



Individuals and communities
transformed through human services

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Newsletter of the National Organization for Human Services

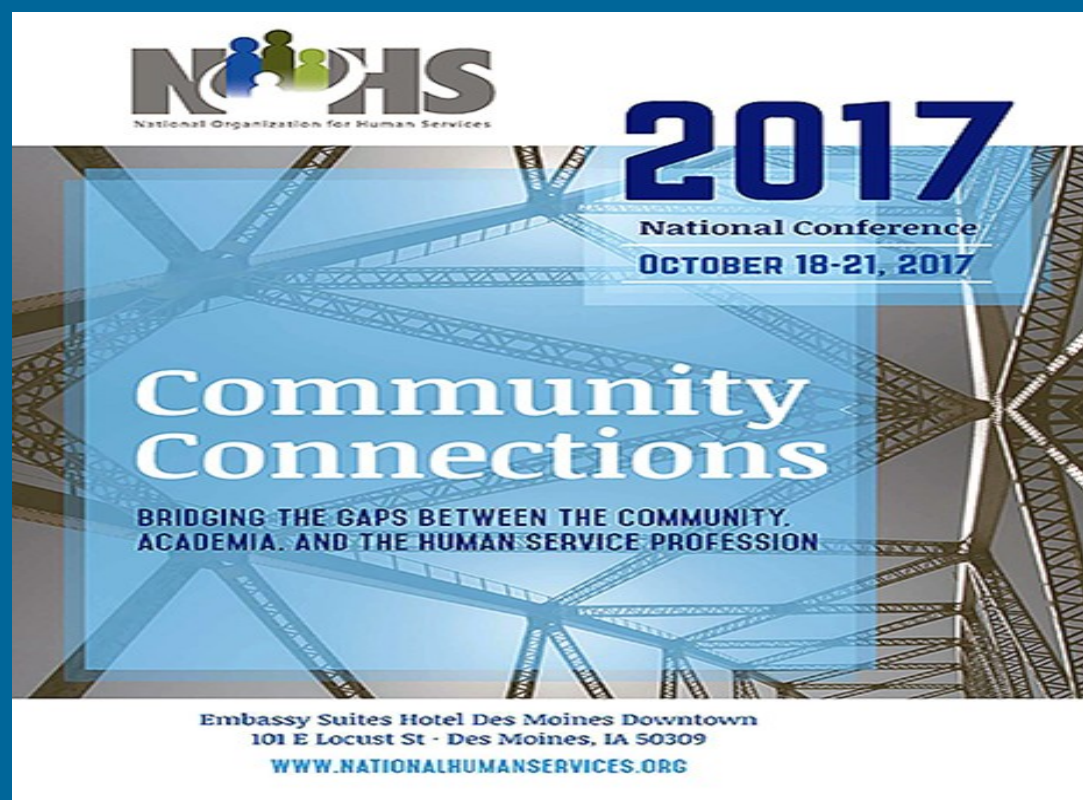
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Announcing the 2017 NOHS National Conference



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A NEW YEAR and NEW NOHS Board Members!

As we leave 2016 behind and move in to 2017, we can reflect on the many changes that have occurred, both in our nation and in our organization. In 2016, the National Organization of Human Services ceased use of administrative management services, put a new president into office, hired a web manager, and began the process of electing several new members into board positions. Like with any change, there are challenges adapting. However, the Board of Directors is committed, not only to fulfilling their roles but to creatively enhancing the services, opportunities, and initiatives of this organization. Now, more than ever, the field of human services is needed to advocate on behalf of those marginalized in our nation. Change may be challenging, but we have a responsibility to work hard to promote success for NOHS, the field of human services, and ALL people in America.

To help lead these efforts, I am very pleased to announce the winners of the 2016-17 NOHS Board of Directors election! Please join me in welcoming our new leaders...



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Darlene Rodriguez, PhD, MSW, MPA



VICE PRESIDENT FOR REGIONAL DEVELOPMENT
Paige Krabill, PsyD, LSP, HS-BCP



VICE PRESIDENT OF PUBLIC RELATIONS
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VICE PRESIDENT FOR PROFESSIONAL DEVELOPMENT & EDUCATION
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MEMBERSHIP CHAIR
Shawn Arango Ricks, PhD, LCASA (NC), LPCA (NC), HS-BCP



ADVOCACY CHAIR
Diane Berry, MSW, JD, LCSW



ETHICS CHAIR
Nancy Wood, PhD

These new Board Members join our very competent, existing Board of Directors:

PRESIDENT
Tammi Dice

PRESIDENT OF MAOHS
Pam Kaus

IMMEDIATE PAST PRESIDENT
Franklyn Rother

PRESIDENT OF MWOHS
Kristin Faix Wilkinson

TREASURER
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AWARDS CHAIR
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PRESIDENT OF W/NWOHS
James Ruby

TUA REPRESENTATIVE
Lauri Weiner

All of us on the Board look forward to serving the National Organization of Human Services in 2017 and advancing the mission of the association.

Sincerely,
Tammi Dice, President



Human Services-Board Certified Practitioner

Continuing Education Resources: Determining if a Continuing Education Activity Meets HS-BCP Requirements

The following checklist will assist in determining if an activity meets HS-BCP continuing education guidelines and can be used for recertification. In order for an activity to count toward continuing education requirements, you should be able to answer yes to the following questions:

- Does the content of the activity fall within a human services competency area?
- Is the activity geared toward practitioners in the field of human services?
- Does the activity enhance your role as a human service practitioner?
- If it was a teleconference, was there an opportunity to interact with an instructor or facilitator?
- Was the activity completed during the current five-year certification period?

Does the training provider have formal education or credentialing in the competency area addressed?

Additional Continuing Education Guidelines

- A clock hour is defined as one hour of actual participation in a continuing education activity, excluding breaks of more than 10 minutes, lunch, etc.
- Teleconferences must feature an interactive format in order to qualify for recertification. Interactive teleconferences provide the opportunity for participants to communicate directly with the instructor or have a facilitator present at the conference site.
- For seminars, workshops and conferences, a certificate, verification form, or letter verifying attendance is required for documentation.
- For college or university courses, a transcript, grade report or verification form is required for documentation.
- Formalized in-service training provided by a qualified trainer may be verified by certificate, verification form, or completed contact hour verification form signed by the trainer or supervisor and with information attached regarding training content.
- Home study programs must meet all continuing education guidelines. A certificate from the organization providing the home - study activity is required for documentation.
- Publication of an article directly related to human services in a peer-reviewed journal can earn up to six continuing education clock hours.
- HS-BCPs may retake the HS-BCP Examination in lieu of completing the required continuing education clock hours to recertify.



“Having the credential helps raise the profile of human services, not only for the practitioners in the field, but awareness in the larger community.”

Jane Gagliardi, HS-BCP

The Human Services-Board Certified Practitioner (HS-BCP)

To earn the Human Services-Board Certified Practitioner (HS-BCP), individuals must meet experience and education requirements and obtain a passing score on the HS-BCP Examination. Applicants for the HS-BCP must verify 350 hours of postgraduate human services work experiences. The following applicants are exempt:

- Human services educators with qualifying degrees who are currently employed in human services education programs. In lieu of the form, please submit a statement on letterhead from the school that attests to your involvement with the human services education program.
- Graduates of CSHSE-accredited programs listed at www.cshse.org/accredited.html.
- Certain graduates of preapproved participating programs as notified by CCE.

Applicants are also required to have an associate or higher conferred degree in human services or a related field. A qualifying degree must be from a regionally accredited college or university, or a state-approved community or junior college.

If your degree is in a field other than human services, counseling, social work, psychology, marriage and family therapy, or criminal justice, you must have completed a minimum of 15 semester hours (22 quarter hours) of coursework in three or more of the 11 content areas listed below, including at least two semester hours (three quarter hours) in ethics in the helping professions, two semester hours (three quarter hours) in interviewing and intervention skills, and two semester hours (three quarter hours) in case management.

The 11 content areas are:

1. Interviewing and Intervention Skills
2. Group Work
3. Case Management
4. Human Development
5. Ethics in the Helping Professions
6. Social and Cultural Issues
7. Social Problems
8. Assessment/Treatment Planning
9. Intervention Models/Theories
10. Human Behavior
11. Social Welfare/Public Policy





A More Diverse and Inclusive Whole

Jennie Kostiuk

University programs now offer training in cultural awareness and privilege for those entering the helping professions. This, however, is only the first step, a small dose of the reality of those who experience oppression daily and the impact it has on their mental and physical health. In the next step, it is crucial that a more inclusive and diverse resource base be created so that professionals who belong to non-dominant groups are supported. Here are some issues that arise for mental health professionals who identify as Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ) as they are faced with both professionally supporting and participating in their communities and some of the actions that are required.

In the article "Not on Our Backs: Supporting Counsellors in Navigating the Ethics of Multiple Relationships within Queer, Two Spirit, and/or Trans Communities" (Everett, McFarlane, Reynolds, & Anderson, 2013), the authors noted that therapists who identify as LGBTQ have to navigate dual relationships with their clients without guidelines from their professional codes of ethics. Mental health organizations are specializing to better meet the particular needs of individuals and groups. When it comes to LGBTQ organizations, the occurrence of dual relationships are much higher due to their low population within any larger community. This leads to a variety of roles that one must play within the same community and is specific to LGBTQ groups.

Those who belong to non-dominant groups in society are used to the notion that they must carry the extra weight of supporting their own, being the spokesperson for their groups, and adjusting societal and professional norms to fit their specific needs. There are the obvious benefits to being both a professional and a member of the LGBTQ community such as the level of therapeutic competence and the degree of mutual understanding one expects. The downfall for those who engage in dual relationships is that they may feel judged as unprofessional by their colleagues and supervisors (Everett et al., 2013). The ethical codes benefit professionals who belong to the dominant group as they are written to consider those who have the privilege of being the "norm" in society. This leaves practitioners who belong to non-dominant groups constantly needing to find balance between supporting their communities and earning a place as a professional.

Everett et al. (2013) implied that the codes are currently heteronormative and need to be rewritten to include the specific needs of LGBTQ counselors in navigating dual relationships. Offering cultural competence training to mental health professionals is not enough. Non-dominant groups need to be included in all areas of the profession. The current boards of ethics and licensure bodies need to be representative of the diversity that exists to ensure the codes and standards are inclusive. All courses, course material, and training of professionals must include the specific experience of non-dominant groups with a focus on both the clients and professionals. Minorities should never merely be a face for diversity. Belonging to a non-dominant group in society offers deeper empathy and insight into the struggles that people face. They are the wounded healers of the world who hold the required knowledge and experience to advance the profession.

As our institutions and corporations are changing their mentality from the customer must always be happy towards our employees being happy will lead to customer happiness, so too should the professional world. Counselors need to feel supported as professionals and clients need to feel they have adequate resources to receive the support they require. The question should move from how do we provide mental health professionals with adequate training to feel competent in dealing with all groups of people towards how can we best support vulnerable groups of people and become more inclusive in our practice as a whole.

Reference

Everett, B., MacFarlane, D. A., Reynolds, V. A., & Anderson, H. D. (2013). Not on our backs: Supporting counsellors in navigating the ethics of multiple relationships within queer, two spirit, and/or trans Communities. *Canadian Journal of Counselling and Psychotherapy (Online)*, 47(1), 14-28.

Solving the Puzzle of Life

Tori Horenstein

I am in the business of improving lives. I offer college undergrads the tools to more confidently take on life's trials and tribulations. I do this through teaching a course called Solving the Puzzle of Life. In this course, students explore personal values, healthy relationships, stress management, career options, and many more topics in personal and social development. This class is experiential rather than lecture style. While I pride myself on my ability to teach this course, I know that my standing in front of the classroom is far less important than the processing happening within students at their seats. The course's value lays not in my teaching style, but in the student experience.

Solving the Puzzle of Life differs from any undergraduate course that I have experienced for so many reasons. I can easily write pages on end about the focus on overall wellness or its therapeutic value, but instead, let me share some student experiences. At the end of every semester, I ask the students to reflect on what they got from the class and what they hope to take from it after the course is over. The reflections are honest, creative, and in some cases incredibly powerful. These stories come from a few student reflections that have really stuck with me. The names have been changed for the sake of privacy. My hope for sharing these stories is that other universities will consider creating a similar self and career exploration course for students.

Carter

Carter was a senior business major when he came into my class. Carter had high ambitions and an active night life. For the first few weeks in this mid-day class, he missed several classes because he had slept late. When he was in class, he wasn't very engaged and frequently checked his phone. When exploring his values, it was clear that career success was very important to him. He wanted to be a business mogul. He wanted to start his own company and be his own boss.

Through class activities and in-class reflection, he realized that his party habits were not in alignment with his value of career success. He realized that his drinking was getting in the way of his business ambitions and wanted to make a change. By the end of the semester, he had cut back on his drinking, and he was very optimistic for his post-graduation. The class had given him the opportunity to reflect on his values and make some life changes. Had he not had this course, he may have cut back on his drinking anyways, but I like to think the reflection on values helped push him in that direction.

Diana

Diana was on academic probation when she came into my class. She was a history education major who seemed to be more involved with her sorority than her classes. She initially found values exploration to be challenging. When asked to analyze how often her behavior aligned with her values, she became physically upset. She realized that she was unhappy with how she spent a lot of her time. She concluded that she didn't enjoy her major nor did she enjoy her behavior or identity when it came to her sorority. Until then, she knew she wasn't happy, but she never tried to see why.

Over the course of the semester, Diana had quit her sorority, decided on a new major in Human Services, and formed close bonds with other students in the class. Diana's grades were not high enough to declare a major in Human Services, but she was committed to taking introductory classes for the major and boosting her grades. Working towards a degree she believed would honor her value of helping others left her more committed than ever in her schoolwork. Having gone through this class turned her academic career around.

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What is Solving the Puzzle of Life?

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Kylie

Kylie was a shy sophomore. She really kept to herself for most of the class. During group discussion, she preferred to listen rather than speak. Kylie had lost her father a couple of years earlier. When her father had passed away, Kylie never dealt with it. She stayed busy and avoided thinking about her loss at all cost. In the healthy relationships unit, I take time to discuss grief with students. For this class, I asked the students to sit in a circle and share their experiences with grief if they felt comfortable doing so. That day, Kylie talked about her dad's death for the first time since it happened. From that day on, Kylie was far more vocal in class. Kylie's relationship with her family also strengthened over the course of the semester. Had it not been for the safe and inviting atmosphere created in the classroom, I don't know when Kylie would have let herself grieve for her father.

Phillip

Phillip was a second-semester senior who was terrified of his upcoming graduation. Upon arriving to the class, he was really struggling with severe depression and anxiety. He was afraid of his future and his self-esteem was very low. By the end of the semester, his spirits were significantly higher, and he was excited for the adventure of post-graduation. In his reflection, the healthy relationships and stress management units had a strong effect on him.

Within healthy relationships, students learned the benefits of being assertive and practiced acting assertively. Phillip began to practice assertiveness in his relationships, which had quite an impact on his self-worth. The students also worked on healthy self-esteem. Completing activities such as the self-esteem brochure and out-loud affirmations really helped Phillip see just how unique and worthy he is. In stress management, Phillip was able to practice new methods of managing his anxiety about graduating. By the end of the semester, Phillip was excited for the adventure to come with graduating and felt far more comfortable with the unknown of the future than he had ever been. In his reflection, Phillip wrote that the Puzzle class saved his life. I'm not sure if he was exaggerating for the sake of a strong paper, but that statement has stayed with me ever since.

These students and many of their classmates left this course with an expanded quality of life. Many students not mentioned have told me that their relationships are more fulfilling, their stress is better managed, and they feel more comfortable with themselves. Had these students not had the opportunity to spend a semester reflecting on themselves and working on life skills like assertiveness and stress management, their college experiences would have differed greatly.

Upon graduating college, whether students will use the knowledge of every single academic class is questionable. Career changes are becoming more common, and frankly, I don't know if I'll ever use the information I learned in my freshman theatre course, Page and Stage. The skills taught in Solving the Puzzle of Life, however, is relevant in all walks of life. I would even venture to say that a self-exploration course may be the most relevant course a student can take. I have yet to see a student who gets nothing from it. I would love to see more students around the country have the opportunity to take a similar course.



Discovering the Meaning of Life

Brian Morse

Allow me to paint you a picture. It is a beautiful Monday morning at the beginning of October. A cool mountain breeze carries with it a chilly promise of cold winter mornings in the near future. The breeze also carries with it the joyous sounds of children laughing and playing at the daycare a few blocks away. Miss Agnes and I are sitting on her front porch enjoying a few magical moments of reflection and appreciation for all of life's gifts. Miss Agnes has been on this earth for 75 years. She has seen over 3900 random Monday mornings but none quite so beautiful as this one. In truth, there is nothing special about this morning, yet to her, this morning is a precious gift from God. I woke up this morning dreading yet another pain in the butt Monday. She woke up determined to find the joy in her life.

You see, two weeks ago, Agnes lost her husband, Herman, to cancer, after 50 years of marriage. All of us who know and love her worried that the loss would absolutely devastate her. Every morning her daughter waits for the inevitable breakdown that we all figured would come. Instead, Miss Agnes gets up every morning, throws her housecoat on and walks out the front door to sit on her porch swing. Every morning on that porch swing she unwraps a precious gift from her creator - the precious gift of beauty, of majesty, better yet, the precious gift of life. It is as though she is seeing the world around her for the first time or perhaps getting reacquainted with a long-lost friend. Words cannot express the gratitude that I feel for the opportunity to share in this brief and fleeting moment of clarity and perspective.

For nearly three years, people have been asking me why I continue to volunteer with the senior meal program. The simple answer is...for mornings like this one. Why do I continue to do it 4 days a week? Because they won't let me do it 7 days a week. I do this for my own selfish reasons. Why would I miss an opportunity to have these types of moments? I wasted 15 years of my life in a deep depression, feeling worthless and insignificant. Now, I have people who appreciate and even look forward to seeing me every day (almost every day). I used to think that I had problems until I met these incredible people who have absolutely changed my perspective on life.

Have you ever met or had a conversation with a 103-year-old? Have you ever had that same 103-year-old look you in the eyes and tell you how much you brighten her day? I have, and I thank God for the opportunity. Miss Willie was my 103-year-old angel who reminded me every day just how blessed I am. Even the seniors that I barely talk to, who only greet me at the door with a smile and a "thank you", remind me of how precious a random Monday morning can be. They remind me to pause and give thanks for this day. They give me reasons to look ahead at all of the random Monday mornings to come with hope and humility.

Having said all of that, there is an even greater reward for my time with the seniors. This experience has not only changed my life, but the lives of my family as well. In 2014, I decided to homeschool my daughter as she was having some pretty severe personal issues because of bullying at her school. As coincidence would have it, that same year I was given a field assignment in my Introduction to Human Services class. The only organization listed in my area was "Of One Accord Ministry" in Rogersville. I didn't want to leave her home alone while I completed my mandated 20 service hours, so I drug her along with me. Rita Jones, the director of the Community Nutrition Program, caught me on the first day and asked if I minded delivering meals, which I didn't mind at all. It sure sounded easier than sweeping floors or stocking shelves. Little did I know that those simple random events would change both mine and my daughter's lives forever.

She and I were so moved and transformed by the experience that we couldn't get enough. The seniors would gush and fawn over my daughter which made her feel special and important. She gained a whole new perspective on all of that teen angst and worry that she once thought was so paramount. I never once had to drag her out of bed to go with me. In fact, she was usually up long before I was getting ready for her "date" with the seniors. She told me on several occasions that this was a turning point in her life. She has since returned to public school with a whole new attitude and perspective. She even has aspirations of becoming a school counselor so that she can help kids who might be going through the same things she did. Needless to say, I couldn't be more proud of her. This experience has certainly changed all of our lives.

In the end, what have I learned from nearly three years of nonstop community service? Nothing really. I certainly haven't learned anything new. I haven't learned that seniors are a vital resource full of knowledge and perspective. I haven't learned that doing good deeds for others can make you feel good about yourself. I haven't learned that the best way to gain perspective and forget about your own problems is to help those less fortunate than yourself. Instead, I have "discovered" these things. You see, learning is something that you get from a book in a classroom. Discovery is what you get from being out in the world, "in the trenches", so to speak. My family and I have discovered a great many things over the last 3 years or so. I believe that these discoveries have made us all better people and helped me in finding myself.

Practice does not make Perfect but does make a Human Service Practitioner

John Paulson

Since the earliest days of psychotherapy, therapists have attempted to determine what interventions or treatments work best for certain conditions and clients. This search, however, has gained momentum in the past few decades under the auspice of *evidence-based practice* and has led to countless assertions about and disagreements over generally which system or model of psychotherapy is the best, and specifically which approaches are most effective for particular conditions. When we put therapy model A up against therapy model B who clearly wins the race?

Within psychotherapy research, this view refers to the “specific ingredients” approach, an assertion that particular models or particular therapy techniques are most responsible for gains and improvements made in psychotherapy. It suggests that it is essential in psychotherapy to engage in certain activities or procedures, to practice particular coping skills, or to address and resolve specific core conflicts in order for someone truly to get better. From this perspective, it becomes necessary for the therapist to do A, B, and C and for the client to do X, Y, and Z to achieve a positive outcome, and perhaps even in that order.

Several influential authors and researchers, most notably in recent years Scott Miller, Barry Duncan, and Bruce Wampold along with others, have consistently noted that this emphasis on delineating specific ingredients and attempting to determine which model is definitively effective and definitively more effective than another has been a fool’s errand of sorts. These authors highlight and describe outcome research dating back decades that consistently demonstrates that no particular model or approach to psychotherapy has ever definitively or consistently outperformed other approaches. This finding of general equivalency between the various models and approaches to therapy, first named and described by psychotherapy researcher Saul Rosenzweig in the 1930’s, is now known as the *Dodo Bird effect* in psychotherapy research, drawing from Alice in Wonderland where the Dodo says, “Everybody has won, and all must have prizes.” Therefore, when we pit therapy model A against therapy model B, both seem to win, but there is not a clear winner (Duncan, Miller, Wampold & Hubble, 2010; Wampold, 2001).

These authors point out that the Dodo Bird finding does not suggest that therapeutic models or techniques play no part in improvement, merely that specific models and techniques account for less of the variance in outcome than researchers would predict, or possibly even want. Systems of therapy and techniques do matter, but more important than finding the “right” therapeutic orientation or technique is to ensure that a practitioner is well trained and competent in whatever particular approach they are using. It is also important for the therapist to present the suggested approach to the client in a way that leads to buy-in on the client’s part so that the client understands the rationale and believes the chosen approach makes sense and will help them (Duncan, Miller, Wampold & Hubble, 2010; Wampold, 2001).



The Evolution of Psychotherapists



FREUD

These researchers highlight the consistent finding that the largest contributors to and predictors of positive outcomes in psychotherapy are factors related to the therapeutic alliance. Clients that experience their therapist as empathic and caring, competent and collaborative, consistently do better in treatment. Based on such findings they advocate for the intentional, purposeful, integration of on-going feedback from clients on their current functioning and their experience of the therapeutic relationship into the therapy process.

Consistently receiving feedback from clients on how they are doing, how they think therapy is going and adapting services based on that feedback creates a culture of client directed, outcome informed treatment. This also provides *practice-based evidence* substantiating the efficacy of services specific to the individual client (Duncan, Miller, Wampold & Hubble, 2010; Wampold, 2001). Findings supporting the positive benefits of systematically gathering and integrating client feedback into care led to the recognition of Feedback-Informed Treatment (FIT) and the Partners for Change Outcome Management System (PCOMS), approaches based on these principles, as evidence-based practices by the National Registry of Evidence-Based Programs and Practices (NREPP) by the Substance Abuse and Mental Health Services Administration (2016).

While nurturing and cultivating the therapeutic relationship is vital, it does not appear to be sufficient. Dr. Miller in an acclaimed presentation given in 2013 at the prestigious Evolution of Psychotherapy Conference titled *The Evolution of Psychotherapy: An Oxymoron* outlined both hopeful and troubling finding for the future of psychotherapy (Erikson Foundation, 2014). He affirmed the good news that psychotherapy consistently shows to be generally effective, and that its effectiveness rivals, and at times exceeds, the effectiveness of many other medical interventions. The troubling finding he points out is that while approaches to therapy have exponentially increased, the overall efficacy of psychotherapy has not appeared to improve since the 1970’s. This finding leads him to argue that instead of focusing on the evolution of psychotherapy that the field should focus more on the evolution of psychotherapists. He affirms an observation made also by many others that models of therapy do not provide psychotherapy; psychotherapists provide psychotherapy. So instead of asking which model is best, he suggests the field should ask two vital questions: what do top performing therapists who consistently have better outcomes do that others are not doing, and how can practitioners get better?

This direction has led to a focus referred to as *deliberate practice*. Miller and others, drawing on research about what leads to expertise in a variety of fields, emphasize the consistent finding that those who perform better spend more time engaging in intentional practice. This practice is not just performing skills repeatedly (which is important), but practicing skills, receiving corrective feedback based on observation, and then spending the most time focusing on the “edges” of their practice, meaning identifying what they are not so good at doing and working on strengthening those areas (Erikson Foundation, 2014; Rousmaniere, 2016; Van Nuys, 2016).

From a deliberate practice framework, it becomes important to first learn information on models, approaches and skills, then to practice those, followed by being observed implementing those and then receiving corrective feedback and having a training plan in place for what to target for further development. The proponents of deliberate practice suggest that it is vital to observe practitioners directly, either in person or on recordings, to see what actually is happening. This is similar to athletes and performing artists who review recordings of their training and practice periods, which differs from traditional approaches used in therapy supervision where one later discusses with a supervisor what they remember occurring or what they believe occurred in the interaction (Rousmaniere, 2016; Van Nuys, 2016).

Engaging in deliberate practice raises some challenges. Agencies rarely offer substantial time or reimbursement to engage in deliberate practice of skills outside of assigned work duties, which leaves it up to the practitioner to do so on their own time. It can also be logistically challenging to arrange observation in person or recording interactions (a technical and ethical issue of its own, but not one that is insurmountable). Deliberate practice also requires tenacity, persistence and courage on the part of practitioners. Viewing ourselves engaging in practice, and having others view us can be anxiety provoking. To determine where we need to grow, we must first determine how we are doing. This might force practitioners to realize that they might not be as effective as they believe, and that they must face the reality that perhaps fewer people are improving than they thought, or even declining.

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We must also then look at what we are not doing as well as we would like and must then emphasize these areas of practice over continuing to emphasize skills that are already established and comfortable. While it can be uncomfortable and threatening to our sense of identity and competence to acknowledge these realities, the payoff is improved confidence and competence as we get better, which will also ultimately lead to improved career satisfaction. The primary benefit, however, is services that are more effective and improved outcomes for our clients (Rousmaniere, 2016; Van Nuys, 2016).

Some might argue that they already do engage in practice while observed by others. Students in undergraduate and graduate training programs often demonstrate skills live in class or record themselves doing so with a classmate. Students in internship and newer clinicians frequently provide services while being observed by supervisors. The point is not that this never happens, but that it needs to happen more intentionally and more regularly. Proponents of client-directed, outcome-informed care emphasize creating a culture of intentionally eliciting feedback from clients as an on-going and necessary aspect of providing services. The same holds true for deliberate practice: there needs to be a culture of consistently practicing skills, eliciting feedback on performance, and having a training plan on an on-going and intentional basis (Rousmaniere, 2016; Van Nuys, 2016).

Emphasizing deliberate practice also invites the field to consider how it might change or expand continuing education. While our current model of going to trainings, listening to presenters, and learning new information about programs, approaches or intervention strategies can be beneficial, it is also important for us to remember that merely obtaining information does not necessarily make one a better practitioner. It might, and often it does help us improve, but as important is what a practitioner is actually doing and attempting at work. Since time and resources for deliberate practice are already limited, the hope is that at some point, perhaps practitioners might be able to document and provide an account of their time engaging in deliberate practice, and that this could be sanctioned as continuing education hours by monitoring groups (Rousmaniere, 2016; Van Nuys, 2016).

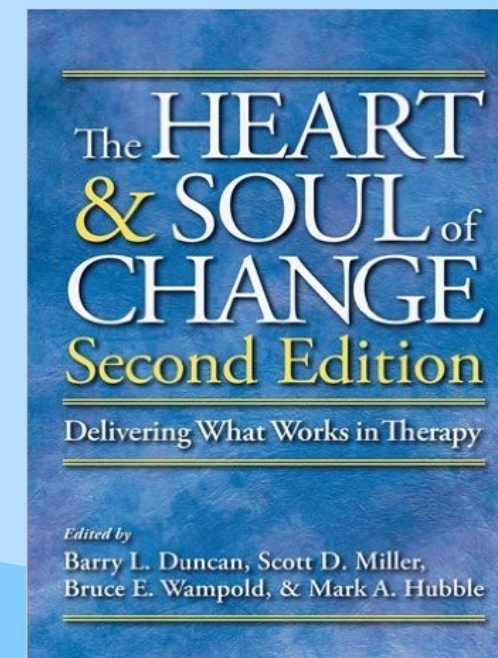
I remind students and supervisees that we need to be able to develop *both* strong alliances with our clients and successful intervention strategies to help them navigate their issues. We need to draw from and rely on *both* established evidence-based practices and make sure that we are adapting services to the client and gathering practice-based evidence about the efficacy of our services. With trainees, I often use the analogy of a repair technician. As a repair technician, I might have the best tools and the best skills there are, but if the person does not realize there are problems with the house to fix, and if I cannot get through the front door, then all those tools and skills do little good. The opposite point is true as well. I might be able to get in the door, but if I do not have the right tools and the right skills to make the necessary repairs, then all I can do is stand there and comfort them while their house floods. Being there and comforting people in times of need and disaster definitely has merit, but given the choice, I believe what most people want to be comforted *and* get the problem fixed.

While most of the attention on deliberate practice thus far has targeted psychotherapy, it applies to practitioners of any education, degree, or training level who are providing skilled, direct services to clients. As principles and practices related to deliberate practice continue to develop, it is clear that the human service profession, along with the other allied helping disciplines, will be strengthened by enhancing our understanding of, and increasing our resources and technologies for helping practitioners to improve their craft. I have come to a deeper appreciation for referring to what we do as a *craft*. It honors the fact that providing high quality, effective behavioral and social services is a skilled activity that takes knowledge, practice and time to develop and refine. Although “talking shop” with others about their experiences and our own and sharing ideas and opinions about different tools and techniques is informative and fun, the only true way to get better and hone your craft is by doing it.

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articles and your input!**



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