

Chapter 1

What Are Human Services? What Do Human Service Workers Do?



HUMAN SERVICE NETWORKS

What are human services? What do human service workers do? These are logical questions for a beginning student to ask and for an introductory text to answer. But the answers are not as straightforward as you might expect. A professor of human services described the challenge of answering these seemingly obvious questions.

While I was in college, my friends and family kept asking me, in a challenging way, exactly what is a human services major? They wondered what a big guy like me was doing studying for that kind of a field. I'd try to give them a short, clear answer. They never seemed completely satisfied.

That was irritating enough when I was in college, but even after I graduated with a bachelor's degree in human services, my friends and relatives kept right on asking me what I was really going to do to earn my living. If I fell back on my stock answer, about how I was in the business of helping people to help themselves, I always sounded hopelessly muddled.

How do you explain all the things you are *really* doing when it looks as if you are just "hanging out" on a street corner with a gang of teenagers? As a young outreach worker hired by my town, "hanging out" was a large part of my job description. Sometimes I'd be playing pool or shooting baskets with the kids in the local recreation center. Later on in the day I might spend a few hours drinking coffee with a family around their kitchen table. I took kids on camping trips. I held their hands when they ended up in the hospital with an overdose of drugs or a broken leg from a gang fight or football game. I'd chew the fat with the clerks at juvenile court and visit with my kids going in or coming out of the courtroom.

I was a sounding board for the parents, the kids, the local merchants, and the police. Of course I can't point to an adult and say it's because of my work that he made it up and out of trouble. But I think that what I did made a difference in some of the kids' futures.

Twenty years later, one of my students complained to me that she had the same problem. How could she justify the usefulness of spending three hours sitting in front of a television set with five mentally challenged adults? How could she explain what she was doing when she was eating a hamburger in a luncheonette or throwing a Frisbee around the park with her clients? She'd get frustrated when one of her friends would say, "You get paid for doing that? You have to go to college to learn how to do that? Now, my major—engineering, business, computers, etc.—that's real work!"

Helping is such a natural part of our everyday lives that it is hard to think of it as a specialized activity for which people must be trained. Think back over the past few weeks. Chances are that someone—a coworker, friend, or relative—has asked you for help. Perhaps a friend was having trouble with a love relationship and needed to talk about it. If you listened with empathy and tried to understand her view of the problem, you were giving a human service.

An attentive listener and a strong shoulder to cry on might have been all your friend needed. However, if the same type of problem continues to occur, she might need more than a warm, accepting friend. She might need to talk with an experienced counselor who has helped other young adults juggle the conflicting needs of intimacy and independence.

Professional counselors work in private practices, at family service agencies, in hospital outpatient clinics, in mental health centers, in women's advocacy programs, and in the guidance offices of high schools or colleges.

All of us, at some time in our lives, will be on both sides of the helping process, giving or asking for support. Problems are part of living, and no one—regardless of education, income, or profession—is immune. A college president might have a disintegrating marriage, a business tycoon might give birth to a severely retarded child, and a famous sports star might contract HIV. When the economy dips or a hurricane hits the coast, thousands of people from all walks of life lose their jobs, their homes, and their sense of security. If we live long enough, we will have to cope with the death and illness of many people we care about. And throughout the life span, we will face our own critical junctures, transitions, and changing capacities.

People can follow many different routes to find help within the human service network. The route chosen is likely to be influenced by:

- The nature of the problem
- Someone's hunch about the causes of the problem
- The resources available in the local community
- The cost and the person's ability to pay
- The climate of the times that creates fads about "the right thing to do when you have problem X, Y, or Z"
- The history of the circumstances that person is confronting
- Luck or chance (e.g., an aunt mentions that she knows a counselor who has helped her; the topic is discussed in advice columns such as Dear Abby or Ask Beth)

Research indicates that most referrals are made by word of mouth. When people are in pain, they are likely to ask the advice of someone they trust. A member of the clergy, doctor, bartender, or hairdresser can often inspire the courage to walk into a social service agency. Currently, many of us **google search** the web for information about our problems and for suggestions of places to go for help. The opinions of people who have used different services are, of course, very varied. A potential client must sort through a maze of conflicting thoughts and feelings. Too much information can be just as debilitating as too little, but that is a common problem of our cyber culture. Human service workers spend a great amount of time, energy, and creativity getting accurate messages out to the public.

Throughout the pages of this book and in your own work in the field, you will quickly discover that there is no simple path to finding help. Because people are complex, human service problems are multifaceted. So we have had to create a variety of social services. Programs that cluster around one particular problem area are called **human service networks** or **delivery systems**.

A paper written by Kathy Holbrook, a first-year student at Westwood Community College, paints a vivid picture of the variety and complexity of one of these networks. The assignment was called "The Helpee Paper." Kathy's instructor asked the students to think back to a time in their lives when they had faced a painful personal crisis. They were asked to describe that situation and then evaluate the help they received from professionals, volunteers, family, or friends.

In the many years the instructor has assigned this paper, he has never had a student who was unable to remember a painful episode. Students have written about homesickness at camp; the death of a pet; problems with drugs, alcohol, and eating disorders; the divorce of parents; and conflicts around the choice of a college or career. Because the students select their topics, they decide how much personal material they want to reveal.

Google search
Clicking onto a web search engine owned by Google Inc., which is the most-used search engine on the web, receiving millions of queries and postings each day.

human service networks (or delivery systems)
Programs and entitlements that offer help in dealing with different but complementary parts of an overall problem.

Some students choose to share their papers with the class. While listening to these stories, class members feel the intensity of the emotions that conflict engenders. They also learn about the complex barriers that surround the acts of asking for and receiving help. In addition, the students receive a true-to-life picture of the patchwork quilt of agencies and worker roles that make up each of the human service networks.

After reading about Kathy's attempts to tread her way through the human service network of alcohol abuse, you will read about two other paths Kathy might have followed if her problems had developed differently. As you read these three accounts, try to identify all the human service agencies and workers Kathy encountered.

My Experience Receiving Help

by *Kathy Holbrook*

When I read the assignment for this paper I had mixed feelings. On the one hand, it opens up a lot of wounds. On the other hand, I know that if I want to be a human service worker I have to learn from my own experiences. And every time I talk about the problems my family had with my dad's alcoholism, it can help someone else. That's the main lesson I learned from the Alcoholics Anonymous (AA) meetings I've attended. Well, I guess I've started this paper already.

I can't pinpoint when the problem began. As I look back, I realize the problem was always with us but I didn't have a name for it. I thought the way we lived was just the way things were in everyone's family.

We had a big house in Westwood. My father worked for years for the same stock brokerage firm. He could make or lose thousands of dollars a day of other people's money. It was high pressure all the time.

When I was little we didn't see much of Dad. He had to work very hard to keep up with the rest of the community. People where we live keep moving: a bigger house, a pool, a summer place on the lake, a boat, ivy-league colleges for their kids. Mom was the "typical" housewife. She did all the chauffeuring to Scouts and swim team and came to all our plays alone when Dad was in the city. The first ten years it seemed like we were mostly like everyone else. I knew Mom and Dad always kept liquor around because they did a lot of entertaining.

But in my first year of high school everything got worse. Sometimes I'd get up in the morning and Dad would be asleep on the sofa with his clothes on. Sometimes he wouldn't get up for breakfast. I'd hear

Mom phoning his boss, saying he was sick or that he couldn't get the car started. I began to notice that she often didn't tell the truth about Dad.

Then he started coming home during the day. He'd drink until he'd pass out, sometimes right in the living room. I'd ask Mom if I could have friends over and she'd say I couldn't. After a while no one was invited to our house for dinner parties anymore. I felt as if we were living in a cave with a locked door across it. Mom even kept the window blinds down in the afternoon. I think she didn't want the neighbors to see Dad at home, especially when he hadn't shaved or changed his clothes.

I tried to talk to my brothers about it, but they would blow me off. My brother Dennis and Dad got into such a bad fight that Dennis moved into his girlfriend's room at college. Chuck, my oldest brother, has always been a bookworm. He'd just crawl into his room and read or listen to music all the time. Even at dinner we were never together anymore. If we were all there, Mom was nervous or Dad would get up and leave in the middle. She'd cook a big meal and he wouldn't come home or he'd say the food was no good and he'd yell. He never hit her, but he would slam his glass down so it would break or knock over his chair when he left the table.

I was still his special little girl, though. He'd always ask me to stay around the house and he'd give me dollar bills for being so good. Sometimes I'd take off his shoes when he was asleep on the sofa. A couple of times I got up at night and covered him when he was lying on the couch.

My mom started to go to church a lot. The priest came to our house to talk to my dad. Finally, I came home from school one day and Mom said we were leaving. We would stay at my aunt's house until Dad packed his things and left. Then we could come back. That's when she told me that he was an alcoholic. He was sick and it wasn't his fault, but he had to make himself well if we were going to be a family again.

We stayed at my aunt's house for two weeks. Mom finally went to court and got a restraining order. The marshal made Dad leave the house, and he wasn't even supposed to visit us. The only time we got together was at the meetings with our psychologist, Dr. Hightower. I hated those sessions. My brother Dennis would shout insults and Dad looked like he was going to cry. Chuck wouldn't say anything.

Mom and I started going to Al-Anon meetings together. That's a support group like AA but it's for families and friends of people who drink too much. I had one teacher at school whom I really liked, so one day I broke down and told her about Dad. She took me by the hand to see the guidance counselor. He was the one who got me to go to my first Alateen group. I went a few times during activities block. I liked talking to him alone in his office, but I wasn't comfortable in the group. There were kids in it I didn't trust. I was sure they would spread it around about my family being such a mess.

Dad went away to a hospital for alcoholics. His company wanted him back so badly that they sent someone to our home from the personnel department to convince him to go into a program. They were willing to pay for his treatment through his health insurance. We had family meetings with him at the hospital. My mom would see the same social worker because she was pretty depressed by now. I think she took medication for her nerves. He stayed there for three months. Then he went to the state rehabilitation office and got vocational counseling because he knew he couldn't go back to the tension of wheeling and dealing in the stock market. It was too stressful a place for him and most of the people in his company drank too much at business lunches and dinners.

After ten months Dad moved back home. He started a small landscape company. A retired man who used to run a business in town helped him get it

all together and they became buddies. My mom works now as a nurse's aide.

Last January the whole family celebrated the seventh anniversary of Dad's sobriety. We went to his AA group. It was a terrific family reunion. Father Brian was there, too, because he had so much to do with helping my family get straightened out. The only dark spot is Dennis. He came to the party, but he is still very angry. He holds Dad responsible for all the bad times. Actually I think Dennis is drinking now, too. He is very bitter.

I'm not glad that I had to go through this mess, but some good things came out of it. Dad is a really laid-back guy now. He sort of takes things as they come. He and Mom are closer than ever.

Through this I got interested in the field of alcohol counseling. I have paid my dues. I'd like to work in schools teaching kids about alcohol and drug abuse. I've been a member of Students Against Drunk Driving (SADD) and have become very self-confident. I can speak before groups now and I don't feel like I have to please everyone anymore. I speak my mind.

Alternative Scenario 1

Finally I came home from school one day and Mom said we were leaving. We would stay at my aunt's house until Dad packed his things and left. Then we could come back. That's when she told me that he was an alcoholic. He was sick and it wasn't his fault, but he had to make himself well if we were going to be a family again.

Until then Dad had never lifted a hand to anyone in the family, but now he was so angry at Mom he tried to strangle her. He followed us to my Aunt Catherine's house and kept banging on the door. Mom kept calling the police, but he kept coming back. My aunt has two little kids and we were messing up her family. Even though my Dad was in bad shape, he managed to get to the bank and withdraw all their money. My Mom had to call my brother Dennis and ask him for enough cash to get us through the next couple of days. She got a restraining order from the court forbidding Dad to come near us.

Finally, Mom phoned Renewal House and they sent a van to pick us up. Chuck stayed on with my aunt. Renewal is a shelter for battered women. Would you believe we heard about it from my aunt's cleaning

woman? She had a sister who was being beaten by her boyfriend and she lived there for a couple of months. They won't give out their address over the phone in case there is someone looking for you who might hunt you down and hurt you. They have to be secretive.

The whole thing was really humiliating and scary. I didn't like the neighborhood; there were a lot of empty lots and rundown houses. But when we walked in, it was quite a surprise. The shelter was old but clean and very homey. They had travel posters on all the walls and lots of plants. The center director was our lifeline. She told Mom about everything she needed to do.

A volunteer drove me back and forth to school. Mom went to the Welfare Department and eventually she got us AFDC (Aid to Families with Dependent Children). * It wasn't nearly as much money as we were used to, but it was enough to contribute for the room and board at Renewal House. She got a Medicaid card so I could go to the hospital for my allergy shots.

Mom started getting very short-tempered. I couldn't blame her, but it was awful for me. I didn't like living there and not being able to go to my friends' houses or to after-school clubs. All I did was go to school and come home. I went to a social worker at the Westwood Mental Health Clinic, but I didn't like him.

After two years my folks got divorced. I have seen very little of my father and it hurts that he doesn't call. He is remarried. Mom went back to school, so she was never around and I hated where we lived. Dennis and Chuck have just gone their own ways.

By the time I began my sophomore year I was very depressed by the whole situation. One night I thought about killing myself and how I would do it. I called the Samaritans, a hot line for people who are thinking about suicide. The woman on the phone talked to me for a few nights and then suggested I go to Alateen at the Mt. Auburn Hospital. I stuck with that group and made a lot of friends there.

Now I am a member of ACOA, Adult Children of Alcoholics. Groups have been really important for me. There are other people out there like me and we are tough survivors. I'm also active in SADD, Students Against Drunk Driving. I think when I finish my

degree I'd like to become an organizer. The women from MADD, Mothers Against Drunk Driving, are really dynamite people. I'd like to try to change the laws that make alcohol so available.

I finally got my act together enough to finish high school and get into college. I see Ms. Applehorn at the counseling center here. She has a way of making me feel I am worth something. She reminds me how far I have come. I guess I got the help I needed, but my Dad never did. He went to AA and to a place called Emerge for men who use violence. But he hasn't changed much.

Alternative Scenario 2

Finally I came home from school one day and Mom said we were leaving. We would stay at my aunt's house until Dad packed his things and left. Then we could come back. That's when she told me that he was an alcoholic. He was sick and it wasn't his fault, but he had to make himself well if we were going to be a family again.

We stayed with my aunt and uncle for four or five months. I began to notice that Mom was changing. She had always had one or two drinks to keep my Dad company, but I never saw her as a drinker. She started not getting up to give me and Chuck breakfast. Some days she didn't even get dressed. My uncle had a bad temper and I know he wasn't happy we had moved in. I spent a lot of time with my brother Dennis and his girlfriend, but they were both working and going to school. Chuck got an apartment with another guy and moved out.

I started not coming home so as to avoid the whole scene. I did a lot of stealing things from local stores. I always had a pocket full of change. I even tried drinking beer with the high school kids, but luckily it just made me fall asleep. I know that with both my parents being alcoholics, I could easily become addicted also. I won't even take a social drink now.

The youth patrol officer would pick me up, give me a lecture, and send me home. The only things that still mattered to me were Scouts and my brothers. My Scout leader was more like a mother than Mom was. She took me to a child-guidance clinic and the worker

*The title and regulations of this income support program were changed by the Welfare Reform Bill of 1996. This will be discussed in Chapter 6, "The Social Welfare System."

there tried to get my Mom to come in and talk. When she wouldn't do it, they filed a complaint with the Department of Social Services. They accused her of neglecting me and took me out of my aunt's house. I was very angry, but the worker found me a foster home. I didn't have a choice, so I went. Ms. Braun is an older, single lady whose kids have grown up. She was what I needed, strict but very loving.

Mom died two years later. She'd had a heart condition for a long time, and with all the trouble with Dad and her drinking she didn't give herself proper care. My two brothers weren't settled down enough to take care of me. My foster mother asked me if I wanted to be her daughter permanently.

The people in the Department of Social Services who supervise adoptions felt she was too old. They wanted to put me with a younger couple. Ms. Braun got a lawyer from legal services and she fought for me. The judge finally gave me to her. In some ways social services was right about her being too old. She doesn't always understand about this generation. At times I resent her. I was in a group for teenagers who have been adopted. It was good

to talk it over with the leader and the other kids. I found out I had it really good. The leader signed me up to get a "big sister" from Catholic Charities. I could really talk to her. She was attending Westwood Community College. Dolores is the one who convinced me I could go to college and maybe study for the same degree.

For a while I saw a psychiatrist and I was on antidepressant medication. I don't feel I need to use it now that I am getting on with my life.

Ms. Braun and my Scout leader and my two brothers are my family. When I graduated from high school, they all gave me a surprise party.

I sometimes think about what would have happened to me if I hadn't had Dolores, my Scout leader, and my foster mother. They were able to see that even when I was acting up, I really did not want to be in trouble. Even the youth patrol officer gave me positive support. He had the right combination of toughness and caring.

Though I'm in human services now, I want a job in a business firm. I want to dress up, buy a decent car, and get away from all of these problems.**

**To read an in-depth autobiographical portrait of the impact of alcohol abuse on family life, see Suzanne Somers's *Keeping Secrets*, 1988. For a new approach to treating alcoholism, see Jay and Jay (2000). For excellent descriptions of the tasks involved in treating adult children of alcoholics, see Ruben (2001) and Middleton-Moz & Dwinell (2010).

Helpers Have Varied Backgrounds and Job Titles

In the three scenarios described in the previous section, Kathy, a young woman who could have been sitting next to you in a college class, encountered twenty-five different helpers at various agencies. Although each had a different job title and performed somewhat different tasks, they all offered human services. How many of these did you identify?

1. Priest
2. Psychologist
3. Family therapist
4. High school guidance counselor
5. Teacher
6. Vocational counselor
7. Self-help group leaders (AA, Al-Anon, Alateen)
8. Personnel department counselor
9. Rehabilitation specialist
10. Drug counselor
11. Social worker (at drug clinic)
12. Shelter director
13. Shelter volunteers
14. Hot-line worker

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|---|---------------------------------------|
| 15. Organizer for a social action group
(e.g., SADD, MADD) | 20. Child-protective-services worker |
| 16. Transitional assistance counselor | 21. Foster parent |
| 17. Therapist (in college counseling center) | 22. Adoption caseworker |
| 18. Scout leader | 23. Lawyer (at public legal services) |
| 19. Youth patrol officer | 24. Psychiatrist |
| | 25. Volunteer Big Sister |

Each of these twenty-five people brought to his or her work a different mixture of education, training, and life experience. For example, the teacher and guidance counselor performed their human service tasks as only one part of their overall jobs. Each probably graduated from college with a bachelor's or master's degree in education. It is likely that they have some formal certification or license from their cities or states that permits them to call themselves *teacher* or *guidance counselor*. Along with their formal training in education methods, they had some psychology and sociology courses as undergraduates. The guidance counselor probably took a few additional courses that involved working with people and their problems.

In Kathy's high school there might have been a school adjustment counselor, school social worker, or school psychologist. Any one of them might have started Kathy on the path of finding services. All of them have been certified by their school boards and have advanced degrees.

The family therapist, the counselors, the rehabilitation and vocational workers, and the shelter staff director are likely to have graduated from college with two- or four-year degrees. Some might have studied beyond college, earning specialized degrees in clinical psychology, counseling, social work, rehabilitation, health education, or perhaps one of the newer fields, such as family systems therapy, drug and alcohol counseling, or human sexuality.

Most states have boards or professional associations that certify psychologists, social workers, and psychiatrists, but there are few uniform standards. There are no standard criteria for licensing of counselors on the national level. Each state can decide what combination of degrees and years of experience it will require for the counselors it certifies. Selection of staff for a particular agency might be governed by the biases of the board of trustees or director, who are convinced that only workers trained in one specific therapeutic model should be hired. Thus, we cannot predict the scope or depth of a particular counselor's expertise simply by knowing his or her job title.

The term *social worker* has in the past been used loosely, but this is beginning to change as more and more states are establishing firm standards for the persons wishing to practice. Officially, the term *social worker* should be applied only to a professional who has earned an undergraduate bachelor in social work degree (BSW) or a graduate master of social work degree (MSW). More and more states are also requiring that in addition to the MSW or BSW the worker has passed further certifying exams.

Human service worker can often be an umbrella term. It identifies workers—such as a youth patrol officer, an organizer of a SADD chapter, or a director of a shelter—who, regardless of qualifications, fill the role of helper.

Several of the workers Kathy encountered had little or no formal education in the helping professions. Hot-line workers, self-help leaders, and foster parents often have education and training totally unrelated to the helping professions. For some of these individuals, providing human services is their central career, but for most of them, it is something they do on a part-time, interim, or volunteer basis.

In the past, these part-time or volunteer workers were not always viewed as an important part of the human service network. In recent years, however, that attitude has begun to change. Now these workers are being offered on-the-job training through workshops and seminars. Often they can earn academic credits that enable them to obtain college degrees and grow in knowledge, self-confidence, and public respect.

Helpers Have Different Agency Affiliations and Orientations

Human service workers are found in a wide variety of settings, ranging from a storefront center to the carpeted offices of the personnel department in a high-tech firm. Some human services, especially for the middle and upper classes, are provided in the homes or offices of private practitioners. But the majority of professional human service workers are financed by the public and are found in social service departments, community mental health centers, hospitals and health clinics, college counseling centers, and ministers' or rabbis' offices. Many private nonprofit groups, such as the Family Service Association, the Jewish Family Service, Catholic Charities, the Protestant Federation, and the Salvation Army, conduct large numbers of direct-care and social change programs. Although most human services are provided on an outpatient basis, some are given in **residential treatment centers** or **community residences**.

Many valuable social services are offered by citizen groups, which conduct programs that advocate for the rights of tenants, immigrants, veterans, homeless families, or some other special population. Citizen groups often hire human service workers to educate and mobilize the public. They work toward changing behaviors such as substance abuse, violence, or destruction of the environment. Often they lobby public officials or the courts to change the way social programs are funded and laws are enforced.

Although there is no way to collect accurate statistics on the number of people in this country who conduct or attend self-help groups, it is possible that these groups are now the single largest source of human services. These groups, usually patterned on the model developed by **Alcoholics Anonymous (AA)**, tackle every conceivable emotional, social, and physical problem that affects some subgroup in the community (White & Madera, web version; Wuthnow, 1994).

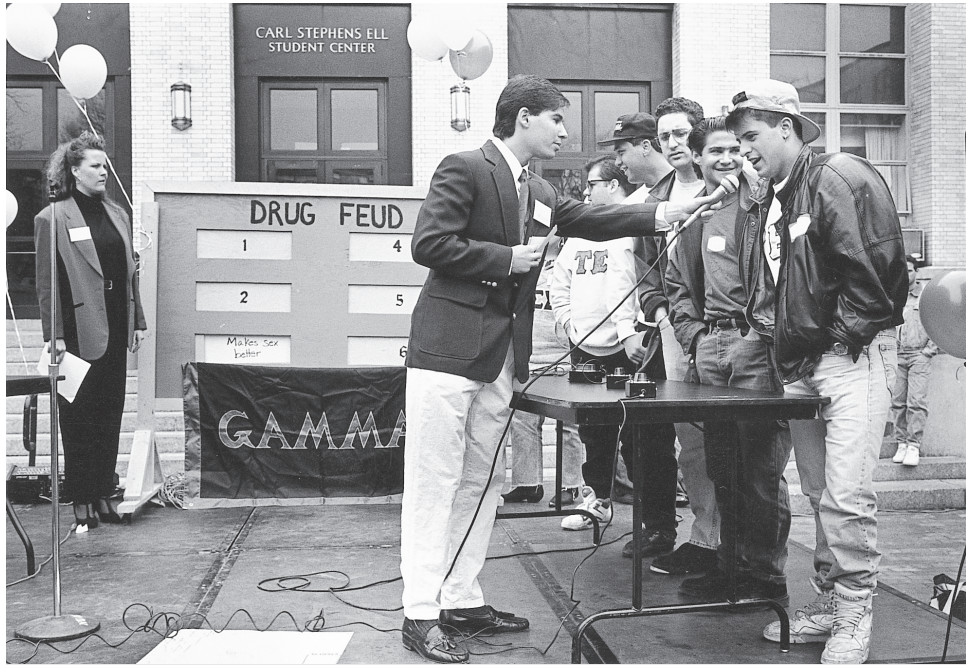
Most human service agencies are entirely or partially funded through grants from the local, state, or federal government. Many others are private nonprofit groups, often sponsored by religious denominations that raise money from fees, public appeals, and philanthropic foundations.

A smaller but fast-growing type of agency is the private, profit-making one. Some of these operate on the model pioneered by the fast-food restaurant chains. Entrepreneurs develop a model for a preschool child care center or for the treatment of head-injured people. If it is successful in one location, they open branches of the program in other towns. Perhaps they franchise the model, selling the agency name and method of operation to another entrepreneur. These agencies make their profit entirely from the fees paid by consumers and insurance companies or in performing under a contract with a public agency. Opinions are many and mixed about the emergence of for-profit social services. This is a controversial topic that you will likely debate in your classes and internships. This movement is often called the "privatization of social services."

residential treatment center A facility providing mental and physical services for a specific problem population, which requires that the person being treated stay within its walls for a specified period of time.

community residences Small living units, houses, or apartments located in communities that serve people who have disabilities or other special situations that render them unable to live on their own. (Also known as halfway houses, group homes.)

Alcoholics Anonymous (AA) A self-help organization that uses a specific twelve-step program for recovery from addiction to alcohol.



Raising the public's awareness to the devastating impact of drug and alcohol addiction is a never-ending task to which many workers devote their careers.

Most staff members earn a salary, but agency volunteers work just for the gratification they receive. And there are differences in the hours that workers are on duty. A family worker in a day care center has to work evening hours to telephone or meet with working parents; a counselor for a group of special-needs adults might live in a community residence, working a few days a week around the clock.

twelve-step program A program of healing activities designed by the founders of Alcoholics Anonymous.

co-dependency A mutually destructive relationship between a person who is addicted and his or her significant other who helps to continue, rather than break, the addiction.

Some agencies expect their workers, volunteer or paid, to operate within a particular treatment model or theoretical orientation. Their approach to the clients may be built on the theories of Sigmund Freud, Erik Erikson, or B. F. Skinner. You will read the work of these pioneer scholars in introductory psychology or human development classes. Other theories, such as those of Carl Rogers, Jean Baker Miller, or William Glasser, you are likely to read about in counseling courses or hear spoken of in your fieldwork (Hackney & Cormier, 1996; Okun, 1991; Seligman, 1996). The **twelve-step** and **co-dependency** models, on which many addiction support groups are based, are currently much in vogue.

In addition, some agencies adhere to a specific set of religious or ethical principles. A staff member in a social service department of a Catholic hospital, for example, would be expected to suggest to clients only those options that are acceptable to the overarching principles of that religion. These agencies are currently being referred to as “faith-based social services.” The extent to which public monies should support their services has been hotly contested in Congress and the media (Kaminer, 1997, 2001).

There is no overall approach that everyone in the human service field agrees is the most effective. A classic research study by Carkhuff and Berenson (1968) indicates that the

variations among counselors' styles are so great that it is impossible to compare their methods and outcomes. With no clear evidence that one theorist has found the best method for creating mental health or social change, most counselors evolve a method created out of bits and pieces of many theories. This eclectic approach is further refined through years of experience. Finally, styles are filtered through the individual personalities of workers and the demands of the population they work with. With the widespread movement to **managed health care** programs, for example, much of a counselor's action plan is dictated by how long the client's health care provider will pay for mental health services.

Differences in social welfare laws from state to state add more diversity to the field. As you read about the history of social welfare in the United States, you will learn about the tug of war that has been going on between the federal government and the states in responding to social needs. Diversity and uniformity of social programs exist side by side. On the one hand, you could travel from California to Maine and find reasonably similar **Head Start** preschool programs in each state. On the other hand, if you visited foster care agencies in each state as you went from west to east, you would find fifty different sets of rules and regulations. Head Start is a federal program, so the rules that govern it are made in Washington, D.C., and disseminated to each state. But foster care and adoption laws are made on the state level, so we find wide variations in these programs. These discrepancies underscore our assertion that human service workers cannot assume that they know what social services exist, even in their hometown. In order to practice their profession, they must know how to construct a currently accurate profile of the services available in each specific community.

managed health care A health care system in which an individual must choose among the doctors included in a particular plan, such as a health maintenance organization. It generally stresses preventive health care but is often used as a cost-cutting measure.

Head Start A federally funded preschool program that aims to increase the readiness for public school of children from low-income families. It was begun by the War on Poverty in the 1960s.

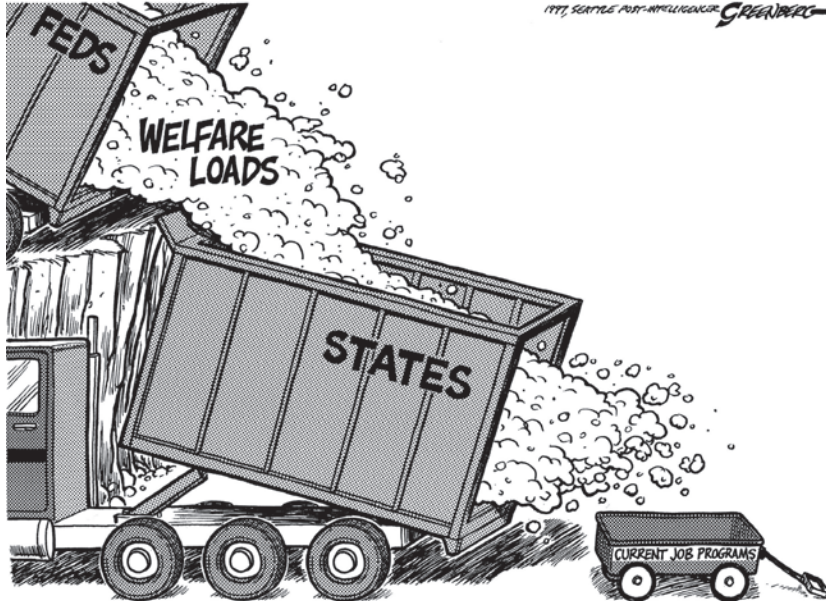
FINDING THE APPROPRIATE HUMAN SERVICES PROGRAM

The local town hall is usually the first place to begin the search for an appropriate social service agency. There you will find the local health, recreation, and education departments; juvenile and elder services; and the like. The workers in these departments can describe the social services they fund, monitor, or license. They might have listings of services in each area.

The next source we turn to in exploring the human service network is the directories of social services published in hard copy or on the Internet by various private agencies. One type of directory is comprehensive; it lists a broad range of social problems and the agencies that deal with them. This sort of directory is generally compiled and distributed by the group that coordinates and raises funds for social services in a particular town. Such groups include the United Way, Community Chest, Community Council, Social Service Coalition, and Red Feather Agency.

In larger cities where the task is a major undertaking, the work of compiling resources might devolve on a private publishing firm. In Massachusetts, for example, a book titled *The Human Services Referral Directory of Massachusetts* (2002) is larger than the phone books of many towns in our country. A well-thumbed copy of that directory is likely to adorn the desk of almost every human service worker in the state.*

*The *Human Services Referral Directory* is now also published in New York (2002) and by other publishers under slightly different titles in many other states.



In recent years there has been a big push to get people out of what many deemed a “failed” welfare system. However, too often, the buck has simply been passed from federal government to state and local governments with insufficient job opportunities and job training, leaving families without the money for food, shelter, and health care.

The table of contents of a comprehensive directory affords a vivid display of the diversity of problems and agencies. The index of a human services directory might start off like this:

a	b	c
abortion	battered women	child care centers
abuse, physical	bereavement support	children's services
addiction	birth control	consumer protection
adoption	block associations	correctional institutions
aging	bulimia	counseling
AIDS		

The other types of directories are problem specific; they focus on one particular service area. Thus, individual booklets might list services for the developmentally delayed, addiction support groups, or early-childhood centers. Some directories are published by national organizations, which have chapters across the country; others are just for local services. A booklet listing services for senior citizens, for example, is likely to include some of the resources shown in the boxed text.

Some directories list only the objective information about an agency: location, activities, costs, and eligibility requirements. The subjective directories provide a more in-depth picture by describing agency services and then evaluating their quality of service. An excellent example of the more subjective type of directory was compiled by a group of students studying health care issues at the State University of New York at Stony Brook (Lefferts, 1982). In the process of this research, students learned an amazing amount about the quantity and quality of services in their town. An evaluative directory empowers both the consumer and human service worker, who can thereby make informed decisions when they choose an agency. Subjective directories are much more difficult to compile than factual listings. Each agency must be visited, all its materials must be read, and data must be found that offer feedback on the care that clients have received. And they must then be updated regularly.

Some agencies maintain hot-line phone services. One can call them, for example, to get information on sexually transmitted diseases, learn about various forms of cancer, or find a service agency for stepfamilies. Recently, we read that a new phone service, modeled on the 911 emergency phone system, has been put into place in many cities and states across the country (Griffin, 2007); it is called Dial 211. Recognizing that an aging population as well as the growing number of young people moving from one city to another face a host of perplexing life issues with no one to turn to for advice, this service will connect callers to agencies whose job it is to help people facing crises that might not be life threatening but are still serious. Perhaps the weather is cold, and there is no heat in the house, or perhaps a single mother cannot leave for her job because the babysitter has not shown up, or maybe there is no food in the house, and a paycheck or disability check will not arrive for days; now these people can call 211 on the phone and, hopefully, find assistance. Try dialing 211 in your town and see if the number is in service. If it isn't, that would be an issue to bring to the attention of a local legislator who might advocate for its inception.

Newspapers also contain information about new agencies that are opening or about the special projects and problems of agencies. The calendar page of the newspaper often lists workshops, seminars, and meetings of support groups. Often notices are placed by social agencies seeking volunteers or donations. Computer bulletin boards and chat rooms on the Internet can also be rich sources of information on virtually every social problem and program.

The classified section of a local newspaper as well as listings on web sites can provide clues to the social service networks in a town. Figure 1.1 shows a selection of want ads clipped from several cities.

American Association of Retired Persons (AARP)	Meals on Wheels
Congregate-living programs	Nursing homes
Council on Aging	Recreation centers
Day-activity programs	Residences
Elderhostel educational programs	Retired and Senior Volunteer Program (RSVP)
Elderly legal services	Shuttle-bus service
Exercise programs	Social action or issue groups
Homemaker/home health aides	Visiting nurses

<p>CASE MANAGEMENT SUPERVISOR</p> <p>Starting approximately August. BA degree with 6 years experience or MA degree with 3 years experience. Salary competitive. Submit resume to: P.O. Box 462, Little Rock, AR 72217</p>	<p>at Mental Health Center of Denver Co. Inc. 1333 Iris, Affirmative Action M/F, EOE.</p>	<p>Perform these services for the Indian People in Tucson. Call after 9:00 a.m., 712-9000.</p>
<p>PART-TIME EXPERIENCED TRAINER</p> <p>to supervise volunteers, organize & conduct workshops on alcohol & drugs, communication skills, building self-esteem. Send resumé to Box 911, Maryland, AR 72204</p>	<p>CITIZEN ACTION</p> <p>Progressive social change organization seeks individuals with political motivation for community outreach. Travel opportunities. 617-291-6090 before 1 p.m.</p>	<p>ADOLESCENT CHEMICAL DEPENDENCY PROGRAM</p> <p>Stoughton Medical Center, LaCrosse, Wis., is pleased to announce the start of a newly organized Adolescent Chemical Dependency Program. Program will consist of a 16 bed unit within an accredited medical center. We are seeking:</p> <ul style="list-style-type: none"> • Director—Full time, master degree level. • Family Therapist—Full time, master degree level. • Alcoholism Counselor II—2 full time positions, bachelor degree level. • Counselor I—2 full time and 2 part time positions, knowledge of chemical dependency required. • Recreation Therapist—full time, bachelor degree level. <p>Excellent salary and fringe benefits. Send resume to :</p> <p>Stoughton Medical Center Personnel Dept., 1 Timm Ave. LaCrosse, WI 54601</p>
<p>FULL & PART-TIME POSITIONS</p> <p>open for single applicants. Work with emotionally disturbed teens in residential treatment setting. Experience preferred. Box 976</p>	<p>PSYCHIATRIC YOUTH WORKER</p> <p>St. Agnes Home for Boys has immediate opening for experienced person to work closely with emotionally disturbed adolescent boys in our intensive treatment unit. Qualified applicant must be at least 21, have driver's license and car, have min. 2 years college with courses in the behavioral sciences, plus psychiatric work experience with disturbed children. Excellent benefits. Call 739-2362 Monday through Friday between 10 a.m. & 3 p.m.</p>	<p>CARE Givers—for pre-school, N.W. Detroit, min. 2 yrs. of child development courses required, call 812-9602.</p>
<p>COORDINATOR</p> <p>Colorado Community Improvement Program. Plan and implement Community Improvement Program including recruitment of entrants, technical assistance during program year, provide communities, neighborhoods, and organizations with information relating to community problems. Meet with city officials, chambers of commerce, civic leaders in public meetings. Related degree and experience preferred. Salary negotiable. Apply and send resumé to: C. Brill, ETO, Inc., 1470 S. Vermont St., Aurora, CO 80012</p>	<p>DIRECTOR</p> <p>Mondale halfway house for alcoholics. Position requires BA or BS degree, related area preferred & 2 yrs experience in treatment of alcoholism. May be a recovered alcoholic with at least 2 yrs of sobriety. Contact Human Services Center, P.O. Box 14, Mendenhall, MS 39114. An equal opportunity employer.</p>	<p>EXECUTIVE DIRECTOR</p> <p>For newly formed Homemaker-Home Health Aid Agency. Private, non-profit voluntary agency. Experience in health related field. Education required: B.S. degree, experience in fields of social work and public health. Submit resumé including references to:</p> <p>Circle-Homemaker-Health Care, Box 26, Granville, OH 43023</p>
<p>COORDINATOR/JOB PLACEMENT</p> <p>Fulltime. Develops and coordinates vocational services for adult psychiatric population. B.A. + 1 year relevant exp. and 6 mo. exp. in industrial setting. Exp. may be substituted for part of education. Apply through July 10,</p>	<p>RELIEF houseparents/child care worker, 12:30 p.m. to 8:30 a.m., 5 day work week, 2 yrs. college or 1 yr. exp., to work at Boys Ranch. Call Mr. Yate, 726-9012.</p>	
	<p>COMMUNITY CASE WORKER</p> <p>Duties include: recruiting Indian foster homes for public or private, assisting Indian families w/state courts concerning children.</p>	

FIGURE 1.1 Classified advertisements for human service jobs that have appeared in newspapers from different parts of the country

Source: *Denver Post*, Denver, Colorado; *Kansas City Times*, Kansas City, Missouri; *New Orleans Times-Picayune/States Item*, New Orleans, Louisiana; *Arizona Daily Star*, Tucson, Arizona; *Star Tribune*, Minneapolis, Minnesota; *Detroit News*, Detroit, Michigan; *Columbus Dispatch*, Columbus, Ohio; *Arkansas Gazette*, Little Rock, Arkansas.

BARRIERS THAT PREVENT PEOPLE FROM GETTING HELP

Despite the problems caused by her father's alcohol addiction, Kathy was quite fortunate in some ways. Her town had a variety of social services, and she was able to find and use them. For many people, things do not work out as well. Perhaps they resist seeking help or have difficulty locating, choosing, paying for, or using it.

Many barriers are encountered on the pathway to seeking help. When they are insurmountable, small problems balloon into large, often tragic ones. Because barriers interfere with our ability to serve prospective clients, we need to develop skills to recognize them and then negate or surmount them.

Some barriers, such as feelings of indecision and ambivalence, are inevitable. How could Kathy's father be certain that he had crossed the line that separates a social drinker from an alcoholic? How could he be certain that he needed professional help? How could he be sure that the hospital or group he ultimately chose was the right one for him? These kinds of feelings we call **internal barriers** to receiving help.

Other, more tangible barriers can stand in the way. Often there are no beds available in a detoxification unit when the client is ready. Frequently there is not enough money to train or pay staff to learn about a new treatment modality. The red tape of bureaucrats in government and in the insurance industry often interferes with a well-thought-out service plan. We call these **external barriers**.

We cannot always remove or mitigate the impact of internal and external barriers, but we must be aware of them. Both client and worker interact within the constraints these barriers impose and are challenged to work creatively around them, using all the intervention strategies we will describe in Chapter 3.

Following is a list of barriers to finding and using human services. The first six are primarily internal barriers that will need to be dealt with in the worker–client counseling relationship. The last five are more external to the client and are most appropriately dealt with by using the strategies of organizing and advocacy. But here, as with most categories, lines do blur.

Each of the first ten barriers is followed by some inner thoughts or questions that reflect them. We will discuss the last one in more detail.

1. The Difficulty of Evaluating the Seriousness of a Problem
 - Does my child have a learning disability that needs special help, or is he or she just developing a little bit more slowly than the other kids in the class?
 - Is it normal to be so furious at my parents? Are other teenagers as depressed as I am?
 - Is this kid in my class just mischievous, or is there some other more serious problem? Does he just have a high energy level, or is he biologically hyperactive?
2. The Tendency to Deny the Gravity of a Problem
 - I'm just a social drinker who sometimes has a bit too much. I can stop anytime I decide to. Can I really?
 - Well, I know he hits me once in a while. But don't all marriages go through rough spots?
 - There is no discrimination in this company; we just can't seem to find any qualified women (or disabled or Latino) supervisors. No one can say I didn't try, can they?

internal barriers
Emotions or attitudes within a person that make it difficult for him or her to seek help.

external barriers
Barriers in the environment that make it difficult for a person to receive help.

3. The Fear of Being Judged, Labeled, or Punished
 - If I get tested for AIDS and it turns out I'm positive, will I lose my job and my medical insurance? Will my family stick with me?
 - If I ask for an evaluation of my child's learning problems, will he or she be labeled retarded or be stuck in a low track for the rest of his or her schooling?
 - I know I don't have enough food in the house, but if I apply for food stamps, will my neighbors begin referring to me as the old lady who's a "welfare cheat"?
4. The Suspicion or Distrust of Human Service Workers and Agencies
 - I know they assure you that complaints of child abuse are anonymous, but how do I know they won't give out my name? Maybe my neighbor will come after me.
 - If I admit how mad I get at my child, will they try to take him or her away from me?
 - If I agree to a voluntary commitment to the hospital for an evaluation, will they decide I'm crazy and throw away the key?
5. The Shame of Not Being Able to Solve One's Own Problems
 - I don't see any other men bursting into tears when they get turned down for a job. Why can't I act like a "real" man?
 - I was always taught that you don't air your dirty linen in public; so, although I know the landlord is not giving me enough heat, won't I look like a crybaby if I complain to the rent board?
 - How can I ask for help paying my medical bills? My family has always taken care of its own.
6. Fear of the Unknown
 - If we start marital counseling and I say what I really think, will we end up in divorce court?
 - Maybe this school isn't as good as it should be, but if the parents start making decisions, won't it get worse? What do they know about education?
 - Living at home might be lonely for our son, who's developmentally delayed, but maybe when he's older we'll think about his moving into a community residence. How can we be sure he won't be hurt if he moves out into the world?
7. The Difficulties of Choosing the Appropriate Program and Helper
 - I've heard about three special programs for autistic children; how do I know which one is best?
 - Our committee has interviewed six candidates for the job of hot-line director, and they are all different. What kind of person (race, gender, age, degree) would make the best director?
 - My family has been going to this clinic for three years, and we don't seem to be getting along any better. Whom can I talk with to see if maybe we should try another approach?
8. The Inadequacy of Services
 - Will there be anyone in that program who understands my culture and speaks my language? Will any of the other staff be disabled the way I am? (Sue, Ivey, & Pederson, 1996)
 - We worry that the steep stairs will be hard to maneuver for many of the senior citizens, but what can we do? It is the only building we could afford.

- No one wants to have this prison (halfway house for addicts, drop-in center for teenagers) in the neighborhood; should we locate it on the edge of town, even though it can't be reached by public transportation.
9. The High Cost of Services
 - We don't have enough money for our day camp, so we have to save the spaces for those most in need. But how do you decide whom to reject?
 - I know that your mom needs this nursing home, but Medicaid doesn't pay the full cost, and we never get those payments on time anyway.
 - We could try to run a reform candidate for the school board who is in favor of racial integration, but can we pay the advertising costs to get enough publicity?
 10. Past History, Reputation, or Public Image of a Program
 - First it was the antipoverty program, then Model Cities, and now it's privatization. I've seen them all come and go. Our neighborhood never seems to get any better. Why should I participate in this new program?
 - With all the taxes I pay, why do the schools still turn out kids who can't read?
 - As a legislator, I'm convinced that this town does not need another shelter for the homeless. Do you think the social workers complain about problems so they can keep their jobs?
 11. Myths and Lack of Information about the Human Services

Because the field is so broad and the barriers to finding and using help so pervasive, the public is understandably confused. This lack of clarity can lead to hostility. Much of what people think they know about the role of the human service worker is, in fact, either incomplete or just plain wrong.

The public sees many other professionals—fire fighters, doctors, secretaries—doing their jobs; this is not the case with human service workers. We don't wear uniforms or have any observable symbols or tools of our trade. People usually visualize the human service professional primarily in the role of therapist, counselor, or welfare investigator, working one-on-one to solve individual problems or ferret out wrongdoing. Although these are important roles, they do not show the full dimensions of human service work.

Instead of working in a one-on-one counseling relationship with Kathy, for example, some human service workers tackled the problem of alcohol abuse by trying to change the social system that supports it:

- They made speeches about the need for funding alcohol education programs.
- They designed training programs for schools and private industry.
- They met with legislators to change the laws governing the advertising and sale of addictive substances.
- They conducted research to find out what kind of prevention programs work best.
- They published newsletters, books, and journal articles that disseminated the wisdom they have gleaned about alcohol intervention.
- They designed computer programs so that information about addiction could be easily retrieved.

These social change activities are just as important as the therapy or counseling interventions that the public identifies as the province of human service workers. Yet, the media does little to help the public get a well-rounded picture of the varied work of the field. Television programs show the exploits of doctors, emergency medical technicians, lawyers, detectives, newspaper reporters, and an occasional schoolteacher but rarely those of a human service worker.

Only one major network show—*Eastside, Westside*—featured a human service worker as its “hero.” Each episode showed him interacting with people who were struggling to overcome difficult situations. The program dealt with racial prejudice, prostitution, alcoholism, marital discord, labor strikes, and runaway children. Most of the dramas were real-life situations, filled with suspense, emotion, conflicting values, and expectations. Because the program tried to hold a mirror up to life, many of the problems could not be resolved in neatly packaged, hour-long segments. Sadly—but accurately—the black family depicted on the show was not welcomed with open arms by their neighbors in an all-white suburb, the divorcing couples and runaway kids were not always reunited, and alcoholics often drifted back to the bottle. Although the critics liked it, *Eastside, Westside* ran for only one season. The uniqueness of the program lay not only in its portrayal of the excitement and frustration of human service work but also in its depiction of the wide-ranging activities of the human service worker.

Worse than the paucity of information about the field are the myths and misinformation projected by the popular media using human service workers as the objects of ridicule: “Hello,” says the client. “Hmmm, now what do you really mean by that?” asks the counselor.

On the rare occasions that the theater or Hollywood movies depict us at all, they often portray us as narrow, rigid, inept snoopers. The social worker in Herb Gardner’s



Encouraging responsible behavior and reducing the self-defeating cycle of alcohol and drug abuse require creative approaches. This wrecked car raises frightening questions about the fate of its once-carefree driver. Change in drinking patterns is painstakingly slow, yet we believe that change is always possible.

often-performed comedy *A Thousand Clowns* (1962) is a classic portrayal of this stereotype. In it, a child-protective-services worker (with hair pulled back, glasses halfway down her nose, flat shoes, and a man-tailored suit) is sent to investigate charges that a man is corrupting his young nephew. He is romping with him through New York's parks and neighborhoods instead of sending him to school, where the boy could be taught to take life seriously. The uncle and nephew are portrayed as witty, energetic, loving people, while the young female social worker and her stuffy male supervisor represent the boredom of society, full of rigid rules and unfeeling bureaucracy.

The definitive parody of human service workers was written by Stephen Sondheim (1957) for *West Side Story*. Set in an urban ghetto, this musical drama is an updated version of the tragedy of Romeo and Juliet. In this saga of poverty, prejudice, and conflicting emotions, a group of teenage gang members tell a police officer about their misadventures with the human service workers they have been sent to. Each “helper” disagrees with the others and comes to a ridiculous, simplistic conclusion about the teenagers' delinquency. A judge says they are misunderstood neurotics, so he sends them to a therapist. The therapist says that delinquency is a social disease, so he sends them to a social worker to get a “good honest job.” The social worker says they're not antisocial, they're only “antiwork” and could use a year in jail. And so they are sent back to court, right where they started!

A PARADOX

When we consider the barriers strewn along the path to getting help, we should think about them in their current context. When placed in perspective, these barriers reveal a frustrating paradox.

At no time in the history of the social services has there been such a wide array of program approaches for solving social problems as there is today, although many programs are struggling to stay solvent. Thirty years ago, Kathy's father would probably have been fired from his job when his alcohol addiction began interfering with his performance. Back then, few companies hired trained mental health counselors for their personnel departments, and most workers could not afford the luxury of an inpatient facility to “dry out” and regroup. But Kathy's dad overcame barriers with the help of a professional **employee assistance program (EAP)** counselor at his firm. His health insurance plan paid for his stay at the rehabilitation center. He was lucky!

And certainly, attitudes toward addicts have improved. Thirty years ago, if a police officer had encountered Kathy's Dad sleeping off his binge in a public park, he probably would have arrested him, and a judge might have charged him with disorderly conduct, public drunkenness, and the like. But by the time Kathy wrote this paper, most police officers had learned to define alcohol addiction as an illness.

So the barriers of inaccessibility and stigma, for example, should be toppling down for families facing the kinds of problems Kathy described. Right? Wrong! Strangely enough, this isn't happening. In actuality, in this new millennium, most health care plans, which at their inception were fairly generous with mental health benefits, are drastically cutting back on these treatments.

employee assistance program (EAP) Supportive services dealing with mental health or financial or legal issues that are offered directly to employees by their company or agency. Their goal is to reduce worker turnover and raise productivity.

At the same time, in public forums in the mass media and in the halls of Congress, the following demands are being shouted with louder and louder voices:

- Give the public tax cuts instead of social services.
- Allow each of the fifty states to make its own decisions about whether to fund specific social services.
- Bring to a halt the days of massive public support for social services.
- Admit that social services hinder rather than help troubled individuals.

In later chapters, we will return to these themes to see how they play out as human service workers try to ameliorate social problems in an ever-more-complex world in which priorities are moving away from dealing with social problems through governmental intervention.

CHOOSING OUR WORK ROLE

From one perspective, the wide range (some might call it a hodgepodge) of human service agencies can seem overwhelming. It is especially confusing to the student just starting a human service career. On the flip side of the coin, however, this incredible diversity offers each worker a chance to find the particular combination of worker roles, agencies, clients, populations, and problems that fits his or her unique talents.

As you read about Kathy's experiences, reflect on your own, and glance through directories and want ads, you will probably be attracted to some human service roles and repelled by others. These are natural reactions. While one person thrives working with youngsters with cerebral palsy, another might drown in feelings of frustration or hopelessness. That same worker who cannot cope with a physically disabled child might be able to coolly trade put-downs with the angriest streetwise teenager. One worker who can listen patiently and nonjudgmentally all day long to folks like Kathy's Dad would be tongue-tied trying to convince the zoning board to let her agency purchase a building when the neighbors have organized to block the sale.

We need to tune in to our instinctive feelings of attraction or repulsion to different human service tasks and roles. But we also need to keep our options open. We often surprise ourselves by discovering that we can do work that we thought we could never tolerate. We can also find ourselves unstimulated by a work role that we always thought we wanted.

Currently many students are being trained to be human service generalists. A **generalist** is knowledgeable about a wide range of resources, strategies, and subgroups and can operate comfortably in many agency roles. He or she does not necessarily identify with one human service subspecialty but works with a small number of clients, helping them confront and solve the gamut of life's problems. The generalist is often a team member or an assistant whose daily tasks grow out of a job assignment that complements the role of other helping professionals.

Some students take the reverse path, specializing in a specific role from the start of their careers. Trained to work as alcohol and drug abuse counselors or as mental health

generalist A worker who is knowledgeable about a wide range of resources and subgroups and who can use a variety of helping interventions.

technicians, they develop depth rather than breadth. Later on they might need to expand their skills as priorities shift or as they move up the career ladder. Whichever direction students take at the start of their career, they will probably continue to do a significant amount of growing as they search for the academic degrees and experience that suit them best.

Whether returning to school for advanced training or switching jobs, workers need to make choices about (1) the specific problems or populations they want to deal with, (2) the type of agency setting they enjoy, and (3) the strategies of intervention they are best at. These choices will be determined by personal attributes, lifestyles, and ideologies and by the accessibility of certain occupational roles.

Our Attributes

Most of us have been taught since childhood that talking about our good points is bragging or showing off, but in the human services, we must develop insight into precisely what we do best and least well. We need to estimate what our chances of growth or change will be in a specific job.

Although the same values and attitudes are basic to all types of human service work, there are differences in the kinds of people who can do intensive, one-to-one counseling and those who fare best in the rough-and-tumble atmosphere of community organization. Some of us are outgoing and articulate; others are more introspective and quiet. Some are comfortable filling a niche in a traditional structure; others like to be in charge or work alone. Each time we try a new field experience, meet clients and workers at different agencies, or read about human service work, we should try to visualize ourselves as full-time workers in that role. We need to figure out how its demands fit our personality and how much we are willing to change.

Our Lifestyles

Even as we start our human service education, we should think about the elements in an environment that bring out the best in us. Some of us, for example, are night people, so working a 2:00 P.M. to 10:00 P.M. shift in a teen residence or running evening parents' groups would be possible. Others are nine-to-fivers; perhaps they will choose to work in a school or on the day shift at a hospital or mental health clinic. All jobs require some mix of time, location, and structure, dictated by the sorts of populations the agency serves.

Some people feel strongly about dressing in a certain fashion; however, that desire might not fit a particular setting or subgroup. Others insist on having privacy or a place of their own. Obviously, a live-in job in a residence might not suit them.

Although we need to compromise on certain issues, others are vital and legitimate personal needs. As our lives change, the kind of work that makes sense for us also changes. The choice of a specific role need not be lifelong. Optimally, it should support the other parts of our lives as family members and citizens. The broadness of the human service field offers a unique chance to shift gears as circumstances require.



As our lives evolve through marriage, raising children, caring for elderly parents, facing an empty nest, or perhaps moving to a new area, our work life needs to accommodate those changes.

Our Personal Ideologies

Each of us comes to human service work with a unique set of philosophies, drawn from our religion or a general ethical framework. These beliefs must be compatible with the work we do. If a person has strong religious convictions about war, contraception, suicide, special types of food, or days of rest, these must be taken into account in choosing a place to work. We must not be self-conscious about acknowledging the primacy of these issues in our lives. Usually, we can find jobs that allow their expression. Although our values will come under constant scrutiny in the course of learning about the field and though many values might change, they should never be suppressed. If we try to deny them, they may subtly affect our work.

Likewise, many of us have political beliefs about how society should be organized—our personal visions of utopia. We choose the human service work that seems to be moving the community in that direction. As long as our politics or visions do not engulf our work, they add dimension and intensity to it. Some jobs might make demands that we cannot in conscience fulfill. We need to acknowledge these problems openly. Needless to say, having our own beliefs never means that we insist our clients agree with us. If we have too many rigid beliefs, it may turn out that human services is not the right field for us.

Agencies in the Local Community

Throughout this book, we underscore the changing nature of human service work. For example, priorities are not the same in a rural setting as in an urban center. Priorities change

as the population shifts in age or ethnicity, inventions affect people's lifestyles—and election results redirect the national agenda. When the country is at war, having an economic recession, or embarking on a new crusade against mental illness, disability, or domestic violence, some agencies become obsolete and others expand. Funding patterns change dramatically in short periods. Sometimes the human services help to shape the political climate in the country; more often they are shaped by it.

You might, for example, read about shelters for young mothers who have AIDS. You might decide to work in one, only to discover that your state does not appropriate money for such shelters. This does not necessarily mean you won't ever work in one. Perhaps you will first have to join with others and use your organizational skills to create a public outcry for such programs. Once successful, you can retool, using your social change skills less and using your counseling skills more.

To get a visceral feeling for the highs, lows, and realities of human service work, let's meet Stephanie Lake, a worker whom Kathy might have encountered on her college campus.

INTERVIEW

Stephanie Lake, Program Coordinator, Drug and Alcohol Education Project

My work on the Drug and Alcohol Education Project began while I was a human services student. I met the director of the project, Margie Crooks, when she came to my class as a guest speaker. She was new on campus and looking for students to help get the program off the ground.

My college is hard to get to know. We are a work-study school. The students are on campus for several months and then leave for their job placements for the same amount of time before they return again. We are smack in the middle of a poor-to-working-class urban area. About half the students commute. A lot of our students have limited incomes and have to work part time. They have the usual problems of college kids—separation from family; roommate problems for the dorm students; and the tensions of traffic, parking, and home problems for the commuters. Then there are problems of studying, career choice, and all the baggage around social relationships and sexual identity. As on most campuses, there can be social pressures to drink too much and to experiment with marijuana. A lot of the kids come out of high school with these habits, or they come to college and think it is a chance to bust loose.

Although we have a Department of Student Counseling and a half-time counselor who specializes in drugs and alcohol, the administration decided to put more energy into education about, and the prevention of, substance abuse. That way, they don't just sit around waiting for the problems to come to them.

They made a really good choice in hiring Margie, because although she is youngish, she has a great background. She worked for several regional drug prevention centers. I volunteered to help her recruit students for a peer-counseling program called Peers Reaching Out, or PRO. We started with nine students. The first thing we did was a survey of attitudes and behavior. We walked around the student lounge for days with our clipboards. Because they knew their answers were anonymous, kids really opened up to us. We found out a lot about the services they used and what they might want. We also recruited a few peer counselors that way.

The next thing we did was form a committee. This was made up of university staff from different programs and student leaders. They became a brain trust to come up with ideas about the rules that needed to be changed and make suggestions for programs. I became the secretary to the group and still am.

They suggested that we needed more awareness on campus of the problem and the new program. The president declared a DRUG-AHOL Awareness Week. Faculty members agreed to invite speakers into their classes, and the resident assistants organized discussions in the dorms. We set up a table in the quad and took turns sitting at it every day for a week. We gave out literature on different aspects of the problem and had a drug board that showed the paraphernalia and effects of drugs and alcohol. We also had drug wheels that you use to figure out how much alcohol it would take to make you legally drunk.

The idea I was proudest of was the display of a totally wrecked car donated by a junkyard. We had it towed right into the center of the quad. The students could see in gruesome detail what can happen when you drive drunk. They stopped and asked a lot of questions. We also had a video going constantly in the main lobby about the crash involving that car.

After I volunteered for two quarters, Marge was able to hire me as a work-study student. I was put in charge of DRUG-AHOL Awareness Week, and each one has gotten better since then.

At first I was afraid to speak in front of student clubs, but I eventually got over that. I wrote articles for the student newspaper and was interviewed on the student radio station. I also used all my own contacts and was able to recruit a solid group of forty-five students. Some of them were in recovery themselves and some of them, like me, had alcohol abuse in their families. I organized the weekly training sessions, set up speakers, got videos, and stayed in touch with the peers between training sessions.

Margie taught me a lot about writing grants. I assisted her in gathering background information and in making presentations to foundations. One of them funded us for two years. As soon as I graduated, I was able to come on full time. Since then I have planned, organized, and implemented a twenty-four-hour DRUG-AHOL telephone hot line. This way, we can give out information and make referrals, and the students don't have to identify themselves if they don't want to.

I think I've also been especially pleased with the development of the campus task force. I've gone from being a student member to being one of the professional staff to whom people turn for suggestions. We had a major problem with our senior "bash." For years it's been a tradition for the seniors to bring champagne onto the quad the last day of classes and just get totally drunk. They would destroy the grass, break the bottles, and have a series of nasty accidents. We needed to stop it and yet, we recognized the seniors' need to celebrate. Our committee proposed that the university take over the celebration, providing the champagne, soft drinks, and plenty of food. That way, the seniors could have their party and we could help them drink in a responsible way. They grumbled the first year, but we pulled it off.

But this year the university decided we couldn't repeat it. The president felt we couldn't take the ethical or moral risk of providing liquor to students who would later drive home. So they gave them a beautiful, fancy, nonalcoholic party. Of course, the students went to the local bars right after it, but there is only so much you can do.

The other project I work on is a program called INSTEAD. From the student court, we get referrals of residents who have caused damage while drunk or who have been

caught with liquor in the dorms. The university used to expel them from the dorms. Now we recognize they have a problem. They have to attend a six-session training course and do community service. I think this has helped a lot of them turn around. Some of the INSTEAD members go on to join AA. Some even stay with their volunteer work with neighborhood kids.

I have learned so much about administration and planning in this job. It is ending within the next month because the grant is over. This gives me a chance to explore going back to school for my advanced degree. I think maybe it's time to leave, but it's been great to grow with a program that has so much meaning for students and faculty. I am very pleased I chose to major in human services; it is the gateway education for so many different fields. Wherever I go I will take with me the insights I have gained through course and field work.

SUMMARY

1. Three possible routes for a young woman looking for help with her father's alcohol abuse were described. By following these paths, we encountered twenty-five different human service roles.
2. A picture of the human service programs in any one particular town can be discovered by calling the town hall or an umbrella funding agency, searching out directories of services, calling hot lines, and reading local newspapers.
3. Although services might be available, clients frequently have difficulty finding and using them. Barriers generated by internal and external pressures clutter the paths. We looked at a variety of these barriers by listening in on the nagging doubts and questions that reflect them.
4. The public often accepts stereotypes about who we are and what we do. People often lack accurate information about the full range of human service work.
5. The complexity inherent in human service problems leads to a proliferation of agencies and professional roles. This diversity can offer much choice to those seeking appropriate services or roles. People choose their work roles in the field by considering their own personal attributes, lifestyle, philosophy or ideology, and available programs.
6. The description of the daily work of a program coordinator for a drug and alcohol abuse education and prevention project reveals many important roles in the human service network.
7. Although treading the maze of the human service system is complex and frustrating, it is never routine and is often exhilarating.

DISCUSSION QUESTIONS

1. Some people believe that alcohol or drug abuse is a crime best left to the criminal justice system. Others believe that addiction is a moral failing and thus should be cured by the family and the church. Others assert that it is a problem that should be dealt with by the medical establishment and the social service networks. What do you think of each of these positions?
2. What is the situation with drug and alcohol use and abuse on your campus? What approaches does the administration appear to be using if there seems to be a problem, and how effective do you think those approaches are?
3. If you were assigned to write a helpee paper the way Kathy was, would you be willing to write about a personal problem? Would you be willing to share your paper with your classmates after you wrote it (if you decided to fulfill the assignment)? To what extent do you think that asking students in a human services class to share personal

information with the instructor or with other students is an appropriate learning device? To what extent does it feel like an unjustified invasion of your privacy?

4. What human service workers have you personally met? Which ones do you know about in your community or

on your campus? Which of their jobs seems like a set of tasks you might like to try out? Which would you prefer to avoid?

WEB RESOURCES FOR FURTHER STUDY

Occupational Outlook Handbook,
U. S. Department of Labor
www.bls.gov/oco/

For hundreds of different types of jobs the *Occupational Outlook Handbook* tells you the training and education needed, earnings, expected job prospects, what workers do on the job, and working conditions.

In addition, the *Handbook* gives you job search tips, links to information about the job market in each state, and more.

*U. S. Department of Health
and Human Services*
www.hhs.gov

For information about a governmental human service program, click on their Information and Resources Directory. It is an invaluable resource to keep human service workers up-to-date.

Prevline
http://free.ed.gov/resource.cfm?resource_id=532

Prevline is a national clearinghouse by the Department of Health and Human Services for alcohol and drug

information. It offers fact sheets, video and audio files, news, research briefs, conference calendars, funding opportunities, and a kids section.

Hazelden Addiction Treatment Center
www.hazelden.org

Hazelden is a commercial publisher that publishes information about addiction and addiction treatment.

*The National Mental Health Consumers
Self-Help Clearinghouse*
<http://mhselfhelp.org>

The National Mental Health Consumers' Self-Help Clearinghouse has played a major role in the development of the mental health consumer movement. The consumer movement strives for dignity, respect, and opportunity for those with mental illnesses. Consumers—those who receive or have received mental health services—continue to reject the label of “those who cannot help themselves.”