Part I

HUMAN SERVICES AS A PROFESSION
Chapter 1

Introduction to the Human Services Profession

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

Gary works for a public middle school and meets with six seventh graders every Monday to talk about their feelings. Gary helps them learn better ways to explore feelings of anger and frustration. During their meetings, they sometimes do fun things like play basketball, and sometimes they play a board game where they each take turns picking a “self-disclosure” card and answering a personal question. Gary uses the game to enter into discussions about healthy ways of coping with feelings, particularly anger. He also uses the game to get to know the students in a more personal manner, so that they will open up to him more. Gary spends one session per month to discuss their progress in their classes. The goal for the group is to help the students learn how to better control their anger and to develop more prosocial behavior, such as empathy and respect for others.

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

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

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

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

**WHY IS HUMAN SERVICES NEEDED?**

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

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

Some people, particularly those who have good support systems, may falsely believe that anyone who cannot meet their most basic needs of shelter, food, health care, and emotional needs must be doing something wrong. This belief is incorrect because numerous barriers exist that keep people from meeting their own needs, some of which might be related to their own behavior, but more often, the reasons why people cannot meet their needs are quite complicated and often lie in dynamics beyond their control. Thus while some people who are fortunate enough to have great families, wonderfully supportive friends, the benefit of a good education, not subject to racial oppression or social exclusion, and no significant history of abuse or loss may be self-sufficient in meeting their own needs, this does not mean that others who find themselves in situations where they cannot meet their own needs are doing anything wrong. Human service agencies come into the picture when people find themselves confronting barriers to getting their needs met and their own resources for overcoming these obstacles are insufficient. Some of these barriers include:

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

A tremendous amount of controversy surrounds how best to help people meet their basic needs, and various philosophies exist regarding what types of services truly help those in need and which services may seem to help initially but actually create more problems down the road. For instance, most people have heard the old proverb, “Give a man a fish and he will eat for a day. Teach a man to fish and he will eat for a lifetime.” One goal of the human service profession is to teach people to fish. This means that human service professionals are committed to helping people develop the necessary skills to become self-sufficient and function at their optimal level within society. Thus although an agency might pay a family’s rent for a few months when they are in a crisis, human service professionals will then work with the family to remove any barriers that keep them from meeting their housing needs in the future, such as substance abuse disorders, a lack of education or vocational skills, health problems, or mental illness, or gaining self-advocacy skills necessary for combating prejudice and discrimination in the workplace.

In addition to a commitment to working with a broad range of populations, including high-needs and marginalized populations, and providing them with the necessary resources to
get their basic needs met, human service professionals are also committed to working on a macro or societal level to remove barriers to optimal functioning that affect large groups of people. By advocating for changes in laws and various policies, human service professionals have helped make great strides in reducing prejudice and discrimination related to one’s race, gender, sexual orientation, socioeconomic status (SES), or any one of a number of characterizations that might marginalize someone within society.

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

**HUMAN SERVICE PROFESSIONALS: EDUCATIONAL REQUIREMENTS AND PROFESSIONAL STANDARDS**

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

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

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

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

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

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

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

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

**Human Service Education and Licensure**

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

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

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

In the 1960s through the 1980s the majority of social workers had a BSW and could become licensed as a social worker. Currently most states require that social workers have at least a BSW, but the professional standard is an MSW. Most states also require that practicing social workers be licensed, certified, or credentialed by taking a national examination. The Association of Social Work Boards (ASWB) is legally responsible for regulating the social work profession, developing and maintaining licensing exams for all states, as well as serving as a central clearinghouse of information on the legal regulation of social work. The ASWB has identified professional standards for the practice of social work and defines by law the requirements for each level of licensure as a social worker. There are four levels of practice that states can legally regulate, each with increasingly difficult written examinations (see Table 1.1), but as you'll note from Table 1.2, not all states recognize each level of practice.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Academic Area/Major</th>
<th>State License</th>
<th>Possible Careers</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA/BS</td>
<td>Psychology, Sociology</td>
<td>N/A</td>
<td>Group home counselor, hospice bereavement counselor, residential counselor, job coach</td>
</tr>
<tr>
<td>BSW</td>
<td>Social Work (program accredited by CSWE)</td>
<td>Basic licensing (LSW) depends on state</td>
<td>Same as above, depends on state requirements</td>
</tr>
<tr>
<td>MA/MS</td>
<td>Counseling Psychology</td>
<td>LCP (Licensed Clinical Professional—on graduation)</td>
<td>Private practice, some governmental and social service agencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LCPC (Licensed Clinical Professional Counselor—3,000 postgrad supervised hours)</td>
<td></td>
</tr>
<tr>
<td>MSW</td>
<td>Social Work (program accredited by CSWE)</td>
<td>LSW (on graduation)</td>
<td>Private practice, all governmental and social service agencies (some requiring licensure)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LCSW (Licensed Clinical Social Worker—3,200 postgrad supervised hours)</td>
<td></td>
</tr>
<tr>
<td>PsyD</td>
<td>Doctor of Psychology</td>
<td>PSY# (Licensed Clinical Psychologist—3,500 postgrad supervised hours)</td>
<td>Private practice, many governmental and social service agencies, teaching in some higher education institutions</td>
</tr>
<tr>
<td>120 units</td>
<td></td>
<td>PSY# (~3,500 postgrad supervised hours)</td>
<td></td>
</tr>
<tr>
<td>PhD (Psychology)</td>
<td>Doctor of Philosophy in Psychology</td>
<td>PSY# (~3,500 postgrad supervised hours)</td>
<td>Private practice, many governmental and social service agencies, teaching in higher education institutions</td>
</tr>
<tr>
<td>120 units</td>
<td></td>
<td>PSY# (~3,500 postgrad supervised hours)</td>
<td></td>
</tr>
</tbody>
</table>
There is a wide variation between states in licensing and education levels required, as well as the variation in titles used to identify social workers and human service professionals (Rittner & Wodarski, 1999). For instance, in some states the level of practice is correlated with the human service professional’s level of education, but in other states, such as California, the level of education does not necessarily correlate with higher level exams, but issues such as insurance reimbursement and entry into management positions serve as worthwhile incentives to take the higher level exams. In many states the human services profession is still largely unregulated, but this is quickly changing for several reasons, including the fact that many third-payer insurance companies will not reimburse for services unless rendered by a licensed mental health provider (Beaucar, 2000).

**DUTIES AND FUNCTIONS OF A HUMAN SERVICE PROFESSIONAL**

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

1. Understanding the nature of human systems: individual, group, organization, community and society, and their major interactions. All workers will have preparation which helps them to understand human development, group dynamics, organizational structure, how communities are organized, how national policy is set, and how social systems interact in producing human problems.
2. Understanding the conditions which promote or limit optimal functioning and classes of deviations from desired functioning in the major human systems. Workers will have understanding of the major models of causation that are concerned with both the promotion of healthy functioning and with treatment-rehabilitation. This includes medically oriented, socially oriented, psychologically-behavioral oriented, and educationally oriented models.
3. Skill in identifying and selecting interventions which promote growth and goal attainment. The worker will be able to conduct a competent problem analysis and to select those strategies, services or interventions that are appropriate to helping clients attain a desired outcome. Interventions may include assistance, referral, advocacy, or direct counseling.
4. Skill in planning, implementing and evaluating interventions. The worker will be able to design a plan of action for an identified problem and implement the plan in a systematic way. This requires an understanding of problems analysis, decision-analysis, and design of...
work plans. This generic skill can be used with all social systems and adapted for use with individual clients or organizations. Skill in evaluating the interventions is essential.  

5. Consistent behavior in selecting interventions which are congruent with the values of one’s self, clients, the employing organization, and the human service profession. This cluster requires awareness of one’s own value orientation, an understanding of organizational values as expressed in the mandate or goal statement of the organization, human service ethics and an appreciation of the client’s values, life style and goals.  

6. Process skills which are required to plan and implement services. This cluster is based on the assumption that the worker uses himself as the main tool for responding to service needs. The worker must be skillful in verbal and oral communication, interpersonal relationships and other related personal skills, such as self-discipline and time management. It requires that the worker be interested in and motivated to conduct the role that he has agreed to fulfill and to apply himself to all aspects of the work that the role requires.  

The National Association of Social Workers (NASW) website includes a list of work activities common to most social workers. These include:  

1. Determining people’s social, emotional, and economic problems and needs. Providing services to address the needs of people, or referring clients for appropriate professional or community services  

2. Developing resources, programs and social policies to address unmet community needs  

3. Assessing, diagnosing and/or treating mental health and emotional problems (Clinical Social Work: psychotherapy and counseling)  

4. Working to improve social programs and health services through research and by encouraging communities and organizations to be responsive to identified needs  

5. Helping people improve personal and/or social functioning by providing or referring for education, training, employment and personal growth services  

6. Coordinating and working with governmental, private, civic, religious, business, and/or trade organizations to combat social problems through community awareness and response programs  

The American Counseling Association (ACA), the world’s largest professional organization representing counselors from various practice settings, defines the discipline of professional counseling as “The application of mental health, psychological, or human development principles, through cognitive, affective, behavioral, or systematic intervention strategies, that address wellness, personal growth, or career development, as well as pathology” (www.counseling.org). And the Council for Accreditation of Counseling & Related Educational Programs (CACREP), an independent agency recognized by the Council for Higher Education Accreditation to accredit master’s degree programs in counseling, lists several practice settings common to counseling professionals including career, college, community counseling, gerontological, family counseling, mental health, and school. Although not all of these counseling-related careers are considered human services in nature, these professional agencies do provide descriptions of the broad range of duties and functions of those working in the human services and related fields.  

HOW DO HUMAN SERVICE PROFESSIONALS PRACTICE?  

Since human beings have walked this planet, people have been trying to figure out what makes them “tick.” If one were to construct a historical time line, one would see that each era tends to embrace a particular philosophy regarding the psychological nature of humans. Were we created
in the image of God? Are we inherently good? Are personal problems a product of social oppression, or are individuals responsible for their lot in life? Do we have various levels of consciousness with feelings outside our awareness motivating us to behave in certain ways? What will make us happy? What leads to our emotional demise? These questions are often left to philosophers and more recently to psychologists, but they also relate very much to human services practice because the view of humankind held by human service professionals will undoubtedly influence how they both view and help their clients.

One of the most common questions human service professionals are asked in a job interview is about their “theoretical orientation.” I recall having a professor in my MSW program who cautioned that when we were asked that question to make sure we never said we were “eclectic” because this was a clear indication to any employer that we had no idea what theoretical orientation we embraced. Essentially what this question is addressing is what theoretical orientation the human service professional operates from as a foundation. In any mental health clinic, one practitioner might counsel from a psychoanalytic perspective, another from a humanistic perspective, and yet another from a cognitive-behavioral perspective. The theoretical orientation of mental health professionals will serve as a sort of lens through which they view their clients. Depending on the theory, a human service professional’s theoretical orientation may include certain underlying assumptions about human behavior (e.g., what motivates humans to behave in certain ways), descriptive aspects (e.g., common experiences of women in middle adulthood), as well as prescriptive aspects, defining adaptive versus maladaptive behaviors (e.g., is it normal for children to experience separation anxiety in the toddler years? Is adolescent rebellion a normal developmental stage?).

Most theoretical orientations will also extend into the clinical realm by outlining ways to help people become emotionally healthy based on some presumption of what caused them to become emotionally unhealthy in the first place. For instance, if a practitioner embraces a psychoanalytic perspective that holds to the assumption that early childhood experiences influence adult motivation to behave in certain manners, then the counseling will likely focus on the client’s childhood. If the practitioner embraces a cognitive-behavioral approach, the focus of counseling will likely be on how the client frames and interprets the various occurrences in his or her life.

**Theoretical Frameworks Used in Human Services**

When considering all the various theories of human behavior, it is essential to remember that culture and history affect what is considered healthy thinking and behavior. Common criticism of many major psychological theories is that they are often based on mores common in Western cultures in developed countries and are not necessarily representative or reflective of individuals living in developing or non-Western cultures. For instance, is it appropriate to apply Freud’s psychoanalytic theory of human behavior, which was developed from his work with higher society women in the Victorian era, to individuals who live in a Massai tribe in Africa? Or, is it appropriate to use a theory of human behavior developed during peacetime when working with those who grow up in a time of war? Any theory of human behavior one considers using in relation to understanding the behavior of clients should include a framework addressing many systems such as culture, historical era, ethnicity, and gender, as well as other systems within which the individual operates. In other words, it is imperative that the human service professional consider environmental elements that may be a part of the client’s life as a part of any evaluation and assessment.

Consider this example:

A middle-aged woman is feeling rather depressed. She spends her first counseling session describing her fears of her children being killed. She explains how she is so
afraid of bullets coming through her walls that she doesn’t allow her children to watch television in the living room. She never allows her children to play outside and worries incessantly when they are at school. She admits that she has not slept well in weeks, and she has difficulty feeling anything other than sadness and despair.

Would you consider this woman paranoid? Correctly assessing her does not depend solely on her thinking patterns and behavior, but on the context of her thinking patterns and behavior, including the various elements of her environment. If this woman lived in an extremely safe, gate-guarded community where no crimes had been reported in 20 years, then an assessment of some form of paranoia might be appropriate. But what if she lived in a high-crime neighborhood, where “drive-by” shootings were a daily event? What if you learned that her neighbor’s children were recently shot and killed while watching television in the living room? Her thinking patterns and behavior do not seem as bizarre when considered within the context or systems in which she is operating.

Human service professionals are often referred to as “generalists,” implying that their knowledge base is broad and varied. This does not mean that they do not have areas of specialization, in fact, in the last 100 years human service professionals have increasingly ventured into practice areas previously reserved for psychologists and professional counselors (Rullo, 2001). But many believe that in order to be most effective, human service professionals must be competent working with a broad range of individuals and a broad range of issues, using a wide range of interventions. A conceptual framework that is most commonly associated with human services generalist practice is one that views clients in the context of their environment, specifically focusing on the transaction or relationship between the two.

Several theories capture this conceptual framework, and virtually all are derived from general systems theory, which is based on the premise that various elements in an environment interact with each other, and this interaction (or transaction) has an impact on all elements involved. This has certain implications for the hard sciences such as ecology and physics, but when applied to the social environment its implications involve the dynamic and interactive relationship between environmental elements such as one’s family, friends, neighborhood, church, culture, ethnicity, and gender on the thoughts, attitudes, and behavior of the individual. Thus, if someone asked you who you were, you might describe yourself as a female, who is a college student, married, with two high school-aged children, who attends church on a regular basis. You might further describe yourself as having come from an Italian family with nine brothers and sisters and as a Catholic.

On further questioning you might explain that your parents are older and you have been attempting to help them find alternate housing that can help them with their extensive medical needs. You might describe the current problems you’re having with your teenage daughter, who was recently caught “ditching” school by the truancy officer. Whether you realize it or not, you have shared that you are interacting with the following environments (often called ecosystems): family, friendships, neighborhood, Italian-American culture, church, gender, marriage covenant, adolescence, the medical community, the school system, and the criminal justice system.

Your interaction with each of these systems is influenced by both your expectations of these systems and their expectations of you. For instance, what is expected of you as a college student? What is expected of you as a woman? As a wife? As a Catholic? What about the expectations of you as a married woman who is Catholic? What about the expectations of your family? As you attempt to focus on your academic studies, do these various systems offer stress or support? If
you went to counseling, would it be helpful for the practitioner to understand what it means to be one of nine children from a Catholic, Italian-American family?

This focus on transactional exchange is what distinguishes the field of human services from other fields such as psychology and psychiatry, although recently systems theory has gained increasing attention in these latter disciplines as well. Several theories have been developed to describe the reciprocal relationship between individuals and their environment. The most common are Ecological Systems Theory, Person-in-Environment (PIE), and Eco-Systems Theory.

BRONFENBRENNER’S ECOLOGICAL SYSTEMS THEORY  Urie Bronfenbrenner (1979) developed the Ecological Systems Theory. In his theory, Bronfenbrenner categorized an individual’s environment into four expanding spheres, all with increasing levels of intimate interaction with the individual. The Microsystem includes the individual and his or her family, the Mesosystem (or Mezzosystem) includes entities such as one’s neighborhood and school, the Exosystem includes entities such as the state government, and the Macrosystem would include the culture at large. Figure 1.1 illustrates the various systems and describes the nature of interaction with the individual. Again, it is important to remember that the primary principle of Bronfenbrenner’s theory is that individuals can best be understood when seen in the context of their relationship with the various systems in their lives. Understanding the nature of these reciprocal relationships will aid in understanding the individual.

PERSON-IN-ENVIRONMENT Another theory that is similar in nature to Ecological Systems Theory is referred to as “Person-in-Environment,” or PIE. The premise of this theory is quite similar to Bronfenbrenner’s theory, as it encourages seeing individuals within the context of their environment, both on micro and macro levels (i.e., intra and interpersonal relationships and family dynamics) and on a macro (or societal) level (i.e., the individual is an African American, who lives in an urban community with significant cultural oppression).

ECO-SYSTEMS THEORY  Similar to Bronfenbrenner’s theory, in Eco-Systems Theory the various environmental systems are represented by overlapping concentric circles indicating the

**FIGURE 1.1** Example of Common Eco-Systems with the Person in the Middle
reciprocal exchange between person and environmental system. Although there is no official recognition of varying levels of systems (from micro to macro), the basic concept is very similar, and most who embrace this theory understand that there are varying levels of systems, all interacting and thus impacting the person in various ways. It is up to the human service professional to strive to understand the transactional and reciprocal nature of these various systems (Meyer, 1988).

It is important to note that these theories do not presume that an individual is necessarily aware of the various systems they operate within, even if they are actively interacting with them. In fact, effective human service professionals will help their clients increase their personal awareness of the existence of these systems and how they are currently operating within them (i.e., nature of reciprocity). It is through this awareness that clients increase their level of empowerment within their environment and consequently in all aspects of their life.

**MASLOW’S HIERARCHY OF NEEDS** Another effective model for understanding how many people are motivated to get their needs met was developed by Abraham Maslow. Maslow (1954) created a model focusing on needs motivation. As Figure 1.2 illustrates, Maslow believed that people are motivated to get their most basic physiological needs met first (such as the need for food and oxygen) before they attempt to meet their needs safety (such as the security we find in the stability of our relationships with family and friends). According to Maslow, most people would find it difficult to focus on higher level needs related to self-esteem or self-actualization when their most basic needs are not being met. Consider people you may know who suffer from low self-esteem and then consider how they might react if a war suddenly broke out and their community was under siege. Maslow’s theory suggests that thoughts of low self-esteem would
quickly take a back seat as worries about mere survival took hold. Maslow’s Hierarchy of Needs can assist human service professionals in helping clients by recognizing a client’s need to prioritize more pressing needs over others.

UNDERSTANDING HUMAN SERVICES THROUGH A LOOK AT PRACTICE SETTINGS

It is important to remember that the nature of intervention is completely dependent on the specific practice setting where the human service professional is providing direct service. Thus, how clients are helped to improve their personal and social functioning will look very differently depending on whether services are provided in a school setting, a hospice, or a county social service agency. Human service professionals practice in numerous settings, some of which include schools, hospitals, advocacy organizations, faith-based agencies, government agencies, hospices, prisons, and police departments, as well as in private practice.

It would be difficult to present an exhaustive list of categories of practice settings due to the broad and often very general nature of this career. Practice settings could be categorized based on the social issue (i.e., domestic violence, homelessness), target population (i.e., older adults, the chronically mentally ill), or the area of specialty (i.e., grief and loss, marriage and family). Regardless of how we choose to categorize the various fields within human services, it is imperative that the nature of this career be examined and explored through the lens of practice settings in some respect to truly understand both the career opportunities available to human service professionals and the functions they perform within these various settings.

Some of these practice settings include (but are not necessarily limited to) medical facilities, including hospitals and hospices; schools; geriatric facilities, including assisted-living facilities; victim advocacy agencies, including domestic violence, sexual assault, and victim–witness assistance departments; child and family service agencies, including adoption agencies and child protective service agencies; services for the homeless, including shelters, and the government housing authority; mental health centers; faith-based agencies; and social advocacy organizations such as human rights agencies and policy groups.

Regardless of the manner in which practice settings are categorized, there is bound to be some overlap because one area of practice could conceivably be included within another field, and some practice settings could also be considered an area of specialization. For instance, there are Christian hospices (medical social work and faith-based practice), some human service professionals work with both victims of domestic violence (victim advocacy) and batterers (forensic human services), and adoption is sometimes considered a practice setting unto itself and sometimes included under the umbrella of child welfare.

For the purposes of this text, the roles, skills, and functions of human service professionals will be explored in the context of particular practice settings, as well as areas of specialization within the human services field—general enough to cover as many functions and settings as possible within the field of human services, but narrow enough to be descriptively meaningful. The role of the human service professional will be examined by exploring the history of the practice setting, the range of clients, the clinical issues most commonly encountered, mode of service delivery, case management, and most common generalist intervention strategies within the following practice settings and areas of specializations: child welfare, adolescents, geriatric and aging, mental health, housing, health care and hospice, substance abuse, schools, faith-based agencies, violence, victim advocacy and corrections, and macro practice, including international human rights work.
Suggested Readings


Internet Resources

American Counseling Association: http://www.counseling.org

Council for Accreditation of Counseling & Related Educational Programs: http://www.cacrep.org


Council on Social Work Education: http://www.cswe.org

Human Services Career Network: http://www.hscareers.com

National Association of Black Social Workers: http://www.nabsw.org

National Association of Social Workers: http://www.socialworkers.org

National Organization for Human Services: http://www.nationalhumanservices.org

The New Social Worker Online: http://www.socialworker.com

Social Worker Salary Information: http://www.naswdc.org/naswprn/surveyOne/income2.pdf

References


