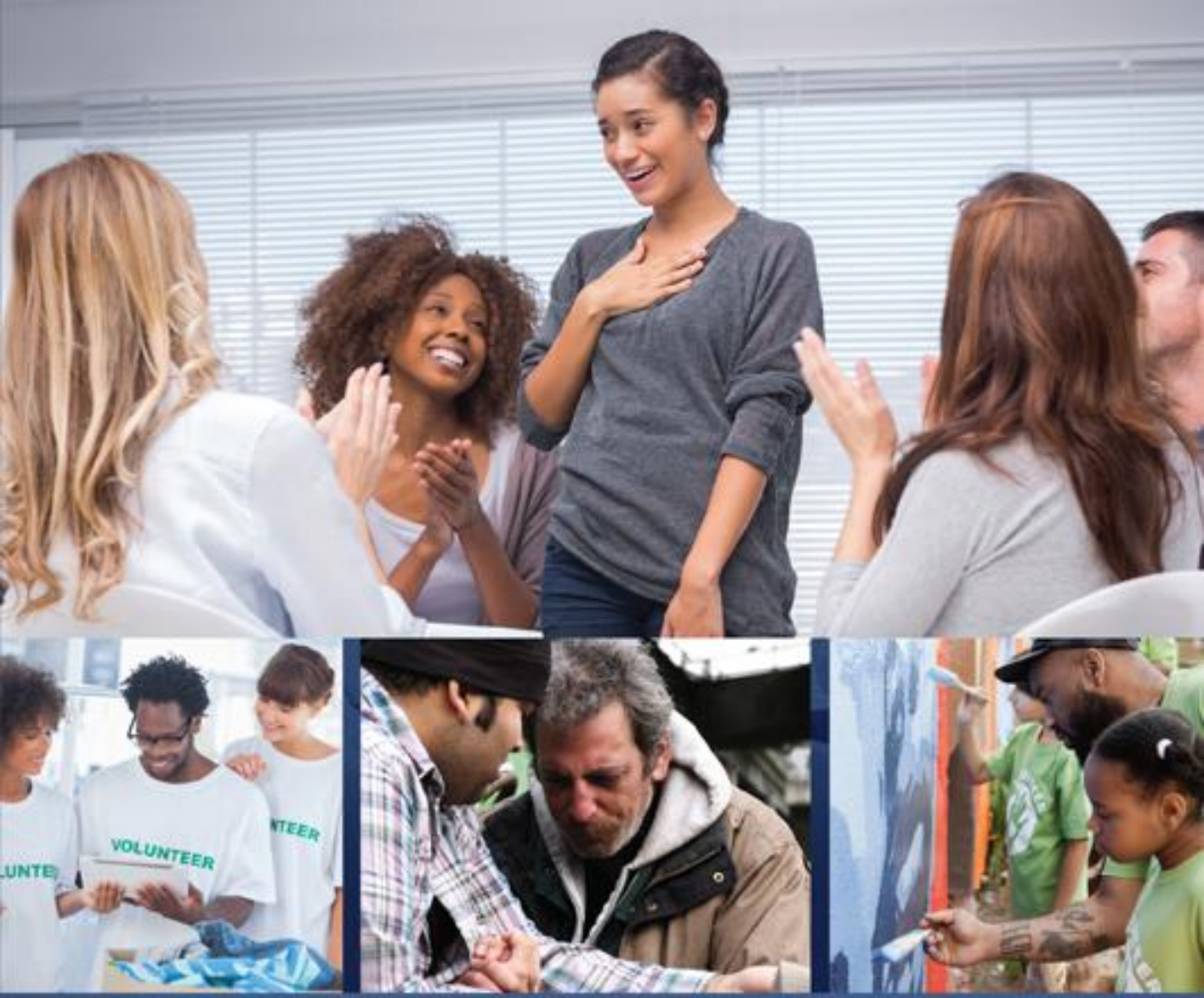


# AN OVERVIEW OF THE HUMAN SERVICES

SECOND EDITION

KRISTI KANEL | MELANIE HORN MALLERS

# An Overview of the Human Services


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SECOND EDITION

**KRISTI KANEL**
California State University, Fullerton

**Contributing Author:**
**MELANIE HORN MALLERS,**
California State University, Fullerton

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**Kristi Kanel and Melanie Horn Mallers**

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Art and Cover Direction, Production Management, and Composition: Lumina Datamatics, Inc.

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*This is dedicated to my mother, Joyce*



# Preface

## GENERAL OVERVIEW OF THE BOOK

Human Services has evolved tremendously as a distinct discipline over the past 40 years. It was first studied in colleges and universities in response to societal changes in the 1960s and 1970s (changes that had already been evolving over the previous century) regarding the value of helping the disadvantaged, and it succeeded in creating an increased willingness on the part of both individuals and the government to become involved in providing services for those in need.

This book has been written for students who are just beginning to study the field of human services. It is intended to be an easy-to-read, practical guide to the field; it provides students with a nuts-and-bolts overview of the myriad facets that make up the field; and it offers students a glimpse of what they can expect to experience as they continue their education and begin working in the field.

Because the field of human services encompasses so many career opportunities, skills, client populations, and job duties, this book was written not only to introduce students to the field but also to help them find their place in the field by guiding them toward a specific area of human services that might interest them. By the end of the book, students should have a clearer idea what they want to do, whom they want to help, and where they want to work.

Having taught introduction to human services for over 25 years and having consistently heard student complaints about not feeling connected to the often dry and impersonal textbooks used, Dr. Kanel felt compelled to write a textbook that would inspire a sense of involvement with the subject matter. When Dr. Horn Mallers joined the Human Services Department and began teaching Introduction to Human Services, she was inspired to make revisions and additions to the first edition of this textbook. She also brings a vital background in issues related to gerontology and family studies. *An Overview of the Human Services*, second edition, avoids pure lecture by providing numerous opportunities for students to engage in role-plays and other in-class activities. We believe that

students who are genuinely interested in the course and are actively engaged with the material will gain more from the course than they would if they feel distanced from the text, teacher, and other students. This textbook challenges students to become active learners via self-reflection, case studies, real-world scenarios, applied activities, and inventories. All of these applied and experiential activities bring theoretical concepts to life for students and help prepare them to serve in agency settings as beginning interns and volunteers.

## CHAPTER-BY-CHAPTER WALK THROUGH

Organized into 13 chapters, *An Overview of the Human Services* proceeds in a cumulative manner from basic concepts and history to specific aspects of the human services field and finally to in-practice considerations such as delivery to clients, stress management, and program evaluation and development. Although students interact with and internalize the material throughout the book, the "Human Services Career Inventory" Appendix asks students to give themselves a final self-assessment of their aptitude toward and interests within the field.

### Chapter 1: Human Services: Foundational Concepts and Historical Background

This chapter provides a succinct definition of the term *human services*, offers an overview of the different types of human services workers, defines the key terms used in the field, outlines the various places human services workers are employed, and explores the reasons why people should or should not choose a career in the human services. In addition, the chapter provides several case examples to help students begin to understand the practical nature of the book. In order to show students the evolution of human services to its present-day incarnation, this historical overview section discusses how early societies dealt with behaviors that were seen as deviant and how eventually human compassion came to take the place of punishment. The historical overview begins as far back as early humans and traces the evolution of human services through ancient civilizations, the early Christian era, the Dark Ages, the Age of Reason, the 19th century, the 20th century, and finally the 21st century. Throughout the chapter, students are shown how the values of the time greatly influence who receives help and how mental health services, social welfare, correctional services, and educational services have evolved over time.

### Chapter 2: Modern-Day Human Services: Policies and Programs, Interventions, and Demographic Considerations

This chapter discusses modern-day human services with expansive information on 21st-century programs, services, and policies related to mental health, social welfare, correctional, and educational systems. This includes an overview of the role of nonprofits within these systems. Also discussed are current interventions

used in the field, including those in the primary, secondary, and tertiary levels. The roles of current demographic trends and sociocultural influences on multiethnic human services delivery are discussed.

### Chapter 3: Ethical and Multicultural Issues in the Human Services

Because ethics are crucial in the field of human services, this chapter not only defines ethics but also presents a number of ethical dilemmas for students to navigate. The chapter begins with a general definition of ethics and a discussion of the importance of ethics in the human services field. It then presents specific ethical issues such as confidentiality, dual relationships, countertransference, and values clarification, which are illustrated with many examples of appropriate and inappropriate ethical behaviors. A discussion about continuing education emphasizes the importance of ongoing training to maintain ethical standards throughout one's human services career. Multicultural issues are discussed in the context of ethical practice.

### Chapter 4: Human Services Workers

Expanding upon a list first proposed by the Southern Regional Education Board, this chapter begins with definitions and examples of typical functions and roles that human services workers play and then outlines the educational levels of human services workers and the four types of human services agencies. Finally, the chapter ties together these sections by listing career options within each type of agency based on educational level. Questions in the Critical Thinking/Self-Reflection box and a table of actual job postings help students to begin the process of deciding in what capacity they might want to work and what education level they will need to achieve their goals.

### Chapter 5: Basic Counseling Skills, Personal Characteristics of Human Services Workers, and Theoretical Approaches in Counseling

The purpose of this chapter is to introduce students to basic helping skills, what personal qualities can often lead to successful helping, and how to achieve assertive communication skills. The chapter begins with an outline of the general goals of effective communication, then defines and provides examples of specific effective communication skills, and finally presents examples of personal characteristics that human services workers should have. A table summarizing the various effective communication skills and personal characteristics is provided along with numerous real-world scenarios. The Critical Thinking/Self-Reflection boxes help students to internalize the material.

The second part of this chapter focuses on psychological models, outlining the psychological theories of psychoanalysis, existential-humanist therapies, behaviorism, and cognitive therapies and explains the implications of each theory in terms of human services delivery. A table summarizing the key elements of all the psychological models of causality is provided, and students are asked to reflect

upon and internalize the material throughout the chapter. Evidence-based practice is introduced as well.

### Chapter 6: Crisis Intervention, Suicide Prevention, PTSD, Community Disasters and Trauma Response, and Military Trauma

This chapter introduces the reader to the function and process of crisis intervention, including a detailed discussion on how to conduct a suicide assessment and offer suicide prevention. Trauma response as related to community disasters and PTSD is also explored. Finally, the reader will be introduced to various issues facing veterans, especially in relation to PTSD and military trauma.

### Chapter 7: Humans Services Populations

This chapter discusses the needs and issues of client populations that utilize human services, specifically children, adolescents, and the aged, including updated information on prevalence, causality models, and approaches to delivery.

### Chapter 8: Mental Illness, Poverty, Disabilities, Crime/Violence, and Substance Abuse

This chapter provides a broad overview of mental illness, poverty, disabilities, crime/violence, and substance abuse, including prevalence rates, needs and issues, causal and risk factors, as well as human services delivery and prevention approaches.

### Chapter 9: Interpersonal Partner Abuse, Sexual Assault, HIV/AIDS, and LGBT Issues

This chapter provides detailed information about the populations affected by interpersonal partner abuse, sexual assault, HIV/AIDS, and LGBT issues. The specific issues, needs, and interventions for these populations are discussed.

### Chapter 10: Stress Management

Because stress is a major part of the human services field, this chapter focuses on this important topic. The chapter begins with brief definitions of stress and burnout. Thereafter, the chapter focuses on the symptoms and impacts of stress and burnout and how to reduce and manage stress and burnout by using cognitive reframing, maintaining a healthy lifestyle, improving interpersonal communication, learning how to be assertive, and maintaining a sense of humor. Numerous examples throughout the chapter illustrate these methods of stress management.

### Chapter 11: Case Management

This chapter defines case management duties and the philosophy behind it. The reader will be introduced to the duties of case managers, such as assessment, case notes, progress notes, and reports.

### Chapter 12: Macro-Level Practice

This chapter discuses macro-level human services practice, with emphasis on conducting needs assessments and evaluations, writing grants and proposals, and involving in efforts critical to success in the field of human services, including social action, advocacy, and lobbying.

### Chapter 13: Leadership and Organizational Structure

This chapter focuses on different types of leadership styles found in nonprofit human services agencies and in public human services agencies. Additionally, the structures and norms for each type of agency are explored.

## SPECIAL FEATURES

As mentioned earlier, the primary goal of this book is to inspire in students a sense of personal involvement with the subject of human services. To that end, this edition contains a number of pedagogical features to help students personalize the chapter material via self-reflection (e.g., Critical Thinking/Self Reflection Corner and Suggested Applied Activities) and to actualize the material by seeing abstract concepts played out in a real-world context (e.g., True Stories From Human Services Workers and Case Presentation and Exit Quiz). Other special features, such as Chapter Review Questions and a chapter Glossary of Terms, are provided to review and reinforce concepts presented in the chapters.

- **Critical Thinking/Self Reflection Corner:** Developing self-awareness is an important challenge for those entering the helping professions. As a result, each chapter contains Critical Thinking/Self-Reflection Corner boxes with questions aimed to catalyze students to explore their own values as well as emotional and cognitive reactions to the topics discussed in the chapters. These boxes appear throughout each chapter, in close proximity to the topics to which they relate, and they can be answered outside of class as students read the chapters, can be opened up to small-group discussions in class, or both.
- **True Stories From Human Services Workers:** These boxed items feature real-life experiences of human services workers in the field. Placed in close proximity to the topics to which they relate, the boxes are intended to help students visualize the topics under consideration in a real-world context.
- **Suggested Applied Activities:** Following each chapter's summary, these activities bring chapter concepts to life and help students to personalize what they have read by asking them to reflect on their own lives, role play with other students, make observations outside of class, interview people, visit human services agencies, and so on.

- **Chapter Review Questions:** At the end of each chapter, students are presented with several open-ended, short essay questions related to key points from the chapter. These questions may be used as course exam questions or by students to help clarify which chapter points they understand and which they may need to revisit.
- **Glossary of Terms:** These are key terms that have been boldfaced within each chapter and are listed in alphabetical order at the end of corresponding chapters, along with succinct definitions. Students should review these pivotal terms prior to moving on to subsequent chapters in which knowledge of these terms will be assumed. The terms may also be included on multiple-choice quizzes.
- **Case Presentation and Exit Quiz:** At the end of each chapter, a case presentation related to concepts covered in that particular chapter provides students with further opportunities to see chapter concepts played out in a real-world context. The 5 to 12 multiple-choice questions at the end of each case presentation relate directly to the case and reinforce chapter topics.
- **Appendix:** Human Services Career Inventory—this inventory consists of 15 questions designed to aid students in formulating their career goals. The questions help students narrow their career focus in terms of what types of agency they would like to work in, what types of clients they would like to deal with, what duties they want to perform, and what educational level they want to complete.

## MAJOR REVISIONS

### Chapter 1

Chapters 1 and 2 from the first edition are combined and made into one chapter. The chapter has been renamed as "Human Services: Foundational Concepts and Historical Background."

### Chapter 2

This chapter is renamed as "Modern Day Human Services: Policies and Programs, Interventions, and Demographic Considerations." Information on government policies, harm reduction models, and demographic and cultural shifts on human services population (including aging, immigration, and ethnic/racial status) has been added. More current, relevant examples of delivery, as well as a discussion on the current health care system, are provided. Suggested Applied Activities emphasize personal reflection of biases toward others and competencies to work with diverse populations.

### Chapter 3

This is now the chapter on ethics, which was Chapter 11 of the previous edition. Multicultural issues are discussed into this chapter as a component of ethical practice. The standards and ethical practices outlined by NOSE are emphasized.

## Chapter 4

This chapter on human services workers is Chapter 3 of the previous edition. Salary ranges are updated to reflect current economic trends.

## Chapter 5

This chapter now combines Chapter 4 with the second half of Chapter 5 of the previous edition. The discussion on the biological and medical model and Gestalt therapy have been removed from the textbook altogether. Evidence-based practice is explored in this chapter.

## Chapter 6

This is newly named "Crisis Intervention, Suicide Prevention, PTSD, Community Disasters and Trauma Response, and Military Trauma" and includes new information on crisis intervention, suicide prevention, PTSD, military issues, and community disaster and trauma response.

Chapters 7 through 9 of this edition include a discussion of a variety of client populations. The intervention strategies at all levels are embedded in the chapter related to the topic.

## Chapter 7

This chapter includes current, updated prevalence data; added information in the section on children about blended and bi-nuclear families and the impact of divorce and custody on children; and more adolescent-related issues, such as gang membership and self-mutilation. Heavier focus is given to aging-related issues, including health conditions, functional ability, elder abuse, alcohol abuse, poverty, and Alzheimer's disease.

## Chapter 8

This chapter includes updated prevalence data and examples of current, innovative interventions. A more comprehensive overview of risk factors and causal models, particularly for addiction, has been added.

## Chapter 9

The current, updated prevalence data in this chapter includes a discussion on military sexual trauma alongside sexual assault. LGBT issues are discussed here rather than in a chapter on cultural diversity.

## Chapter 10

A section on harm reduction is included here.

### Chapter 11

This chapter has been renamed "Case Management." It explores the definition of case management and the forms, intakes, notes, and reports from Chapter 8 of the previous edition are now included in this chapter.

### Chapter 12

More emphasis on the development of government policy, funding announcements, reasons for developing grant writing skills, and types of evaluations have been included in this chapter. An additional section on advocacy and policy practice has been added, and examples of current legislation have been included.

### Chapter 13

This is a new chapter titled "Leadership and Organizational Structure" includes material from Chapter 12 of the first edition about agency leadership styles and norms of agencies. It discusses nonprofit and public-type agency practices.

## INSTRUCTOR'S RESOURCES

The Instructor's Resources for *An Overview of the Human Services*, 2nd edition, provides teaching suggestions, numerous multiple choice and true/false exam questions and answers, suggested answers to the student text's chapter review questions, and a sample course outline.

## ONLINE TEST BANK

The Online Test Bank is provided for assessment support, and the updated test bank includes true/false, multiple choice, matching, short answer, and essay questions for each chapter.

## ONLINE INSTRUCTOR'S MANUAL

The instructor's manual contains a variety of resources to aid instructors in preparing and presenting text material in a manner that meets their personal preferences and course needs. It presents chapter-by-chapter suggestions and resources to enhance and facilitate learning.

## ONLINE POWERPOINT®

These vibrant Microsoft® PowerPoint® lecture slides for each chapter assist instructors in lecturing by providing concept coverage using images, figures, and tables directly from the textbook.

## COURSEMATE

Available with the textbook is Cengage Learning's CourseMate, which brings course concepts to life with interactive learning, study, and exam preparation tools that support the printed textbook. CourseMate includes an integrated ebook, glossaries, flashcards, quizzes, downloadable forms, and end-of-chapter activities. CourseMate also includes Engagement Tracker, a first-of-its-kind tool that monitors student engagement in the course.

## HELPING PROFESSIONS LEARNING CENTER

Helping Professions Learning Center is designed to help students bridge the gap between coursework and practice. The Helping Professions Learning Center offers centralized familiarity with the principles that govern the life of the helping professional. The interactive site consists of six learning components: video activities organized by curriculum area and accompanied by critical thinking questions; ethics, diversity, and theory-based case studies; flashcards; practice quizzes; a professional development center; and a research and writing center.

## ACKNOWLEDGMENTS

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# Brief Contents



# Contents

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CHAPTER 1

# Human Services: Foundational Concepts and Historical Background

## INTRODUCTION

When someone hears the words **human services** for the first time, he or she might wonder, "Is this a college major or a department in the federal government?" The answer is "yes" to both questions. Or one might ask, "If it is a viable college major, why doesn't it end in "ology" like psychology, sociology, anthropology, biology, criminology, and other traditional majors?" The study of human services involves studying certain aspects of all those "ologies" and more. Human services uses a **multidisciplinary** (when several different human services workers trained in different areas of expertise work together for one consumer of service), **holistic** (viewing a person and his or her needs from many different perspectives such as physical, psychological, spiritual, and cultural), and **eclectic** (intervening with a person in need using a variety of theories and strategies based on those theories) approach to helping people with various needs.

President Franklin Roosevelt (FDR) established the Department of Human Services within the federal government in the 1930s, during the Great Depression, to assist people who were down on their luck. The Department of Human Services grew stronger throughout the 1960s and 1970s as U.S. residents began to assert their rights to be treated fairly and to have their basic needs met. Human needs and rights became a part of the federal government's focus.

Some might believe that those who study or work in human services are "jacks of all trades but masters of none." This text, however, supports the view that the **generalist human services model** enables those who work in the human services to become "masters of all trades." In other words, successful human services workers must know a variety of psychological, biological, and sociological theories so they can understand the causes of human behavior and use a variety of intervention strategies that take into consideration all models available. Putting the knowledge of these many and varied approaches to use can help human services workers successfully help their **clients** deal with their various problems.

## DEFINING HUMAN SERVICES

Generally, "human services" is a broad term that includes services and programs provided to meet the needs of a person, a family, or an entire community. These services and programs are varied and ever changing as the needs and demands of society change. Maslow (1968) developed his hierarchy of needs that human services workers often focus on when providing services. Based on Maslow's model, one might suggest that activities that aim to meet the physiological needs, safety needs, social needs, self-esteem needs, and the need for self-actualization are human services. Alle-Corliss and Alle-Corliss (1998) present a simple definition of human services as "encompassing professional services provided to those in need."

## HUMAN SERVICES WORKERS

A **human services worker** can be anyone, from psychologists and social workers to data managers. Neukrug (1994) describes a human services worker as "a person who has an associate's or bachelor's degree in human services or a closely related field." Others use "helper" and "human services professional" interchangeably to refer to a wide range of practitioners, including social workers, clinical and counseling psychologists, marriage and family therapists, pastoral counselors, community mental health workers, and rehabilitation counselors" (Corey & Corey, 1993).

Teachers, coaches, the clergy, guidance counselors, probation officers, gang-prevention specialists, outreach workers, and advocates may also be considered human services workers.

### Professional, Paraprofessional/Nonprofessional

Many believe that human services workers attain **professional** standing when they have earned at least a master's degree or a state license. **Paraprofessional** usually refers to community workers who have not completed a bachelor's degree but have completed some training or education at a community college, university, or human services agency (for example, at many clinics, rape

counselors must undergo 60 hours of training to be considered paraprofessionals). Both professionals and paraprofessionals in human services usually receive a salary rather than work as volunteers. Many agencies could not provide the services needed without hiring paraprofessionals, who often receive a lower salary than their professional counterparts. Paraprofessionals can be as competent and effective as professionals, although their responsibilities may be different.

## Volunteers and Interns

Anyone who works at an agency without pay is considered a volunteer. **Volunteers** often donate their time for altruistic reasons. They do not receive credit from a school and are not considered **interns**. Volunteers are integral to the operation of most nonprofit agencies. Professionals who have been working in the field for years may choose to volunteer to work alongside those with little or no experience in the human services. Services provided by agency volunteers aren't less effective or of poorer quality than paid workers. Volunteers often bring an enthusiasm to a situation that longtime employees may lose. Volunteers should be treated with the same respect as employees no matter what their education and abilities. The fact that they are helping clients and the agency because they truly care gives them a special place in an agency.

Volunteers may provide medical services at free clinics, serve food at homeless shelters, nurture babies at homes for abused children, and answer phone calls at crisis center hotlines.

Interns are usually enrolled in a college and work at an agency for course credit. Interns' experiences at agencies may be discussed in class or with an advisor and are essential to a student's overall education. Some internships are paid, whereas others are not. The purpose of an internship is to use the theories learned in class with actual on-the-job experience. Interns are often encouraged to reflect on their personal reactions to working at the agency as well. Interns are also expected to gain awareness of how their agency experience fits into their career goals. For example, an intern might discover that after working with elderly people at a senior center, she definitely does not want to work with that population during her experience as a case manager. She may, however, find that she is much more effective and therefore prefers working with children after interning at a home for abused and neglected children. An internship experience should match an intern's level of training. Students may be encouraged to begin their first internship by shadowing (following and observing) an agency employee with considerable experience. As interns gain confidence in their ability to work effectively with clients, they may seek out more direct client contact. Instead of merely observing a support group, they may choose to interact with clients and offer educational presentations. At some point, students feel confident enough to work with clients as if they were employees of the agency.

Participating in an internship is an invaluable opportunity. Not only does it provide experience, skills, and confidence, it may also increase the chances of finding full-time work in the future. Interns must adhere to the same ethical standards and work ethic as the employees who work in the agency. Interns are

often required to meet an agency's highest expectations, despite the behavior of the full-time staff. For example, some employees may show up late to work. An intern would not be given the same latitude but be expected to display a strong work ethic. Internships may take place at daycare centers, at homes for abused children, at outreach programs that work with teenagers, at after-school programs, at centers for senior citizens, at shelters for battered women, and at state and local social service departments.

## Where Do Human Services Workers Perform Their Duties?

Many different types of agencies and organizations employ human services workers. These range from community organizations, large and small nonprofits, and **public** and **private agencies**. Many operate using volunteers, interns, and salaried staff, all of whom have different backgrounds and levels of education.

**Nonprofit Agencies** According to Kramer (1981), a **nonprofit agency** is a bureaucratic organization that is governed by an elected, volunteer board of directors employing professional, paraprofessional, and volunteer staff to provide ongoing services to its clients. Funding for nonprofit agencies may come from private donations, fundraisers, and both private and government grants. There are two types of nonprofit agencies. The first type provides face-to-face service to various client populations. It is usually staffed primarily by volunteers and interns, with a few administrative paid workers and serves victims of domestic violence, child abuse, and rape; seriously ill people with limited income; and people who are battling alcoholism and other addictions. The second type of nonprofit is more of an administrative organization whose main function is fundraising for a specific cause, such as the United Way, Easter Seals, and the American Heart Association. They provide community education and distribute money to direct-service organizations.

**Public Agencies** These are agencies funded by government taxes at the city, county, state, or federal level. Sometimes consumers pay to receive services. Some public agencies don't provide direct services but are administrative or provide community education. Such city-level agencies include senior centers, park and recreation centers, and gang units in police departments. At the county level, human services agencies include the departments of social services and welfare, the department of mental and behavioral health, and the department of corrections. State- and federal-level human services agencies include the department of rehabilitation, state regional centers for developmentally disabled persons, and the department of social security.

**Private Agencies** These agencies are funded by consumer fees and usually operate on a for-profit model, such as some hospitals or convalescent homes. Clinicians who engage in private practice as mental health counselors also fit into this category. Perhaps the most widely used types of private agencies are health maintenance organizations (HMOs). HMOs began to replace private medical and mental health insurance usage in 1980s. HMOs also provide educational information and treatment for substance abuse. HMOs tend to utilize more professional-level workers. Some may use volunteers, but their role is less

vital to the daily operation of an HMO than to nonprofits and public agencies. Funding for HMOs comes partially from client co-payments and partially from insurance carriers, primarily acquired from clients' place of employment, and some may also receive third-party payments from Medicare and Medicaid.

Agencies, organizations, and institutions that focus on mental and behavioral health, social welfare, education, and correctional needs are usually the places in which human services workers are employed. These facilities may be nonprofit, public, or private. The specifics of these agencies will be discussed in Chapters 2 and 13.

## KEY TERMS USED IN THE HUMAN SERVICES

### Clients

A client, or recipient, is any individual, family, group, or organization that seeks assistance from a human services worker. Some people refer to clients as consumers.

Patients in psychiatric hospitals, people on probation (probationers), abusive parents, students, children who have survived abuse, survivors of rape or domestic violence, the elderly attending a senior center, and people struggling with addiction who are attending 12-step programs are all considered clients.

### Clients with Multiple Needs

While a client may only have one need and therefore require service from one human services worker (e.g., seeing a guidance counselor who recommends a class to take), other clients may come in with many different concerns and would then need the assistance of a variety of workers. Some refer to clients who have many needs as **multineeds clients**.

For example, it is not rare for a client to have emotional issues, such as depression; to need housing and food stamps; to be involved in child custody disputes; and to struggle with substance abuse. Each issue requires the collaboration of different human services workers to meet this client's needs. While one human services worker may sometimes be designated as the case manager (this is true in cases where a child has been removed from the client or if the client is on probation), all the workers servicing the client must work together cooperatively for the benefit of a client. Difficulties that may arise include trying to separate out which need came first. Was the client depressed first and then abuse her child? Did the client lose her job, become poor, lose her home, and then become depressed? These questions become irrelevant at some point. The main goal is to assess all the needs of the client and then set up plans that can address them all.

### Model

A **model** is a theory or approach that is used to understand a situation or to help work through a problem. It usually includes related terms that attempt to explain something.

Examples of models include the psychoanalytical model, the generalist model, the humanistic model, and the behavioral model, all of which offer strategies to use to help clients and understand their needs. Additional models are presented in Chapter 5.

## Multidisciplinary Team Approach

The reason that a **multidisciplinary team approach** is needed is because many individuals and families have multiple problems and needs. In human services agencies, it is typical for several workers to provide services for one client, each with a different duty, all working collaboratively.

For example, a case manager might assess a family's financial eligibility for welfare, a psychiatrist might prescribe antidepressant medication for the mother's depression, a social worker might investigate a report of child abuse made on the father, and a probation officer might monitor compliance with terms of probation on the teenager in the family who sold drugs. Although each team member would focus on the family member who they are best qualified to assist, they all would communicate and coordinate care with one another.

Another typical example often occurs in a group home for abused and neglected children. A child will usually have an individual counselor (possibly a master's degree–level therapist) who provides ongoing counseling to deal with long-standing emotional and behavioral issues related to prior abuse and neglect and issues related to being separated from parents. Additionally, if a child demonstrates serious psychiatric symptoms or unmanageable behaviors, a psychiatrist may be called in to prescribe medication. On a daily basis, this child will interact with paraprofessional case workers and child-care workers who may lead groups and provide continuity of care and ongoing support and who may step in for crisis management situations. A child may also have an assigned social worker from the state department of social services who oversees the entire treatment plan and consults with all service providers. At times, the child may see a psychologist for more intense therapy or psychological testing.

The following foundational terms deal with the sociopolitical aspects of our society. Human services workers are strongly encouraged to understand these ideas and how they may affect clients and their own attitudes toward recipients of human services.

## Bias

Bias is a preconceived point of view about a person, a group of people, or an issue. Biases may stem from beliefs of your own cultural background, your family's, or even your neighborhood's. Bias occurs when judgment about a situation or a group is based on generalities and personal opinion rather than on an objective, dispassionate point of view.

## Disparity

**Disparity** refers to an imbalance, usually when people are treated unequally. The result of disparity is that certain groups do not receive the same appropriate

and effective services as others simply because of the cultural group to which they belong.

## Prejudice

Prejudice is the emotional and attitudinal component of group antagonism. It can refer to a negative attitude about an entire category of people and often leads to rejection of people who belong to a certain group. Prejudice usually involves a one-sided opinion based on generalities, such as disliking someone merely because of that person's affiliation with a certain group (Sears, Peplau, & Taylor, 1991; Schaefer, 1988).

## Discrimination

Discrimination is the "behavioral component of group antagonism. People discriminate against the disliked group by refusing its members access to desired jobs, educational opportunities, country clubs, restaurants, places of entertainment, and so on" (Sears et al., 1991, p. 550). Discrimination is illegal and politically incorrect, but it is experienced all too often, especially by people of highly vulnerable groups who are reluctant to assert their rights (such as illegal immigrants). Discrimination puts prejudicial beliefs into action and denies members of a group access to certain rights that are available to others. Not all discriminatory behaviors coincide with prejudice. One can be prejudiced but not discriminate (Schaefer, 1988).

## Stereotypes

Stereotypes are generalized beliefs about the characteristics of a group's members. A stereotype may be positive or negative and can lead to prejudice, discrimination, and bias. Some stereotypes may include some objective truth, but basing human services practice on them is considered culturally insensitive. Instead, human services workers are encouraged to understand certain group patterns and values but always keep in mind that not every member of a certain cultural group is alike in every way.

## Sexism

Sexism is negative attitudes and behaviors toward a person because of his or her gender identity. Sexism is prejudice and discrimination against someone based only on that person's gender.

## Racism

Racism is prejudice and discrimination against someone based only on that person's ethnic or racial identity.

## Ageism

Ageism is age-specific prejudice and discrimination. In our society, elderly people tend to be victims of ageism. They are often rejected socially, receive inferior

treatment by medical workers, and are asked to leave their jobs or are not hired at all because of their age.

## Heterosexism

Heterosexism is having negative attitudes and behaviors based solely on a person's sexual orientation. Heterosexism is the belief that heterosexuality is superior to homosexuality.

## Classism

Classism is holding negative attitudes and behaviors toward a person because of the economic class to which he or she belongs. Typically, classism is most likely to be experienced by the poor and often results in a disparity of services.

## Ableism

Ableism considers people with developmental, emotional, physical, or psychiatric disabilities to be inferior (of less worth) than those who are supposedly able-bodied and -minded (*Free Online Dictionary, Thesaurus and Encyclopedia*, 2/14/2012).

## Ethnocentrism

Ethnocentrism is the belief that one's own culture and way of life are superior to all others. Ethnocentrism judges all other cultures in the context of one's own cultural group and often views other cultures as being inferior (Schaefer, 1988), believing that members of these other cultures would be better off living according to the standards of one's own culture.

## The Generalist Model

A **generalist model** takes a flexible, all-inclusive approach to helping clients deal with their problems. Rather than using one theoretical model or one duty or function, a generalist considers which theories and interventions are most appropriate to meet a client's needs. Rosenthal (2003) sees human services workers as functioning as "generalists, like general practitioners, who are the primary contact." Rosenthal also suggests that most human services workers view themselves as generalists with a multitude of skills who can work with a vast range of difficulties and perform a variety of functions.

## Biopsychosocial Model

The generalist human services worker uses a holistic approach that looks at the biological, psychological, and social aspects of a client. Zastrow (1995) stresses the importance of considering all systems within the social environment and the interactions between a person and his or her physical and social environments when trying to understand a client. For example, when working with someone diagnosed with depression, one would not solely focus on the biomedical aspects of the disease but also take into account the person's social support system, personality, and lifestyle.

## WHY CHOOSE A CAREER IN HUMAN SERVICES?

There are many reasons to seek a degree in human services and help others in need. This is an exciting field with much opportunity for professional enrichment, job promotion, and personal fulfillment and lifelong meaning. It is a chance to encounter people who are both different and the same as you. Human services workers can gain a sense of pride for contributing to the well-being of others. Human services jobs allow for autonomy and varied job duties. While some human services jobs conduct business during the traditional hours of 9 a.m. to 5 p.m., many offer flexible scheduling. There is constant growth—both personal and professional—for those who work in human services. Challenges abound, and this can be an intellectually rewarding occupation as well.

## REASONS NOT TO CHOOSE A CAREER IN HUMAN SERVICES

If your goal is to make a million dollars and retire by age 55, human services may not be for you. Other motivations such as a need to save others and take care of others or a need to be depended on or to control others, may not be appropriate reasons to enter the helping field either. Sometimes a well-meaning helper may inadvertently use clients to meet his or her own personal emotional needs rather than focusing on the client's needs. If a person's motivation to enter the helping field is to feel good because someone else needs him or her or if the helper feels powerful when someone depends on him or her, the prospective human services worker should discuss these feelings with a counselor or an instructor. It isn't fair to clients to use them to meet our own emotional needs.

While one can make a decent living in this field, money is usually not the primary goal of those in human services. The field can be personally taxing, and dedication to helping others live better lives is key. Also, this is not just an easy degree that anyone can obtain. Many of the classes are both academically and emotionally difficult. Working on a daily basis with people who suffer from emotional and physical problems can be difficult. A person who works in human services must be committed to ongoing self-development and self-examination. These processes are part of the training for human services workers. For those who find these challenges appealing, human services may be a good career choice.

### Critical Thinking/Self-Reflection Corner

- What is your motivation to enter the helping profession?
- What are your strengths and weaknesses?
- How committed do you feel to this field?
- What do you think it would be like to work with people suffering, people engaging in deviant behaviors, and people with many challenges?

## A BRIEF HISTORY OF THE HUMAN SERVICES: FROM PREHISTORIC PEOPLE TO THE 20TH CENTURY

While the term "human services" is rather new, services provided to people in need by governments, religious organizations, and communities have been around since recorded time. There has always been a need to take care of people in the community, whether it be the disabled members of tribes of prehistoric days, the lepers from biblical times, the sick during the leech-sucking days of Aristotle, or the "possessed witches" of the Middle Ages. Taking care of those around us was most likely a way to ensure survival of the species, which is an intrinsic drive in all species. It wasn't until Queen Elizabeth of England created the **Elizabethan Poor Laws** in 1547 that the government stepped in and officially declared its part in assisting those in need. Since then, programs have become more sophisticated and complex, but the type of individuals who receive assistance seem to stay the same. Let's go on a brief journey into the past to better understand the state of affairs in the 21st century.

### Prehistoric Humans

Picture yourself walking through jungles, deserts, and icy tundras with heavy loads of food and other survival gear such as hides for ensuring warmth and weapons. What would you do with a member of your tribe who was physically disabled? How would you manage that cousin who suffered from mental retardation? Who would assist the elderly that were often too frail to travel? On the other hand, what should the tribe do if someone steals food or items from another? Worse, how would a murderer be handled? Would that oddly behaving uncle be given charity, or would he be punished? The members of the tribe had to decide whether to punish, take care of, or abandon these individuals. Although much change has occurred throughout time regarding how to manage deviance and assist those in need, modern-day human services still operate under the same perspective of ancient man for the most part. Those in the human services field still approach those in need with charity and take care of them, or if deemed to be purposefully bad, punish them; sadly, sometimes those in need are abandoned, neglected, and excluded. Just as it was probably confusing back then as to who was deserving of charity and who deserved punishment, it is still sometimes confusing today who is entitled to services and who is not. Much of this confusion is due to the way in which human services workers attribute the causes of the problems.

One of the causal theories that anthropologists believe was adhered to by prehistoric civilizations is **animism**, in which spirits were believed to inhabit inanimate objects (Clodd, 1997). At times, evil spirits were thought to inhabit a person's brain and cause deviant behaviors, similar to what we now call psychotic delusions and hallucinations. A technique used to rid a person of evil spirits was called **trepanning** (see Figure 1.1), in which a hole was drilled into the skull of

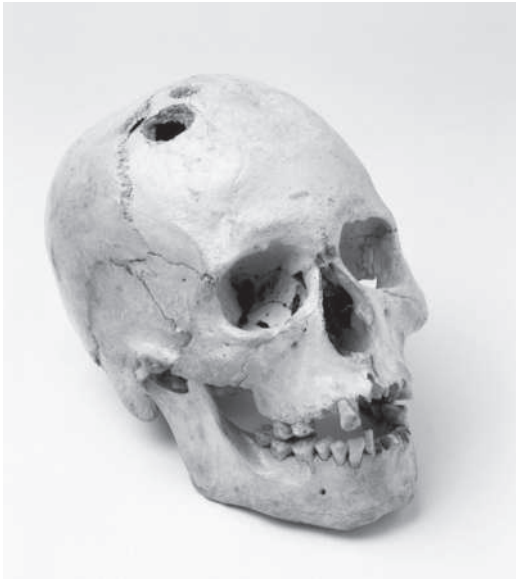




**FIGURE 1.1** Trepanning, the procedure of boring a hole in the skull, is the earliest known medical operation. Some anthropologists believe that trepanning was performed on people with mental illnesses to drive out evil spirits from their heads. This skull dates from the Bronze Age, 2200–2000 B.C.

the affected person to release evil spirits. This may have been one of the first attempts to treat mental illness, and it was certainly one of the first surgical procedures practiced. Trepanning, sometimes referred to as trephining, might still be performed today on certain individuals. Sophisticated tools are used to relieve pressure from the brain caused by skull fracture or cerebral abscess.

While this sounds barbaric, when one compares it to a frontal-lobe **lobotomy** practiced in the 1930s and 1940s, it is not so unthinkable. Lobotomies were performed by using an ice pick through a slot above the eye into the brain to excise the frontal lobe—the part of the brain theorized to control aggressive and violent behaviors. The theory of causes may be different from our earliest ancestors, but the practice of trepanning may have been effective in the same way lobotomies were effective in managing psychotic behaviors. While modern-day psychiatry does not perform lobotomies with ice picks anymore (this was deemed too barbaric), some individuals suffering from severe mental disorders still undergo **psychosurgery**, in which parts of the brain are excised. History does repeat itself! But with the introduction of antipsychotic medications, the once widespread use of lobotomy in America was all but extinguished (El-Hai, 2004).

## Ancient Civilizations: Scientific Inquiry Evolves

Enlightened Greeks, circa 600 B.C., such as **Hippocrates** (see Figure 1.2), Aristotle, Socrates, and Plato, began exploring humans physically, mentally, and politically as

Hulton Archive/Stringer/Getty Images

**FIGURE 1.2** Hippocrates, who is seen in this Greek bas-relief watching as a doctor treats a young patient, believed that most diseases were chiefly organic in origin. For example, Hippocrates believed that the brain was the center of intelligence, and mental disorders, therefore, were due specifically to the malfunctioning of the brain.

their civilizations grew and became strong. Unlike their primitive predecessors, they proposed a scientific explanation for illness. Hippocrates, for whom the physicians' Hippocratic Oath was named (Miles, 2003), believed that human diseases, including deviant behaviors, resulted from an imbalance in four bodily fluids referred to as **humours**. This theory led to such practices as blood-letting and leeching, used to rid the body of excess fluids, thereby restoring the balance. An interesting point to consider is that many people in modern times use these methods on themselves when depressed (e.g., cutting oneself with razor blades to see blood and inducing vomiting to be thin and feel purified). Use of leeches to extract disease is still used by modern physicians as well. Also, although modern-day psychiatrists and physicians might not believe that illness is due to imbalance in blood, phlegm, and stomach acids, beginning in the 1950s when psychiatrists began to prescribe antipsychotic medications to mentally ill patients, the idea of biochemical imbalances as the cause of deviance has become strong and the predominant causal theory for 20th- and 21st-century practice. The perception by psychiatrists that biochemical imbalances cause many mental health disorders dictates intervention by many psychiatrists and physicians working in public and private agencies. Instead of having patients induce vomiting or release blood, modern-day human services workers prescribe medications to balance biochemistry.

## Early Christianity and the Middle Ages

Dealing with deviance, poverty, and human needs looks decidedly different from the perspective of the societies in which religious leaders ruled. Prior to

Christianity, most deviant behavior was punished by putting the offender in stocks and gallows and having the public stone him or her for his or her misbehaviors.

The basis of criminal law in early civilizations was most likely based on the Semitic law of "an eye for an eye" and the earliest legal code, known as the **Code of Hammurabi** (see Figure 1.3), in which equal retaliation was the basis for criminal justice (Harper, 2002).

In John 8:7, Jesus challenges a crowd, saying, "Let he who is without sin, cast the first stone" (Tyndale, 1611). Such renowned quotations may have reflected the changing attitudes of the time from punishment to compassion. Jesus's stance toward the unfortunate may have led to a trend toward forgiveness and empathy rather than the punitive stance that viewed people with struggles as being morally deficient.

As the Roman Empire lost its stronghold on the world by about 500 A.D., the era usually referred to as the Middle Ages began and continued until about 1500 A.D. The first 300 years of the Middle Ages are often referred to as the Dark Ages because there was a lack of cultural achievements in contrast to the literary and scientific achievements during the classical period of the Roman Empire (Mommsen, 1942). The Dark Ages most likely occurred due to the growing strength of Christianity and focus on faith rather than on science as was seen in the classical era of the Greeks and Romans. The clergy was growing strong in terms of its influence on societal laws and norms. Lack of faith became the primary societal focus to explain deviance during these Dark Ages, and faith

Mansell/Time Life Pictures/Getty Images

**FIGURE 1.3** The Code of Hammurabi is engraved on the black basalt of this stele, which is 2.25 meters (7 feet, 5 inches) high and was made in the first half of the 18th century B.C.

continued to be the primary explanatory model throughout the rest of the Middle Ages.

At times, prayer and faith healing were used to help those in need, along with compassion and charity. Later in the Middle Ages (during the time of the Spanish Inquisition between 1100 and 1300), the church dealt with perceived deviance by more punitive measures. Those who studied science or were associated with unexplained phenomena were considered heretics and in league with the Devil, and the church often ordered them to be burned at the stake or to undergo exorcisms in which demons were ordered to leave the body of the person. Many women during this time were ordered to enter deep water after those in power filled their clothes with stones. If they drowned, it was proof they weren't heretics, and they would go to heaven. If they survived, they were witches and would be executed. The *Malleus Maleficarum* (a book written by clergy during the second half of the Middle Ages) was written to prove the existence of witches and warlocks and to instruct witch hunters in how to identify them and how to treat or help them (Summers, 1969). The sick, the poor, and the needy were considered sinners and were left to die without any care. Only the very wealthy and most powerful were allowed to be educated.

## The Age of Reason: Scientific Discovery and Rational Politics Are Revitalized During This Renaissance

Fortunately, society made it through the Middle Ages, and science and rational politics returned, and at a more advanced level than those of the ancient Greeks, Romans, and Egyptians. Monarchies ruled most countries, and the royals in power established civil governments that studied science systematically. Human services were developing during this Renaissance in a very systematic way as well. Although average citizens had no access to education and those accused of crimes were at the mercy of those in power, humanitarian philosophies influenced services established to aid poor, disabled, and infirmed people. In 1601, Queen Elizabeth of England created the Elizabethan Poor Laws that authorized the British government to provide for the needs of people who were unable to care for themselves, such as children, the disabled, and the poor (Dean, 1996). Shelters and workhouses provided for these populations. Modern-day social welfare is largely based on these same principles. Children and the disabled have priority in receiving governmental assistance. Although the shelters and services available in those days didn't focus on truly ameliorating the problems (they may have been a way to hide them), they do show that changes were being made in regard to these populations. At least they were being noticed by the governing class.

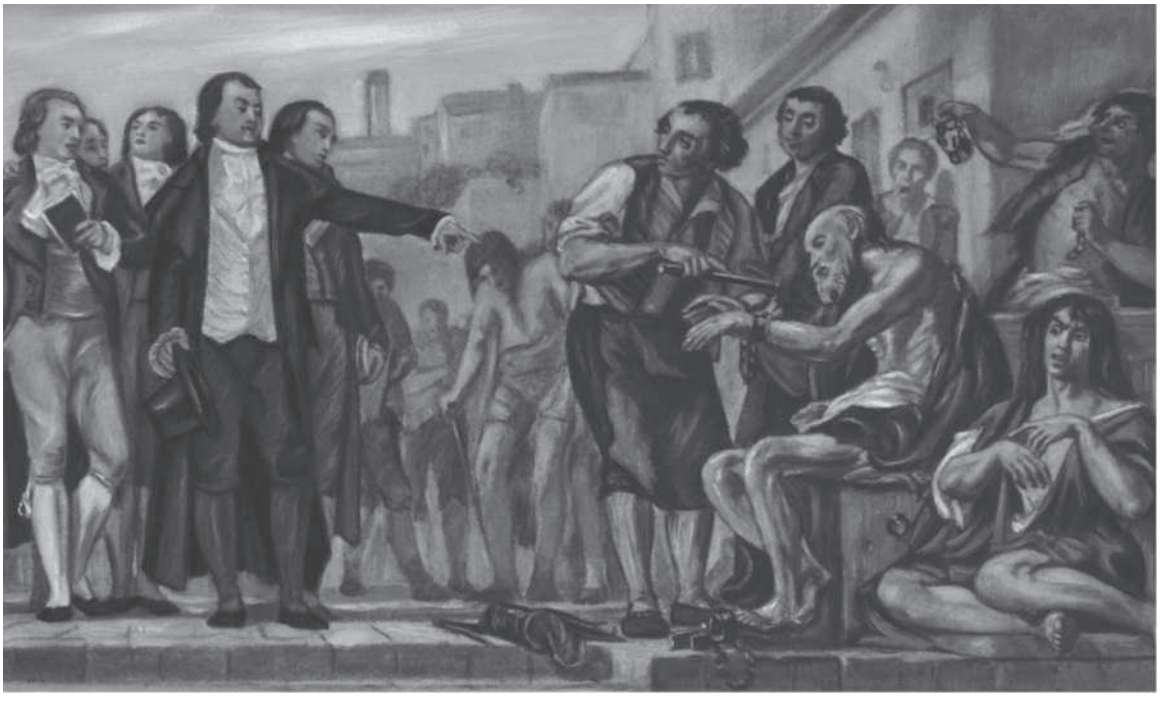
During that time, the mentally ill, mentally retarded, and criminals also received more humanitarian treatment than was given in the Middle Ages. In 1247, Bethlem Royal Hospital, popularly known as **Bedlam**, the first asylum for the insane, was built in London to care for those with psychiatric illnesses (Hollingshead, 2004).

In France, institutions had been established to deal with members of its society who were insane and who broke the law by locking them in chains until

they died. By the late 1700s, however, such institutions were being reformed, influenced largely by the work of **Philippe Pinel** (see Figure 1.4). Pinel was a physician who promoted the moral treatment of those who were institutionalized, not only by removing their chains but also by offering them food, shelter, and clothing (Weiner, 1979).

In colonial America, civil government was developing, and the country was governed administratively rather than by theocracy or monarchy during the 1700s. As the government became strong and independent, it developed public health and human services for children, the sick, and the poor largely because it was important to keep the streets clean from those afflicted with the plague and other public health nuisances. Although some people during this time period held punitive stances toward those exhibiting deviant behaviors (many people were called witches and burned at the stakes, such as during the Salem witch trials), it's possible that the Christian base of the growing nation allowed for humanitarian treatment of those in need. Also, the foundation of this new country was based on individual rights and the pursuit of happiness. The government may have been compelled to take care of its citizenry in order to fulfill the dream of happiness and opportunity that was the foundation of the constitution.

Education in the United States was also undergoing major improvements. **Horace Mann**, known as the "great equalizer" (Compayri & Frost, 2002), worked with Thomas Jefferson to create mandatory education for everyone.



Bettmann/CORBIS

**FIGURE 1.4** French physician Philippe Pinel supervises the unchaining of mentally ill patients in this painting by Charles Muller.

Prior to that, only the wealthy and the powerful had access to education. Mann's reforms marked the beginning of government-funded school systems that would be regulated and would provide all U.S. residents access to literature and the fundamentals of learning that were the foundations of a prosperous standard of living.

## The 19th Century: Laying a Foundation for Modern Human Services

Scientific interest in the causes of deviant behavior increased during the 1800s and led to different schools of thought about the causes of such problems as crime, mental illness, and poverty. **Cesare Lombroso** began the systematic study of criminals, and scientists separated them from individuals thought to be mentally ill (Lombroso & Ferrero, 2004). **Emil Kraepelin**'s practice of dividing mental illnesses into different categories set the stage for modern-day diagnoses. He is particularly well known for establishing the clinical pictures to diagnose schizophrenia and manic depression (Columbia University Press, 2006).

**Sigmund Freud** developed his **psychoanalytic theory**, which not only proposed a model for understanding abnormal and normal human behaviors but also introduced a systematic method for treating patients. His approach was novel in that he was the first physician to propose that mental health problems served a psychological function for the individual. He likened people to machines and suggested that failure in brain machinery may lead to mental illness. Rather than judge people or subject them to punishment or pity, Freud proposed that people could be helped by allowing them to speak freely about their problems and their thoughts to a doctor who would then interpret for the patients why they are suffering. His introduction of "talk" therapy was monumental in the field of mental health. Although many modern-day mental health workers use other approaches in their counseling practices, Freud must be credited with introducing the idea that a patient-therapist relationship can help people overcome emotional problems. For this, Freud probably deserves being considered the father of modern mental health.

Social welfare was also developing systematically during the 1800s. **Dorothea Dix** (see Figure 1.5) was well known for crusading on behalf of the insane, poor, and criminals (Grob, 1994). She championed the causes of prison inmates, the mentally ill, and the destitute. Her work began when she began to volunteer to teach Sunday class for women inmates at the East Cambridge Jail. She noticed horrific experiences for the inmates, which included crowded, unheated, unfurnished, and despicable-smelling quarters. Many of the inmates, aside from being criminals, were mentally ill, and when she asked why the jail was in its current state of conditions, she was told the insane do not feel heat or cold. This ignited Dorothea to take action; she visited jails and almshouses (where the mentally ill where typically housed) throughout Massachusetts and eventually submitted a document to the Massachusetts legislature about the nature of the care provided to the mentally ill. Eventually, due to Dorothea's conviction and passion, the legislature agreed to provide support and set aside funds for the expansion of a state hospital. She took her crusade to other states,

MPI/Archive Photos/Getty Images

**FIGURE 1.5** American reformer Dorothea Dix championed the causes of prison inmates, the mentally ill, and the destitute.

persuading other state governments to take better care of and responsibility for their mentally ill citizens. In this way, she became the "voice for the mad." As a result of her work, by 1843 there were 13 mental hospitals in the country; by 1880, there were 123. Dix's work changed the thinking of the time. While most people during this time believed that the mentally ill could not be treated, Dorothea understood that people could get better if their environmental conditions got better. In 1843, the New York Association for Improving Conditions of the Poor was created. Social workers of the time attributed poverty to "moral deficiency" and divided poor people into two categories: either unworthy or worthy. Sadly, many people today still adhere to this theory about the poor.

During the Industrial Revolution of the late 1800s, hundreds of thousands of people immigrated to the United States seeking a better quality of life. Another person interested in meeting the social welfare needs of people, **Jane Addams** (see Figure 1.6), founded **Hull House** as a settlement house to assist these immigrants in adjusting to their new homeland. Other similar houses were created in an initial attempt to provide housing assistance to the poor (Davis, 1990). Addams also founded the National Consumers League (NCL), America's oldest national consumer organization that focused on improving federal labor laws, as well as national health insurance, food and drug safety laws, social security legislation especially for the elderly or disabled, and unemployment insurance.

Headway was being made in the criminal justice system during this century as well. Based on results of scientific studies, criminals who demonstrated signs of

AP Images

**FIGURE 1.6** In 1889, Jane Addams, seen here greeting girls at Hull House, founded Hull House, a center for welfare work in Chicago. Fueled by Addams's exuberant personality, Hull House championed the causes of labor reform, public education, and immigrants' rights. Addams's book, *Twenty Years at Hull House*, details her service and social justice work in Chicago.

rehabilitation were being released from prison before the terms of their sentence were up. The **Elmira Reformatory** in Pennsylvania was the first U.S. prison to use the practice of "time off for good behavior." Past attempts at prisoner rehabilitation had failed, but prisoners given the chance of early release were more likely to reform their ways.

## The 20th Century: Science Flourishes and Government Funds Human Services

**Developments in Mental Health** Freud certainly set the stage for modern-day counseling with his psychoanalytic approach to treating emotionally troubled people. The idea that a practitioner would sit with a patient and talk about problems was unique. Of course now, we take this practice for granted, and various types of therapists and counselors abound in modern times. Psychoanalysis as a mental health theory and treatment model predominated until the 1940s when humanistic models such as Carl Rogers's nondirective approach (currently referred to as person-centered therapy, which is a form of humanistic counseling) became popular. Also, behavioral approaches (the use of rewards and restrictive methods to change behaviors) to treat certain problems were being used in schools, prisons, and mental hospitals.

In the early 1940s, **Gerald Caplan** and **Eric Lindemann** developed crisis intervention counseling through their work at the Wellesley Project in Boston (an institute involving research to learn about the reactions of survivors who had experienced serious trauma and grief). It also served as a training ground for people interested in providing crisis intervention. Their work was precipitated by the Coconut Grove Nightclub fire, in which almost 500 people died and many more were injured (Lindemann, 1944). Using concepts and intervention strategies based on the psychoanalytic, humanistic, and behavioral models, Caplan and Lindemann developed ways in which individuals could benefit from short-term intervention. Caplan's preventive psychiatry, as it was first called, would ensure that individuals suffering from a life crisis wouldn't deteriorate and develop serious psychiatric illnesses. It promoted psychological and emotional growth and led to an acceptance of mental health consultation among the general public (Slaikeu, 1990). The practice of crisis intervention flourished over the next 50 years, and today's HMOs and many public and private agencies encourage its use. Besides being economically efficient, short-term therapy is effective in helping people return to a normal state of functioning and in preventing suicide and other dangerous behaviors.

In the 1950s, psychiatrists began studying family therapy models. In the 1960s, other approaches to counseling were developed, such as gestalt therapy (which involves creating balance within an individual) and reality therapy (in which individuals are encouraged to take responsibility for their behaviors and to engage in more socially acceptable behaviors). Cognitive therapy (which focuses on how a person's perception of a situation can lead to emotional problems) became popular in the 1970s and 1980s.

In the 1980s and 1990s, when health insurance companies began using **managed care** (which requires that treatment plans be preapproved before a person can receive care), **crisis intervention** (which focuses on coming to terms with a specific event that is keeping a person from functioning at a normal level) predominated, and it still does in the 21st century.

In 1955, there were over 500,000 patients in mental hospitals, which was the highest number in U.S. history. With the introduction and widespread use of psychiatric medications such as thorazine and lithium in the 1950s, patients who suffered from chronic mental illness could be managed in the community, which led to the **deinstitutionalization of the mentally ill** over the ensuing two decades, in which that same population was down to about 200,000 (Cutler, Bevilacqua, & McFarland, 2003). In 1955, Congress established the Joint Commission on Mental Illness and Health and found that three out of every four individuals treated for mental illness were in public mental hospitals, and by 1960, the Joint Commission recommended that the mentally ill be cared for in the community and that federal financial assistance would be provided to the states to accomplish this (Library of Congress, retrieved 12/20/2012). President Kennedy was very interested in community mental health as there was someone in his own family with a mental disability, and in 1963 he proposed a new National Mental Health Program.

**Community Mental Health Centers Act of 1963** The **Community Mental Health Centers Act of 1963** is federal legislation that provided funding

to communities to create mental health centers. The goal of this act was that by 1980 there would be one community mental health center per 1,000 individuals, or 2,000 such centers nationwide. In 1967 Congress reaffirmed the goal of having 2000 community mental health centers built, but by 1980 there were only 768 centers, which may have been the cause of the high homeless population among the mentally ill. Kennedy also emphasized the need to provide services to children, families, and adults suffering from the effect of stress and programs were to be comprehensive and available to anyone (Cutler et al., 2003). In 1963, Kennedy addressed Congress and suggested poverty was a cause of mental illness. As a result, he called for community prevention specifically directed toward low-income people and formed an interagency taskforce on mental health.

In subsequent years, states have developed their own laws and ethical standards to implement community mental health and not without controversy in some areas.

During the antiestablishment era of the 1960s and 1970s, **grassroots** movements (programs and services that community activists started without government financing or a professional staff) established nonprofit agencies where people could go and talk about problems, often in support-group style. These were run by paraprofessionals and depended heavily on volunteers. These centers still exist today as viable alternatives for mental health treatment.

**Social Welfare Development** In the 20th century, social welfare has undergone many changes since the days of orphanages, settlement houses, and charity wards in hospitals. During the Great Depression of the late 1920s and 1930s, Franklin Delano Roosevelt's **New Deal** provided people in need with food, clothing, and other basic necessities of life and also created work programs so that people could earn a living wage (Davis, 1990). Under the leadership of President Roosevelt, government became strong in its focus on social problems, and the notion of disparity (inequality and differences) among socioeconomic classes (social class based on income per year; usually divided into upper, middle, and lower classes) was studied by social scientists. This disparity, especially between minorities and mainstream society, eventually led to the civil unrest of the 1960s in which minorities insisted on equality and reform.

In the 1960s, President Lyndon Johnson waged a **War on Poverty**, resulting in the passage of the 1964 Economic Opportunity Act, which created such programs as affirmative action, welfare, food stamps, low-cost housing, and federally funded medical insurance (Howard, 1972). While the welfare system has changed since the 1960s, the basic premise of government aid to those in need still exists. The implementation of these welfare programs required the employment of thousands of social workers across the country. This catalyzed the formal study of social welfare in colleges, the increased usage of social workers in various agencies, and the sociopolitical premise that certain people are entitled to government charity.

**Prison Reform** The 20th century also brought reform to U.S. prison systems. In response to substantiated proof that there is a direct relationship among poverty, violence, and criminal behavior, the prison system has begun to focus on more

humanistic approaches to rehabilitation. The proven connection between crime and poverty has made crime more of a social problem. Probation and parole programs were set up to allow probationers and parolees to live in society under the supervision of human services workers who monitored their behaviors. Allowing certain individuals these freedoms seemed more economically efficient than sending all violators to prison. Many law enforcement and correctional agency workers began to receive training in social and psychological theories so that they could better understand criminal behaviors. Even recent television dramas often have a character whose job is to analyze the criminal mind.

## True Stories from Human Service Workers

### *Grassroots Movement Agencies*

**A Free Clinic for Women**

The Anaheim Free Clinic, a community agency in California, was created in 1973 by two women interested in offering community residents concerned about issues of confidentiality an alternative to visiting a family doctor or a government-funded clinic. This clinic is a classic example of a grassroots agency. It was established during the time when women in America were beginning to assert their right to equal treatment. In particular, women wanted to be able to make decisions about their bodies. *Roe vs. Wade*, which gave women the constitutional right to terminate a pregnancy, had just been decided by the U.S. Supreme Court. The Free Clinic was developed to provide birth-control counseling, as well as birth control itself, and pregnancy testing and counseling. Participants didn't even have to give their real names or show identification.

I (the author) began interning at the Free Clinic in 1978, when I was a junior in college working toward my degree in human services. I chose that agency because I was interested in women's rights and in creating a safe place for women to learn and make choices about their bodies that could affect them for the rest of their lives. At the Free Clinic, I worked with physicians who volunteered because they also believed women needed to receive accurate information and testing so they could make informed decisions that would benefit them both physically and mentally.

In my role as an intern, I ran support groups, information groups, and pregnancy tests and counseled the woman about their options. Most of the clients were women and teenage girls who thought they might be pregnant or have a sexually transmitted disease or who wanted some form of birth control. Because sexuality was the primary issue at the clinic, it was vital to create a strong feeling of trust and confidentiality with the clients. All services were free. We did ask for donations from clients when possible. We held fundraisers in the community and sought donations from many companies to keep the clinic operating. I believe this clinic epitomizes a grassroots organization. Although I worked there more than 25 years ago, I still remember vividly my experiences there. It was a political as well as a healing agency.

**A Safe Place for Battered Women**

Battered women's shelters, another outgrowth of the women's rights movement of the 1970s, are also examples of grassroots agencies. The first such shelter was created in the mid-1970s to provide a safe haven for woman who were victims of

*(Continued)*

domestic violence. At the same time that women were asserting their sexual rights, they were also realizing that putting up with physical and emotional abuse from a partner was unacceptable. This was and continues to be a political issue to this day as various legislations dealing with domestic violence gets passed.

At first, these shelters were very small, involving women helping women. Over the years, they have become more elaborate agencies, with services ranging from employment counseling and legal advocacy to mental health treatment and child care. I also worked at a battered woman's shelter, and the following is a description of my experience there.

I remember immediately noticing the difference between this agency and the county mental health department, where I was a mental health worker for four years. At the shelter, clients were treated with more respect. The workers were motivated to make a difference in each of their clients' life. Everyone talked about women's rights issues. Paperwork, while it existed, was not as extensive as it was at the county agency. The shelter focused on helping women feel empowered. Many of the advocates and counselors at the agency had survived abusive relationships themselves. The atmosphere was supportive, educational, and political. While furniture was somewhat old and dingy, it felt more homey than the county facility. Money was always a concern, but the autonomy gained from not having to abide by government regulations was worth the frantic, ongoing search for funding.

**Educational Reform** Education also progressed during the 20th century. Although mandatory education had been around for a while, the quality of education was in no way the same for every child living in the United States. In the 1950s and 1960s, **Martin Luther King Jr.**, and other civil rights leaders, campaigned for an equal quality of education for minorities. Until the 1950s, and even into the 1960s and 1970s in some places, blacks and whites in the South were not allowed to attend the same schools. The **civil rights movement** of the 1960s focused national attention on the inequalities and abuses brought about by segregation and racism. Public schools throughout the country slowly became integrated.

Eventually, state governments began passing legislation that funded special programs in the public schools so that learning-disabled and developmentally delayed children, as well as children with physical limitations, could be provided with the same educational opportunities as their peers. These growing programs required public school systems to hire human services workers to evaluate students' needs and to provide counseling to them and their families.

## CHAPTER SUMMARY

The field of human services includes a wide range of activities that focus on helping people meet a variety of needs. Human services workers perform many functions and are skilled to perform many duties. This generalist approach is one of the hallmarks in the field of human services and allows for an interdisciplinary

approach to working with clients. Human services workers may use a variety of theories and interventions, may be volunteers or paid employees, and may be highly educated or have minimal formal education. The history of human services can be traced back to prehistoric man, and it seems there has always been a need to provide societal interventions for a variety of problems. Human services workers provide service in mental health systems, social welfare agencies, correctional facilities, and educational institutions. They work in nonprofit agencies, public agencies, and the private sector.

## Suggested Applied Activities

1. Interview someone who works in human services in a nonprofit agency, a public agency, and a private agency. Ask this person to describe the types of other workers he or she deals with regularly. Inquire about the multiple needs of the clients who come into the agency. See if you can determine whether this person uses a generalist approach.
2. Create a chart that compares the human services models used today to the societal interventions of previous eras. Include the predominant theoretical perspective of that era that attempted to explain deviant behavior and sickness.

## Chapter Review Questions

1. What is meant by a generalist approach?

2. Why is an eclectic approach considered necessary for being an effective human services practitioner?

3. What are the differences and similarities between an intern, a volunteer, and an employee?

4. Name two appropriate reasons to work in human services.

5. Name two inappropriate reasons to work in human services.

6. What is trephining, and why was it used?

7. How does trephining relate to modern-day mental health treatment?

8. How did the ancient Greeks view physical and mental health problems, and how did they treat them?

9. How did the clergy tend to view deviance, and how did they provide help to those in need?

10. When did modernized human services first begin?

11. Which populations tend to be considered deserving of human services?

12. What was the War on Poverty?

13. How did modern-day psychotherapy practice begin?

14. What was an important outcome of Caplan's and Lindemann's Wellesley project?

15. Name five people who created reforms in social welfare and corrections.

## Glossary of Terms

**Addams, Jane** was a 19th-century social worker who founded Hull House.

**Animism** was a belief held by early civilizations that spirits inhabited inanimate objects and sometimes a person's brain.

**Bedlam** was an institution in London built in the 13th century that provided humanitarian care to the mentally ill and others who demonstrated deviant behavior.

**Biopsychosocial model** is a theoretical model for understanding what causes deviance that includes physiological, psychological, and sociological theories.

**Caplan, Gerald** was considered the "father of crisis intervention" because he developed preventive psychiatry, a new approach to counseling that he used to treat victims of the Coconut Grove Nightclub fire in 1942.

**Civil rights movement** began in the 1950s and 1960s. Many Americans worked to end racism and the inequities endured by the majority of black people in the United States. Many people engaged in protests and marches in support of these causes.

**Client** is a person who receives human services.

**Code of Hammurabi** is the earliest criminal justice code, which stated that equality of retaliation should be used when someone breaks the law.

**Community Mental Health Centers Act of 1963** is federal legislation that provided government funding for treating severely mentally ill patients throughout the country.

**Crisis intervention** is a short-term approach focused on returning clients to a functioning level after they experience a traumatic event.

**Deinstitutionalization of the mentally ill** refers to the release of thousands of mentally ill patients who were hospitalized in government-funded mental hospitals during the 1950s and 1960s, after development of the antipsychotic medication thorazine, which enabled many psychotic patients to live outside the confines of a hospital.

**Disparity** is when things are not equal.

**Dix, Dorothea** was a 19th-century crusader for the rights of criminals, the mentally ill, and the poor.

**Eclectic approach** uses a variety of theoretical models and interventions to deal effectively with clients.

**Elizabethan Poor Laws** were laws set up by Queen Elizabeth as a system of assistance for the worthy poor in England during the 16th century.

**Elmira Reformatory** was an 18th-century prison in Pennsylvania known for its reforms that included giving prisoners time off for good behavior.

**Freud, Sigmund** was a 19th-century physician who developed the psychoanalytic approach to