has continued to elicit concern as the literature indicates consistently higher rates of infection for African Americans, even after controlling for age, gender and geographical region (Centers for Disease Control [CDC], 2012). In addition, African Americans have been identified as having the highest HIV prevalence, incidence, mortality, and number of years of potential life lost when compared to other racial/ethnic groups in the U.S. (CDC, 2012). Furthermore, African American males have been shown to be at increased risk of HIV infection via all the major modes of transmission (CDC, 2012). In fact, CDC data indicated that the AIDS diagnosis rate among African Americans was almost 11 times the rate among Whites. This is partly a result of African Americans being more likely to have multiple sexual partners and initiate sexual activity at an earlier age than youth of other races, although other factors are also at play (Pflieger et al., 2013; Bakken & Winter, 2002; Williams, 2003).

According to the CDC (2012), more than 50 percent of all new HIV infections occur among people under 25 years of age, and the majority of sexually transmitted infections transpire in the 18-24 year-old demographic. Of those infected, African Americans represent a disproportionate, 67 percent, of new cases (CDC, 2011). Research indicates that the high rates of herpes and other STD’s among African-Americans are most likely a causative factor to the high rate of HIV in that community (CDC, 2011). In fact, statistics show infection with herpes increases the likelihood of infection with HIV two to three times if exposed to the virus (CDC, 2011). HSV-2 (genital herpes) infection can result in minuscule ruptures in the genital and anal area, which can facilitate the entry of the HIV virus into the body (CDC, 2011). In addition, herpes infection acts as a magnet for the “target cells” that HIV infects, drawing the virus to the genital area. This amplifies the probability of acquiring HIV if exposed to the virus (CDC, 2011). For African-Americans, the prevalence of infection with the herpes simplex II virus was 39.2%, more than three times that of Whites at 12.3% (CDC, 2011).
The spread of sexually transmitted infections like genital herpes, chlamydia, and HIV encompasses extensive and potentially ghastly consequences not just for individuals or specific demographic groups, but society as a whole in increased medical cost, antibiotic resistance, deformities, sterility, and death (CDC, 2008). Consequently, the prevention of infection presents a critical public health priority (Bradboy-Jackson & Williams, 2005). Because the prevalence of STI’s is heavily impacted by behavior, the focus of the study was behavior oriented with Social Cognitive Theory (SCT) utilized to conceptualize and frame it. Sexual behaviors identified as risky by previous studies include a lack of condom use adherence, sex following the consumption of alcohol or drugs, casual sexual encounters, sex absent birth control, the maintenance of concurrent sexual relationships, and having numerous sexual partners over one’s lifetime (Aral 2005; Cook & Clark 2005; Hoyle et al. 2000).

The identification and comprehension of factors that precede and contribute to these risky behaviors has proved to be a multifarious and difficult challenge for prevention scientists (CDC, 2012). However, disparity in HIV incidence rates, delineated by the data, necessitates amplified efforts to gain insight into the psychosocial factors that contribute to the continued disproportionate spread of STI’s and HIV specifically in the African American community (Adimora & Schoenbach, 2005; Bradboy-Jackson & Williams, 2005).

Recently, human services professionals and behavioral scientists have begun to address these disparities by investigating individual risk behavior within a broader psychosocial context. This approach involves the examination of the individual’s behavior within the framework of their social and physical environment (DiClemente, Salazar, Crosby & Rosenthal, 2005). Research has produced strong evidence indicating that an individual’s locus of control can be learned and impacted by familial, relational, peer, cultural, and societal influences. In fact, several studies have identified control beliefs as one of the many psychosocial factors demanding examination as potentially protective factors in mental and public health (DiClemente, Salazar, Crosby & Rosenthal, 2005; Luszczynska & Schwarzer, 2005).

Of specific concern to human services professionals is the identification of multiple cognitive correlates and indicators of sexual risk behaviors among distinct populations (DiClemente & Crosby, 2003; Fisher, Fisher, & Rye, 1995; Jemmott & Jemmott, 2000; Pleck, Sonenstein, & Ku, 1993; Stone, 2005). Fisher, Fisher & Rye (1995) examined psychological determinants of HIV/AIDS-preventive behaviors in heterosexual university students, heterosexual high school students, and gay men. The study yielded data indicating that HIV/AIDS-preventive behavior can be predicted by the individual’s behavioral intentions. In addition, the behavioral intentions were identified as a function of the individual’s attitude and behavioral norms within the context of their culture. Furthermore, attitudes and norms were found to be a function of the basic underpinnings theorized in the study. Other studies, like the one conducted by Hingson, Strunin, Berlin, and Heeren (1990), focused on the individual’s belief and understanding of consequences. Hingson and colleagues found that beliefs, specific to the perceived consequences of risk behaviors, influenced an individual’s risk behavior choices wherein beliefs of lower risk or vulnerability had a positive correlation with risky behavior. The findings of these studies, and the current study, could have strategic implications for helping professionals across practice domains including policy, the design and implementation of interventions, and best practices in Substance Abuse Prevention and Counseling, Health Prevention Education, Social Services, Mental Health Counseling, Psychology, and Behavioral Research.
A review of the literature illuminated a significant absence of data specific to control cognitions and sexual risk behaviors relative to high-risk African American male population. The current study addressed this dearth by investigating the relationship between the psychosocial construct of locus of control and sexual risk behaviors (concurrent sexual partners and condom use adherence), and how this dynamic may impact the prevalence of STI’s and HIV within the African American community. To this end, the study investigated the following research questions:

1. What is the relationship between an individual’s locus of control and condom use adherence in African American males aged 18-24 residing within Hillsborough County, Florida?

2. What is the relationship between an individual’s locus of control and the maintenance of concurrent sexual partnerships in African American males aged 18-24 residing within Hillsborough County, Florida?

Methods

Design and Process

Approval for the study was granted by Capella University Institutional Review Board on August 7, 2012. The study followed a non-experimental correlational survey design. Demographics consisted of self-reporting heterosexual African American males, between the ages 18-24, residing within Hillsborough County Florida. Invitations to participate in the study were posted on several social media sites including Facebook, Twitter, and Black Planet specifically addressed to African Americans from the target population. In addition, invitations to participate in the survey were posted at select locations (community centers, recreation centers, health centers) within areas of Hillsborough County heavily populated and frequented by the target population. The posting provided a general description of the research study and a link to the website at which the study instruments could be found. The survey instruments were made available utilizing www.surveymonkey.com. Additionally, the introduction provided respondents with the option of making email queries prior to being exposed to the instruments, and an informed consent process in which a clear explanation of the participant’s right to withdraw from the study at any time or to skip specific questions on the instruments were made. Each respondent was assigned an identifying number, which allowed the researcher to link him to his responses on the Locus of Control Scale and the Sexual Behavior Questions. The data gathering procedure included a demographic identifier for control variables salient to this topic (age, gender, and race), as well as extraneous variables found to be of importance in similar studies (income and education levels). Additionally, the data gathering procedure excluded participant name or other personal identifying info.

Instrumentation

Demographic Identifier

The survey included a demographic identifier, which gathered confirmatory and other identifying data. Four simple yes or no questions were utilized to confirm that the survey
participant met the study inclusion criteria. Participants were asked to verify that they were male, heterosexual, African American, and resided in Hillsborough County, Florida. In addition, participants were asked to indicate their age from a range of 18-24 years. In conclusion, two subsequent questions gathered data related to income and educational level.

**Locus of Control Scale**

The Locus of Control Scale is a questionnaire consisting of 29 Likert questions (Rotter, 1966). It was developed by Julian Rotter to identify the two orientations of the locus of control: internal and external. The Locus of Control Scale is designed to identify, measure, and distinguish between both aspects of this construct. Each of the 29 items offers two options (A or B) for responses, which measures either internal or external locus of control. One point is awarded for each answer provided which corresponds to the answer key. A low score (1-11) is indicative of an internal locus of control orientation while a high score (13-23) is indicative of an external locus of control orientation. The instrument yields a numerical score with a maximum score attainable of 23. Internal consistency estimates ranged between .65 and .79 while test-retest reliability ranged from .49 to .83. In addition, construct validity data has been provided by numerous studies in which the Locus of Control Scale successfully distinguished individuals who believe they control events that happen in their lives (internal locus of control) from those who believe that fate or luck controls what happens to them (external locus of control) (Beckham, Spray, & Pietz, 2007; Gan, Shang, & Zhang, 2007; Lefcourt, 1982; Rubinstein, 2004; Nassar and Abouchedid, 2006; Strickland & Haley, 1980). Moreover, these studies provided evidence for this tool as a continually reliable and valid instrument for the current study.

**Sexual Behavior Questions**

In the absence of an identifiable instrument to assess the sexual risk behavior pertinent to the current study, a simple two-item instrument identified as the Sexual Behavior Questions (SBQ) was developed based on Sexual History Questionnaire or SHQ (Culpitt, 1998). The SHQ was developed for assessing HIV infection risk. The instrument utilizes multiple modalities to collect data including Likert scale, multiple-choice, numerical completion, and yes/no formats. Culpitt submitted the SHQ to a test-retest reliability measurement during his original 1992 research utilizing 18 postgraduate students. The results found an intraclass correlation exceeding .80 ($p < .001$) which is indicative of high reliability. Additional studies have found the SHQ to have a high degree of reliability and face validity (Deltramich & Gray, 2008; Ehrhardt et al., 2006). However, the SHQ (Culpitt, 1998) utilizes a modality not conducive to the measurement of the target variable in the current study. Therefore, the researcher converted the categorical modality of the SHQ into one that measured the frequency of the salient variable for the first SBQ question.

The first SBQ question designed to measure condom use adherence provided a percentage score ranging from 0-100%, with higher percentages indicative of higher frequency of condom use during intercourse. A second question requiring a simple yes or no answer was created to measure the maintenance of concurrent sexual relationships. The researcher chose to create a question for the purpose of measuring this variable due to the absence of an appropriate question in the SHQ and a failure to identify an instrument which fulfilled this role. The question was designed to solely measure the presence of the behavior (concurrent relationships).
within the specified time-period (6 months). The simple yes or no format allowed the researcher to gather the necessary data without unnecessary intrusion into the participant’s behavior.

Results

Hypotheses

Two hypotheses were formulated and data was gathered utilizing the Locus of Control Scale and Sexual Behavior Questions. The resulting data was subjected to statistical investigation utilizing two independent Pearson’s Correlational Analyses, one for the Locus of Control Scale and another for the Sexual Behavior Questions. Hypotheses One (H1) posited that there is a positive relationship between an individual’s locus of control and condom use adherence in heterosexual, African American males aged 18-24 residing within Hillsborough County, Florida in which locus of control will be positively correlated with condom use adherence. Hypotheses Two (H2) posited that there is a negative relationship between an individual’s locus of control and the maintenance of concurrent sexual relationships in heterosexual, African American males aged 18-24 residing within Hillsborough County, Florida in which the locus of control will be negatively correlated with the maintenance of concurrent sexual relationships.

Demographic Data

One hundred and thirteen individuals submitted complete responses to the three study instruments. Of that number, 17 were eliminated from the study due to responses indicating that they did not meet the study inclusion criteria (two indicated that they were not heterosexual, seven indicated that they were not African American, two indicated that they were not male, and six indicated that they did not reside in Hillsborough County Florida). A total of 96 (n = 96) respondents were included in the study data subjected to analysis. The complete age range of 18-24 years of age was represented in the survey responses however, the most common age of the respondents was 23 years of age (25%) followed by 24 years of age (22%). The most commonly reported income level was the 24–49 thousand-dollar range (59%) followed by the 12-23 thousand-dollar range (24%). The most commonly reported level of education completed was a two-year degree or certificate (33%), followed by a bachelor’s degree (26%).

Measures

The Locus of Control Scale had a mean of 13.41, a mode of 14, a median of 14, a standard deviation of 3.478, and a low score of 5 and high score of 20 for a range of 15. Sexual Behavior Question 1 (SBQ1) had a mean of 67.687, a mode of 75, a median of 75, a standard deviation of 27.875, and a low score of 0% and a high score of 100% for a range of 100. SBQ2 measured yes and no responses, which were converted to numerical values with one corresponding with yes responses and zero corresponding with no responses; this data was then subjected to analysis. Given the limited variance, no mean, mode, median, standard deviation, or range was calculated for the resulting data.

Analysis

A Pearson correlation was utilized to test the relationship between locus of control and condom use adherence over the designated time frame of 6 months. The results indicated a
moderate positive correlation of $r = 0.52$ as outlined by the SAMHSA (2014) correlational/relationship strength table. The correlation coefficient yielded a $p$-value less than .01 indicating statistical significance.

For H2, a Pearson correlation was utilized to test the relationship between locus of control and concurrent sexual relationships over the designated time frame of 6 months. The results indicated a low negative correlation of $r = -0.28$ as outlined by the SAMHSA (2014) correlation/relationship strength table. The correlation coefficient yielded a $p$-value less than .01 indicating statistical significance.

Statistical analyses were run on three variables from the demographic study as a means of exploring any potential impact these variables may have had on the study outcome. Four variables were excluded from analysis, as they were constant for all respondents. The three variables subjected to analysis were respondent age, income level, and level of education. Correlation coefficients and $p$-values were determined for all three in relation to the Locus of Control Scale, and Sexual Behavior Questions. None of these three variables was found to be statistically significant.

Limitations

The study presented with a number of methodological and design limitations. The correlational design prevents the researcher from establishing a cause and effect relationship based on the study findings. In addition, the utilization of a non-probability or volunteer convenience sample resulted in external validity limitations in regard to the generalizability of the results to the larger 18 to 24-year-old African American male population. Furthermore, the anonymous internet-based survey design eliminated the option of matching subjects to groups that could account for physical, psychological, and social traits. Several studies have identified such traits as having the potential to effect outcomes (Mertens, 2005; Niglas, 2004; Thompson, Kyle, Thomas & Vrungus, 2002). However, it should be noted again that data specific to age, income level, and education level were subjected to analyses in the present study and found to have no statistical significance. In addition, the study screening process may have been somewhat deficient in regards to the inclusion and exclusion criteria.

The researcher failed to eliminate segments of the sample population (e.g., married men, individuals involved in long-term monogamous relationships, or individuals who are celibate) which could have skewed the results of the survey. Another limitation is presented by the limited time frame on which the study focused. By limiting the data to the relatively short 6-month period preceding the implementation of the study, the researcher eliminated the opportunity to gather long-term data, which may have been significant to the study purpose. For example, gathering data related to the number of concurrent relationships an individual has been involved in over an extended period of time (e.g., 3 years) would be more effective in determining if this behavior is an aberration or symptomatic of a long-term pattern of sexually risky behavior. Finally, in the absence of a means of verifying the respondent’s inclusion in the target sample population, the researcher was forced to rely on the fidelity of study participants.
Discussion

Hypothesis One
As previously summarized, the study findings demonstrated a moderate correlation for hypothesis number one. A positive correlation was established between locus of control and condom use adherence. The majority of individuals whose responses identified them as having an internal orientation were found to maintain higher percentages of condom use adherence while those whose responses identified them as having an external orientation were found to maintain lower percentages of condom use adherence.

The study findings align with prior research in the area of sexual behavior indicating that individuals with an internal locus of control tend to be more informed and more likely to engage in preventive behaviors (DiBlasio & Benda, 1990; Victor & Haruna, 2012; Visher, 1986). However, five (5) individuals indicated an internal locus of control orientation and reported 0% condom use adherence and no maintenance of concurrent sexual relationships. These individuals could be representative of a segment of the sample involved in monogamous long-term (+ 6 months) relationships including married men, wherein they and their partner had ceased to utilize contraceptives or employ safe sex practices. It is also possible that some of these individuals could be practicing celibacy and not engaged in any sexual relationships at all.

Despite the contrary data provided by these respondents, the outcome of the data analysis in the study aligns with previous studies conducted on locus of control and condom use adherence in populations that were different than the population sampled for this study. It should be noted that some research conducted on African American male populations have identified culture specific variables which impact an individual’s perceived control (e.g. ethnic identity, SES, and racism) and behavioral outcomes (Duncan, 2003; Duncan, 2007; Gaa & Shores, 1979; Levine-Rasky, 2008). Some of these variables were examined in the present study as data gathered included age, level of income, and level of education. This data was collected for the explicit function of confirming that the respondents met the study inclusion criteria. This data was subsequently subjected to analysis and found to have no statistical significance.

Hypothesis Two
Hypothesis Two, specific to locus of control and the maintenance of concurrent sexual relationships predicted a negative correlation between locus of control and concurrent sexual relationships, wherein the more external the orientation the higher the occurrence of concurrent sexual relationships, and, the higher the internal orientation of the respondent the lower the incidence of concurrent sexual relationships. The correlation of these variables has been established in the literature with varying populations including cross-cultural samples of males and females (Marston & King, 2006; Masters & Wallston, 2005). In the current study, the relationship between the two variables was found to have a statistically significant low correlation. It should be noted that four (4) respondents reported an external orientation, low percentages of condom use adherence (below 50%), and no concurrent sexual relationships.

A number of scenarios exist, which could possibly account for this data. First, respondents could be involved in a long-term relationship wherein there is condom use but adherence is not rigorous. It is important to make clear that involvement in concurrent sexual relationships is not necessarily indicative of an elevated number of sexual partners, as some concurrent relationships are long-term exclusive as in the case of polyamory (U.S. Department of
Health and Human Services, 2015; Measure Demographic and Health Surveys, 2012; [DHS]). There is also the possibility of an occurrence of what can be described as “serial monogamy” wherein an individual has a number of consecutive relationships absent overlap as one relationship is over before another is started (U.S. Department of Health and Human Services; DHS, 2012). The aforementioned factors underscore the importance of continued efforts, like the present study, in contributing to the body of literature that informs human services professionals charged with addressing the problems associated with HIV and STI infection in high-risk populations like African American males.

Control perception, or locus of control, has proven to be a key cognitive predictor of mental and physical health behaviors in a number of populations (Mamlin, Harris, & Case, 2001; Luszczynska & Schwarzer, 2005). Several studies have identified an internal locus of control as predictive of mental and physical health behavioral outcomes (Luszczynska & Schwarzer, 2005; Mamlin, Harris, & Case, 2001; Nasser & Abouchedid, 2006; Rabkin et al, 1990). Most of the studies related to perceived control specific to sexual risk have focused on the predictive value of internal control versus external control within the context of sexual attitudes, risk knowledge, or behaviors (Spiegler & Guervremont, 2007). However, the literature is absent data specific to the association between locus of control, sexual risk behaviors, and African Americans. The benefits of identifying risky as well as precautionary behaviors and gaining insight into how they correlate within the African American population includes providing data to assist human services professionals in the development of culturally relevant and appropriate prevention programs and intervention strategies. These strategies can then be utilized with this population in direct care services like targeted case management, substance abuse prevention and treatment services, mental health counseling, and social services.

A few studies (Enger, Howerton, & Cobbs, 1994; Hillman, Sawilowsky and Wood, 1996; Mizell, 1999) suggest psychological empowerment programs which accentuate internalization of perceptions of control through promotion of the individual as effective and capable, increase awareness of individual factors that can impede or promote control efforts, and promote interpersonal (ability to influence others) and social power (ability to influence social systems), can be an effective means of positively impacting the locus of control in African American male adolescents and young adults. The data gleamed from these efforts has significant application to the work of human services professionals with the African American male population in a number of areas. Areas of significance include: social services like emergency and other community housing; residential and outpatient drug and alcohol prevention, treatment, and counseling programs; and community mental health counseling programs.

**Recommendations**

The study illuminated the contributory role control perceptions and sexual risk behaviors (condom use adherence and concurrent sexual relationships) can play in the health outcomes for the target population. Condom use adherence and the maintenance of concurrent sexual relationships have been established as two of the primary variables in sexual risk taking which can lead to STI and HIV infection. Data gathered from these studies demonstrate that a number of individuals persist in these risky behaviors in spite of the known relationship between these variables and HIV/STI infection (Dariotis, et al, 2011; Giles, Liddell & Bydawell, 2006; Manning, Flanigan, Giordano, & Longmore, 2009). These findings suggest a need for added emphasis on the reduction of these behaviors through the internalization of control perceptions.
One way of accomplishing this task is through the design and implementation of effective interventions aimed at psychosocial empowerment. First, empowerment efforts should focus on the internalization of perceptions of control through the promotion of the individual as effective and capable. Second, efforts should be made to increase the awareness of individual factors that can impede or promote control perceptions focusing on eliminating or minimizing the former while accentuating and maximizing the latter. Finally, efforts should promote interpersonal and social power through the acquisition of social, economic, and intellectual capital. The study contributes to these efforts by adding to the scientific literature on HIV, STI’s, sexual risk behaviors, and the psychosocial factors that contribute to these behaviors in African American males through the investigation of the existence of and nature of any relationship between the study variables of locus of control, condom use adherence, and the maintenance of concurrent sexual relationships in the target population of heterosexual, African American males, aged 18-24, residing in Hillsborough County, Florida.

References


The Ethical Standards for Human Services Professionals: Revision 2015

Linda Wark

Abstract
The ethical code of the National Organization for Human Services (NOHS), Ethical Standards for Human Services Professionals, was first drafted and approved in the 1990’s. More recently, a substantial five-year effort was given to preparing for and developing its first revision. The revision process and changes to the ethical code, approved early in 2015, are highlighted in this article. The revised Ethical Standards for Human Services Professionals was compared with the ethical code for the HS-BCP, and differences and similarities are described. Suggestions for future revisions processes are offered.

Introduction
During the latter part of the twentieth century and the early part of this century, there have been great strides in the development of the human services profession (Sparkman & Neukrug, 2016). For instance, during that time a professional association, the National Organization of Human Services (NOHS) was formed along with a related accreditation body—the Council for Human Services Education (CSHSE). NOHS initiated a national journal, national conferences, and more. In addition, the first national human service credential, Human Service—Board Certified Practitioner (HS—BCP), was developed. Finally, during the 1990s an effort, spearheaded by NOHS and CSHSE, resulted in the first NOHS ethics code being adopted in 1996 (Di Giovanni, 2009). Over the past five years the ethics code has been revised, with the second edition adopted in 2015. The following discusses the revision process and changes made to the code.

Development of the Revision
Processes for revisions to ethical codes have value. They reflect the thinking of new generations of members of professional organizations. They give opportunities for members to influence the values of the organization. They tap into our challenging experiences with clients, co-workers, students, and ourselves. They address omissions from previous versions. Finally, they can cause reflection on ethical codes by practitioners, and they promote service to clients that have integrity and thoughtfulness. The revision of the Ethical Standards for Human Service Professionals originated in the NOHS Ethics Committee, which recognized a need to update the standards to reflect societal changes, such as stronger attention to the use of social media and electronic communication (Neukrug, 2010). Ultimately, the entire 1996 version of the ethical code was examined using member surveys, town hall-style conference workshops, a task force, and NOHS board input.

An aim of the Ethics Committee during the revision process was to reflect the views of NOHS members as much as possible. Thus, the revision process began with a survey developed by the Ethics Committee that was made available to all members. NOHS posted the survey online, and an email was issued to the membership announcing the opportunity for participation. In addition, it was made available at conferences in related workshops. Students also participated when interested faculty from several universities brought the surveys to their classes.

The survey consisted of eight open-ended questions. Listed here, they are: 1) In your opinion, why should we revise the current NOHS ethical code?: 2) What should be added or
modified in the current ethical code?; 3) What should be eliminated from the current ethical code?; 4) What should not be eliminated from the current ethical code?; 5) Are there ethically ambiguous situations you encounter in your human services work (including internships if you are a student) or teaching that our code might address?; 6) Are there areas of ethical practice that seem to conflict with laws?; 7) Are there areas of ethical practice which seem to conflict with your workplace’s policies or norms?; and 8) What ideas do you have for the organization of the ethical code? Eighty-seven survey responses were received from members and students in human services degree programs.

Besides the survey, NOHS members were given other opportunities to participate in the revision process at workshops sponsored by the Ethics Committee at NOHS national conferences (Wark, 2010; Wark, 2014; Wark & Kerewsky, 2013; Wark, Kerewsky & Hudson, 2013; Wark & Slater, 2011). The conference workshops were summarized in refereed conference proceedings for members who could not attend (Wark & Kerewsky, 2013; Wark & Slater 2012).

Surveys and the comments made by workshop attendees were one influence on the revisions. In addition, a comparison with the ethical codes of other social science organizations influenced the revisions. Finally, the Center for Credentialing and Education (CCE) ethical code of the Human Services Board Certified Practitioner (HS-BCP) Code of Ethics (2009) provided another comparison. In June 2014, the NOHS Board accepted the first draft from the Ethics Committee. NOHS board members, Ethics Committee members, and, later, other member professionals at the 2014 national conference further revised the draft. After receiving feedback on this draft from attendees at two workshops at the 2014 conference, revisions were made, and the NOHS board asked a task force, formed in the fall of 2014, for feedback. Changes were implemented, and the final version was approved by the NOHS board in early 2015 (See ethics code in its entirety within this journal).

**Highlights of Changes between the 1996 and 2015 Versions**

The author made a comparison between the old and new ethical code for the purpose of highlighting and explaining changes. The 1996 version contained 54 statements. The term statements was changed to standards, and the 2015 version contains 44 standards. Eight standards are completely new (7, 9, 26, 32, 33, 34, 35, and 38). Ten standards are considerably revised (5, 6, 7, 10, 16, 17, 18, 31, 39, and 41) with additions of content or important concepts. The remaining standards have minor clarifying word changes (1, 3, 4, 13, 19, 20, 22, 27, 29, 36, and 40) or no changes (2, 11, 12, 14, 15, 21, 22, 23, 24, 25, 28, 30, 37, 42, 43, and 44). The reader should be alerted that standards which were retained from the 1996 version have different numbers. For example, Standard 24 was formerly Standard 33. Finally, 12 of the old standards were completely eliminated.

The Preamble also underwent changes. The second, third, and last paragraphs of the Preamble are completely new. The second paragraph now contains a statement of the values of the profession. The third paragraph articulates the conflicts that may arise among the Standards and cultural identity, certification, laws, and one’s workplace. In this paragraph, human services professionals are also encouraged to use ethical decision-making models. Finally, the third paragraph reminds members that ethical codes are not legal documents. The fourth paragraph describes the potential persons who will implement the ethical code given their identity with the profession of human services.
The revised code still has seven sections, but two section titles have changed. The Human Services Professional’s Responsibility to Community and Society was changed to encompass the broader scope of this section’s standards and renamed Responsibility to the Public and Society. The Standards for Educators was changed to the Human Services Responsibility to Students. In this section, there is a reduction of 17 standards in the old code to eight, which reflects the elimination of standards likely to be covered by policies and procedures in the educators’ workplaces. Although space considerations in this article do not permit an exploration of every small change, completely new and substantially modified standards to the ethical code are reviewed section by section.

Changes by Section

In the first section, Responsibility to Clients, Standard 7 states that professionals should avoid imposing their values and biases on clients. Standard 9, in this section, focuses on the impact of technology and its effect on confidentiality with a reminder to explain the impact and any relevant laws to clients. In the second section, Responsibility to the Public and Society, Standard 16 states, for the first time, the use of advocacy to fight social injustice and social oppression. Standard 17 contains expanded information on the avoidance of misrepresenting oneself to the public. Standard 18 was modified to guide educators to support their teaching with research and scholarship whenever possible.

In Responsibility to Colleagues, the third section, Standard 19 reminds the reader of the importance of avoiding duplication of services and of collaborating with other professionals. In the fourth section, Responsibility to Employers, there are no new standards or prominent revisions. In the fifth section, Responsibility to the Profession, there are four changes which will be emphasized here. First, Standard 26 spotlights the necessary “training, experience, education, and supervision necessary” for working with a wide variety of diverse clients and to use methods which are the best fit for the client’s culture. Standard 31 calls for the use of evidence-based practice when possible and to inform clients of the risks and benefits when using new or experimental techniques. The new Standard 32 definitively underscores the importance of rigor and ethical principles when conducting research and that such research must consider cultural biases and account for them in research reports. Standard 33 addresses the cautious use of social media by professionals and that they should consider how their public conduct will reflect well on the profession.

In the sixth section, Responsibility to Self, Standard 34 challenges professionals to know their own cultural backgrounds and biases and to pay special attention to how these personal influences might affect work with clients. While personal growth was valued in the first version of the ethical code, Standard 35 further stresses the maintenance of optimal growth for effective work with clients. When “physically, emotionally, psychologically, or otherwise impaired,” the professional must find other services for their clients. In the final section on Responsibility to Students, Standard 38 introduces a commitment to access and inclusion for “differently-abled” students. Standard 39 stresses the importance of educators demonstrating high standards not only in research, but teaching and service. Finally, Standard 41, which focuses on the quality of the field placement, also stresses the importance of protecting students who face potentially harmful events in field placements.

The new ethical code increased the number of standards related to diversity and cultural competence from two to five. Among the added standards, highlights included researchers being
advised that research is to be examined for cultural bias (Standard 32), the importance of knowing one’s own culture (Standard 34), and ensuring effectiveness with diverse groups of clients (Standard 26). Relatedly, Standard 16 holds members to “advocate for social justice and eliminate oppression, and Standard 10 was altered to include “disability,” “nationality,” and “historically oppressed groups” among the many groups for whom we strive to provide services without discrimination.

Challenges for Human Services Professionals

As human services is a multi-disciplinary profession, more than one ethical code can apply to NOHS members who have memberships in organizations of other professions. Kerewsky (2013) offered suggestions for managing allegiances to more than one ethical code. First, seek consultation from a disinterested third party. Second, consider the role undertaken by the professional in the situation. Although two codes may conflict on a particular issue, the role may be more aligned with one of the codes. Third, focus on how the client’s welfare can be best served. Finally, does one of the codes have more stringent standards?

In a case in point, members of NOHS are additionally challenged if they hold the human services certification, the Human Services – Board Certified Practitioner (HS-BCP) (2009), because they must also refer to a second ethical code (2009). Thus, the author examined the Human Services Board Certified Practitioner Ethical Code (2009), approved in 2009, for differences and points of overlap. An important focus in a comparison is that the NOHS ethical code and the HS-BCP code have two different purposes. The HS-BCP code was developed to be enforceable and to supplement, not replace, the NOHS ethical code (Hinkle & O’Brien, 2010). The HS-BCP code intentionally leans toward legalism, and the NOHS ethical code is considered to be aspirational (Sparkman & Neukrug, 2014). In addition, the non-corresponding items and standards do not create controversy making it possible for NOHS members who also hold the HS-BCP to combine the two and follow an enlarged set of ethical standards (Note: A copy of the comparison of the two codes can be obtained from the author).

One of the ways the Human Services – Board Certified Professional Code of Ethics (CCE, 2009) is different from the NOHS code (NOHS, 2015) is that it concentrates on relationships between employers and clients with no mention of students, the community, or the profession of human services. A second way it differs is that although it admonishes against discrimination, it does not address cultural diversity, advocacy, or social justice in other ways.

No apparent conceptual contradictions between the codes exist. However, 19 of the 27 items in the HS-BCP code (CCE, 2009) do not correspond to any of the 44 Standards of the revised NOHS ethical code (NOHS, 2015). Thus, the human services professional who holds the HS-BCP certification is responsible for acquiring an understanding of the HS-BCP’s view of ethical behavior. In three of the four sections of the HS-BCP code (CCE, 2009) there is overlap in content with the NOHS ethical code (NOHS, 2015). Some of the common items between the two codes include the following: the professional’s use of misrepresentation is not acceptable; clients who appear poised to hurt themselves or others must be managed; professionals must present their abilities and qualifications, credentials, titles and degrees accurately; confidentiality should be upheld except when legal and other exceptions permit disclosure) while helping clients, the professional should inform them of aspects of the helping process; clients’ consent for assistance is obtained at prior to the start of the relationship; multiple relationships should be
avoided, and, if impossible, steps to prevent harm should be taken; and sexual and romantic relationships with current clients are forbidden.

Conclusion

Providing revisions to the Professional Standards for Human Services Professionals (2015) was a worthwhile effort in the advancement of the Human Services profession. Among a number of changes, it addressed new social issues such as technology and social media, confirmed many values of organization’s members, and further addressed the social justice and multicultural helping concerns. However, the profession will be hampered without continuous and ongoing attention to its ethical code. One suggestion for future revision is the use of sub-committees focused on individual sections of the code. Sub-committees with diverse representation may serve to streamline and enhance the process. Another suggestion is to require a shorter period of ten years between major revisions with earlier, minor revisions, to accommodate changes to the profession or society. In addition, a mechanism could be in place for members to make suggestions online at any time for consideration at the next revision process. Finally, a member-driven expansion of the values statement in the Preamble is recommended.

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The Affordable Care Act and Addiction Treatment:
Preparing the Undergraduate Human Services Professional

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Abstract
The steady growth of the substance abuse and addiction field in addition to the passing of the Affordable Care Act (ACT) increases the need for competent and credentialed substance abuse professionals. As generalists in the helping field, human services professionals would benefit from education and sufficient credentialing in substance abuse and addiction treatment. The authors of this article suggest that substance abuse and addiction education be considered for inclusion at the accreditation level for human services programs. Furthermore, a discussion of the Alcohol and Drug Counselor (ADC) international credential and its benefits and implications for human services professionals will be presented.

Introduction
According to the U.S Bureau of Labor Statistics (2014), the field of substance abuse is expected to grow by 31% percent by the year 2022. This expansion is fueled by the implementation of the Affordable Care Act (ACA) of 2010, which expands the accessibility of healthcare insurance for individuals with behavioral health needs, which include substance abuse concerns (Karakus, 2014). As a result of this growth, the demand for substance abuse treatment providers will increase, particularly for clients with Medicaid insurance, which is the largest insurance provider in the United States for low-income citizens (Ali, Teich, & Mutter, 2014; Andrews, 2014; Beronio, Glied, & Frank, 2014; SAMSHA, 2014). Despite this growth and increased need for substance abuse treatment providers, human services accreditation standards do not require substance abuse and addiction education as part of the required curriculum for undergraduate human service professionals. Thus, as generalists in the helping field, undergraduate human services professionals could potentially face issues of incompetence in this area as a result of lack of education. This article therefore reviews recent growth and changes in the addiction field, cites accreditation standards in human services, and suggests the incorporation of addiction courses as part of the required curriculum for undergraduate human services professionals. An overview of current credentialing options with suggestions for addiction certification will also be presented. This article ultimately encourages human services education programs to prepare competent professionals that can meet the growing demand for addiction helpers in the field, while also preparing the human services practitioner for service delivery changes as a result of the Affordable Care Act.

The Affordable Care Act and the Human Services Field
As the principle federal agency in charge of implementing the Affordable Care Act, the Department of Health and Human Services has two primary goals: increase insurance coverage and make coverage more affordable (Nordal, 2012). These goals, thus, result in increased coverage for services specific to the addiction field which include, but are not limited to, diagnostic testing, outpatient treatment, partial hospitalization, inpatient and outpatient detoxification, opioid treatment, as well as short and long term residential care (Garfield, Lave, & Donohue, 2010). This increased insurance coverage likewise results in more stringent...
expectations and requirements for providers regarding certification and licensure to be an active provider in this network (McLellan & Woodworth, 2014). Finally, the establishment of expectations and requirements creates the need for adequate credentialing and minimum education requirements of professionals who provide these billable services. Because of the expanded coverage of these services and growth in the helping field, educational institutions are called to prepare competent professionals who can meet this need.

The Role of the Human Service Professional

The U.S Bureau of Labor Statistics (2014) identified substance use and behavioral disorder professionals as those who advise individuals who suffer from chemical addictions or mental disorders. According to the Diagnostic and Statistical Manual for Mental Disorders (5th ed; DSM-5; American Psychiatric Association, 2013), a mental disorder is a syndrome classified by a clinically significant imbalance in either an individual's cognition, emotion regulation, or behavior, resulting in distress in an important area of their life. As helping professionals who provide an array of services targeted toward improving clients’ lives, human services professionals work in a variety of helping settings, providing supportive services to individuals including those struggling with substance use and behavior disorder issues (Bureau of Labor Statistics, 2011; Neukrug, 2017). According to the National Organization for Human Services [NOHS], the field of human services is committed to improving the quality of life through both prevention and intervention efforts. As a result, the field is constantly looking to improve its approach to provide better services to clients and to remain accountable to the community, to clients, and to the profession (NOHS, 2015).

Aligning with this commitment, human services professionals are employed in a variety of settings in which they directly work with clients who are struggling with substance abuse and addiction disorders (Hinkle & O’Brien, 2010; Neukrug, 2017). More specifically, a human services professional may serve in the position of a drug and alcohol counselor, intervening with someone struggling with substance abuse or supporting their family through the time of recovery (HumanSevicesEdu.org, 2015; Neukrug, 2017). Additionally, human services professionals provide treatment and support to help the client recover from addiction, modify problem behaviors, and access allowable services that are now covered under the Affordable Care Act (Bureau of Labor Statistics, 2011). As practitioners in addiction treatment, it is vital that human services professionals abide by the ethical codes of their profession with regard to practicing within their scope of knowledge.

Ethical Standards of Human Services Professionals

The Ethical Standards for Human Services Professionals describe the human services professional’s responsibilities to clients, to the public and society, to colleagues, to employers, to the profession, to self, and to students (NOHS, 2015). As each of these standards focuses on promoting the wellbeing of the client, human services professionals must possess the skills needed to meet the specific needs and the challenges that each client presents. This knowledge base is emphasized in Standard 27, which emphasizes that human services professionals should only practice within their scope of knowledge and expertise (NOHS, 2015). In addition, Standard 31 mandates the use of best practices in the field to meet the needs of clients, encouraging members of the field to continually seek out effective, evidence-based approaches in their work with clients (Neukrug, 2017; NOHS, 2015). It is important to recognize that evidence-based
approaches are not synonymous with evidence-informed approaches. Evidence-based approaches are supported by documented scientific evidence or study, while evidence-informed approaches are guided by research and evaluation. However, they do not require scientific research or rigorous evaluation to prove positive results or success (Fox, 2014; Nevo & Slonim-Nevo, 2011). Given the ethical mandates related to servicing substance abuse clients in an evidenced-based, competent manner, human services professionals must be trained in the area of assessment, referral, and best practices for working with this population. Misdiagnosis and mistreatment result in ethical violations and consequences not only for the client, but for the professional and the field as well.

**Human Services Education: Accreditation and Research**

In addition to the NOHS ethical codes, The Council for Standards in Human Service Education (CSHSE) sets curriculum and programmatic standards for human services education. CSHSE includes standards for human services programs at the associate, baccalaureate, and Masters’ level. Revised in 2013, these standards are informed by external research in the field, national research on human services education programs, and they have been aligned with the transforming field of human services since the early 1970s. Divided into General Program Characteristics and Curriculum, each of the standards is general in scope, attempting “to strike a balance between clearly stated principles and enough flexibility to avoid constraining natural diversity among programs” (Center for Credentialing and Education, 2015). Given this statement by CSHSE, it is not surprising that a review of standards at all levels yielded no specific mention on addiction and/or substance use/abuse (CSHSE.org, 2015). Thus, in order to fully examine the relationship between human services and addiction, a review of research into this relationship was facilitated.

**Research in Addiction and Human Services Education**

Substance abuse is a serious public health concern that calls for the assistance of trained human services professionals (Hagen & Kisubi, 2011). Yet, there has been very little published on the inclusion of substance abuse in human services curriculum at the associates, baccalaureate, or Masters’ level. A review of the sponsored publication by the Council of Standards in Human Service Education (CSHSE) discovered articles that reference the subject of substance abuse/addiction. DiGiovanni’s (2009) monograph, entitled *Council for Standards in Human Service Education Legacy: Past, Present, and Future*, includes a list of each of the required programmatic standards for accreditation, relevant documents, examples from accreditation self-studies, and an applicable national community support skill standard. With regards to examples from self-studies, DiGiovanni likewise noted the themes of faculty expertise in addiction as well as the inclusion of curriculum that addressed salient community issues such as addiction. Based on this publication, it appears that substance abuse/addiction is integrated into some of the human services curriculum for accredited programs and/or programs seeking accreditation. However, additional information is needed to determine how often and to what extent the substance abuse curriculum is integrated into human services education. Additional information is also needed regarding the number of programs that employ program faculty with substance abuse/addiction experience/training. A second monograph published by the CSHSE, *Best Practices in Human Services: A Global Perspective* by Hagen and Kisubi (2011), also mentions the topic of substance abuse/addiction. In fact, there are over a dozen references to
substance abuse and/or addiction within this featured monograph. However, these references do not specifically address how substance abuse/addiction is integrated into human services education.

Moreover, an additional review was conducted within the last ten years of publications from the Journal of Human Services, formerly known as Human Services Education. These publications did not note any articles specific to substance abuse. The most similar title related to an article on behavioral addiction in the 2014 edition of the Journal of Human Services. However, the Journal of Human Services Monograph, a special edition from 2015, published two separate articles related to substance abuse: one on substance use in adolescents (Leak & Neal, 2015) and another on drug rehabilitation programs (Brown, 2015). Based on the review of applicable research in this area, it can be concluded that while substance abuse and addiction is a pervasive issue affecting our society, there is little published about the applicability of this role to human services professionals and/or educators. The lack of a requirement of substance abuse education, as well as minimal research into the relationship between the human services professional and substance abuse treatment, creates a clear need for human services professionals in substance abuse settings to pursue education and credentialing in this area.

The Human Services Profession and Credentialing

In 2008, a collaborative effort between the Center for Credentialing and Education [CCE], the Council for Standards in Human Services Education [CSHSE], and the National Organization for Human Service [NOHS] resulted in the development of the Human Services--Board Certified Practitioner (HS--BCP) credential (Hinkle & O’Brien, 2010; Neukrug, 2017). In its development, the goal of this national credential was to provide integrity, value and quality for the credential holder, their employers and the consumer (Hinkle & O’Brien, 2010). As a result, this credential established education, experience, and continuing education requirements for human services professionals in order to enhance their professional identity and further define the field.

Continuing Education with HS-BCP

The HS-BCP requires professionals to maintain their credential with 60-clock hours of relevant continuing education (CE) during the five-year certification cycle, with at least six specific hours related to ethics. HS-BCPs can gain continuing education in 12 competency areas that align with the Council for Standards in Human Service Education (CSHSE). These 12 competency areas include: ethics in helping relationships, interviewing and intervention skills, group work, case management, human development, social and cultural issues, social problems, assessment/treatment planning, intervention models/theories, human behavior, social welfare and public policy, and research, program evaluation and supervision. These standards are broad in nature and do not specifically address substance abuse/addiction. While there is value in training a generalist practitioner, this general focus might also create an additional opportunity for lack of competence in a specific area of the behavioral health field. While substance abuse/addiction could fall within several of these competency areas for HS-BCPs interested in maintaining their credential, the lack of specification of substance abuse/addiction leaves this area of competency to be reliant on the professional’s own cognizance.
Human Services and Addiction Credentialing

According to Garfield et al. (2010), many addiction services provided under the expansions from the Affordable Care Act will need to be provided by a certified or licensed professional for reimbursement purposes. For undergraduate human services professionals serving Medicaid clients, this certification is vital in order to provide addiction services under this act. Unfortunately, many certifications and licenses appropriate to service Medicaid clients such as those that can be found in the fields of Counseling or Psychology are only accessible after a graduate level of education in these respective disciplines (APA, 2006; CACREP, 2015; Neukrug, 2017). While the human services field has recently established its own certification, the HS--BCP (Center for Credential & Education, 2009; Hinkle & O’Brien, 2010; Sparkman & Neukrug, 2014), this credential does not allow professionals to be reimbursed for Medicaid services, creating an alarming gap between the human services professional and the progression of the helping field. As a supplement to the HS-BCP, human services professionals are encouraged to pursue credentialing that will enhance their professional identity as human services professionals while also allowing them to meet the impending growth and demand of the addiction field.

Alcohol and Drug Counselor Certification

One such certification is the alcohol and drug counselor (ADC) credential, which is an international certification offered through the International Certification and Reciprocity Consortium [IC&RC] (IC&RC, 2015). Established in 1981, it is the largest credential in the field of addiction-related behavioral health care, with over 20,000 credential holders worldwide (IC&RC, 2015). According to the IC&RC (2015), the alcohol and drug counselor credential is offered in more than 63 countries, U.S states, and territories as a reciprocal credential. As an international certification, the Alcohol and Drug Counselor (ADC) credential not only allows for billing of Medicaid insurance in some states, but can also be obtained with an undergraduate level of education in human services (IC&RC, 2015).

As a Medicaid billable credential, the alcohol and drug counselor (ADC) credential has specific requirements with regard to substance abuse education, supervision, and experience for undergraduate human services professionals. Because it is an international credential, eligibility for the alcohol and drug counselor (ADC) credential is determined by its individual member boards for that jurisdiction based on the aforementioned areas (IC&RC, 2015). However, consistent with each jurisdiction is required substance abuse and addiction education in the specific domains of (1) treatment planning, (2) collaboration and referral, (3) counseling, (4) professional and ethical responsibilities, and (5) screening, assessment, and engagement, which are the basis for the examination content (IC&RC, 2015). Furthermore, each member board requires a specific amount of experience, which can range from 2,000-6,000 hours of substance abuse practice based on the education level of the applicant. It is during this time that applicants must also obtain 300 hours of clinical supervision from a supervisor that meets board regulations regarding licensure and supervisory training. After successfully completing these requirements, each applicant must pass a competency exam specific to the educational and supervision domains.
Implications for Human Services Programs and Professionals

Considering the growth and change in the helping field toward better holistic care specifically as it relates to substance abuse and addiction treatment, the need to establish ongoing competency in human services professionals is vital (Molfenter, 2013). The Affordable Care Act greatly enhanced the ability of individuals with substance use concerns to obtain insurance coverage and as a result, increased access to behavioral health care (Beronio, et. al. 2014). This change in the helping field supports the holistic approach to client care by encouraging not just a focus on socioeconomic, physical health, or vocational services but also mental health and addiction needs (Molfenter, 2013). The ethical standards for human services professionals state that human services professionals are aware of the limit and scope of their professional knowledge and only practice within their area of competency (NOHS, 2015). This change in the behavior health field creates the potential to limit or detract from the growth of the human services field as a result of lack of education in addiction and substance abuse.

In order to meet the demand of developing competent human services professionals, the field could benefit from change on the accreditation level. Students who graduate from accredited programs are more knowledgeable about core issues in human services, as accredited human services programs undergo a rigorous process to meet the standards of CSHSE (Neukrug, 2013). As a result, implications arise for CSHSE to review its accreditation standards with consideration given to incorporating substance abuse and addiction education as part of its core curriculum. Establishing this change on the accreditation level ensures consistency among human services education programs, as accreditation standards often become standards that determine eligibility for certification or licensure.

When addressing areas specific to addiction education, CSHSE is encouraged to consider content areas identified by the Substance Abuse and Mental Health Services Administration [SAMSHA] (2000), which focuses on competency and being knowledgeable in evidence-based practices in its TAP 21 publication Addiction Counseling Competencies. The National Addiction Studies Accreditation Commission (NASAC), which is the only accrediting body for addiction programs on all levels higher education (NASAC, n.d), adopted these subject areas as the evaluation standard for accreditation. Consistent with this evaluation standard, topics specific to transdisciplinary foundations (SAMSHA, 2000) such as understanding addiction, treatment knowledge, application of treatment skills and professional readiness would be of benefit to human services programs. Additionally, experiential activities specific to building transdisciplinary foundations include opportunities to engage in clinical documentation for case studies, mock treatment groups facilitated in class by a competent instructor, as well as hands on projects that would assist in reducing stereotypes while building empathy for this population are recommended. The authors of this article suggest the following activities: abstinence projects, attendance at local community based support groups such as Alcoholics Anonymous, or service learning and volunteer activities with organizations that service the addiction population projects.

CSHSE is also encouraged to not only focus on understanding addiction and transdisciplinary foundation but also on practice dimensions, which is the second competency area identified by SAMSHA (2000) in its TAP 21 publication. Educational institutions could aim to focus on developing competence in practice dimensions such as treatment planning, clinical evaluation, referral and service coordination, documentation, as well as professional and ethical responsibilities with substance abuse and addiction clients. Experiential activities such as in-class mock treatment team meetings using hypothetical case studies, projects that provide
opportunities to develop treatment plans with a focus on treatment, and referral and service delivery are also suggested. Finally, activities and exercises that provide opportunities for ethical decision-making and clinical evaluation are recommended.

**ADC and Human Services Professionals**

Although the human services field has enhanced its professional identity through the development of the Human Services--Board Certified Practitioner (HS--BCP) credential (Hinkle & O’Brien, 2010), the application of this credential in Medicaid funded addiction service is limited. As many human services professionals are employed in the addiction field (Hinkle & O’Brien, 2010), the passing of the Affordable Care Act limits their ability to practice in this growing area of behavior health due to inadequate credentialing and education. Thus, in order to enhance their professional identity as generalists in the helping field, undergraduate human services professionals in the addiction field are encouraged to seek additional certification. Because the alcohol and drug counselor (ADC) credential can be achieved with a bachelor’s level education, and allows for professional practice with Medicaid clients in some states (IC&RC, 2015), obtaining this credential would be of benefit to undergraduate human services professionals both nationally and internationally.

**Future Implications**

Given the importance of being knowledgeable in best practices related to substance abuse treatment, human services programs are encouraged to make substance abuse courses a requirement for graduation. At a broader level, the topic of substance abuse could be included as a required curriculum standard as mandated by the CSHSE. Then, human services students will be more prepared to be competent and trained professionals in this growing area of concern. Human services faculty should likewise focus their research on best practices for helping clients struggling with substance abuse and for teaching these best practices to human services students in the classroom. As more evidence-based articles are published related to the human services role in this area, more much needed material will be available to include in human services curriculums.

Current human services faculty in the field are called to consider the gap in their current programs and the need to fill this gap with quality substance abuse education. Program faculty are encouraged to advocate within the profession to review accreditation standards and to promote the inclusion of substance abuse education as a core tenant in Human Services undergraduate programs. In addition, the National Organization for Human Services is strongly advised to consider these implications on a national scale as they ultimately relate to the organization’s mission statement. Given the implementation of the Affordable Care Act and the current need in the field to address the growing issue of substance abuse, change should be considered soon so that the Human Services field can heed the call and meet the needs of this population in our society.

**Conclusion**

With the increased demand for substance abuse treatment services and the implementation of the Affordable Care Act, human services professionals would benefit from being fully prepared to meet the needs of clients struggling with substance abuse. Unfortunately, with current educational preparation requirements, human services professionals are not prepared in this area. Therefore, the human services professional is encouraged to take steps to incorporate
best practices for working with this population into the core human services curriculum. These measures would prepare human services professionals to become certified and accredited as experts in this arena. Ultimately, as the profession works to better itself to better meet client needs, the field becomes more ethically sound and better prepared to continue to evolve as our society does the same.

References


Introducing Mindfulness and Contemplative Pedagogy as an Approach to Building Helping Skills in Human Services Students

Breanna Banks, Tony Burch, Marianne Woodside

Abstract
In this article, we describe the development and implementation of contemplative pedagogy in human services education. Our focus is on mindfulness and related practices as a key contemplative pedagogical approach for human services education. We propose several methods of inclusion of mindfulness that begin with small integrations of this pedagogy and ends with a thoroughly integrated approach. To illustrate, we offer an example of how the human services educator can incorporate mindfulness into a basic helping skills course.

Introduction
A key aspect of educating helping and human services professionals is helping students gain the skills to develop helping relationships and build rapport with clients (Council for Standards in Human Services, 2013). Human services educators, such as Neukrug (2017) and Woodside and McClam (2015), emphasized the importance of learning these skills, and they presented the ways specific skills enhance the helping process. In this paper, we build the case for the importance of teaching basic helping skills in human services education and suggest mindfulness as new pedagogy to support student learning.

The Council for Standards in Human Services’ national standards explicitly stated that human services programs will teach students how to deliver direct services using case management, intake interviewing, and individual and group counseling; all of which require the establishment of a sound helping relationship (CSHS; 2013; Woodside & McClam, 2015). In addition, the National Organization for Human Services’ Ethical Standards for Human Services Professionals (2015) offered several ethical standards that support the development of these basic helping and relationship skills to deliver effective services to clients. Further, using meta-analytic research, Weinberger (2015) suggested that there exists evidence that the common factors of effective therapeutic work strengthens the helping relationship and is the most consistent predictor of client success. This work highlights the importance of instilling this skill set in human services students (Weinberger, 2015).

Regardless of the recognized importance of teaching students helping skills, both educators and students acknowledge the challenges of teaching and learning said skills. According to human services educators Adcock et al. (2006), “Human service educators have long struggled with how to provide students with effective helping skills required of entry level human service professionals” (p. 340). These same authors continued their discussion by stating human services educators find it challenging to develop activities and experiences that assist developing students’ interpersonal skills (Adcock et al., 2006). In an effort to articulate the challenges of teaching human services students basic helping skills, McClam and Woodside (2010) presented a set of questions that students ask when learning said skills. These include: How do skills fit into the helping process? How important is a first impression? What should I share about myself? How do I get another person to trust me? to name a few (McClam & Woodside, 2010). Adding to our understanding of the students’ experiences learning these skills, Furman, Taylor, and Badinelli (2008) created poems that reflected the thoughts and feelings of...
student reflective writings, including phrases such as “I want to have the right answers/ I want to lead my client though their processing/ I’ve learned that it does not work that way” (p. 128).

In response to the importance and challenges of teaching basic helping skills, human services educators have suggested new ideas for teaching basic helping skills. For example, Crowe and Villalba (2012) used sociodrama to infuse multicultural aspects of helping, Esposito (2009) suggested engaging student actors as mock clients to increase the authenticity of the helping experience, and Wark (2008) offered classroom exercises that enhance decision making to improve the development of basic skills. In addition, Furman et al. (2008) proposed using helping triads to bring real issues into skill development and asking students to engage in reflective writing to develop insights in helping, McClam et al. (2007) introduced service learning into a skills class to enhance practice, and Duggan et al. (2007) suggested implementing a web-based environment to enhance skill development.

While the human services literature suggested that the helping relationship and solid rapport are vital for client progress and the CSHS (2013) national standards required that helping relationships and skills courses integrate theoretical framework, content knowledge, and applicable skills rooted in a conceptual framework and underlying philosophy, Weinberger (2015) posited there is currently no conclusive evidence regarding the “best” way for helping students to learn how to build these relationships. However, an emerging body of research supports the notion that several factors related to the helper’s internal experience, such as the capacity to feel empathy for a client, an attendance to the here and now, the ability to quiet internal mental chatter, and an attitude of openness and acceptance, impact the development and maintenance of the helping alliance (Cacciatore & Flint, 2012; Cacciatore, Thieleman, Killian, & Tavasolli, 2015; Childs, 2010; Wong, 2013). In addition, the CSHSE standards also stated the importance of the development of awareness of these internal phenomena for human services students, e.g., the “conscious use of self” (2013, p. 10). Therefore, we suggest that contemplative pedagogy, namely the use of mindfulness training, with its emphasis on cultivating self-awareness and emotional attunement through deliberate attention to the present moment, supports the process of assisting students to gain these skills and dispositions that allow them to develop rapport, understand clients, and build client trust, all of which facilitate the helping process. Griswold (2010), Christopher and Maris (2010), and Ponton (2012) provided preliminary empirical support. As many human services programs introduce students to these skills early in their professional development, we propose using the basic helping skills course as the venue for embedding contemplative pedagogy into human services training.

Here, we note Holt and Catone’s (2014) and Lahikainen and Soysa’s (2014) contribution to the literature surrounding integrating mindfulness into human services, and as we build on their work we have three goals. First, we describe the development and implementation of contemplative pedagogy in human services education. Second, we focus specifically on mindfulness and related practices as key contemplative pedagogical methods for human services programs. Third, we propose a model that presents levels of mindfulness work, from beginning with small integrations of this pedagogy and ending with a thoroughly integrated approach for incorporating mindfulness-based contemplative pedagogy into core human services coursework.

Within a long-standing and traditional religious context, Plante (2010) indicated that contemplative practice represents a joining of eastern and western approaches to ways of being. Plante also suggested that contemplative practitioners subscribe to the constructivist notion of emphasizing methods of questioning and exploration through meditation, contemplative prayer,
mindfulness, prayerful reading, and compassionate action rather than the pursuit of pre-existing knowledge. During the last thirty years, members of the health and helping professions recognized the value and use of contemplative practices and expanded its practice to improve physical and mental health (Hayes, Stroshal, & Wilson, 1999; Kabat-Zinn, 2013; Linehan, 2014). Within the human services profession, evidence suggests contemplative practice benefits clients suffering from mental health issues such as chronic stress, post-traumatic stress, affect dysregulation, general anxiety disorder, borderline personality disorder, depression, and self-harm ([Granato, Wilks, Miga, Korslund, & Linehan, 2015; Jindani, Turner, & Khalsa, 2015; Mind and Life Education Research Network (MLERN), 2012]. In addition, contemplative practice may also benefit human services professionals in that it includes the maintenance of therapeutic presence, professional identity development, wellness and self-care (Griswold, 2010; Christopher & Maris, 2010; Ponton, 2012).

An emerging use of contemplative practice that relates specifically to teaching, especially in post-secondary education, is contemplative pedagogy. Grace (2011) described the goal of this type of pedagogy to cultivate “…inner-awareness through first-person investigations” (p. 99). Contemplative pedagogy, similar to contemplative practice, includes a range of activities, experiences, and assignments such as silent meditation, mindfulness activities, compassion practices, listening, reflection writings, creativity exercises, and expressive movement (Goh, 2012; Haynes, Irvine, & Bridges, 2013). Grace (2011) and others (Cacciatore, Thieleman, Killian, & Tavasolli, 2015; Griswold, 2010; Lahikainen & Soysa, 2014; Wong, 2013) described contemplative pedagogy as a promising approach to the teaching and learning of undergraduate and graduate students, and in particular students in the helping professions.

**Contemplative Pedagogy for Future Helping Professionals**

Scholars suggested that a contemplative approach to education may create a more comprehensive educational experience (Grace, 2011; Haynes et al., 2013). For instance, Miller (2012) encouraged educators to attend to spiritual awareness as a means to encourage students to be fully present in the classroom experience. In addition, human services educators’ contemplative awareness of the Jungian concept of synchronicity, which aims to make meaning in seemingly unrelated coincidences, may also help in creating meaning for students (Cho, Miller, Hrastar, Sutton, & Younes, 2009). Finally, Wong (2013) suggested a contemplative approach may enhance the attention and appreciation of moment-to-moment interaction with self and others in the classroom.

Of particular importance to educating human services students are the enhancements to relationship building skills contemplative pedagogy provides. First, Wong (2013) suggested continuously encouraging students to draw their attention back to the present moment is possibly the most immediate means for the human services educator to embed the skills and outcomes related to contemplative practice, such as enhanced self-awareness and increased emotional attunement to self and others. Second, Gockel et al. (2013) found that students educated using contemplative practices may also feel more confident in their own abilities to form therapeutic relationships. Third, researchers Cacciatore et al. (2015) and Christopher and Maris (2010) suggested that these educational strategies assist in students’ development of empathy, perhaps the most critical component of relationship building.
Mindfulness: A Contemplative Approach to Human Services Student Development

While contemplative practice and pedagogy may take multiple forms, one form in particular has recently experienced an increasing presence in the empirical literature: mindfulness (Cacciato & Flint, 2012; Cacciato et al., 2015; Childs, 2010; Christoper & Maris, 2010; Ponton, 2007). Kabat-Zinn (2013) proposed that mindfulness is a practical component of several Eastern spiritual traditions including Buddhism, yoga, and Qigong, but now exists beyond the realm of religion in Western healing disciplines. Researchers have not always agreed on an operational definition of mindfulness. Examples include mindfulness as awareness practice (Kabat-Zinn, 2013), an acceptance of internal and external experiences (Bishop et al., 2004) and a set of interventions producing outcomes (Hayes, Strohal & Wilson, 1999, p. 161).

We conceptualize mindfulness as a three-part process developed by Banks and Burgin (2014): a) Awareness/Attention - one-pointedness, present moment, emphasis on noticing mental and physical phenomena as they arise and fall away; b) Attitude - acceptance and compassion for self and others; non-judgmental stance toward the things that are discovered through enhanced awareness of the present moment; gentle allowing; c) Intention – purpose to reduce suffering and dissatisfaction in self and others, deliberate effort to translate insight gained though awareness/attention and attitude into behavior. Each of these core components of mindfulness relate directly to the work of the helper across discipline and theoretical orientation, attitude, and intention in our descriptions of the levels and in Table 1.

Table 1: Course Content and Learning Activities per Level of Integration

<table>
<thead>
<tr>
<th>Levels of Integration</th>
<th>Content</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic skills</td>
<td>overview;</td>
<td>o Read basic skills text and PowerPoint presentations</td>
<td>o Includes all Level 1 activities</td>
<td>o Read selected chapters from basic skills text, Mindfulness-Based Treatment Approaches: Clinician’s Guide to Evidence Base and Applications (Baer, 2005), Introduction to Insight Meditation, and PowerPoint presentations</td>
</tr>
<tr>
<td>o Helping relationships</td>
<td>Major theoretical approaches of helping skills</td>
<td>o Review ethical codes from various helping professions and multicultural identity development theory summaries</td>
<td>o Read Mindfulness for Beginners: Reclaiming the Present Moment—and Your Life (Kabat-Zinn, 2011)</td>
<td>o Review ethical codes from various helping professions and multicultural identity development theory summaries</td>
</tr>
<tr>
<td>o Basic skills:</td>
<td>attending, reflecting, paraphrasing, summarizing, nonverbals, minimal encouragers, open-ended questions, etc.</td>
<td>o Read and present one journal article about mindfulness in helping</td>
<td></td>
<td>o Right speech discussion groups</td>
</tr>
<tr>
<td>o Mindfulness skills:</td>
<td>awareness, acceptance, attunement, non-judgment, meditation, etc.</td>
<td>o Classroom discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Helping structure:</td>
<td>opening and closing a session, time management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Multicultural and</td>
<td>ethical consideration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels of Integration</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td><strong>Level 1</strong></td>
<td><strong>Level 2</strong></td>
<td><strong>Level 3</strong></td>
<td></td>
</tr>
<tr>
<td>2. How to practice</td>
<td>In-class skills demonstration</td>
<td>In-class skills demonstration</td>
<td>In-class mindfulness-based skills demonstration</td>
<td></td>
</tr>
<tr>
<td>mindfulness and</td>
<td>In-class and assigned skills video demonstrations</td>
<td>In-class and assigned skills and guided mindfulness demonstrations</td>
<td>In-class and assigned skills and guided mindfulness demonstrations (insight and loving kindness)</td>
<td></td>
</tr>
<tr>
<td>deliver mindful</td>
<td>5-minute guided mindfulness practice to open and</td>
<td>5-minute guided mindfulness practice to open and</td>
<td>5 to 10-minute guided mindfulness practice to open and close class</td>
<td></td>
</tr>
<tr>
<td>helping skills</td>
<td>close class</td>
<td>close class</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Triad skills practice (helper, client, mindful</td>
<td>Triad skills practice (helper, mindful client,</td>
<td>In-class mindfulness activities (sitting, walking, eating, yoga, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>observer)</td>
<td>mindful observer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Daily mindfulness or meditation practice commitment (15 mins/day)</td>
<td></td>
</tr>
<tr>
<td>3. How to use</td>
<td>Taped mock sessions</td>
<td>Maintain weekly mindfulness journal</td>
<td>o In-class mindfulness retreat</td>
<td></td>
</tr>
<tr>
<td>mindfulness in</td>
<td>Personal tape transcript review</td>
<td>o All Level 1 activities</td>
<td>o Attendance at once-weekly local mindfulness activities (sitting, walking, eating, yoga, etc.) group</td>
<td></td>
</tr>
<tr>
<td>assessment of own</td>
<td>Reflection paper on personal tape review</td>
<td>o Maintain weekly mindfulness journal</td>
<td>o Triad skills practice (mindful helper, mindful client, mindful observer)</td>
<td></td>
</tr>
<tr>
<td>execution of skills</td>
<td>Completion of Five Factor Mindfulness Inventory</td>
<td>o All Level 1 activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and how to observe</td>
<td>(Baer, Smith, Hopkins, Krietemeyer &amp; Toney, 2008)</td>
<td>o Maintain weekly mindfulness journal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>own experience as a</td>
<td>Completion of Hopes and Skills table and goals</td>
<td>o Taped mock sessions</td>
<td>o In-class interpersonal process recall (IPR tape review</td>
<td></td>
</tr>
<tr>
<td>mindfulness practitioner</td>
<td>list</td>
<td>o In-class interpersonal process recall (IPR tape review</td>
<td>o Reflection paper on IPR tape review</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Completion of Five Factor Mindfulness Inventory</td>
<td>o Completion of Five Factor Mindfulness Inventory (Baer, et al., 2008)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Baer et al., 2008)</td>
<td>o Completion of Hopes and Skills table and goals list</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Completion of Hopes and Skills table and goals list</td>
<td>o Maintain weekly mindfulness journal</td>
<td></td>
</tr>
<tr>
<td>4. How to enhance</td>
<td>Reflection paper with instructor and peer</td>
<td>All Level 2 activities</td>
<td>All Level 1 and 2 activities</td>
<td></td>
</tr>
<tr>
<td>mindful self-</td>
<td>feedback</td>
<td>Summary of mindfulness journal</td>
<td>o In-class summative right speech discussion</td>
<td></td>
</tr>
<tr>
<td>awareness as helper</td>
<td>Interpretation of Five Factor Mindfulness</td>
<td>o All Level 2 activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the skills delivery</td>
<td>Inventory (Baer et al., 2008) results</td>
<td>o Summary of mindfulness journal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>process</td>
<td>Personal barriers paper</td>
<td>o Personal barriers paper</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mindfulness in the Helping Process

Banks and Burgin (2014) provided evidence that suggests helper mindfulness positively impacts the helping relationship. Ponton (2012) stated that mindfulness may serve as a means to allow and enhance the helper’s ability to generate empathy for clients to assist helpers in being “intentionally aware of the present moment as it emerges,” (p. 191), while Cacciatore and Flint (2012) suggested that it may facilitate the helper’s focus on the client by quieting the helper’s internal dialogue thus allowing the helper to attune to the client in the here and now. Further, Childs (2010) suggested mindful presence with the client fosters attitudinal changes in the helper, thus lending to openness, curiosity, and acceptance.

Mindfulness Used in Training Helping Professionals and Human Services Students

Mindfulness has recently had an increasing presence in the human services pedagogical literature; taking multiple forms and resulting in a variety of outcomes related to student development, such as reduced stress, increased levels of self-awareness, and improved capacity to engage in classroom activities. (Cacciatore et al., 2015; Gockel et al., 2013; Goh, 2012; Wong, 2013). Wong (2013) found that when incorporated into social work education, mindfulness may serve as a means to enhance helpers’ capacity to relate to their clients and value the present moment. For students in a death education class, Cacciatore et al. (2015) indicated that mindfulness allowed them to cope better with their own emotions, and thus were able to engage better with emotionally challenging course topics. Goh (2012) indicated that mindfulness education may also improve basic attending skills such as active listening by helping students to better identify and ameliorate habits, which impede their ability to effectively attend to clients.

While increasing evidence exists for incorporating mindfulness-based contemplative pedagogy into human services, only one group of researchers has examined the process of using mindfulness in teaching helping skills. Gockel et al. (2013) explored mindfulness in social work training by incorporating brief mindfulness training into a helping skills course. This intervention consisted of 10 minutes of technique training (e.g., meditation, awareness, stretching, guided imagery, etc.) and five minutes of in-class discussion over 10 weeks. Gockel et al. (2013) indicated improved mindfulness and self-efficacy, and qualitative outcomes included students’ report that training was useful to their development and stated mindfulness was helpful in achieving training outcomes. Students believed mindfulness facilitated learning, with follow-up outcomes demonstrating that students used mindfulness in their professional practice as an intervention with clients and as a method to reduce anxiety on job.

As the literature suggests, mindfulness-based contemplative pedagogy brings a multitude of potential benefits to human services students (Cacciatore et al., 2015; Gockel et al., 2013; Goh, 2012; Wong, 2013). While helpers work to develop their capacity and competence in the helping relationship throughout their careers, we suggest the foundation for this process is formed during the basic helping skills course.

Contemplative Pedagogy in Action: Building Skills Mindfully

As we discussed in the introduction of our paper, human services educators commonly agree about what are core helping skills that students must acquire during their training (Neukrug, 2017; McClam & Woodside, 2010; Woodside & McClam, 2015). Topics in this class can range from greetings (e.g., introductions; beginning a session), listening and attending skills (e.g., rapport, gathering information, silence, closing a session, empathy, and nonverbal), and
responding skills (e.g., summarizing, questions, paraphrasing, reflecting feelings or meaning). McAuliffe and Eriksen (2010) indicated that many educators use experiential learning, such as role-plays, video-taping, and helping sessions with peers as primary ways of helping students learn these skills.

As students begin their study of human services and practicing these new skills, they exhibit conflicting emotions of enthusiasm and anxiety (Stoltenberg & McNeill, 2011; Neukrug, 2017; Woodside, Cole-Zakrzewski, Oberman, & Carruth, 2007; Woodside, 2017). In a study conducted by Woodside et al. (2007), students indicate how little they know of professional helping and even question the modes of helping they used prior to entering human services education, such as advice giving. In addition, these students are motivated to learn and perform well, yet they fear evaluation. They want to focus on the client in the moment, but instead, focus on their performance (Egan, 2014; Stoltenberg & McNeill, 2011). McAuliffe and Eriksen (2010) recommended the following for teaching these novice helpers: structuring curriculum material, sequencing skills from simpler to more complex, presenting learning in small lessons, encouraging experiential learning, providing continuous feedback, and suspending early grading of skill development.

When educators integrate mindfulness in a more comprehensive way, researchers indicated shifts in the way they approached helping and how they thought about helping (Goh, 2012; Wong, 2013). Wong (2013) suggested using mindfulness and other contemplative practice to help students understand critical social work, or the analysis of power related to culture and diversity and social work practice. Goh (2012) found that after she introduced mindfulness and reflection into her teaching of basic skills, students became more aware of three “bad habits” related to limited listening (i.e., mind wandering, multi-tasking, and thinking ahead) and developed strategies for overcoming these “bad habits.” We link the findings of Goh (2012) and Wong (2013) to “transformative learning,” described by Cranton (2006) that incorporates learning in three ways: a change in the way students consider themselves, a shift in what students’ believe and value, and a reconsideration in what they do. Sweitzer and King (2013) and Woodside (2017) affirmed the importance of human services education and the importance helping transform human services students into helping professionals.

Support for the incorporation of mindfulness-based contemplative pedagogy into human services higher education exists from both theoretical (Grace, 2011) and empirical vantage points (Cacciato et al., 2015; Haynes et al., 2013; Lahikainen & Soysa, 2014). This existing work suggests that the helping process is deeply informed by the helper’s mode of relating to self and others. Examples of this include present-moment awareness and attunement, a compassionate orientation and attitude, and dedication to life-long self-exploration and knowledge (Cacciato & Flint, 2012; Childs, 2010; Ponton, 2012; Schuster, 1979). In the following section, we use the helping skills course as a practical illustration for the implementation of mindfulness-based contemplative pedagogy into human services education.

**Implementation**

We present a three-tiered model of mindfulness integration into a basic helping skills course (see Table 1). This model includes a conceptualization for how to incorporate mindfulness into human services pedagogy in a practical, theoretically sound way. The tiers represent “levels of integration,” or the extent to which the educator could incorporate mindfulness into developing, delivering, and assessing a helping skills course. The levels of
integration increase the emphasis on mindfulness practice and philosophy as the “vehicle” for enhancing basic skills for helping. While we believe it would be possible to use any of the course levels presented as the build for the helping skills course, we also propose that course levels two and three could serve as elective or advanced skills courses. We encourage human services educators to use discretion for “goodness of fit” of each of the levels into respective programs, as well as to implement, evaluate, and compare outcomes across these levels.

Levels of Integration

**Level one: introductory/technical.** In this primary level, the course closely resembles most other basic helping skills courses. The instructor uses a general skills textbook, provides regular skills demonstrations, has students act in frequent skills practice role plays, and assigns some self-reflective work. However, the instructor supplements the foundational skills teaching practices with introductory mindfulness techniques and information. Here the students learn the basic steps to do mindfulness and are considered engaged recipients of mindfulness practice. In addition, all mindfulness-related activities are initiated and guided by the instructor. Students are not expected to engage in mindfulness practice outside of class, but are provided enough basic information and technique to do so if they choose. For example, the instructor could use the first and/or last five minutes of each class leading the class in a brief mindfulness activity, followed by a brief discussion of how the activity relates to themselves or the work they will do with clients. To implement this specific practice, the instructor would guide students through a brief guided meditation in which students are gently coached to focus primarily on the physical sensation of their breath. Instructors would tell students to mentally note when a thought, emotion, or physical sensation arises, and to gently return their focus to their breath. Upon the closure of the brief meditation, the instructor would guide students in a brief discussion about their experience during the meditation with questions like, “What did you notice physically/mentally/emotionally?” Other activities to include in Level One be brief reflective free-writing in which the instructor asks students to first contemplate a newly learned skill and the idea of performing that skill, then to write down any thoughts or emotions that arise. This could also be translated to an art-based technique, in which students are provided paints or makers and asked to translate their experience in a visual way. Especially important with art-based techniques, instructors should encourage students to employ a non-judgmental stance about their and their peers’ artistic work. Therefore, the instructor needs a basic understanding of mindfulness practice and its use in the helping process, but extensive knowledge beyond this is not necessary.

**Level two: integrative/theoretical.** The overall purpose of the Level Two course that integrates mindfulness is to train students to become “mindful helpers.” Here, the instructor should continue to use a basic helping skills textbook and maintain close adherence to programmatic and field-based standards. Through enhanced text and lectures focused on mindfulness, students learn mindfulness skills and assumptions as a theoretical basis for the helping process. For example, the instructor provides training on different types of mindfulness as they are described in both secular and Eastern spiritual traditions. For example, the instructor would use *Reclaiming the Present Moment--and Your Life* (Kabat-Zinn, 2011) as a core text in the class, in addition to readings on Buddhist forms of mindfulness, loving kindness [e.g., *Loving Kindness: The Revolutionary Art of Happiness* (Salzburg, 1995)] and insight meditation [e.g.,
Insight Meditation: A Step-by-step Course on How to Meditate (Salzburg & Goldstein, 2002). In Level One, the instructor uses typical skills teaching techniques such as role plays, demonstrations, case illustrations, etc., but does not integrate mindfulness tenets or techniques into the processing of these class activities. Here, the instructor will use similar activities, but will more fully embed mindfulness skills into lecture and course discussion. In addition to assigning readings in these texts and building their content into lecture, the instructor would also lead and participate in in-class mindfulness activities described therein. For example, as a means to cultivate mindfulness on loving kindness, upon assigning students to read a case illustration, the instructor would first ask the students to pay careful attention to any emotions that arise as they read through the case. The instructor would ask students to intentionally bring to mind their definition of compassion. Upon the completion of reading the case, the students sit in quiet contemplation on how they experienced compassion for the client, as well as pieces of the client’s experience that they found difficult to generate compassion for. The instructor then leads a discussion with a focus on how compassion can be instrumental in conceptualizing and delivering skills with various clients. At this level, students learn how to use mindfulness as they are provided more instruction both in class and in self-directed, experiential learning formats. Students perform as assisted pursuers of the practice using the experience to incorporate mindfulness into their skills work. Formal methods of evaluating mindfulness are incorporated into the Level 2 course (e.g., completion rates and thoroughness of entries in mindfulness journal). Instructors should use discretion regarding if and how mindfulness development relates to grading. Instructors of a Level Two course preferably have formal experience and/or training in mindfulness practice or mindfulness-based helping approaches, but could also develop their mindfulness skills along with the students throughout the duration of the course.

Level three: holistic/philosophical. Mindfulness philosophy and practice are the pedagogical and technical foundations for the Level Three skills course. Whereas Levels One and Two use mindfulness as a supplement to skills training, Level Three embeds mindfulness and mindfulness-based techniques as the vehicle for skills acquisition. Here the instructor teaches skills predominantly from mindfulness-based helping approaches (e.g., Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Mindfulness-Based Stress Reduction, etc.). Therefore, the instructor would likely not use a typical helping skills textbook, but rather works published by experts in mindfulness-based helping approaches (e.g., Linehan, 2014; Kabat-Zinn, 2013; Hayes et al., 1999). To gain a depth of understanding of mindfulness history and philosophy, students would also be assigned original Buddhist and related readings and required to discuss how the tenets therein relate to the helping process. The texts mentioned in Level Two could suffice here, however, embedding mindfulness-focused content from the Dhammapada, the traditional text containing the teachings of the Buddha, could enhance students’ historical and contextual understanding of mindfulness. Further, all in-class practice activities maintain a focus on using or enhancing mindfulness-related skills and qualities, with the instructor giving heightened attention to using language specifically related to mindfulness-based approaches throughout (e.g., Interpersonal Process Recall tape review, right speech discussion). Similar to Level Two, but to a higher degree, students cultivate a mindful way of being by engaging in mindfulness practice outside of the classroom. This would include a required experiential component of joining a loving kindness, insight, or Zen meditation group that meets at least once per week. Because of the intensity of mindfulness integration, instructors...
should offer alternative skills courses for those students who do not prefer this approach or consider Level Three to be an advanced or elective course. Instructors for the Level Three course should have a high level of expertise in mindfulness practice personally and professionally.

**Discussion and Implications for Practice in Human Service Education**

A primary focus of this article was to introduce mindfulness as an innovative and evidence-informed pedagogical strategy in human services education. We suggest that there are multiple and adaptable ways of integrating mindfulness into human services student learning and development, especially at the course-level. While preliminary research indicates positive outcomes for students from each level of integration, immense opportunity exists to evaluate the effectiveness of contemplative pedagogy into human services education (Cacciatore et al., 2015; Wong, 2013).

We also suggest that this strategy has the potential to promote student wellness and professional self-care. Wellness denotes good health both mentally and physically, and includes an intentional effort to gain this positive state or maintain it. Historical ways to assess wellness have related to medical strategies such as a nourishing diet and appropriate exercise (Kumar & Clark, 2012) and currently reflect an expansion of lifestyle medicine (Rippe, 2013). Beyond the notion of “lifestyle medicine,” wellness can involve creativity, coping and stress management, social relationships, spirituality, and identity (Lawson & Myers, 2011). Students’ sense of wellness related to coping increases with reduced stress and anxiety related to school and work with clients (Bonifas & Napoli, 2014; Gockel et al., 2013). Students involved in mindfulness pedagogy have also demonstrated a reduction of negative physical symptoms, an increase in calmness and centeredness (Bonifas & Napoli, 2014), and a sense of safety in supervision (Andersson, King, & Lalande, 2010).

Introducing mindfulness practice into pedagogy also appears to be linked to wellness in the areas of self-care. In fact, an emerging pedagogy so named “self-care pedagogy” has become an important focus of curriculum within the helping professions. Self-care practices reflect the targeted support students need, especially when learning about and providing trauma-focused care (Adams & Riggs, 2008) and working with clients’ experiences of death and dying (Cacciatore et al., 2015). In these events, Cacciatore et al. (2015) suggested that mindfulness practice may increase students’ engagement in self and create an increased sense of professional responsibility for their own self-care.

**Anticipated Challenges**

When considering integrating mindfulness into a helping skills course, we suggest considering the following challenges. First, multicultural dimensions of embedding mindfulness and other contemplative strategies into a curriculum should be considered. While the use of mindfulness has extended beyond its traditional Eastern spiritual foundations, some students may feel uncomfortable engaging in this practice for personal religious or other cultural reasons. Therefore, we suggest that educators discuss these cultural implications early in the class and include a disclosure statement about the purpose of mindfulness into course syllabi. Second, while many of the mindfulness practices in this approach require little to no formal training, the educator should have some experience and/or training in the practice and philosophy of mindfulness before attempting these integrative approaches. The type and level of training available to educators varies widely, but might include completing secular mindfulness training
such as MBSR (Kabat-Zinn, 2011) and even becoming certified to deliver such a training. Educators may also pursue informal mindfulness or contemplative training in the form of local meditation groups (secular or non-secular) or yoga classes. These trainings may help the educator who is anywhere from novice to expert mindfulness practitioner to continue to hone the skills of concentration, compassion, and insight that are so integral to contemplative practice.

Third, we have not included specific approaches or suggestions for how this integrative approach might align with the professional standards of different helping professions. Before implementation, we suggest a careful review of programmatic professional standards to ensure all learning outcomes and standards are addressed in these courses. Finally, students may encounter discomfort or distress during mindful and other reflective work. We encourage educators to disclose this potential risk to students and to provide appropriate resources as necessary (e.g., university counseling center, professional consult, formal meeting with faculty, etc.) (Goh, 2012; Wong, 2013.)

Conclusion
In this work, we endeavored to build upon that presented by Holt and Cottone (2014) and Lahikainen and Soysa (2014) regarding bringing mindfulness into the human services profession. While the incorporation of mindfulness into the helping process and relationship is at this point not a novel concept, human services educators would be wise to continue to consider ways to embed mindfulness into the training process of future human services professionals. As presented earlier, ample evidence exists that claims the benefits of mindfulness not only for the clients that human services professionals serve, but for the professionals (and professionals-in-training) themselves.

As the popularity of mindfulness in the helping and layman communities has increased dramatically over the past decade, we suggest that human services professionals and educators work to develop a discerning eye for “pop” mindfulness, and include only evidence-based mindfulness techniques and practices into their helping and educational work (e.g., Kabat-Zinn, 2013; Linehan, 2014). This will allow educators to introduce creative and innovative ways to enhance client and student development in an ethical, scientifically supported way. Further, while mindfulness is an increasingly secular process, we encourage human services educators and their students to only adopt the dimensions of mindfulness with which they are culturally comfortable and competent.

In closing, the purpose of this work was to propose a theoretically-based leveled model of incorporating contemplative pedagogy into human services training via a mindfulness-based helping skills course. We plan to build upon this work with a series of process and outcomes evaluation studies. We intend to systematically assess the process of building and delivering each of the three course levels, while also examining the short- and long-term impact of the varying degrees of mindfulness integration on student learning outcomes. We invite our fellow educators and researchers to implement and evaluate this model in efforts to continue to build evidence-based methods of contemplative pedagogy for human services training.

References


Connecting Human Services Students with Professional Experiences

Rebecca Bonanno, Tracy Galuski, Thalia MacMillan

Abstract
Faculty members developed an online course to assist and support adult students interested in human services as they engaged in professional development opportunities in their communities. The course, called “Professional Experiences in Community and Human Services,” helped to connect students who were new to the field of human services with conferences, training, and other events, enabling them to explore the profession in a structured and reflective way.

Introduction
Rationale for the Course
Students, particularly those who are new to the field of human services, need outside-of-the-classroom experiences to expose them to the expectations, values, and goals of the profession. With the increasing numbers of nontraditional undergraduates on college campuses today, specifically those who are financially independent and working full or part-time (National Center for Education Statistics, 2014), it is crucial that human services educators recognize that not all students have the time and flexibility to engage in all aspects of professional development—such as experiential or service learning and/or engagement with their future profession. Nontraditional students face competing responsibilities, as well as economic and situational barriers to degree completion such as the cost and accessibility of childcare and transportation (Hardin, 2008; Ross-Gordon, 2011). At a college in the State University of New York system that serves 20,000 nontraditional undergraduates annually, human services faculty have found an innovative way to connect students to professional learning experiences in their communities through the guidance of an online course.

Prior to developing the course, three faculty members identified a need among nontraditional human services students to gain real-world exposure to the values, norms, and practices of the human services profession. Some students who were new to the profession in some capacity, either through changing careers or areas of interests, were not able or prepared to undertake field experiences but could still benefit from some type of interaction with the professional world. The idea emerged to help connect them with professional organizations, seminars, and workshops in their own communities as a precursor to a service learning experience. These opportunities would allow them to form pre-professional relationships (network), learn practical knowledge and skills that would prepare them for future careers, and become familiar with the opportunities in and expectations of their particular fields of interest.

Nontraditional learners, though likely to be highly intrinsically motivated to enhance their skills and develop both personally and professionally (Bye, Pushkar & Conway, 2007), may lack the knowledge needed to enter a new field. A study of adults seeking career counseling found that many lacked information about careers and scored low on measures of their ability to identify their own interests, talents, and goals (Lucas, 1999). The course developers believed that connecting students with human services organizations and professionals in a time-limited and structured way would support their growth in the qualities needed for successful career change. Further, the course would provide students with a space to reflect on these experiences, with the...
support of classmates and an experienced instructor, and to connect experiences to their individual learning and career goals.

Development of the Course

The asynchronous online course, called Professional Experiences in Community and Human Services, was available for students over several semesters. The class sizes were small, ranging from one to five students. The course was broken up into five topical modules with each module lasting three weeks, and the students were asked to move through the modules as a group over the 15-week semester. Each module included an outline and content pages called perspectives which included content related to the fields of Aging, Disabilities, Early Childhood, and Human Services. The content pages were followed by a written assignment and an open discussion forum where the instructor facilitated a discussion to help the students gain a wider perspective of the helping professions.

The course objectives required students to explore agencies and professional organizations in their chosen field, and then attend and participate in a training or conference opportunity offered by these organizations. After engaging in the professional development activity, students shared their experiences with their classmates through online PowerPoint presentations and discussions.

The instructor used a combination of assessment techniques in the course. Formative assessment, in the form of narrative feedback, was provided in order to identify the student’s learning needs, help them improve the quality of their work, and assure overall success. Summative assessment of student learning and participation was provided at the end of each module in the form of numerical grades.

Delivering the Course

Two key techniques were utilized in the delivery of the online course to students. The first was the creation of a positive atmosphere in which students could develop supportive relationships with their instructor and with one another. This was especially important in modeling for the students the skills of networking and building professional relationships. The primary means through which students established and maintained relationships was online discussion boards. Discussion board stem questions were used to promote student reflection on their own professional interests and experiences. Instructors encouraged students to be creative in their reflection. For example, several students posted pictures on the discussion boards to illustrate what shaped their interests in this new area. The reflective discussions fostered a great deal of engagement among the students as they realized that they shared a common interest, learning goal, or quandary about the future.

The second strategy was guided exploration; specifically, exploring new areas with safe boundaries. The instructor began each module with content pages that would present a topic to the students. For example, the topic of organizations and agencies provided definitions and examples within the field in order to show the range of options. Under the guidance of the instructor who approved all of their interest areas, students were then asked to complete an annotated bibliography assignment whereby they needed to explore on the internet and find two professional organizations that supported their field and at least eight agencies in their field. The discussion board for this module then asked students to discuss the organizations and agencies
that they found, the process that they used to identify the organizations, challenges experienced, and what they learned from the assignment.

In another module, students were tasked with seeking out professional development opportunities such as conferences, workshops, or volunteer experiences that would help them explore and engage with a sub-area of the human services. In preparation for choosing an opportunity, they completed scaffolded assignments in which they researched the professional expectations, organizations, and norms of the field they chose to explore. The students spoke with the instructor about what field they were interested in; together they were able to choose experiences that would both enrich them professionally and fit into their hectic schedules. The module culminated with a reflection on attending the professional development opportunity explaining what they learned regarding expectations of the field, what they would do differently in the future, and what they learned that they had not already known. Through an iterative process of bringing new information, reflection, and questions back to the class for discussion, students were guided and supported in accommodating their new knowledge.

Throughout the course, no students engaged in the same professional experience, as they had varying interests. Once completed, the students returned to the course discussion boards and other activities to share their experiences and ask one another questions. Several students commented that they liked this opportunity to learn about additional areas of interest with their classmates, including the types of human services organizations that exist, the professional expectations within the field, and opportunities that may be available to them in the future. Many called the course a “journey into the world of human services” that the instructors hope will continue.

**Implications for the Human Services Field**

Further development of the course will include exploring additional ways for the students to engage, network, and collaborate with each other, the instructor, and the profession. Though the course instructors and developers were initially concerned that the class size would be too small, they found that the small size enabled the instructor to mentor each student in their professional development area of interest.

Other human service programs, particularly those with large populations of nontraditional students, can benefit greatly from this type of course. Just as skills and knowledge are gradually developed in students, this course has taught us that service learning needs to follow that same pattern. The course provided students with a structured and guided first step into the field of human services. With the connections made through the course—both with classmates and with professionals in human services organizations—students now have a foundation upon which they can begin to build or expand careers. The authors encourage human services faculty to explore similar ways of connecting nontraditional students with professional experiences that will help to prepare them for future field experiences and careers.

**References**


Applying John Dewey’s Theory of Education to Infuse Experiential Learning in an Introduction to Human Services Course

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Abstract

Teaching an introductory human services course is challenging, as educators must provide an overview of effective practice in a highly diverse field. Researchers conducted a review of all of the prior editions of the Journal of Human Services (JHS) to identify previous research on experiential learning strategies in human services education. This brief note examines the pedagogical practice of experiential learning and the application of John Dewey’s theory for successfully training students in an Introduction to Human Services course.

Introduction

Human Services (HS) professionals are generalists who assume a variety of roles while working with clients in widely diverse settings (Neukrug, 2017). Teaching the Introduction to Human Services course can be challenging, as educators are faced with the task of providing an overview of a diverse field that requires hands-on learning (Haynes, 2005; Neukrug, 2017). Experiential learning has been found to be effective in meaningfully facilitating students’ deeper understanding of content in such courses (McAuliffe, 2011). The purpose of this brief report is to provide an overview of how John Dewey’s (1933) theory of experiential learning that was used as a theoretical framework to teach the Introduction to Human Services course.

The current researchers first began investigating the breadth of literature about recommendations for implementing experiential learning pedagogy in human services education by conducting a review of all published editions of the Journal of Human Services (JHS), formerly referred to as Human Services Education. The purpose of this search was to determine the breadth of existing research related to experiential learning strategies that can be applied in the Introduction to Human Services Course. The researchers found that active learning pedagogy in human services dates back almost 30 years.

The importance of incorporating active learning pedagogy into HS education first appeared in JHS with Brittingham and McKinney’s (1987) discussion detailing the benefits of infusing active learning strategies into HS education. Researchers emphasized the importance of hands-on classroom activities for preparing students to translate theory into practice (Brittingham & McKinney, 1987). During the following 25 years, a variety of articles about active and experiential learning were published in JHS (Desmond & Stahl, 2011; Hagen, 1996; Hagen, 1992). Particular emphasis was placed upon methods and pedagogies for incorporating service learning and cooperative learning into HS education (Desmond & Stahl, 2011; Hagen, 1996; Hagen, 1992). However, there did not appear to be any previous research in JHS that specifically addressed a theoretical framework for integrating experiential learning pedagogy into HS education.

John Dewey's theory of education has been referred to as "perhaps the most influential account of learner-engaged, experienced based education” (McAuliffe, 2011, p.15). Dewey hypothesized that the major purpose of education was to facilitate students’ development of reflexive thinking in order to promote the betterment of society (Dewey, 1933). When faced with a problem, reflexive thinkers have the cognitive capacity to evaluate the situation from multiple...
perspectives and to critically evaluate information (McAuliffe, 2011). Dewey (as cited in McAuliffe, 2011) believed that experiential education was essential, as students develop reflexive thinking skills by engaging in cooperative learning activities which require critical thinking and considering multiple courses of action.

Implications for HS: Applying Dewey’s Theory in an Introduction to Human Services Course

John Dewey’s theory of experiential learning was utilized as a theoretical framework to teach a 15-week Introduction to Human Services course at a Research-Intensive university. The remainder of this brief report includes an explanation of how the major components of Dewey’s theory were utilized as a theoretical framework for teaching the introductory HS course. The course was structured around Dewey’s two key notions of Interest & Effort and Receptivity vs. Activity (Dewey, 1897; Dewey, 1933; McAuliffe, 2011).

Interest and Effort

Dewey believed that students must first be interested in a topic before they will dedicate effort and motivation to the learning process (Dewey, 1897; Dewey, 1933). Based on Dewey’s notion of interest and effort, students in the introductory course were assigned a reflection paper that required them to make an active effort to go out into the field and interview a HS practitioner. Students were then given a series of reflection questions to help them process their experience. The reflection questions were designed to trigger students’ interest and effort in engaging with the field of human services. For example, students were asked to write about how they believed each of the five situational factors that are outlined by Neukrug (2017), “economic, geographical, health, social, and cultural” (p. 310), had impacted the occupation of the HS professional that they interviewed. This reflection assignment allowed students to actively learn about the field of HS while applying the five situational factors in the field.

Receptivity vs. Activity

Receptivity in learning is the process by which students passively receive knowledge (McAuliffe, 2011). For example, students passively receive information as they listen to a lengthy lecture. Dewey hypothesized that students learn more effectively and have the most powerful deep learning experiences when they are actively involved in the learning process, as opposed to when they passively receive information (Dewey, 1897; Dewey, 1933). Based on Dewey’s notion of receptivity, the instructor of the Introduction to Human Services course included experiential learning activities in each class. For example, students participated in the team teach-back activity during the first day of class. The team teach-back activity involves students collaboratively working in small groups to come up with creative strategies to teach their classmates about a course-related topic (McAuliffe, 2011). Students were divided into small groups where they were randomly assigned to review two of the 13 roles and functions of HS professionals outlined by Neukrug (2017), then teach these two back to the class. This activity effectively facilitated students’ active engagement in the course as they first learned new material, and then came up with creative strategies to teach the material to their classmates. For example, one group created a wheel of fortune game where their classmates enthusiastically identified action verbs that were related to the job description of an outreach worker.
Students participated in a variety of different experiential learning activities during each class throughout the remainder of the semester. The experiential activities that were used in each of the 15 modules for this course were adapted from Neukrug’s (2017) text, which includes multiple experiential activities for each topic that is covered in the introductory course, including: case scenarios, ethical dilemmas, reflection exercises, and role plays.

**Steps in Experiential Learning**

As students’ receptivity, interest, and effort are cultivated, Dewey hypothesized that learners progress through the following five conditions or phases of experiential learning: indeterminate situations, intellectualizations, working hypothesis, reasoning, and action (Dewey, 1925; McAuliffe, 2011). Modules in the Introduction to Human Services course were specifically tailored to facilitate students’ learning and to promote their curiosity in alignment with each of Dewey’s phases of experiential learning.

Consistent with Dewey’s theory, in the first stage, students encountered indeterminate situations as they were exposed to vague, unfamiliar tasks or problems that had no single correct answer (Dewey, 1925; McAuliffe, 2011). Every activity required that students reflect on the situation and brainstorm several courses of action before deciding on a resolution. During one class, for example, in small groups students were randomly assigned one of the “ethical and professional vignettes” where they were exposed to scenarios where the best course of action was unclear (Neukrug, 2017, p.25). Students then progressed into the intellectualization stage as they realized that their previous ways of knowing were not sufficient to address the problem. For example, students appeared to begin making the transition from dualistic to relativist ways of thinking as they encountered ethical dilemmas that could not be resolved by their previous schemas. During the intellectualization phase, students began to think about the problem that was posed in the experiential learning activity in new and more complex ways (Dewey, 1925; McAuliffe, 2011). Throughout the activity, students became increasingly comfortable sitting with ambiguity as they accepted the notion that there is often times degrees of uncertainty when seeking the best possible course of action in the context of a case study or ethical dilemma. To help students become comfortable with ambiguity, the instructor encouraged students to have a dialogue about how there were conflicts between the laws, values, and ethics in each scenario.

Students then actively came up with strategies for resolving these ethical dilemmas using the “Ethical Standards of Human Services Professionals” (Neukrug, 2017, p. 316). Creating strategies for resolving the ethical dilemma indicated that students had reached Dewey’s working hypothesis stage which involves generating potential strategies for addressing a problem or situation (Dewey, 1925). More specifically, students collaboratively brainstormed a variety of possible solutions to ethical dilemmas through verbal dialogue and written reflections. Each group then presented their strategies to the rest of the class. Collaboratively, students entered Dewey’s reasoning stage where they brainstormed the consequences of possible courses of action for addressing the problem. Learners entered the final action phase as they implemented or tested their new hypotheses. Through active role plays, students practiced implementing their newly generated solutions to ethical dilemmas. For example, the task in one group’s ethical vignette was to decide how to address a situation where a co-worker was making racist and offensive remarks (Neukrug, 2017, p.25). Students practiced role playing a variety of active listening and assertive communication skills as they rotated role-playing the practitioner, co-worker, and observer. After each role play, students processed the effectiveness of the skills that
they practiced. Students began to adopt the perspective that resolving ethical dilemmas was a process rather than a dichotomous competency.

**Recommendations for HIS Education & Conclusion**

John Dewey’s theory of experiential learning was utilized as a theoretical framework for teaching a 15-week Introduction to Human Services course. The results of students’ formative and summative course evaluations indicated that the experiential learning activities facilitated a deeper understanding of the course topics. To conclude, the authors recommend that instructors of Introduction to Human Services courses incorporate Dewey’s theory into their pedagogies and use texts that include a multitude of experiential activities to promote powerful learning in students. Future research is needed to investigate the implications of using Dewey’s theory of experiential learning to teach other HS courses. The implications from the current brief report, however, suggest that Dewey’s theory may offer a valuable theoretical framework for infusing experiential learning, and thus resolve the conundrum of how to make an Introduction to Human Services course truly meaningful and relevant to practice.

**References**


Inclusion of “Human Service Professional” in the Standard Occupational Classification System

Narketta Sparkman-Key, Edward Neukrug

Abstract

The human services field has continued to grow, and today, it is considered one of the major social services professions. Despite its establishment, the Standard Occupational Classification (SOC) continues to exclude the term “human service professional” from its classification system. This manuscript encourages advocacy for such inclusion.

Introduction

Over the past few decades, there has been tremendous growth and development of the field of human services (Neukrug, 2017). Despite this growth, inclusion of the term “human service professional” by government sources, such as the Standard Occupational Classification (SOC) system, has not been realized. This article briefly describes the development of human services, identifies recent research that underscores the belief that human services is a unique profession, and suggests advocacy for inclusion of the term “human services professional” within the SOC.

The Establishment of the Human Services Profession

The 1960s saw a great increase in the kinds and numbers of social service agencies in the United States (Zelizer, 2014) and a concomitant need for highly trained professionals. Recognizing this need, Dr. Harold McPheeters of the Southern Regional Education Board (SREB) obtained a grant from the National Institute of Mental Health to develop mental health programs at community colleges in the South (Diambra, 2001; McPheeters, 1990). These became the first associate-level human service degrees in the United States, and McPheeters is often referred to as the “founder” of the human service field (McPheeters, 1990).

With an increased need for highly trained mental health practitioners, the mid-1970s saw the importance of offering a bachelor’s degree in human services. Since that time, graduate programs have also arisen (Diambra, 2001; Neukrug, 2017). Today, close to 900 associate, bachelor, master’s, and doctoral level human service programs can be found across the country (The College Board, 2016).

The emergence of the human service degree and profession led to the development of a number of professional associations and services. In 1975, the National Organization for Human Service Education (NOHSE) was founded and is now known as the National Organization for Human Services (NOHS) (DiGiovanni, 2009). In 1979, NOHS launched the Journal of the National Organization of Human Service Educators, later called the Journal of Human Services. Four years after the establishment of NOHS, an affiliate association, 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” (CSHSE, n.d., History section, para. 5).

With the support of NOHS and CSHSE, the first ethics code in human services was approved by NOHS in 1996. Recently revised (NOHS, 2015), this code covers 44 standards that address a broad range of human service professional responsibilities. In 2009, in consultation with CSHSE and NOHS, the Center for Credentialing in Education (CCE) established its first

Today, the field of human services is unique in its training, unique in its ability to service a wide range of clients, and unique in how it applies its skills to clients (Neukrug, 2017). The generalist ideology sets human services apart from other fields, and in contrast to undergraduate training in psychology, criminal justice, and sociology, human service education requires extensive field placements that give students real-life experiences. As opposed to other, non-applied degrees, human service students are ready to work when they graduate (Martin, 2014).

**Recognition by the Standard Occupational Classification**

Despite the establishment of the human service field over the past fifty years, the SOC continues to exclude the term “human service professional” from its classification system (U.S. Department of Labor, n.d.). Exclusion results in the term not being included in other governmental resources, such as the Occupational Outlook Handbook (OOH) and Occupational Information Network (O*NET). It ultimately limits the ability to find accurate career specific information on the field.

To address this problem, the authors of this article, and one other researcher, determined the Holland Code of members of NOHS to further establish the uniqueness of the human service professional (Neukrug, Sparkman & Moe, in press). The Holland Code is a well-recognized classification system for identifying job personality profiles. Using the O*NET Profiler-Short form, members of NOHS were emailed. 355 respondents were shown to have a Holland Code of “SA,” with I, E, C, and R being significantly lower than A, although pairing SA with I, E, or C would be reasonable (i.e., SAI, SAЕ, or SAC). This code is similar to, but different from, a number of related mental health professionals (e.g., mental health counselors (SIA); mental health and substance abuse social workers (SIA); psychologists (SIA); marriage and family therapists (SAI); child, family, and school social workers (SE); substance abuse and behavioral disorder counselors (SAI), and others) (U.S. Department of Labor, n.d.).

In an effort to advocate for the inclusion of “human service professional” in the SOC, the researchers sent a manuscript that described the development of the human service profession along with the results of the Holland Code study. Unfortunately, the researchers were told that the term “social and human service assistant” encompassed what the human service professional does at work, and the SOC revision committee would not consider adding the suggested term (National Center for O*NET Development, personal communication, March 9, 2016).

It is our belief that the revision committee’s decision was ill-informed. This is because the term “social and human service assistant” asserts that the “paraprofessional” does not need a degree beyond a high school diploma and also suggests the helper is not an independent practitioner at agencies (U.S. Bureau of Labor Statistics, 2015). This identification clearly does not match the current definition of “human service professional.” In addition, the Holland Code of “social and human service assistant” is CSE (U.S. Department of Labor, n.d.). As stated previously, this code is significantly different from that found in our research. CSE is more consistent with those who do assistant and supportive clerical tasks (U.S. Department of Labor, n.d.). The use of the term “social and human service assistant” by the U.S. Bureau of Labor Statistics, and non-acknowledgement of the term “human service professional,” creates confusion for those interested in pursuing a career in human services.
Recognition of the term “human service professional” would alleviate this confusion and be beneficial to the field in numerous ways. For instance, it would denote a human service professional as separate from a social and human service assistant, thus immediately separating it from a career that assumes a paraprofessional identity and has high school diploma as its needed degree. Second, it would establish a mechanism whereby associations, such as NOHS and CSHSE, would become more visible, as they would likely be referenced in the SOC and its affiliates. Third, it would allow the public to understand who the human service professional is and what he or she does. Fourth, it would allow for easy and reputable access for those seeking information about degrees and careers as a human service professional. Finally, it would be one of the most important ways to acknowledge that the field exists. Like its social service cousins—social workers, counselors, and psychologists—human service professionals would also have their place in highly recognized government publications.

Conclusion

Since the 1960s, the human service profession has evolved into a major field that includes professionals at all levels, professional associations, and a myriad of related professional services. The time is ripe for the profession to be included in the SOC. Researchers on the Holland Code of human service professionals, other interested human service professionals, and the boards of NOHS and CSHSE must take the next step and aggressively advocate for such inclusion. This important step in the development of the profession will denote full acceptance of human service professionals in the professional community.

References


Creating an Interdisciplinary Human Services Program

Nicole Kras

Abstract
The field of human services is interdisciplinary in nature. Creating an interdisciplinary human services program provides college faculty the opportunity to present students with a variety of perspectives and encourages them to make meaningful connections between disciplines. This case example provides an illustration of how a small college created an interdisciplinary human services program.

Introduction
In recent years there has been an increase in interdisciplinary programs in higher education (Stone, Bollard, & Harbor, 2009), and this approach to program design is common in the field of human services. In fact, human services has been described as “uniquely approaching the objective of meeting human needs through an interdisciplinary knowledge base” (National Organization for Human Services, 2016, para. 1). There are several strengths of an interdisciplinary perspective in program design, such as showing students how to move beyond disciplinary boundaries and demonstrating “an increase in flexibility and innovation when dealing with complex issues” (Stone, Bollard, & Harbor, 2009, p. 323). These strengths can be of great significance when preparing human services students for their future careers.

Designing a successful interdisciplinary program requires faculty collaboration and a strong leader who can facilitate this collaboration (Stone, Bollard, & Harbor, 2009). When adopting this approach, it is important that all faculty involved support and work together on a shared program vision. Some components of interdisciplinary programs may include team teaching, developing an intellectual community focused on interdisciplinarity, and offering a pedagogy aimed at achieving collaboration (Spelt, Biemans, Tobi, Luning, & Mulder, 2009). The following is a case example of how the faculty and administration at a small college in Connecticut designed an interdisciplinary human services program.

Case Example
The mission of our human services program is to take an interdisciplinary approach to educating and preparing students for their careers. We believe taking an interdisciplinary approach is important because students will be working in various locations and with diverse populations. By taking this approach, we can expose students to a variety of perspectives and experiences in the field of human services. The partnership between departments and faculty demonstrates to the students the importance of collaboration between professionals in order to meet the needs of the individuals they serve. This relationship also provides various faculty perspectives from their areas of expertise. Since we are a small college, it also provides us the opportunity to work with larger departments that offer other degree programs. The following are some ways that our program is embracing an interdisciplinary approach.

The bachelor degree human services students take general education and human services courses, as well as directed electives in psychology, sociology, and criminal justice. The faculty

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and academic advisors work with students to focus on specific areas of interest that will benefit them in their human services careers. Students in the bachelor’s degree program also have the option of selecting one of three concentrations: criminal justice, community health, or development.

The criminal justice concentration draws upon courses focusing on corrections, juvenile justice, correctional counseling, and legal rights of victims. The general curriculum, plus these courses, prepare students to work in careers related to probation or corrections and residential/non-residential treatment facilities. These courses are taught by professors with backgrounds in law, law enforcement, and corrections.

The community health and outreach concentration prepares students to work at organizations that focus on community health services such as dental care, diabetes education, preventative screenings, and women’s health. Courses in this concentration focus on community health, holistic approaches, nutrition, marketing, and health psychology. These courses are taught by nutritionists, professionals in the health care field, and psychologists.

The concentration in development prepares students to manage human services organizations and focuses on organizational development and fundraising. Courses offered in this concentration focus on management, marketing, grant writing, and fundraising. These courses are taught by business professionals.

Taking an interdisciplinary approach to designing our human services program aligns with The Council for Standards in Human Service Education (CSHSE, 2013) standards for general program characteristics and curriculum. For example, the bachelor degree standards ask for a description of the program’s interdisciplinary approach to knowledge, theories, and skills included in the curriculum (Standard 2.e). The standards also call for faculty with a strong and diverse knowledge base (Standard 6) and for the curriculum to provide an interdisciplinary team approach to problem solving (Standard 19.f). The core of our human services program is designed based on these interdisciplinary CSHSE standards.

Our human services program is only one example of how an interdisciplinary program can be designed. We are consistently updating our program based on current research in related fields, as well as feedback from students, faculty, site supervisors, and our advisory board. As our program evolves, we will continue to look for ways to incorporate our interdisciplinary approach into all areas of program design. We believe this is the most effective approach to best meet the needs of our students as we prepare them for careers in the human services field.

References

Gaining Understanding of Human Services Professionals: A Survey of NOHS Membership

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Abstract
Through a survey of the National Organization for Human Services (NOHS), this article examines the demographics, credentials, and interest in becoming involved in the human services profession as well as in advocacy efforts for human services issues. It is hoped that the findings will be used to further define the nature of the human services professional, to expand recruitment efforts by NOHS, to assist in conference planning, and to help define curriculum standards within human services accreditation.

Introduction
The National Organization of Human Services (NOHS) focuses on embracing, engaging and expanding membership within the organization to support its mission “to foster excellence in human service delivery through education, scholarship and practice” (National Organization of Human Services [NOHS], n.d., “About Us,” para. 1). In recent years, NOHS has been at the forefront of establishing the field of human services and branding the identity of human service practitioners, educators, and students (Sparkman & Neukrug, 2014). However, NOHS was once an organization in which membership consisted solely of educators. Over a 30-year span, it has expanded to include practitioners and students (NOHS, n.d.). As reported by the NOHS membership chair, a recent account of members has indicated significant growth in membership over the last few years (personal communication, February 12, 2016).

Today, NOHS is home to 1,771 members, including 1,246 student members, 333 educators/practitioners, and 176 organizational members (personal communication, February 12, 2016). As a result of the growth in membership, the current governing body of NOHS thought it was important to assess its membership in order to gain insight that would lend information to expand professional development opportunities, guide conference focus, form committees, guide marketing, recruit members, and understand the needs of those served by NOHS (NOHS Board, personal communication, June 6, 2014). It was then implied that this information would be useful in advocating for the field and provide a foundation for further research that seeks to clarify the identity of human services professionals.

Methodology
The current membership chair and advocacy chair of NOHS, with input from the entire NOHS board, developed a survey to assess the demographics of their membership, suggestions for advocacy, areas of experience with advocacy, and interest in service within NOHS (NOHS Board, personal communication, August 20, 2014).

Instrument
Questions were developed based on demographic categories identified within the United States Census (U.S. Census Bureau, n. d.) and demographics found in previous survey research studies (Neukrug & Sparkman, 2014). Additional questions were added to address NOHS membership specific information, such as interest in organizational service and Tau Upsilon
Alpha Honors Society affiliation. The questionnaire was piloted by soliciting a select group of 10 NOHS members, and alterations were made based on feedback from that group. The executive board of NOHS provided primary human subjects approval of the survey. The questionnaire consisted of 23 items that assessed age, gender identity, sexual/relational orientation, race/ethnicity, geographic location/regional affiliation, education, field of study as well as advocacy interest, experience with advocacy, and suggestions for how to improve NOHS advocacy efforts. Additionally, the questionnaire assessed whether participants held a professional credential in their respective fields, had membership in Tau Upsilon Alpha (TUA), and had interest in national service in NOHS. A final item asked for additional comments.

Data Collection
Researchers collected data via the Internet using Survey Monkey. Registered current members were emailed the link to the questionnaire on four separate occasions from November 2014 to October 2015. The questionnaire was also available on the organization website under the secure “members only” tab, allowing for current members to participate. In addition, new members were emailed the questionnaire after membership was confirmed. Announcements were also made at the NOHS conferences to members to encourage participation in the emailed study. Participants had the option of opting out of the survey at any time and consent was obtained prior to participants beginning the survey.

Of 1771 members, 440 individuals participated for a response rate of 24.34%, which surpassed the needed response rate of 316 for a 95% confidence rate and 5% margin of error. The response rate is about average with other sociological email surveys (Shih & Fan, 2009).

Findings
Participants reported their ethnic/cultural heritage, having the option of making more than one selection. Of the respondents, 52.44% (n = 226) were identified as White, 39.91% (n = 172) as Black or African American, 8.82% (n = 38) Hispanic or Latino, and 5.81% (n = 25) as Asian, Native Hawaiian or Pacific Islander, or American Indian or Alaska Native. 6.51% (n = 30) identified as having multiple ethnicities or racial identities.

Respondents ranged in age from 17-72 years old with 32.19% (n = 141) identifying as 46-55 years old, 23.52% (n = 103) as 36-45, 16.44% (n = 72) as 25-35, 5.02% (n = 22) as 18-24, 4.11% (n = 18) as 66-75, and .46% (n = 2) as under 18. Master's degree was the highest degree earned by 27.59% (n = 109) of the respondents, followed by 22.53% (n = 89) with a bachelor's degree, 16.71% (n = 66) with an associate's degree, and 12.91% (n = 51) of participants with a high school diploma or GED.

Participants were asked to identify their professional identity and 58.6% (n = 258) selected more than one profession. However, the majority of members, 91.96% (n = 389), are currently in the human services field. Additionally, 31.91% (n = 135) were in the counseling field, 24.82% (n = 105) in social work, and 16.31% (n = 69) in psychology. Some also noted additional fields they were in: 36.96% (n = 17) specified education, 34.78% (n = 16) medical field, 17.39% (n = 8) business, and 6.52% (n = 3) criminal justice. An additional 4.35% (n = 2) of participants indicated they were unemployed or did not specify their career field.

Respondents were asked to indicate whether they were credentialed in their field, and 47.83% (n = 208) indicated that they were. Additionally, 50.29% (n = 210) responded that they were not credentialed or the question was not applicable to them. Some participants, 1.88%
(n=8.27), did not respond to this question. NOHS members with the Human Services Board Certified Practitioner (HS-BCP) credential comprised 17.05% (n = 59) of responses. Respondents with counseling-related certifications (Licensed Professional Counselor, Marriage and Family Therapist, Chemical Dependency Counselor Assistant, Licensed School Counselor, Licensed Mental Health Counselor, Certified Rehabilitation Counselor, National Certified Counselor, Certified Substance Abuse Counselor) were 11.88% (n = 41), Social Work related credentials (identified by respondents as Licensed Clinical Social Worker, Master Social Work and Clinical Social Worker) were 6.96% (n = 24), and psychology related certification and licensure (Licensed Psychologist, Licensed Clinical Psychologist, Licensed Clinical Psychotherapist) made up 1.74% (n = 6) of responses. In addition, 6.09% (n = 21) of NOHS members reported that they were credentialed in a field other than human services, counseling, social work, and psychology. Some such fields were nursing, EMT, insurance, religious leadership, and teaching. Those with dual certification or licensure accounted for 4.06% (n = 14) of responses.

Geographically, most respondents—41.85% (n = 154)—reside in the Southern region of the United States. This is followed by 21.20% (n = 78) residing in the Midwest region, 17.66% (n = 65) in the Western region, 12.23% (n = 45) in New England, and 7.07% (n = 26) in the Northwest. All states, with the exception of Montana and Utah, were represented within the survey responses. Aside from the United States, one participant indicated their country of origin as Japan and two indicated their country of origin as Canada. A great portion of respondents, 45.69% (n = 191), indicated they lived in an urban area, 30.62% (n = 128) indicated they live in a suburban area, and 23.68% (n = 99) in a rural area.

When asked to identify their gender, the majority marked female (80.37% [n = 352]) and 19.63% (n = 186) male. Over ninety percent (99.77%; n = 485) reported they did not identify as transgender and .23% (n = 5) did not respond. In regards to sexual/relational orientation, 89.12% (n = 344) identified as heterosexual, 3.37% (n = 13) as bisexual, 3.11% (n = 12) as lesbian, 2.59% (n = 10) as gay, and the remaining 2.85% (n = 11) identified as either asexual, pansexual, questioning, or queer.

In relation to participation in Tau Upsilon Alpha Honors Society (TUA), 17.03% (n = 46) reported that they were members of TUA. When asked about their interest in working more closely with NOHS by serving on committees, 46.33% (n = 183) indicated an interest in serving on a NOHS committee and 63.67% (n = 212) of those mentioned were specifically interested in participating in advocacy activities. Of all respondents, 17.36% (n = 46) indicated that they would like to see the organization advocate for issues related to “community services.” This was followed by homelessness (13.58%; n = 36), abuse (9.81%; n = 26), mental health (6.42%; n = 17), and youth related issues (5.66%; n = 15). Those that replied indicated that activities involving youth and children (10.10%; n = 20), family services (5.56%; n = 11), and education (5.56%; n = 11) were most important.

Respondents were also asked how NOHS could improve their current advocacy efforts. Respondents largely expressed that they did not have much knowledge of NOHS’s current advocacy agenda and as a result could not address what could be improved (51.69%; n = 92). However, 24.16% (n = 43) of the respondents indicated that NOHS should focus their efforts on increasing visibility of the organization and increasing awareness of the field of human services. 6.18% (n = 11) would also like to see improved communication between the organization and its
members, and 6.74% (n = 12) would like the organization to provide more resources for both members and their clients.

**Discussion**

The demographic information presented in this discussion has specific implications for NOHS and for the field of human services. First, this information provides understanding of the organization’s membership, which can be used in marketing and advertising to increase membership, visibility of the association, and awareness of NOHS. In particular, the survey highlights the importance of recruitment of underrepresented populations, especially males, ethnic minority groups, and those human service professionals living in regions other than the South. Second, by identifying credentials of members, it allows the membership to provide targeted professional development activities for its members. Third, the survey tells us what kinds of advocacy efforts the organization should most likely to focus upon. In particular, it suggests community services, homelessness, mental health issues, and youth issues are of particular interest to its members. Relative to advocacy, the survey suggests that members are not familiar with those efforts NOHS is now taking, and that in general, the association should increase its communication with its members. All of these efforts could improve the visibility of the profession and enhance the quality of services received by clients. Additionally, this information can be useful to those human service programs seeking accreditation through Council for Standards in Human Services Education, which accredits human services education programs (Council for Standards in Human Services Education [CSHSE], 2011, “About CSHSE”, para. 1). This study provides understanding of human service professionals’ identity, education and credentialing that can serve as a baseline when addressing standard 6: “The combined competencies and disciplines of the faculty for each program shall include both a strong and diverse knowledge base and clinical/practical experience in the delivery of human services to clients” (Council for Standards in Human Services Education [CSHSE], 2011, “National Standards,” para. 6). Finally, the information presented in this study provides a platform for future research aimed toward exploring diversity and advocacy within the field.

Though limited in scope, this study adds to the body of knowledge regarding the identity of the human service professional by adding to our understanding of the education, credentials, demographics, and interests of those within the NOHS membership. Additionally, the study has provided useful suggestions for the utilization of findings in the recruitment of NOHS members, conference planning, and expanding communication within the organization. Finally, this study provides information for program faculty to help them understand the varied kinds of educational backgrounds that may be indicative of faculty who typically work in human service education. The information found in this study is important in further clarifying the field and solidifying its position among other helping professions.

**References**


Review of College for Convicts:
The Case for Higher Education in American Prisons

Shoshana D. Kerewsky, Deanna Chappell Belcher

Book Review

With *College for Convicts: The Case for Higher Education in American Prisons*, Christopher Zoukis (2014) enters the ongoing national debate on rehabilitation versus punishment for people convicted of crimes. Specifically, he argues that prison education programs benefit both convicts and society. His particular areas of focus, as well as the questions left unexplored, provide a basis for useful critical discussion with students, educators, and administrators.

One of the book’s chief assets is its accessibility. Human services students who are not following the ongoing and intensifying national debate about prison reform (for example, who do not know that prisoners once had access to Pell Grants, then did not, and now might again) will find Zoukis’s (2014) overview helpful. The book includes an historical overview of prison education, a discussion of barriers to education faced by both individual convicts and prison systems, examples of successful programs and partnerships, and resources. His practical suggestions include approaches used in other countries as well as appendices providing concrete information, such as sources for prisoners to obtain free and inexpensive books. Zoukis incorporates references to a great many studies on issues such as the relationship between lack of education and recidivism, the cost of education versus reincarceration, and the impacts of educational attainment on both prison functioning and community crime rates. This material will be extremely helpful for human services students wrestling with these ideas for the first time.

Since human services students and professionals may work with prisoners and people with previous convictions, both in detention or transition settings and in the general client population, their increased awareness of these issues will provide an important context for their clients’ experiences and needs. The book should also prove useful for educators and administrators considering partnerships with prison education programs and developing relevant field study placements for students.

Zoukis (2014) is currently incarcerated; his book is likely to move and inspire college students to consider their relative privilege and to challenge their assumptions about people who are incarcerated. In this regard, the book also serves as a personal, humanizing document, both through Zoukis’s account of his own story and those of other incarcerated people (including older people and those serving life sentences). These sections bring the statistics and Zoukis’s arguments for prisoner education alive.

Zoukis (2014) sometimes loses this personal connection in paragraphs and sections of dense statistical reportage. Instructors may need to help students find a good balance between important questions, such as how a community benefits economically when it educates former offenders, and students’ recognition of shared humanity with the people being discussed.

Students with past convictions may seek entry to human services programs in order to contribute to the community or help those similar to themselves; Paulson, Groves, and Hagedorn (in press) note that community college human services programs may not be permitted to exclude people with criminal backgrounds from enrollment due to open enrollment admissions.
policies. In their anonymous survey of 90 enrolled college human services students, 1/3 reported at least one conviction (17 reported misdemeanors; 13 reported felonies). Given the potential presence of students who are former prisoners in the human services classroom, the instructor’s active guidance of the discussion will be crucial for maintaining respectful dialogue and a welcoming attitude. Paulson, Groves, and Hagedorn also provide a useful discussion of human services programs’ admissions and conduct gatekeeping considerations related to potential students with a history of convictions. Classroom and faculty/staff conversations may serve as a productive starting point for discussions regarding goodness of fit for different careers in human services.

One of the educational partnerships Zoukis (2014) references is the Inside-Out Prison Exchange Program, which fosters conversation and learning between incarcerated people and college students. Inside-Out students regularly describe their experiences as life changing and extremely meaningful. This is not, as Zoukis states, because undergraduates are trained to teach in correctional institutions, but because they are open to the experience of learning side by side in a correctional setting in a group composed of half students who are incarcerated and half traditional college students. The equalization of power and mutual learning is an important aspect of the Inside-Out program, making it a superb learning experience for human services students. Being equals with individuals who are incarcerated allows students to see issues of incarceration and education in a new light. They come to respect and admire their “inside” classmates, which surprises many of them and inspires them to step outside the mindset of being a savior whose role is to help or uplift the prisoners. This is an important component of social justice education and critical thinking for our undergraduates.

Zoukis (2014) is not highly or explicitly critical of the underlying assumptions behind the denial of education to incarcerated people. It would be useful for instructors to help students examine the current and historical political forces that have led to the U.S.’s contemporary prison industrial complex. In this regard, Zoukis may be taught as one component in a constellation of readings that include Davis’s (2003) Are Prisons Obsolete? and Alexander’s (2012). The New Jim Crow: Mass Incarceration in the Age of Colorblindness.

References

**Book review: Herman, J. (2015). Trauma and recovery: The aftermath of violence-from domestic abuse to political terror.**

Justin Spiehs, Kayla Waters

**Book Review**

Judith Herman, M.D., is a researcher and clinician who specializes in trauma studies and working with survivors of trauma. Her vast experience is evident in the way that the book paints a vivid portrait of the impact of trauma on the lives of survivors. The book is easy to read, sometimes as hard to put down as a good novel. Yet, it is densely packed with research and clinical insights. The book consists of a main body published in 1992, an afterword added in 1997, and an epilogue added in 2015.

Part 1 reviews extensive research on various trauma types, from military combat and imprisonment, to Nazi concentration camps, to child sexual abuse and domestic violence. One of the greatest accomplishments of the book is that the research is woven together in a way that cross-validates the experiences of each group. By identifying a common, predictable pattern of symptoms across diverse sufferers, she allows the socially powerful (e.g., soldiers, POWs) to lend credibility and respectability to the socially disempowered (e.g., childhood incest and domestic violence survivors). Part 1 also calls for new diagnostic criteria for symptoms of trauma, which has somewhat come to fruition with the new DSM-5 diagnostic criteria. Herman displayed great foresight having written about this need back in 1992.

Part 2 presents a sequential 5-stage model of trauma recovery: 1) A Healing Relationship, 2) Safety, 3) Remembrance and Mourning, 4) Reconnection, and 5) Commonality. The first two stages stress the importance of the therapeutic relationship as the healing agent. Herman pays very careful attention to transference, counter-transference, and vicarious traumatization in working with survivors. Herman’s presentation and normalization of these issues help prepare the clinician to be mindful of risks to client and self, promoting appropriate use of supervision and deliberate self-care. The third stage involves the telling of the trauma narrative (at the survivor’s discretion). The fourth stage is existential and attachment-based in nature; reconnection (to others or a social cause) helps survivors find a new sense of meaning in life. The fifth stage focuses on group work with the underlying assumption that universality of experience helps survivors know that they too can heal. Herman’s description of the 5-stage model draws on her vast clinical experience and review of the literature and offers many insights and recommendations for effective practice with survivors. One of the more profound insights is the importance of the sequencing of the stages. Herman offers a clear argument for developing a therapeutic relationship and establishing basic safety/grounding skills (e.g., de-escalation of triggered physiological arousal and dissociation) before inviting the client to share the trauma narrative.

The later additions provide updated literature reviews and information on timely topics such as more recent wars and military sexual trauma. The Epilogue includes a passionate reveal of the institutional betrayal survivors must contend with when “those in positions of authority, by their acts of omission and commission, effectively take the side of the perpetrators in their midst” (p. 255). It is a call to social action that should resonate with the human services community.

Justin Spiehs and Kayla Waters, Department of Human Services, Washburn University. Correspondence regarding this article should be addressed to Justin.spiehs@washburn.edu.
She also discusses holistic approaches such as body-oriented therapies, and the integration of yoga and Pilates into trauma work. The Afterword and Epilogue are excellent, but the book would be improved if they were woven into a re-write of the main text, rather than tacked-on to the end. A full revision of the 1992 text might also yield a more hopeful tone to Part 1, which can be overwhelmingly gloomy when one realizes that many human services students and practitioners are trauma survivors. It should be possible to include research on resilience and post-traumatic growth while still respecting the gravity of the psychological injury suffered by trauma survivors. On a positive note, the grave nature of the book can help students understand the importance of beginning self-care and personal healing before entering trauma work.

For the advanced audience, this book is strongly recommended without reservation. It should fit within the curriculum of any graduate program preparing future clinicians to work with trauma survivors in a variety of human services fields, including victim/survivor services, counseling, and advocacy work, as well as corrections, addictions, military, etc. One author (J.S.) found the content to be invaluable in his graduate level clinical preparation to work with survivors of sexual violence. In particular, the psychodynamic, social, and political implications of sexual violence that Herman discusses were incredibly helpful for validating many of the clinical experiences he encountered as an intern therapist. The level of accuracy this book portrays is quite stunning. He has not come across any text since that has been more accurate, insightful, and helpful than this book is for preparing clinicians.

However, the other author (K.W.), reviewing the book from a background in undergraduate teaching, has some concerns about its use with a more general audience, such as undergraduate students from human services, criminal justice, sociology, nursing, and other areas that include victim/survivor services classes. First, the book requires some background knowledge; terms like depersonalization and introjection are not defined for the reader. More importantly, a beginning or general audience may be taken aback by the author’s explicit agenda to use the book to promote the cause of feminist therapy without ever really describing what it is and what it means. An advanced audience educated in feminist theory will likely appreciate this perspective, but some undergraduate students may be distracted by a few early statements in the book, such as Herman’s description of the book as “a collective feminist project” (p. vii), her quoting of Brownmiller suggesting that rape is “a conscious process of intimidation by which all men keep all women in a state of fear” (p. 30), or Herman’s own assertion that presently “there is war between the sexes” (p. 32). To use this book with a more general or beginning audience would require careful preparation of students, or else some of them may feel marginalized, alienated, or even attacked within the first chapter. That being said, the book provides excellent information on many aspects of trauma, including confusing areas like dissociation, suppression, repression, and delayed recall. It also provides a clear foundation for understanding the sometimes baffling and frustrating symptoms of traumatic stress in a way that makes them meaningful and predictable. For both clinicians and other helpers, the information in this book will improve understanding, communication, and services for survivors of trauma.

Reference

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

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

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