# An Introduction to

# HUMAN SERVICES

**Ninth Edition**

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**CENGAGE**

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# PREFACE

In writing the earlier editions of this book, our goal was to offer students and human service educators a textbook choice devoted entirely to human services—not psychology, sociology, or social work. We addressed the definition of the term *human services* in its broadest sense and described a variety of clients, the generalist human service professional, and the interaction between helper and client. We approached human services as a profession that continues to grow and develop. Although our goals have essentially remained the same for this ninth edition of *An Introduction to Human Services*, we have made major revisions to the book that reflect the changing world of human services and the clients that human service professionals serve.

Our revisions are based upon the feedback we received from faculty and students. Many other revisions resulted from our own research and teaching; they document the changing face of the environment in which human services are delivered. Finally, we were guided by the changes that are occurring in our world, such as the shifting demographics, the periods of economic turmoil, the emergence of new client groups, the increasing importance of the global community, and ever-developing technologies. Throughout the text we emphasize and address the cultural dimensions of human services and clients.

## FEATURES

Three features of the textbook, its introductory nature, the use of case studies and first-person accounts, and helping students engage in the material, remain. The textbook continues to be *introductory* rather than encyclopedic. It presents the basic information that future helping professionals need to know about the human service field and provides the foundation for the further study of helping techniques, different client populations, emerging human problems, and the ethical dilemmas that inevitably occur. We believe the inclusion of resources for further study is also beneficial, given how rapidly changes occur in our world. We hope the resources here will be useful tools to help students expand their worldview, appreciate different cultural perspectives, and reflect on the knowledge and skills they are acquiring.

The use of case studies and first-person accounts reflects our commitment to what students think and how they learn. Our own students, as well as students we meet across the country, tell us how much they like case studies, short vignettes, and other illustrations.

In addition, as we support student engagement with the text material, we have enhanced the text in two additional ways. First, we have added Class Discussion activities that students can work with as individuals, in small groups, or in class, to learn more about the concepts in the chapters and to apply what they are learning.

We think this ninth edition retains the best of previous editions, while addressing the dynamic world of human service delivery. We hope to hear from you about your experiences with this edition.

## THE NINTH EDITION

We would like to highlight salient features and revisions to this ninth edition of the text that we believe will enhance student learning about human services and human service delivery.

### Reorganization of the Text

One of the major revisions of the text is its reorganization. To emphasize the professional nature of human services, there are now four parts to the text, rather than three: Defining Human Services; Guiding Human Service Practice; The Practice of Human Services; and Working in the Human Service Field. Part III is newly configured to integrate service delivery (models and the helping process) directly with the clients who seek help with problems. Part IV is a new addition to the text and directs student attention to the environment in which human services occur and the realities and challenges of human services.

In response to suggestions from human service educators, we reordered the chapters. In previous editions, we introduced students to the history of human services early in the text and we continue to do so. We moved the chapter on ethical considerations earlier to help students understand its importance to human service work. Chapter 10, Human Services Today, previously Chapter 3, now concludes the text and offers students an opportunity to integrate what they have read and learned about human services with current and future trends.

Finally, there are now 10 chapters, rather than 9, reflecting the addition of a new chapter (Chapter 5) on the importance of multicultural considerations to the profession today and the work with diverse clients.

### Contents of the Chapters

Part I, Defining Human Services, introduces the world of human services and the human service professional. This allows students to begin early in the term to answer two questions, "What is human services?" and "What does a human service professional do?" Answering these two questions helps ground the student firmly in the professional work. The focus of Chapter 1 continues to be the principles that define human services. We revised the case of Almeada and baby Anne to better represent the human service delivery system and climate that exists today. Chapter 2 explores the identity of the human service professional.

Part II, Guiding Human Service Practice, provides students with a foundation of a history of advocacy, ethical practice, and multicultural helping. We believe that these three concepts are critical to understand before the day-to-day realities of helping and delivering care can be undertaken. Chapter 3 traces the history of human services through the lens of advocacy and presents an integration of human services into a long-standing historical context with developments to the present time. Chapter 4 focuses on the ethical issues that permeate human service work. Chapter 5, The Multicultural Dimensions of Helping, is a new chapter that traces the history and rationale for attending to clients and their cultures during the helping process.

Part III, The Practice of Human Services, focuses the student on understanding models of service delivery, the helping process, and the client involved in the delivery of care. Chapter 6 includes a revised model of service delivery and presents a case study that introduces students to the use and abuse of prescription drug pain relievers across three models of service delivery. The human service model is expanded to include a wellness and strengths perspective, an approach that we believe captures the spirit and commitment of human services.

Chapter 7 focuses on the helping process and provides some new ideas for integrating help within a cultural context. Motivational interviewing, crisis intervention, and resolution-focused brief therapy illustrate the helping strategies used by human service professionals. Chapter 8 concludes Part III by identifying the client(s) and describing six perspectives that expand the multiple ways to view issues the client encounters. In this chapter, the reader meets many clients who are facing various challenges.

Finally, in this edition, Part IV, Working in the Human Service Field, ends the text in a very different way. We focus on the environment in which human services occurs as we introduce the student to the complex world of agency practice and community needs. Students begin to see themselves beyond their work with clients and as part of a larger human service delivery system. Chapter 9 reviews the environment in which human service delivery occurs and presents practical information about organizations, missions, and job descriptions. This emphasis on the agency setting includes a description of the day-to-day challenges of human service delivery. The text concludes as students view aspects of the current work in human services and begin to understand where and how they might look for changing needs and vulnerable populations. Chapter 10 examines the influences on human services today: technology, the international dimension, the changing workforce, and diversity. This chapter reflects the impact that these influences continue to have on human services. Unfortunately, many of the current challenges remain unresolved at this writing.

## Emphasis on Advocacy and Social Justice

All of the chapters in the text emphasize a commitment to advocacy and social justice. In Chapter 1, a new section on social justice provides a foundation for human service work. The history of human services is described through a perspective of advocacy in Chapter 3. Social justice and its importance is emphasized in the discussion of client rights, self-determination, and professional competence in Chapter 4. The contents of a new Chapter 5, Multicultural Dimensions of Helping, is based upon the need for a professional commitment to advocacy and social justice.

The public health model, described in Chapter 6, provides an excellent example of how the Centers for Disease Control and the Office of the U.S. Surgeon General conduct an advocacy campaign for medical and behavioral health practitioners to educate themselves about the harmful use and abuse of prescription pain relievers and safe ways for patients and clients to use multiple treatments to address short-term and chronic pain. Within the helping process in Chapter 7, professionals may use culturally sensitive ways to approach clients that respect their culture and empower them to use their strengths. Chapter 8 focuses on clients and four perspectives that support advocacy and social justice. Viewing clients from a wellness, strengths, environmental, and/or power-related feminist perspectives allows helping professionals to identify strengths clients have and barriers they face. Chapter 9

introduces the professional settings of human service delivery: agencies and organizations and the community. Community organizing is based on the needs of clients and helping clients advocate for themselves. Chapter 10, Human Services Today, concludes the text by suggesting some innovative ways that human service is being delivered today and anticipated areas where advocacy and social justice will be needed in this next decade.

### Emphasis on Multicultural Helping

A new chapter to the text, Chapter 5, Multicultural Dimensions of Helping, appears in the ninth edition of *An Introduction to Human Services*. In previous editions, we used an infusion model to approach teaching about the importance of culture and human service delivery. Although we emphasize the influence of culture throughout the text, we also added a chapter that helps students understand the concept of cultural competence and how to begin to develop it. Included are the history and rationale for multicultural helping as well as relevant concepts such as culture, assimilation, acculturation, worldview, race, ethnicity, discrimination, and white privilege. In this chapter, students explore the concept of cultural identity and consider how their own cultural identity may influence the way they view the world and the way they might help clients.

We continue in other chapters to emphasize international and multicultural dimensions of human service delivery. This includes revisions to Almeada's case in Chapter 1, an introduction to World Bank efforts to understand and address the issues of individuals and families forcibly displaced in Chapter 9, and a new case study of Jo Ann, a foreign student from Vietnam in Chapter 7. Many of the cases in the text were revised to capture the multicultural characteristics of helpers, clients, and the helping process.

### New and Revised Case Studies

New case examples have been added to several chapters, and many that appeared in previous editions have been updated with relevant new information. Case studies now reflect the current context in which human service occurs. For example, in Chapter 6, Models of Service Delivery, the case of the current opioid prescription drug epidemic illustrates the medical, public health, and human service model. Students are able to see how this one issue is addressed, based upon the history and philosophy of each model. The final case of Susan and Ted describes the complexities of serving clients and illustrates how the three models of service delivery are integrated. In fact, the case describes problems so complex that use of all three models of service delivery must be integrated to address all of their problems.

### Current Trends

Additional revisions focus on three dimensions of human services: current trends and issues, service delivery, and development of the profession. The changes of each of the three dimensions are integrated into the text and cases to present a holistic picture of a dynamic field.

Current trends and events also framed revisions to each chapter. Human service delivery exists within a political, economical, and social context that is continually changing. For example, to capture these new trends, we moved now Chapter 10,

Human Services Today, to the end of the text. This move allowed us not only to present a view of current trends and vulnerable populations but also to make a case for a life-long commitment to professional growth and development in a dynamic environment. We also revised the now Chapter 3, The History of Advocacy in Human Services, to reflect the importance of presidential leadership and capture the important legislation linked to presidential terms. We described the changing workplace and outlined how these changes create challenges for human service agencies and clients served.

A number of changes relate to service delivery. Included are evidence-based practice and its influence on human services, an expanded focus on strengths-based practice (as a part of the human service model), and the importance of outreach and advocacy.

We also revised the various perspectives from which students might view clients. Revisions of the concept of lifespan development and considerations of client issues and challenges enrich views of client problems. In addition, a wellness model, a strengths model, and the integrated environmental model with a feminist perspective expand ways to consider problems.

Finally, we continue to expand the commitment and definition of the human service profession by including work of the National Organization for Human Services, the Council for Human Service Education, and the Human Service Board-Certified Practitioner. Moving The Human Service Professional (now Chapter 2) to Part I of the text emphasizes how important understanding professional work is to defining human services. Reorganization of the chapter describes how values and personal characteristics of the helper influence the helping process. Updated information from the *Occupational Outlook Handbook*, the expanded section on nonprofessional helpers, and the role of the cultural broker further support for the human service professional.

## Support for Learning

The chapters in this edition have been revised and updated with a new chapter structure, the latest information, new case examples, and more. The chapter structure includes an expanded set of goals at the beginning of the chapter and revised "Self-Assessment" section at the end of each chapter to help students measure their comprehension after reading. A "Want to Know More?" section, also at the end of each chapter, provides students with resources for further study. We revised the content and format of the Web exploration boxes to help students find the most current sites that describe the topics relevant to the text material and to bring this exploration into class discussions. In each chapter, we added figures that help students master concepts and help them organize their thinking about those concepts. Finally, the revised "Key Terms" and "References" sections ensure that students are learning from the most current material in the discipline.

## MINDTAP

MindTap®, a digital teaching and learning solution, helps students be more successful and confident in the course—and in their work with clients. MindTap guides students through the course by combining the complete textbook with interactive multimedia, activities, assessments, and learning tools. Readings and activities engage students in learning core concepts, practicing needed skills, reflecting on

their attitudes and opinions, and applying what they learn. Videos of client sessions illustrate skills and concepts in action, while case studies ask students to make decisions and think critically about the types of situations they'll encounter on the job. Helper Studio activities put students in the role of the helper, allowing them to build and practice skills in a nonthreatening environment by responding via video to a virtual client. Instructors can rearrange and add content to personalize their MindTap course, and easily track students' progress with real-time analytics. And, MindTap integrates seamlessly with any learning management system.

## ANCILLARIES

Cases from the eighth edition of *Introduction to Human Services: Cases and Applications* are referenced in the "Case Study" section at the end of each relevant chapter as an additional reading resource. The text provides students with a series of cases in a workbook format, asking them to engage in critical thinking and case evaluation.

A suite of instructor's resources is available to help faculty prepare for the course and can be downloaded from the Instructor Companion site. These include the following:

- An Instructor's Manual with chapter objectives, summaries, and outlines; critical thinking questions that assist in reading, reviewing, and applying concepts; activity suggestions for use in class; and correlations of National Organization for Human Service (NOHS) and Human Service-Board Certified Practitioner (HS-BCP) standards to the chapters.
- Accessible PowerPoint® Lecture slides for each chapter with concept coverage and key terms directly from the book.
- And a test bank of multiple choice questions for each chapter available via Cengage Learning Testing Powered by Cognero®, a flexible, online system that allows you to create tests online, use your favorite questions from the provided test bank and add your own questions, and deliver tests via your Learning Management System (LMS), in your classroom, or wherever you want.

## FINAL WORDS

We approach each new edition with curiosity and enthusiasm. After several revisions, we find the research and writing provide us with a measure of how quickly the field of human services changes and evolves. There are some bedrock principles such as values and history that guide our practice. But, as sure as those principles are, changing contexts and client needs challenge us to develop and learn new ways to approach defining human service and describing clients, helpers, and the helping process. We hope that the ninth edition of *An Introduction to Human Services* provides you with a foundation from which to understand and practice in the helping professions.

## ACKNOWLEDGMENTS

Many friends and colleagues have contributed both to our growth as human service educators and to the writing of the ninth edition. We are particularly grateful to our colleagues at the National Organization for Human Services and the Council for

# ABOUT THE AUTHORS

Involvement in human services as practitioners and instructors for the past 45 years brings us a commitment to and understanding of human services. From our years as practitioners in public schools and in rehabilitation settings, we gained an understanding of helpers' commitment to their clients, their work, and their professions. For the past 25 years, we conducted in-depth interviews with practitioners and clients in an effort to better understand the methods of delivering services, the interaction between clients and human service professionals, and the changing context of service delivery.

# DEFINING HUMAN SERVICES

*Human Services at Work*

Louise Gubb/Getty Images

## Questions to Consider

- What are the perspectives for defining human services?
- How has human services evolved during the past 75 years? What factors influenced its development?
- What are helpers like? What are the different ways of categorizing professionals who deliver human services?
- How do human service professionals provide services to those who want them, need them, or both?

Human services may be a question mark to you as you begin this book. It is a difficult concept to define. Some think of it as the professional activities of helpers who try to meet the needs of people. Others think of local and state agencies that are named *department of human services*. Still others consider human services a **profession** for which a person receives special education and training. We present human services as a professional approach to helping individuals, families, and communities address their unique needs. A focus on how to provide a wide variety of services and how to address social justice issues through advocacy has been included.

Part I is titled "Defining Human Services." If you think of human services as a puzzle, the chapters in this part will provide you with the pieces necessary to understand this complex concept. Each piece will give you a different perspective from which to consider human services. Chapter 1 introduces Almeada, a client who needs help from the human service delivery system. Through Almeada's experience, this chapter examines both scholarly and professional definitions.

Chapter 2 introduces the human service professional as a provider of human services, with an examination of helpers' motivations, values, and characteristics. It also provides an overview of the categories of human service professionals and insights about them. The chapter concludes with a description of the roles and responsibilities of human service professionals.

# An Introduction to Human Services

*Family Receiving Help and Support*

## After reading this chapter, you will be able to:

**Themes and Purposes**

**LO 1-1**  Identify the themes and purposes of human services.

**LO 1-2**  Define problems in living, and illustrate how individuals experience these problems.

**LO 1-3**  Relate the growing number of problems in the modern world to the needs of clients, families, and communities.

**LO 1-4**  Identify the aspects of self-sufficiency and the barriers to achieving it.

**LO 1-5**  Compare the functions of social care, social control, and rehabilitation.

**The Human Service Profession**

**LO 1-6**  Apply the contributions of sociology, psychology, and anthropology to the human service profession.

**LO 1-7**  Identify four tasks that human service professionals perform during the helping process.

**LO 1-8**   List the abilities of human service professionals that enhance the helping relationship.

**LO 1-9**   Define the term *social justice*, and explain why it is an important concept for human service professionals and their clients.

**LO 1-10**  Name the three characteristics of human service teams.

**LO 1-11**  Summarize the contributions of case management to human service delivery.

**LO 1-12**  List the characteristics of the generalist approach to human services.

One of the first questions you will probably ask as you pick up this book is, "What is human services?" This question has often arisen in the past several decades as the human service field has changed and restructured. The purpose of this chapter is to help you gain an understanding of the term. The definition of *human services* is derived from six perspectives presented in Figure 1.1. Understanding and integrating these diverse perspectives will help you formulate a definition of human services. Underlying all six aspects is the work of a human service professional who addresses the unique needs of individuals, families, and communities whether through the delivery of a wide range of services or addressing the issues of social justice.

Finally, a case study of Almeada, a young mother who is living in a large city with her baby daughter, Anne, illustrates these six perspectives. Together, the perspectives presented in this chapter will help clarify what human service is. They will also provide a basic understanding that serves as a framework for the remainder of the book.
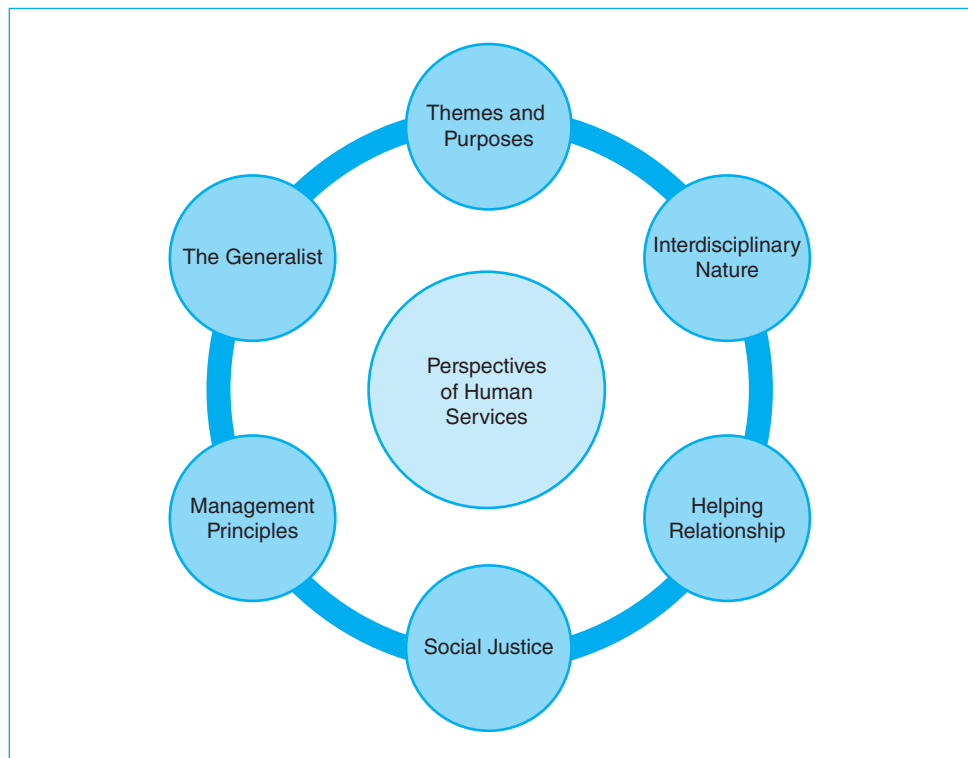


**FIGURE 1.1**   PERSPECTIVES OF HUMAN SERVICES

## THEMES AND PURPOSES OF HUMAN SERVICES    `LO 1-1`

The themes and purposes we introduce in this section represent the scholarly literature and research in human services, the wisdom of professional human service organizations, and the voices of professionals and clients. Sources for the scholarly literature include the National Organization for Human Service publications such as *The Link* and the *Journal of Human Services* as well as bulletins and monographs published by the Council for Standards in Human Services Education. There are research manuscripts, monographs, and reports that describe client populations and programs in the human services, social work, and psychology literature. Scholars approach the definition of human services by describing the themes and purposes that guide human services; these themes and purposes have emerged over the past seven decades. Those presented in this section represent the ideas of a range of scholars writing in the field today and include concerns with problems in living, the increase in problems in our modern world, the need for self-sufficiency, and the goals of social care, social control, and rehabilitation. A case study of Almeada and her daughter, Anne, illustrates these themes.

## PROBLEMS IN LIVING    `LO 1-2`

Human beings are not always able to meet their own needs. Human services has developed in response to the needs of individuals, groups, or communities for assistance to live better lives. Examples of such people are often publicized in the media: the very young; older adults; people with limited physical or mental capabilities; victims of crimes, disasters, or abuse; immigrants; people with acquired immunodeficiency syndrome (AIDS); veterans; and many others. Assisting such individuals is an example of the helping interaction. Families and groups also receive the attention of human service professionals, as do communities and larger geographic areas.

> Anne, a one-year-old child, lives with her mother, Almeada, in a housing project. Their home is a dirty, rat-infested, one-room apartment that offers little beyond protection from the weather. Almeada, 17 years old, works six days a week for a local clothing manufacturer for minimum wage. She spends day after day in a large, hot, noisy warehouse, sewing sleeves in dresses and shirts. Almeada feels lucky to have this job, since the plant downsized twice. Most of her friends who work do so in the fast-food industry or in local supermarkets in the area. And many of her friends cannot find employment.
>
> This summer, Luis, a 10-year-old neighbor, watches baby Anne from 7:30 a.m. until 5:30 p.m. Luis takes Anne to the playground each day and watches her while he plays with his friends. When she needs a nap, he puts her down to sleep on the only grassy spot. He changes her once a day at noon and feeds her a bottle of watered juice, a bottle of watered milk, and cut-up hot dogs. The playground is located in a rough neighborhood and is the hangout for one of the many street gangs in the area. Almeada leaves the house at 7:30 a.m. and does not return until 6:00 p.m. During the hours that Luis is not watching Anne, she is alone in her bed in the apartment. Almeada stays in touch with Luis by text to keep track of baby Anne. For her the phone is the first bill she pays. It is the key to her support system and care of baby Anne.
>
> Almeada knows that she needs help for herself and Anne. Before she moved from her old neighborhood, Almeada had worked with a case manager, Barbara LaRosa. She plans to call LaRosa tomorrow from work and hopes LaRosa will be able to give her some ideas about where to go for help in this new part of the city. Almeada also visited a faith healer living near her parents' home. The healer, Morales, a *curandera*, combined prayers and an herbal treatment to calm Almeada and reduce her stress.

Baby Anne cannot take care of herself. She is one of the many individuals who require human services just to have the necessities of life. Anne lacks adequate food, housing, and developmental opportunities. She is in danger because she does not receive appropriate supervision during the day. There is also some question as to whether Almeada can take care of herself properly. She is only 17, works long hours for little pay, and has the major responsibility of raising a child, although she is little more than a child herself.

Human services recognizes problems such as Almeada's as **problems in living**. As part of this recognition, the focus is not on the past but rather on improving the present and changing the future. Doing so involves directing attention to the client, the environment, and the interaction between the two. The experience of problems in living relates to (a) the interaction of individual problems or issues, (b) issues and challenges linked to life span development, (c) problems situated in a challenging environment, and (d) difficulties that arise from social justice issues.

A continuous encounter with multiple problems in living can influence the quality of the lives of individuals and families. And, in fact, facing persistent and long-lasting challenges interferes with the ability to meet the challenges of these problems and to develop and prosper. The very existence of problems in living may create very difficult situations for clients and families, as well as those who attempt to help them. In many situations, there may exist a cycle of challenges since one problem is linked to other challenges. And, when one problem worsens, the other challenges become more difficult (Cook, Hartson, Schiemge, Jankowski, Starr, & Meek, 2016).

Poverty also influences problems in living and is influenced by them (Overholser, 2016). For instance, unemployment and living with limited financial resources create difficulties for clients and families to find housing, address food insecurity, and access medical care. In addition, an increased likelihood of psychological distress resulting in anxiety, depression, increased drug and alcohol abuse, and domestic violence is often linked to living in poverty. The lack of concrete services and a diminished psychological strength and stability contribute to a continued state of poverty since the client does not have the opportunity to secure education and/or employment.

Problems in living are also related to how individuals grow and develop through the life cycle, encountering problems in living such as adolescent rebellion, parenthood, midlife crises, caring for aging parents, and death and dying. Many difficulties in living arise in connection with families and communities; these may involve relating to children, spouses, and parents; maintaining progress in education; adapting to a new culture and language; sustaining performance at work; and assuming responsibility for the very young or the very old. An important aspect of problems in living is the difficulty individuals encounter in interacting with their environments. If unemployment is high, finding work is not easy; if friends or relatives abuse drugs and alcohol, abstaining is difficult; if parents and peers do not value education, choosing to stay in school is problematic; if the family is living in a new country and culture, adjustment is difficult; and if a natural or human disaster occurs, recovery is not easy. Human services addresses problems in living, with a focus on both the individual or group and the situation or event. These problems occur throughout the life span. This dual focus on the client and the environment strengthens the nature of the help offered and provided.

Finally, the experience of problems in living is related to issues of social justice, which we will introduce later in this chapter and discuss in more detail in Chapter 5.

For now, we note that individuals as members of marginalized and oppressed cultural groups experience discrimination and oppression and are often invisible to the dominant culture. This intensity of problems in living increases their vulnerabilities.

> Anne's mother, Almeada Estrada, was 16 years old when Anne was born. Almeada attended elementary school but quit attending regularly when she was in the fifth grade. She was held back in the first grade and again in the third grade because she had not mastered basic math, reading skills, and English. Her parents, undocumented and uneducated immigrants to the United States, believed education was important but thought it was beyond them and Almeada. In fact, they spoke little English themselves. Although her father was a day laborer and her mother spent her days in the neighborhood, they were dependent on Almeada for many things, including helping them connect to their environment.
>
> By the time Almeada was 10, she had discovered that life was more pleasant away from home. After school, she would spend long hours playing with her friends on the streets; nights, she would spend with girlfriends. She became sexually active at the age of 12 under pressure from her friends, who ridiculed her until she became "one of the gang." At the time she became sexually active, she knew about HIV/AIDS but did not understand it as a problem for her.
>
> Between the ages of 12 and 16, Almeada was in constant turmoil, wondering how and where to live her life. She received advice as well as pressure from parents, friends, and teachers to do what they wanted. Because her parents were illegals, she lived in constant fear that they would be deported, and she would be alone. Occasionally, she was asked to join special programs at school, but her parents had to be careful that no one discovered their status, so they discouraged her participation. No one seemed particularly interested in what she wanted to do. In addition, she was entangled in a troublesome adolescence and rejected parents and teachers and accepted peers as models. Relating to peers brought unwelcome pressure to go along with the norms of the group. But she was part of a group, and that support extended beyond face-to-face contact to texting and talking by phone. This way of communicating put her further from her parents' reach.

In responding to the needs of clients, human service professionals are encountering an increasing number of problems to be solved, a rise that many experts attribute partly to a changing culture and lifestyle. This broad increase in the problems clients face is another theme in human services.

## THE GROWING NUMBER OF PROBLEMS IN THE MODERN WORLD     LO 1-3

Human services has emerged in response to the growth in human problems in our modern world. A growing number of people feel alienated and isolated from their neighborhoods and communities. No longer can they count on family and neighbors to share everyday joys and sorrows and assist in times of trouble and crisis. Households are in constant transition, as people leave family and friends to seek new job opportunities. Schools, religious organizations, and recreation centers still provide meeting places, but because of the constant turnover, newcomers are welcoming newcomers. Stress is a hallmark of today's world. We worry about how to feed, clothe, and shelter children, families, adults, and the elderly. Illiteracy, a lack of employable skills, and unemployment rates or low-wage employment add to people's feelings of helplessness and hopelessness, particularly in a technological age.

The lifestyles that were once ensured with a good education and a robust economy are no longer guaranteed. The economic downturn or recession that began in 2008 exacerbated the difficulties individuals are experiencing today. After this

downturn, individuals, families, and communities continue to struggle with the new economic realities, and many have lost hope for education and employment. The number of individuals experiencing difficulties related to the economic situation continues to increase markedly. For example, people may be trained for jobs that are being phased out or no longer exist. In addition, new technology may also cause many to lose their jobs. The shifting of the jobs within a global economy results in a changing nature of employment that threatens any promise of security. In addition, many individuals and families continue to lose their homes and their ability to afford alternative housing. They also worry about health care and how to feed and clothe their families.

The world appears smaller as we have increased our capability for global communication. As more information is available, more choices appear possible. At the same time, the problems of overpopulation, malnutrition, urbanization, the environment of the planet, natural disasters, and, as stated earlier, economic downturn are new sources of worry. There are also frequent acts of terrorism, civil wars and genocide, and religious and social conflict, as well as the threat of nuclear war that create instability and fear. And even in the United States, violence against black men, reprisals against police, threats to immigrants, and other challenges remind us daily that safety and security are difficult to find. Finally, the media bring vivid pictures of all these problems into the home through television, radio, and the Internet. Electronic communication and social media increase communications, including those related to both global issues and issues here in the United States.

> For the past two years, Almeada has felt the weight of daily problems in living. When she was 16, she discovered she was pregnant, and she received this information with mixed feelings. She was familiar with the problems of pregnancy because many of her friends had been pregnant. They often discussed choices, but to Almeada there was only one choice: to have the baby and take care of it. Her parents were disappointed in her and could offer little support. She tried to seek help from a reproductive health agency but was frightened when she had to walk through a picket line of abortion protesters to get there. After her first and only visit, the agency requested she call them when she arrived so one of the staff could meet her outside and escort her into the building.
>
> Of course, she could not expect much support from her parents, who were the only family she had. She could not expect help from the father of her unborn baby or any of the other males in her life; most were just passing through the neighborhood. She was not sure where she would live or how she would support herself.

Almeada lives in a complex world with little support. An effective human service delivery system will teach her to use the skills she needs to manage her own life and survive the difficult challenges that face her. This self-sufficiency is another theme of human services.

## SELF-SUFFICIENCY                                          LO 1-4

For many human service professionals, the key to successful service delivery is providing clients, or consumers of human services, the opportunity and support to be self-sufficient. Early definitions of **self-sufficiency** referred to economic self-sufficiency such as attaining employment and a stable income, but today the meaning of client self-sufficiency is broader. It relates to client strengths and a client's belief in his or her abilities to establish goals, develop plans, ask for help, and address barriers (Snyder, 2002). Hence, self-sufficiency includes a psychological state as well as a financial state. As clients become self-sufficient, they may develop a

sense of hope for the future (Snyder, 2002), a sense of self-efficacy, optimism for the future, and resilience to overcome the barriers they encounter (Gutherie, Ellison, Sami, & McCrea, 2014), all of which strengthen an individual's self-esteem. This psychological and economic stability is even more difficult to achieve in today's environment.

When individuals are able to contribute financially to meeting their own basic needs for food, clothing, and shelter, they gain a certain degree of independence and feeling of competence, but they may still need some assistance. Barriers they may experience include health and medical problems (e.g., chronic illness, drug or alcohol issues, depression), personal issues (e.g., lack of education, lack of job skills, criminal history), and related characteristics (e.g., lack of transportation, lack of available services) (Institute for Circumpolar Health Studies, 2011).

One important aspect of moving clients to self-sufficiency is to empower them to make decisions and assume responsibility for their actions. Human services is committed to giving individuals and groups sufficient assistance to allow them to help themselves. Clients are encouraged to be independent and gain control of their lives as soon as they are able. They gain belief in themselves or a sense of efficacy to make the changes needed to become self-sufficient. In Box 1.1, International Focus: Teen Pregnancy, you will read about the ways that help pregnant teens attain self-sufficiency.

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**BOX 1.1**        INTERNATIONAL FOCUS: *TEEN PREGNANCY*

Teen pregnancy rates in the United States were once the highest among developed countries. These rates have fallen steadily during the past decade for all racial and ethnic groups, including non-Hispanic white teens, black non-Hispanic teens, and Hispanic teens. Even so, of the one million teens who become pregnant each year, approximately 80% are unintended. Whether planned or unplanned, teen mothers are more disadvantaged than are other teens and have children who face negative health, cognitive, and behavior outcomes. *Healthy People 2020*, a federal initiative to improve health in the United States, includes a goal to reduce teen pregnancy among 15- to 17-year-old and 18- to 19-year-old adolescent females (Healthy People 2020, 2013).

In developed countries, adolescent or teen pregnancy generally refers to girls younger than 18 years of age, most of whom are not married, and is considered a social issue. By contrast, teens in developing countries are often married, and the pregnancy may be accepted and welcomed. Unfortunately, in combination with malnutrition and poor health care, the pregnancy may lead to medical problems.

Sub-Saharan Africa has the highest incidence of teenage pregnancy in the world, with 143 pregnancies per 1,000 girls aged 15–19 years. Generally speaking, women in Africa marry at much younger ages than women elsewhere and have pregnancies earlier in life. Of the 10 countries identified by Save the Children as places where motherhood carries the most risk for mother and baby, 9 were in sub-Saharan Africa.

The situation in South Asia is similar: An early marriage age means high adolescent pregnancy rates. This is truer in rural areas where knowledge and use of contraceptive methods is low. Some areas such as Indonesia and Malaysia are experiencing a decrease in the rate of early marriage and pregnancy, yet the rate remains high when compared with the rest of Asia (Save the Children, 2013).

In some areas of the world, little information is available on sexual behavior. This is the case in the Pacific Islands although teen pregnancy is considered an emerging problem.

Regardless of location or society, there are some common outcomes of teenage pregnancy. One is the higher incidence of premature birth and low birth weight. For the baby, other problems may include developmental disabilities, behavioral issues, and poor academic performance. Daughters are more likely to become teen mothers, and sons are more likely to serve time in prison. Outcomes for the mothers are lack of education, poverty, and a second child within 24 months.

It was difficult for Almeada to become economically self-sufficient when she was 16, barely educated, and pregnant. She had little parental guidance or support and few skills. She was forced to move back home to live with her parents and seek the little help they could give her. In fact, she began taking care of them again. She got a job as a cashier at the local grocery store. Almeada saved a few dollars a week and bought groceries for the family with the rest. Even though it was difficult, Almeada strove for economic and psychological self-sufficiency.

In the early days of her pregnancy, Almeada's life became routine. She worked from 8 a.m. to 5 p.m., walked home, prepared dinner, and visited with her friends later at night. Her advancing pregnancy changed her relationships with some of her friends because she did not have the stamina or the desire to share their evening activities. Even as her life changed, she was determined that no one would interfere with it; she did not want help. Almeada wanted to make her own decisions. Despite that fiercely independent attitude, she would soon need assistance.

Almeada was somewhat self-sufficient because she was working and her parents provided housing. She also needed prenatal care, parenting skills, and an opportunity to assess her decision to keep the baby. Although economic self-sufficiency is key for many clients, it would clearly be only a beginning for Almeada. Almeada would be hindered by her lack of education and skills and her fear that the status of her parents would be discovered. The difficult economic environment heightened her difficulties. Almeada did have a strong desire to take responsibility for herself and baby Anne. She was able to identify her own strengths and assess where she could gain help and support. Although there was little support available, Almeada had determination and a drive to provide for herself and her new baby, once the baby was born. As this case unfolds, you will see Almeada reach out for help and find ways to support herself and the baby. In Box 1.2, Class Discussion, you will consider Almeada and the development of her self-sufficiency.

### SOCIAL CARE, SOCIAL CONTROL, AND REHABILITATION          LO 1-5

There are several ways that those planning for and delivering human services may focus their work. Social care, social control, and rehabilitation represent three such approaches (Neugeboren, 1991). **Social care** is assisting clients in meeting their social needs, with the focus on those who cannot care for themselves. The elderly, children, people with mental disabilities or mental illness, and victims of crime, disasters, or crises are populations who might need social care.

**Social control** differs from social care in two fundamental ways: who receives the services and under what conditions they receive them. Social care is given to those who cannot provide for themselves (either temporarily or in the long term). In contrast, most recipients of social control are able to care for themselves but

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**BOX 1.2**          **CLASS DISCUSSION**          **LO 1-5**

**Thinking about Almeada and Self-Sufficiency**
As an individual, a small group, or a class, list the ways that Almeada can become self-sufficient. Then describe the ways that a human service professional could help Almeada achieve self-sufficiency.

Discuss your response with your classmates.

either have failed to do so or have done so in a manner that violates society's norms for appropriate behavior. Often society, rather than the individual, determines who receives services that represent social control. The purpose of such services is to restrict or monitor clients' independence for a time because the clients have violated laws of the community. Children, youth, and adults in the criminal justice system are examples of clients of social control.

**Rehabilitation** is the task of returning an individual to a prior level of functioning. What creates the need for rehabilitation? An individual who was once able to live independently becomes unable to function socially, physically, or psychologically. The inability to function can be caused by a crisis, a reversal of economic or social circumstances, an accident, or other circumstances. Rehabilitative services, which are designed to enable the individual to function near or at a prior level of independence, can have a short- or long-term focus. Veterans, people with physical disabilities, and victims of psychological trauma are among those who receive rehabilitative human services.

In actuality, separating these three functions of human services is often difficult. Many clients have multiple problems, so social care, social control, and rehabilitation may be occurring at the same time. For instance, in a local urban shelter for victims of domestic violence, the goals of social control include remaining drug and alcohol free, meeting obligations to the criminal justice system, and paying a nominal rent for their room. Clients lose their rooms if they violate any of these provisions. These restrictions are matched with social care such as a key to their room, kitchen and recreational privileges, educational programs, health care, mental health care, and child care. Ultimately, the client hopes for rehabilitation and a return to the world of work and long-term secure housing.

Almeada finally became involved in the human service system in mid-autumn when she was seven months pregnant. Embarrassed about her pregnancy, she refused to go to school. She continued to work at the neighborhood store. Life was easier for her parents when Almeada did not go to school. She was available to translate for them and help with their daily living needs. Her friends often missed school as well, so she saw them every day when they came to the grocery store to do their shopping. At evening, they all gathered at a shop in the neighborhood.

Two new programs were started at Almeada's school to provide more comprehensive support to many of its students. One program—Students, Parents Are Receiving KARE (SPARK)—targeted students who had irregular attendance, low math and reading scores, no discipline record, and no positive teacher reports. In the fall, the school officials noted that Almeada, who qualified for this new program, had not returned to school after the summer vacation. The second program—Students, Parents Each Are Special (SPEAS)—provided health care and other services to teen mothers. The case manager of SPARK, Barbara LaRosa, visited the most recent address on the school records and found Almeada's father at home. He was reluctant to talk with her and to give her information about Almeada. When she talked to the neighbors, they suggested she try the grocery store where Almeada worked. LaRosa found Almeada in the middle of her shift and made an appointment to pick her up after work and take her home.

In the next few months, Barbara LaRosa provided social care for Almeada and then for her baby, Anne. She connected with Almeada by phone and text and tried to check in with her at least three times a week. The school offered Almeada several options for continuing her education: She could receive homebound instruction until and after the baby was born, she could come back to school, or she could attend a special night school for potential dropouts who work during the day. LaRosa also referred Almeada to the SPEAS program. Almeada attended a prenatal care class taught

**TABLE 1.1   SUMMARY POINTS: ALMEADA'S CASE**

- Both Almeada and baby Anne experience problems in living because their needs for adequate food, housing, and education are not met.
- Almeada's world is complex, and she had little support from her family during her pregnancy and after Anne's birth.
- Self-sufficiency was easier for Almeada when she was working, but her needs soon outgrew her resources.
- Social care provided Almeada with several choices to continue her education.
- Social control was not part of Almeada's case history because she maintained her independence throughout the pregnancy.
- Following Anne's birth, Almeada continued to work, moved, and found a new job rather than receive rehabilitative services.

> by a local teacher one night a week at the school. Because of Almeada's youth and lack of parental support, LaRosa discussed with Almeada the options of keeping the baby or placing it for adoption. She also took Almeada to the health clinic located in the school to further discuss these options. Almeada remained sure that she wanted to keep her child. LaRosa introduced Almeada to the welfare staffer who was available on school grounds one day a week. Almeada rejected welfare as an option.
>
> Once the baby was born, Almeada needed rehabilitative assistance but, instead, she only missed a few days of work at the grocery store when Almeada was born. She had hoped her mother would care for Anne while she was at work, but her mother was unwell and unable to help. In addition, their small one-room apartment was just not big enough for all of them including her father's cousin and his wife who had recently illegally crossed the border. Instead of receiving rehabilitative services, Almeada moved to a new neighborhood, rented a one-room apartment, and found a new job working in a garment factory six days a week. In her new neighborhood, Almeada again had neither human service support nor social support.

The story of Almeada's struggles and need for assistance is just one of many about individuals who cannot meet their own needs without assistance from others. A common element seen in all human services is that these services help individuals, families, and groups with their problems. There would be little need for these services if people did not need assistance and support from others. The term *human services* encompasses the variety of helping services that address the range of problems that people experience.

The themes and purposes of human services—problems in living, the growing number of problems, self-sufficiency, and social care, social control, and rehabilitation—contribute to a definition of *human services*. Examining the contributions of different disciplines also helps define *human services*.

## THE HUMAN SERVICE PROFESSION

It is important to understand the human service profession and the primary concepts that help to define it. In this section, we examine the following ideas that provide the foundation for human service professional work: the interdisciplinary nature of human services, the relationship between the client and helper, the client and the client's environment, the importance of social justice, management principles in human service delivery, evidence-based practice, and the generalist approach to human services.

## THE INTERDISCIPLINARY NATURE OF HUMAN SERVICES    `LO 1-6`

The study of human service delivery, an understanding of the professionals who deliver services, and familiarity with the clients who are recipients of services require the integration of knowledge from a wide variety of academic disciplines. These disciplines include, but are not limited to, sociology, psychology, and anthropology.

Each discipline brings a unique perspective to the understanding of the nature of the individual, families, and groups of people. In addition, they focus upon the context of the environment in which "daily living" occurs and the interaction between the two. Nowhere is this understanding more important than considering social justice. Each of these disciplines examines issues such as oppression and discrimination, exploring these concepts, their origins, and the ways in which they place clients and communities in jeopardy.

> While Barbara LaRosa was working with Almeada, she knew that it was important to understand as best as she could about Almeada and her environment. The program in which LaRosa received her training required her to take a large number of social science courses. According to her instructors, in order to understand the complexities of human behavior within the social environment, the study of sociology, psychology, and anthropology is helpful.

**Sociology**, as a discipline, examines the ways in which human societies influence the people who live in these societies. In other words, sociology assesses the individual and the broader culture and tries to account for and understand the differences within human culture. Sociology helps human service professionals understand elements of life that affect living, such as family structure, family roles, gender, race, and poverty. From a sociological perspective, the study of oppression, privilege, and discrimination focuses on how an organization of social life allows, encourages, or discourages the dominance of others. Within this discipline, the study relates to how categories of people interact with one another, rather than how an individual experiences oppression or discrimination.

According to the American Psychological Association, "**Psychology** is the study of the mind and behavior. The discipline embraces all aspects of the human experience—from the functions of the brain to the actions of nations, from child development to care for the aged. In every conceivable setting from scientific research centers to mental health care services, 'the understanding of behavior' is the enterprise of psychologists" (American Psychological Association, 2010). Many individuals believe that psychology helps explain "what makes people tick." Numerous theories examine how people think, feel, and behave and explore why they think, feel, and behave in the ways in which they do. These theories analyze behavior and mental processes from the physiological, behavioral, cognitive, and psychodynamic perspectives. As they study psychology, students use these theories to develop a better understanding of people.

One way that psychology examines oppression and discrimination contributes to our understanding of the individual dimensions of said terms. For instance, psychological research looks at aspects such as personal experiences, meanings individuals hold related to how they classify themselves and others, and the ways that power and oppression influence relationships with others. Other areas of exploration include the experience of "isms" such as racism and sexism, the resulting sense of hopelessness and helplessness, and the experience of being marginalized (Blaine, 2013).

**Anthropology** studies the cultural, physical, and social development of humans and the variation in their customs and beliefs. A critical component of the study of

anthropology is fieldwork. Anthropologists often live at the site they are studying as they try to learn about human groups and the role of culture in the lives of the individuals within these groups.

Today, anthropologists study culture in its broadest sense. Not only are they studying about such groups who live in remote areas of the globe, but they are also studying individuals in mainstream culture in diverse settings. Similar to the tasks of the organizational psychologist, anthropologists are working in the business environment and studying topics such as the culture of work, employee relations, and human resources. In other words, they are learning about employee problems on the job by learning about employee perceptions and behavior. Directly related to human services are projects that help bring more clarity about the clients served. For example, one project may focus on individuals with AIDS, and another may explore the life and problems of the homeless in contemporary society. Related to social justice, the discipline of anthropology focuses on human rights (theory, politics, and culture), peace issues and approaches, conflict and mediation, and advocacy. Through a social justice lens, anthropology as a discipline and anthropologists as professionals take an active role in promoting and advocating for human rights (Wenner-Gren Foundation, 2016). In Box 1.3, Class Discussion, you will use the web to explore how you might provide help for Almeada and baby Anne.

> As Barbara LaRosa tried to think about Almeada and her new life with baby Anne, she realized that the young woman's life would change as she moved away from her neighborhood, her friends, and her parents—and LaRosa was worried about her. For many years, LaRosa has been able to use the information she learned in school to understand her clients and the situations they faced. Almeada would be struggling to care for baby Anne and herself without a social support network or formal human services. In fact, Almeada would not even speak the language of the neighborhood. Although Almeada was strong and determined, the difficult environment within which she was living would present challenges that would be difficult to meet without help.

The work of human service delivery is an interdisciplinary endeavor that requires knowledge of individuals, an understanding of society and its relationship to individual and family life, and a view of the culture in which people live. Helpers like Barbara LaRosa often work with clients who are very different from themselves. By integrating disciplines such as sociology, psychology, and anthropology, human service professionals can better understand the nature of their clients and their environments. This allows them to understand and relate to their clients more effectively.

Integrated into all three disciplines, psychology, sociology, and anthropology, is a multicultural and a social justice perspective that provides the foundation for understanding and helping the client. Assuming that all interactions are

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**BOX 1.3**    CLASS DISCUSSION: *Exploring the Web for More Information*

**About Almeada, Baby Anne, and Their Needs**
Now that you know more about Almeada, baby Anne, and their needs, it is time to search for possible resources for them. A good place to locate resources is the Internet. As an individual, small group, or class, list Almeada's and baby Anne's needs. Search for available services in your area that meet each of the needs. Note that some agencies will provide multiple services.

Share the results of your search with your classmates.

multicultural, psychology provides information about individuals, their cultural identity, and strengths and barriers these present. Psychology also helps us understand the toll of poverty and discrimination that Almeada experiences. On the other hand, sociology looks at culture in terms of ways in which individuals think and act based upon cultural norms and rules. We can view Almeada's culture as unique and begin to see the environment and institutions that support and block Almeada's ability to gain support and care for herself and her baby. Finally, anthropology sees culture as multiethnic. What this means to the anthropologist is culture and its various subcultures represent complex dynamics, rather than simple ones, that describe the world in which clients live. From the anthropological perspective, we can begin to understand a social commitment to care for those who cannot care for themselves, especially focused on children. Although understanding the culture of others is difficult and continuous, all three disciplines note the importance of cultural considerations.

## The Relationship between the Client and the Helper    LO 1-7

The delivery of human services involves both the client and the helper. The process of helping is client-oriented as the helper focuses on assisting clients to meet their needs. The relationship between the client and the helper is critical. To establish and maintain the relationship and help the client, the helper performs many roles and assumes a wide variety of responsibilities. As stated earlier, effective helpers are also sensitive to the culture of the client; this includes race, ethnicity, family values, and religion/spirituality. In the case of Almeada, for example, important influences on Almeada's perspective were the Latino culture and the Catholic Church in her neighborhood. Let us look at Almeada and her human service professional, Barbara LaRosa, to see the helping relationship in action with special attention to the cultural dimensions.

> When Barbara LaRosa first approached Almeada, she talked at length with Almeada about her situation. LaRosa had contacted Almeada to learn whether she would come back to school and to help her with problems that were barriers to her school attendance. After they talked, it was obvious that Almeada faced many problems. LaRosa planned to work with Almeada, baby Anne, and Almeada's parents if they would accept the help. First, LaRosa wanted to introduce Almeada to services available at school, because Almeada and her parents were familiar with the school context.
>
> During these early meetings, LaRosa asked Almeada to help her understand Almeada's world. They talked about how they were similar and how they were different. This consideration for Almeada's culture provided Almeada a sense of worth. She felt respected as LaRosa continually returned to ask Almeada about her point of view and her goals. But Almeada was not sure how to explain the danger that her parents might be in if the school knew too much about her and about them.

At one time, a helping professional in Barbara LaRosa's position would have focused on school-related issues rather than culture. Today, LaRosa's approach included assessing Almeada's needs in areas other than school and referring her to other services. She might have told Almeada about other human service agencies, but Almeada would have had to contact them on her own. Today, human service professionals assist the whole person, connect them to helpful services, and empower them to help themselves. In addition, the focus on Almeada's culture helped LaRosa better understand Almeada's basic needs and goals. LaRosa also did not want to make additional problems for Almeada and her parents.

In practical terms, Barbara LaRosa was not able to meet all Almeada's needs, but she did work actively to connect Almeada with other human service agencies in and outside of the school setting. In fact, multiple services at school reflect a current trend in human services to integrate client services. LaRosa was providing assistance to Almeada and Anne, who needed help with their social, psychological, and economic problems. She also was coordinating the care that Almeada and Anne received. Equally important, she considered Almeada an important part of the helping process as she increased her own understanding of the many dimensions of Almeada's culture.

As a human service professional, Barbara LaRosa has the skills to develop a relationship with Almeada. In this situation, much of LaRosa's success is dependent on her personal interaction with Almeada and her ability to use professional skills such as active listening, observation, and assessment to establish a relationship. One way she does this is to emphasize Almeada's strengths rather than her weaknesses or deficits. She is also able to apply her problem-solving skills to address the needs of Almeada and Anne.

Using the problem-solving process and focusing on Almeada's strengths, LaRosa initiated human service delivery by considering the relationship of her client with the environment and other professionals in the human service delivery system. LaRosa was also able to talk openly about culture and rely upon Almeada as the expert related to herself and her world. She was able to explore with Almeada any discrimination she has experienced and to become an advocate for her. This increased the trust in their relationship and Almeada's belief that LaRosa wanted to help her reach her own goals for herself and baby Anne.

> Barbara LaRosa, the human service professional who helped Almeada, was a very effective helper. First, although she was employed by the school system, she was able to work with other professionals to develop a plan of assistance for Almeada and Anne, using the existing human service organizations for their benefit. Second, she established a helping relationship with Almeada and worked to understand Almeada's perspective. Third, LaRosa had the ability to engage in problem solving, explore the strengths of Almeada and her environment, and advocate for Almeada. She wanted to provide Almeada a strong voice in the helping process and, together, to recommend alternatives. She took a special interest in Almeada, provided a structure for Almeada's service plan, and linked Almeada with other organizations. As she attended to Almeada's culture, Barbara LaRosa communicated to Almeada that she was an important person and one to be treated with respect and dignity.

## The Client and the Client's Environment    `LO 1-8`

Individuals who receive help do not exist in a vacuum; they are active participants in many different systems that influence their circumstances. Services to the client must be delivered with an understanding of the client's culture and the client's world and with the client's participation. To be effective, the human service professional must ask the client questions about present conditions, current stresses and relationships, and everyday events. The helper listens to the client, always attempting to see a situation through the client's eyes. Questioning and listening will help the human service professional understand the client's world. The helper must show both a strong commitment to the client and concern for the client's well-being. The helper also assists the client in identifying personal strengths and limitations and developing new skills and abilities to enhance personal development. Ultimately, the

clients must function in their environment, using the strengths of their environments and addressing the barriers that exist.

Human service professionals also function as educators. As educators, these professionals help clients develop certain skills to increase their intellectual, emotional, and behavioral options. The client is a complex individual with many intellectual, emotional, and behavioral possibilities. Clients feel better about themselves when human service professionals treat them as thinking, feeling, and acting human beings who are capable of change. One way this happens is actively involving the client in setting goals: "What would you like to work on?" "Where would you like to be in one month or two months?" If the human service professional believes in and promotes change, then change will be easier for the client.

In many situations, the human service professional helps the client learn how to use the problem-solving process. The purpose of performing the teaching role is to empower the client to solve future problems independently of the human service professional or agency. This leads to clients who begin to operate with increasing independence and self-esteem. Increasing the client's understanding of advocacy also helps increase the sense of self-sufficiency and self-efficacy.

Finally, the human service professional prepares clients to successfully negotiate their environments. As we indicated earlier, these environments, both social and physical, represent supports and challenges for the client. For example, clients with families may both receive support from family members and encounter difficulties. Human service professionals teach their clients how to identify helpful members of their social network and how to counter difficult or harmful individuals. The physical environment also needs to be managed, using helpful aspects of it, such as access to transportation, helpful school programs, and available housing, and addressing issues such as lack of child care, few employment opportunities, or unsafe neighborhoods. Again, the human service professional assists clients to access services that exist and ask for services they need. The emphasis here is on advocacy: The helper and the client both serve as advocates.

> Almeada now lives in her new neighborhood with her daughter, Anne, and works six days a week in a garment factory. She knows she needs help. Because her major contact has been with human service professionals in another neighborhood, she does not really know whom to call, so she calls her previous helper, Barbara LaRosa.
>
> LaRosa is delighted to hear from Almeada again and is alarmed at her plight. Almeada talks of her current work and child care situation in depressed and hopeless terms. Almeada seems to feel that she has limited options, especially since most of her neighbors speak little English, and LaRosa wants to refer Almeada to a source who can help increase those options. She tells Almeada that she will make a few phone calls and then call her back. LaRosa also wants to bolster Almeada's confidence in herself. As she gathers information about Almeada's move, her new employment, and her care of Anne, she praises Almeada's responsibility and maturity. She helps Almeada see how she has been a successful problem solver, reinforcing her strengths. She also praises Almeada for calling her and reaching out for help. LaRosa knows that any positive change Almeada can make will help solve the rest of her problems.

A function of the human service professional is to help clients develop their ability to assess fundamental needs and to focus on the problems, challenges, and strengths early in the helping process. Abraham Maslow, a psychologist, described a hierarchy of human needs that begins with basic physical needs and rises through higher levels to address safety and security needs, social belonging needs, self needs, and finally self-actualization needs at the highest level. He stressed that

addressing higher-level needs is difficult unless an individual's basic needs have been met (Maslow, 1971). In other words, if a child is hungry or very tired, or an adult is very scared, that child or that adult will have difficulty focusing on needs related to belonging or self-actualization. Clients are often so overwhelmed by their situations that they do not know how to identify what they need or where to begin to look for help or solutions. A good place to start is with the most basic needs, which are often the simplest to address and give the client satisfaction early in the helping process. Adding to this, assessing client and environment strengths helps clients maintain hope for a positive outcome with the helping process.

As an educator, the helper also teaches clients to recognize how their physical and interpersonal environments affect them. Clients are responsible for their own thoughts and behavior. Sometimes, however, clients are unable to make changes because their environments do not support such changes. Clients must be taught to determine the influence their environments have on their lives and to assess when and how their environments can be changed. Sometimes, such changes are very difficult or impossible. In addition, related to social justice, clients learn to assess their own responsibility for their situation and understand the "victim blaming of others."

In summary, an important conception of human services is the relationship between the helper and the client. The helper is committed to developing a relationship with the client that facilitates problem solving within the client's own environment. Many times, the human service professional is also an educator who is teaching the client important skills that can be used long after the helping relationship has ended. Finally, the human service professional helps clients assess their own environments and provides them the skills to ask for services that help meet their needs.

## The Importance of Social Justice                    LO 1-9

**Social justice** is at the heart of the work of a human service professional. Basic to the concept of social justice is both supporting and encouraging fair treatment



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for all individuals in a society and opposing and confronting injustice (Robinson, 2016). The belief in promoting social justice is based upon the assumptions that "all people share a common humanity and therefore have a right to equitable treatment, support for their human rights, and a fair allocation of community resources" (Toowoomba Catholic Education, 2006, as cited in Robinson, 2016).

For the human service professional, promoting social justice involves supporting fairness and challenging discrimination. Whether the helper is beginning a relationship with a client, serving on a cross-disciplinary team, or organizing a local fund-raising event, there is always a consideration of social justice. We acknowledge that maintaining this perspective is difficult as the human service professional responds to the challenges and stresses of service delivery. Practical ways the professional can incorporate a social justice perspective to the human service work is to ask the following questions (Blake, 2015):

- Who makes decision and who is left out?
- Who benefits? Who suffers?
- Why is a given practice fair or unfair?
- What is required to create change?
- What alternatives can we imagine?

Although for any given circumstance or situation these questions may be difficult to answer, asking them helps keep alive the human service professional's commitment to social justice.

Barbara LaRosa and Almeada worked together to help Almeada identify her strengths and assess where she could find help and support. Almeada had lived within a familial and social environment for years with a primary message: You are totally responsible for your failures in the family, at school, with your peers, and now with baby Anne. Until Almeada worked with Barbara LaRosa, few acknowledged that asking her, a preteen and a teenage girl, to assume responsibility for her parents, her own schooling, and now her new baby was not only unfair but also unrealistic. In Almeada's short life, there has been little that was fair, safe, or just. As the daughter of undocumented and uneducated immigrants who speak little English, she has faced discrimination throughout her life in school where there was little understanding of her culture and her language. Now she makes minimum wage at a factory warehouse where she works in questionable conditions. LaRosa is concerned about the social justice issues related to her working conditions, the inadequate child care, and the safety of both Almeada and Anne.

## Management Principles in Human Service Delivery   LO 1-10   LO 1-11

Understanding how services are delivered is an important part of defining human services. Three principles of management related to the delivery of services characterize the profession today: networking to develop a human service umbrella, forming teams and partnerships to provide service, and using **case management** to facilitate client growth. These management strategies help professionals provide more effective and efficient assistance to clients as well as enhance their own work environment.

Networking to Develop a Human Service Umbrella   Human services is not a single service delivery system but a complex web of helping agencies and organizations whose primary goal is to assist people in need. It encompasses a variety of

services that include but are not limited to child, youth, and family services; corrections; mental health; public health; crisis intervention; and education and employment (see Figure 1.2). In Box 1.4, A Pioneer in Human Services, you will learn more about Dr. Harold McPheeters, a pioneer in defining human services and establishing the human service movement.

Karin Eriksen (1981), a founding scholar in human service education, notes that "human services is often called the umbrella for our society's professions which are involved either directly or indirectly in promoting and reinforcing satisfying,
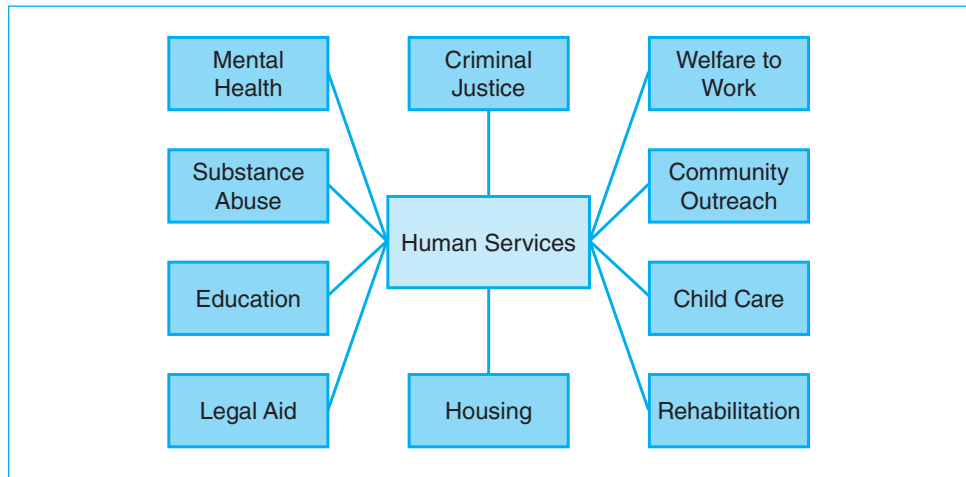


**FIGURE 1.2**    HUMAN SERVICES NETWORK

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| BOX 1.4 | A PIONEER IN HUMAN SERVICES |

Dr. Harold McPheeters, a psychiatrist by training, is considered a key figure in the development of human service education. After serving as an administrator in the department of mental health in two states, he joined the Southern Regional Education Board in 1965 as director for the Commission on Mental Health and Human Services and director of health programs.

His work began with a planning grant to bring together mental health professionals and community college officials to explore the feasibility of educating mental health practitioners in two-year colleges. That grant provided the groundwork for 20 years of research and training in the mental health and human service field. Under Dr. McPheeters's leadership and with his support, efforts to define the concept of the generalist helper, provide support for training mental health and human service professionals, develop a certification program for human service professionals, and begin an approval process for

training programs were completed. He describes how he views human services:

> I never came up with an absolute definition of human services. Originally, our work began with the associate degree programs that were training people to work in some aspect of mental health. However, it soon became apparent that the graduates of those programs and the graduates of other programs that were titled according to other human service fields, such as child care staff, youth service staff, and aging program professionals, were all finding employment in a variety of human service fields—not just in the narrow subspecialty areas of mental health, addiction, aging, and so on. So the terminology began to change to "human services" although no very precise definitions were applied. … Human services works with those same problems and people, but with a blend of primarily psychological and sociological theories and principles.

healthy living and community cohesiveness" (p. 8). Going beyond the metaphor of the umbrella, Eriksen describes human services as a "bridge" between people and systems. One function of bridging is to narrow the gap between the services being offered and the needs of the individuals who are receiving those services.

Another bridging responsibility is to link human service agencies. Agencies and organizations share the common goal of assisting people in need. The importance of this linking services together reflects the pressures of delivering services to clients such as a scarcity of resources, a limitation of services available, a tightening of eligibility criteria, and a focus on short-term interventions. In the past, there has been little coordination, and the result has been overlapping professional responsibilities and competition for resources. Service delivery philosophy has changed; rather than agency-focused service delivery, there is increased communication, cooperation, and collaboration among helpers and agencies that promote more effective service delivery. **Networking** is one way that service providers work together to serve clients.

> Barbara LaRosa wants to help Almeada in her new neighborhood, and she knows that finding a good entry into the system is critical. LaRosa worries that, without the right help, Almeada will be lost in the human service delivery system. She needs to find another professional who is familiar with Almeada's neighborhood human service system and knows the formal and informal linkages that need to be made to deliver multiple services. She is looking for a helper who will assist Almeada to move among the many agencies whose services she will require.
>
> Almeada needs the support of those who provide child care and teach parenting skills. In addition, she needs assistance in improving her work skills and health. Vocational development and public health services are rarely offered together. Coordination, monitoring, and evaluation are key services that are needed. Where will Barbara LaRosa locate such a professional?

For Almeada or any other client to assume the responsibility of negotiating, the networking would be difficult; human service professionals must build the bridges among agencies, organizations, and services. Working together to provide services for the good of the client is often called **teaming** and is another management tool used for delivering good-quality services to the client.

Forming Teams and Partnerships to Provide Services    Working as a team to provide services is part of the history of human services. Developers of the human service movement from early in its history stressed the importance of working with other professionals to assist the client in receiving services. More recently, the concept of working as a team has expanded, and "teaming" has become a common approach to organizing the work of an agency or organization. In addition, more and more agencies are working with each other to meet the needs of their clients and the needs of the community. The teams now are intraagency and interagency focused, as professionals work not only with their agency colleagues but also with colleagues from other agencies.

> After talking to several child and youth services offices, Barbara LaRosa contacted Hernando Alvarez, a case manager in the child services division of the state department of human services. He recommended that Almeada call his office and schedule a meeting with an intake staff member. His office, just recently reorganized to be more customer oriented, was open for intake and service from 7 a.m. to 10 p.m. Mondays through Thursdays and on Saturdays from 8 a.m. until noon. These new hours are posted on their updated website. The agency also provides access to services through the online intake, outreach services, and social media. At first, Almeada would be assigned to a

case manager who would not provide services but would coordinate them. In addition, four other professionals would help plan, implement, and evaluate work with Almeada. A backup case manager would also know Almeada's case in detail and be available to support her if her primary case manager were absent. Almeada would be able to reach members of the professional team by cell phone, office phone, texting, and social media.

In fact, this particular team treats the entire human service delivery system as a larger team. They continually explore ways technology is changing and how they can use new ways of communicating to support their clients. They were early adopters of Facebook, using it to enhance communication. They cooperate with each organization, sharing problems and finding creative solutions that benefit clients. One warning that Alvarez gave was the uncertainty of the agency's funding because of the evaluation of their outcome efforts and the changes the agency was making to staff assignments and service delivery. He hoped that Almeada would not get lost in the possible changes. At the conclusion of her conversation with Alvarez, LaRosa felt she could make a good referral for Almeada, and she made a promise to herself to contact Hernando Alvarez in two months to check on her client's progress.

The primary beneficiary of teaming in a human service setting is the client. The team approach yields more efficient and more effective service. As suggested in the case of Almeada, many professionals, functioning as a group, are working together to provide creative, coordinated services. Such teams are able to evaluate their own performance and make changes to improve their service delivery. The bottom line is improving the delivery of services to clients.

**Partnerships** are also a way that organizations in the human service delivery system can work together to serve their clients more completely. These partnerships are formed when two or more human service organizations agree to work together toward common goals.

The concept of partnership has emerged as a way for human service organizations to relate to each other for several reasons. Many of them are financial. As the cost of service provision increases and available financial resources decrease, many organizations are finding that they can provide services more cost-effectively when they work with other agencies.

Hernando Alvarez contacted Almeada the day after he talked with Barbara LaRosa. Rather than place the burden of contacting the state Department of Human Services (DHS) on Almeada, he went to see her at her workplace. This is part of the outreach service that is an important part of their service delivery. He explained that LaRosa had called him and that he was interested in working with Almeada to decide what services she needed and to help her find a way to access those services.

Because the department had partnerships with many businesses and industries, Hernando Alvarez was able to schedule a time when he could meet with Almeada at her business site. The factory had a canteen where they could meet. Hernando knew that some services could be provided very quickly; others would evolve more slowly.

Hernando Alvarez and other DHS staff increased their ability to work effectively with clients through their partnership agreements with many local corporations and businesses. For DHS and other agencies, partnerships are usually established at the organizational level and are marked by a general statement of agreement that two or more organizations will work together. The text of the agreement contains language similar to the following: "This statement represents an acknowledgment by Organization A and Organization B of their mutual interest in forming a joint, long-term cooperative relationship whose purpose would be to encourage interaction between the two organizations." Later, the organizations work together to find

**TABLE 1.2   SUMMARY POINTS: ALMEADA'S CASE**

- Integrating different social science perspectives helps human service professionals understand clients and their environments.
- Barbara LaRosa illustrates the importance of integrating and coordinating services as she teaches Almeada about problem solving and the influences of her environment on her life.
- Barbara LaRosa's networking skills are useful in locating a human service professional who is knowledgeable about services in Almeada's new neighborhood.
- Almeada benefits from the creative, coordinated services provided by Hernando Alvarez and his team.
- A case management approach to Almeada's situation involves both providing and coordinating services.

specific projects and activities that would invite mutual support, and in Almeada's case, her employer encourages DHS to support his employees.

Just as teaming and partnerships have emerged as powerful tools to improve the delivery of human services, another tool, the role and responsibility of case management, provides a way to expand services available to meet the needs of the multiproblem or long-term client.

CASE MANAGEMENT   Case management is a service delivery strategy that is often necessary when several agencies or professionals are involved in providing services. When so many people are engaged in service delivery with the same client, the services may become fragmented, uncoordinated, or both, leaving the client dissatisfied and often with unresolved problems. Assuming case management responsibilities is one way to deliver multiple services in a more effective and efficient manner.

Several factors have created the need for case management services. One factor is the shift from large state-operated institutions to smaller, community-based facilities. This shift gives special importance to interorganizational coordination, a team approach, and helping professionals with a concern for the whole person because services are not being assessed or delivered in one comprehensive system. A second factor is the categorical public funding of the past, which resulted in highly complex, redundant, fragmented, and uncoordinated services. The resulting system is burdensome for people with complex problems who are least able to act as advocates for themselves. In many cases, multiproblem clients are assigned a different staff within a given agency for each service and different helpers in different agencies. Often there is no central staff member who knows and understands the client's total situation or who is responsible for planning and coordinating treatment strategies.

A third factor is the very nature of human service work today. Service providers increasingly find themselves with a dual role: providing direct services and coordinating services from other agencies and professionals. Helping professionals we know often talk about feeling like an air traffic controller or traffic cop, multitasking and juggling several cases simultaneously. This dual role can create problems in terms of time management, effective and efficient service delivery, and quality assurance. In addition, the dual role continues to expand as the clients experience the increasing pressures related to the economic downturn and a decrease in the support available.

What exactly do case managers do? They gather information, make assessments, and monitor services. In addition, they arrange services from other agencies, provide advocacy service, and assume responsibility for allocating scarce resources and providing quality assurance. They also provide direct services. Many human service professionals believe that being a case manager means they will do whatever they must to help their clients. And case management coordination and integration allow clients to proceed through central intake, have their needs assessed, and be assigned to providers.

## EVIDENCE-BASED PRACTICE

**Evidence-based practice** represents an approach to human service delivery that is based upon knowledge about a specific intervention's effectiveness. Today, evidence-based practice influences the development of interventions in human services. How do members of the human service profession implement service delivery using evidence-based practice? Helping professionals guide their service delivery using the results of quantitative or qualitative research. There are four sources for this research: a meta-analysis or a collection of research studies, specific research studies, practitioner experience, and client input. Examples of evidence-based practice might include one of the following: successful ways to motivate children, youth, or adults to engage in the change process; strategies that encourage youth to complete probation; and interventions that effectively teach teen parents positive parenting skills.

Providing evidence-based practice requires a new set of skills related to reading and understanding research studies. First, professionals must be able to evaluate reported research findings. Second, professionals need to determine if there is enough evidence to suggest the effectiveness of certain programs, policies, or interventions. Third, professionals need to assess if the suggested programs, policies, or interventions will work in their settings with their populations.

The Substance Abuse and Mental Health Services Administration (SAMHSA) currently gathers data and provides mental health professionals with toolkits of evidence-based interventions (SAMHSA, 2016). These toolkits, as a part of the new science-to-services strategies, focus on illness management and recovery, assertive community treatment, family psychoeducation, supported employment, and dual diagnosis. Each toolkit describes a collection of strategies with documented effectiveness. Evidence-based practice reflects a concern for accountability in the context of dwindling resources for serving those in need.

The human service professional provides services in a variety of settings. To respond to the many settings and the diversity of clients these settings represent, the helper needs a broad-based education and a willingness to adapt to changing roles and circumstances. In this section, we introduce the term *the generalist approach to human services*. In Chapter 2, we describe the specific roles and responsibilities of the human service professional.

## THE GENERALIST APPROACH TO HUMAN SERVICES    LO 1-12

Using a **generalist approach** to helping is fundamental to human service delivery. Within this approach, the human service delivery includes a variety of settings and clients. And the human service professional needs the knowledge, values, and skills

to perform several job functions in most human service settings. For example, within a generalist approach, a helper trained to conduct interviews, write social histories, and define a treatment plan should be able to perform those responsibilities with the elderly, young children, or people with mental disabilities. This means human services focuses on helping works with a variety of client groups across the life span and with clients facing varying issues and challenges.

Both micro and macro perspectives encompass the generalist perspective. The micro system is represented by the individuals in the client's environment and might include family, friends, teachers, coworkers, and individuals within the human service delivery system. The macro system is represented by the organizations, agencies, communities, and neighborhood locales with which the client interacts. For example, if the human service professional is working with the individual client using the micro perspective, then the professional is interviewing the client, establishing rapport, and engaging in planning and problem solving. Using the macro perspective, the same professional works with the client to understand his or her larger environment. This might include learning how to use the human service bureaucracy to convert needs into political action or to understand how school relates to the neighborhood. A generalist approach to human services means a commitment to provide services to mental health centers, centers for the developmentally disabled, schools, child and family services centers, correctional facilities, nursing homes and other service facilities for the aging, abuse prevention and treatment centers, recreation centers, centers for people with physical disabilities, crisis intervention units, child- and elder-abuse prevention and treatment centers, group homes, and specialized fund-raising organizations.

A generalist perspective for human service delivery is a professional one and, as such, represents a professional approach to work. Professional activities associated with a generalist approach include aspects of professional work such as the helper's relationship with clients, the helper's relationship with professional colleagues, academic training, continuing education, and measured professional competence and certification.

## KEY TERMS

| | | | |
|---|---|---|---|
| anthropology | networking | psychology | social control |
| case management | partnerships | rehabilitation | social justice |
| evidence-based practice | problems in living | self-sufficiency | sociology |
| generalist approach | profession | social care | teaming |

## THINGS TO REMEMBER

1. Human services has developed in response to the need of individuals or groups for assistance to live better lives.
2. Because human services recognizes client needs as problems in living, it does not focus on the past but seeks to improve the present and change the future.
3. Human services has emerged as a response to the increase in human problems in our modern world.
4. Human services provides three distinct functions: social care, social control, and rehabilitation.

5. Human services uses an interdisciplinary approach to understanding clients, helpers, and the context, including an understanding of both the multicultural and social justice perspectives.
6. Human services are services that help people with their problems.
7. The relationship between client and helper is the foundation for human service delivery.

8. Certain management principles influence delivery and reflect the value of focusing on the client.
9. The interaction between the client and the human service system also defines human services.
10. In the successful delivery of services, the client develops new insights, skills, and competencies.
11. Human service work reflects a generalist approach to service delivery.

## SELF-ASSESSMENT

- What are the perspectives that provide definitions of human services?
- Explain how the human service delivery system provides Almeada with social care, social control, and rehabilitation.
- List the reasons problems in living occur.
- Why is it important to understand the client and the client's environment?

- Why is a social justice perspective important?
- How does networking help human service delivery?
- How does each of the principles of management enhance the effectiveness of service delivery?
- What is the generalist approach to human service delivery?

## WANT TO KNOW MORE?

There are several resources you can access to learn more about human services and some of the concepts introduced in this chapter. Check them out!

Go to MindTap® for digital study tools and resources that complement this text and help you be more successful in your course and career. There's an interactive eBook plus videos of client sessions, skill-building activities, quizzes to help you prepare for tests, apps, and more—all in one place. If your instructor *did not* assign MindTap, you can find out more about it at CengageBrain.com.

### ADDITIONAL RESOURCES: FOCUS ON POVERTY

Aoramsky, S. (2013). *The American way of poverty: How the other half still lives*. New York: Nation Books. Vignettes of real people's stories and the impact of government programs illustrate the problem of poverty.

Brooks, M. S., & Mathur, A. (2014). *Poverty in America and what to do about it*. Des Moines, IA: American Enterprise Institute. The authors make the case that fighting for the poor is a moral imperative that demands attention.

Corbett, S., Fikkert, B., & Platt, D. (2012). *When helping hurts: How to alleviate poverty without hurting the poor*. Chicago, IL: Moody. The authors address faith-based efforts to eradicate poverty and make the case that individuals are helped from the "inside out" rather than the "outside in."

Edelman, P. (2013). *So rich, so poor: Why it's so hard to end poverty in America*. New York: The New Press. The tragedy of poverty and inequality as well as what can and must be done are the subject of this book.

Edin, K. J., & Shaefer, H. L. (2015). *$2.00 a day: Living on almost nothing in American*. Boston, MA: Houghton Mifflin Harcourt. The authors provide a history of the 1990s' welfare reform and what has happened in the following decades.

Iceland, J. (2013). *Poverty in America: A handbook*. Oakland, CA: University of California Press. This book covers the major issues and debates about poverty in America.

Isenberg, N. (2016). *White trash: The 400-year untold history of class in America*. New York: Viking. The author describes classism's deep-seated roots in the country's history and culture.

Kearny, M. S., & Harris, B. H. (2014). *Policies to address poverty in America*. Washington, DC: The Hamilton Project. Unstable homes, inadequate educational opportunities, and crime and victim-ization are among the challenges presented here.

*Slumdog Millionaire* (2008). This Academy Award–winning movie directed by Danny Boyle is the story of an orphan in Mumbai, India, who raised himself in various slums and crime-ridden neighborhoods. He becomes a contestant on the Indian version of "Who Wants to Be a Millionaire?" Events of his life are shown after he is arrested for cheating and during interrogation by the police.

### Case Study

Case studies are another way to learn about human services. If you would like to know more about the application of the concepts discussed in Chapter 1, read the case of Ruth, a widow and a stepmother, and Beth, her stepdaughter in Chapter 1 of *Introduction to Human Services: Cases and Applications*, the companion text to *Introduction to Human Services*. When Beth's father dies, she and Ruth must grapple with a number of issues that many older adults face as they age, lose a spouse, and develop medical problems. The case illustrates many of the important concepts introduced in Chapter 1 and their applicability to an aging population.

# THE HUMAN SERVICE PROFESSIONAL



*Rachel Epstein/Photo Edit*

*Human Service Students Learning in the Field*

## After reading this chapter, you will be able to:

### Who Is the Helper

**LO 2-1**   Compare the motivations for becoming a helper.
**LO 2-2**   List the three reasons that values are important to helping.
**LO 2-3**   Write a description of the five commonly accepted human service values.
**LO 2-4**   List the four characteristics or qualities of helpers.

### Typology of Human Service Professionals

**LO 2-5**   Distinguish among the three categories of helpers.
**LO 2-6**   List the three areas of job responsibilities for human service professionals.
**LO 2-7**   Identify the other helping professionals with whom a human service professional may interact.
**LO 2-8**   Summarize the role of the nonprofessional helper or volunteer.

### Human Service Roles

**LO 2-9**   Illustrate each of the roles included in the three areas of professional responsibilities.
**LO 2-10**  Identify the responsibilities of a cultural broker.

Helping means assisting other people to understand, overcome, or cope with problems. The helper is the person who offers this assistance. This chapter's discussions of the motivations for choosing a helping profession, the values and philosophies of helpers, and the special characteristics and traits of helpers assist in establishing an identity for the helper. We also define helpers as human service professionals and trace the development of the professionalization of human services. In addition, we introduce other professionals with whom they may interact. An important key to understanding human service professionals is an awareness of the many roles they engage in as they work with their clients and with other professionals.

In this chapter, you will meet two human service professionals, Beth Bruce and Carmen Rodriguez. Beth is a counselor at a mental health center and has previous experience working with the elderly and adolescents. Carmen is a case manager at a state human service agency. She has varied responsibilities related to preparing clients for and finding gainful employment.

## WHO IS THE HELPER?

In human services, the helper is an individual who assists others. This very broad definition includes professionals with training to provide direct service delivery to the client and professional helpers with extensive training, such as psychiatrists and psychologists, as well as those who have little or no training, such as volunteers and other nonprofessional helpers. Regardless of the length or intensity of the helper's training, his or her basic focus is to assist clients with their problems and help them help themselves (Chang, Scott, & Decker, 2013; Okun & Kantrowitz, 2014).

The human service professional is a helper who can be described in many different ways. For example, effective helpers are people whose thinking, emotions, and behaviors are integrated (Cochran & Cochran, 2015). Such a helper, believing that each client is a unique individual different from all other clients, will greet each one by name, with a handshake and a smile. Others view a helping person as an individual whose life experiences most closely match those of the person to be helped. The recovering alcoholic working with substance abusers is an example of this perspective. Still another view of the helper, and the one that we will introduce in this chapter, is the **generalist** human service professional who brings together knowledge and skills from a variety of disciplines to work with the client as a whole person.

Your understanding of the human service professional will become clearer as this section examines the reasons why individuals choose this type of work, the traits and characteristics they share, and the different categories of their actual job functions.

## MOTIVATIONS FOR CHOOSING A HELPING PROFESSION     `LO 2-1`

Work is an important part of life in American culture. It is a valued activity that provides many individuals with a sense of identity as well as a livelihood. It is also a means for individuals to experience satisfying relationships with others, under agreeable conditions.

Understanding vocational choice is as complex and difficult as actually choosing a vocation. Factors that have been found to influence career choice include individuals' needs, their aptitudes and interests, and their self-concepts. Special personal or social experiences also influence the choice of a career. There have been

attempts to establish a relationship between vocational choice and certain factors such as interests, values, and attitudes, but it is generally agreed that no one factor can explain or predict a person's vocational choice. Donald Super, a leader in vocational development theory, believes that the vocational development process is one of implementing a self-concept. This occurs through the interaction of social and individual factors, the opportunity to try various roles, and the perceived amount of approval from peers and supervisors for the roles assumed. There are many other views of this process, but most theorists agree that vocational choice is a developmental process.

*How* do people choose helping professions as careers? (See Table 2.1.) Among the factors that influence career choice are direct work experience, college courses and instructors, and the involvement of friends, acquaintances, or relatives in helping professions. Money or salary is a small concern compared with the goals and functions of the work itself. In other words, for individuals who choose helping as their life's work, the kind of work they will do is more important than the pay they will receive.

There are several reasons why people choose the helping professions. It is important to be aware of these motivations because each may have positive and negative aspects. One primary reason why individuals choose helping professions (and the reason that most will admit) is the desire to help others. To feel worthwhile as a result of contributing to another's growth is exciting; however, helpers must also ask themselves the following questions: To what extent am I meeting my own needs? Even more important, do my needs to feel worthwhile and to be a caring person take precedence over the client's needs?

Related to this primary motivation is the desire for self-exploration. The wish to find out more about themselves as thinking, feeling individuals leads some people to major in psychology, sociology, or human services. This is a positive factor, because these people will most likely be concerned with gaining insights into their own behaviors and improving their knowledge and skills. After employment, it may become a negative factor if the helper's needs for self-exploration or self-development take precedence over the clients' needs. When this happens, either the helper becomes the client and the client the helper or there are two clients, neither of whose needs are met. This situation can be avoided when the helper is aware that self-exploration is a personal motivation and can be fulfilled more appropriately outside the helping relationship.

Another strong motivation for pursuing a career in helping is the desire to exert control. For those who admit to this motivation, administrative or managerial positions in helping professions are the goal. This desire may become a problem, however, if helpers seek to control or dominate clients with the intent of making them dependent or having them conform to an external standard.

**TABLE 2.1    SUMMARY POINTS: WHY INDIVIDUALS CHOOSE TO WORK IN HELPING PROFESSIONS**

| | |
|---|---|
| Help others | Contribute to another's growth |
| Self-exploration | Discover more about self |
| Exert control | Good in administration and organization |
| Positive role models | Inspired by help from others |

For many people, the experience of being helped provides a strong demonstration of the value of helping. Such people often wish to be like those who helped them when they were clients. This appears to be especially true for the fields of teaching and medicine. Unfortunately, this noble motivation may create unrealistic expectations of what being a helper will be like. For example, unsuccessful clients do not become helpers; rather, those who have had positive helping experiences are the ones who will choose this type of profession. Because they were cooperative and motivated clients, they may expect all clients to be like they were, and they may also expect all helpers to be as competent and caring as their helpers were. Such expectations of both the helper and the client are unrealistic and may leave the helper frustrated and angry.

When asked about making the choices, many helpers describe the process as a journey. Regardless of their primary or secondary motivation, they see individuals and experiences in their lives leading them to become helpers. For some, the journey begins early in their lives, while others appear to have discovered the field as adults. Consider your own journey to becoming a helper; think about your motivations and the people and experiences that have led to your study of the human services.

The next paragraph introduces Beth Bruce, a human service professional with a variety of experiences. She talks about her motivation to become a human service professional.

> I can remember when I was in high school and I belonged to one club that focused on helping others. I belonged to a Ruff Reading group. After school my dog Trixie and I would walk to the local elementary after-school program. We had two kids to work with and the kids would read to Trixie, and then I would ask them about the story read. Each day that Trixie and I attended Ruff Reading, we felt great afterward. I knew that I was helping these small children to learn to read and to appreciate reading. My mother was a teacher and I knew from her that reading was one key to learning! So helping made me feel great and I knew I made a difference.

## VALUES AND HELPING                                    LO 2-2   LO 2-3

Values are important to the practice of human services because they are the criteria by which helpers and clients make choices. Every individual has a set of values. Both human service professionals and clients have sets of values. Sometimes they are similar, but often they differ; in some situations, they conflict. Human service professionals should know something about values and how they influence the relationship between the helper and the client. Also, values guide professional ethics and ethical behavior. We discuss ethics as they relate to values in Chapter 4.

Where do our values originate? Culture helps establish some values and standards of behavior. As we grow and learn through our different experiences, general guides to behavior emerge. These guides are **values**, and they give direction to our behavior. As different experiences lead to different values, individuals do not have the same value systems. Also, as individuals have more life experiences, their values may change. What exactly are values? Values are statements of what is desirable— of the way we would like the world to be. They are not statements of fact. The fact that one's culture provides a foundation for values creates challenges to helpers. Researchers have identified ways that helpers struggle when their own values are different from clients' values. For instance, helpers may misunderstand client identity issues, helpers and clients may not agree upon goals, or a client's understanding